

## INDEPENDENT LIVING PARTICIPANT OUTCOMES DATA

**Use of form:** This form must be completed on each eligible youth aged 18-20 years who is **no longer in care**, and maintained as part of the youth's permanent record. All personal data that is reported on this form is confidential. Information on outcomes is required by the Federal Administration on Children and Families (ACF) and this form is to be utilized for the purpose of collecting this data. The data must be compiled and reported annually in summary format to the Department of Children and Families using the Independent Living Participants Outcomes Summary Data form (DCF-F-CFS0873A). The report period is the calendar year unless indicated otherwise. After annual reporting is completed, a new form DCF-F-CFS0873 should be utilized to capture the next reporting period data on the youth. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Name – Participant (Last, First, MI)	Birthdate (mm/dd/yyyy)	Date of Exit From Care (mm/dd/yyyy)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Record Number	

### Financial Assistance

Yes	No	Amount	
<input type="checkbox"/>	<input type="checkbox"/>	\$	Room and board
<input type="checkbox"/>	<input type="checkbox"/>		Education / educational support (other than ETV)
<input type="checkbox"/>	<input type="checkbox"/>		Education and training voucher (local ETV or DCF scholarship)
<input type="checkbox"/>	<input type="checkbox"/>		Other financial assistance

### Outcomes for Calendar Year

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Current full time employment (at least 35 hours per week)
<input type="checkbox"/>	<input type="checkbox"/>	Current part-time employment (1–34 hours per week)
<input type="checkbox"/>	<input type="checkbox"/>	Has employment related skills
<input type="checkbox"/>	<input type="checkbox"/>	Receiving Social Security
<input type="checkbox"/>	<input type="checkbox"/>	Housing assistance
<input type="checkbox"/>	<input type="checkbox"/>	Other support
<input type="checkbox"/>	<input type="checkbox"/>	Current enrollment and attendance in secondary
<input type="checkbox"/>	<input type="checkbox"/>	Current enrollment in post-secondary education or training program
<input type="checkbox"/>	<input type="checkbox"/>	Connection to adult
<input type="checkbox"/>	<input type="checkbox"/>	Substance abuse referral during report period
<input type="checkbox"/>	<input type="checkbox"/>	Incarceration during report period
<input type="checkbox"/>	<input type="checkbox"/>	Public financial assistance
<input type="checkbox"/>	<input type="checkbox"/>	Food stamps
<input type="checkbox"/>	<input type="checkbox"/>	Homeless
<input type="checkbox"/>	<input type="checkbox"/>	Medicaid recipient
<input type="checkbox"/>	<input type="checkbox"/>	Health insurance

### Children

Yes  No Did youth give birth or father any children born during the report period?  
Marital status at time of the birth:  Never married  Married  Widowed  Separated  Divorced

### Reason for Non-Reporting

- Youth refused to provide some information
- Youth refused to participate in the data collection
- Parent / guardian refused to grant permission
- Could not locate the youth
- Other – Explain: \_\_\_\_\_