

Independent Living Participants Outcomes Summary Data

Use of form: This form is to be used to summarize and report the individual data collected on form DCF-F-CFS0873-E for youth aged 18-20 years **no longer in care**. The information contained in this report should be based on the most recent information available on the youth during the report period. Completion of this form is required by the State / County or Tribal contract. Section 447 of Title IV-E of the Social Security Act requires states to report to the Federal Administration of Children and Families (AFC) on the independent living services and activities provided to youth. Failure to provide this information may result in the withholding of financial payments. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Name – County / Tribe / State Agency	No. of Youth Aged Out of Care in 2011 Only	
Name – Person Completing Form (Last, First, MI)	Telephone Number (Daytime)	
Financial Assistance	Number of Youth	Total Amount
Room and board (from IL funds)		\$
Education / educational support (other than ETV)		
Education and training voucher (ETV Program and / or DCF scholarship)		
Other financial assistance		
Outcomes for the Calendar Year		
Current full time employment (at least 35 hours)		
Current part-time employment (1-34 hours per week)		
Employment related skills		
Receiving Social Security		
Housing assistance		
Other support		
Current enrollment and attendance in secondary school		
Current enrollment in post-secondary education or training program		
Connection to adult		
Substance abuse referral during report period		
Incarceration during report period		
Homeless		
Food stamps		
Medicaid recipient		
Public financial assistance		
Health insurance		

Children Giving Birth

Total number of youth giving birth during the report period _____

Total number of youth by marital status **at time of the birth:**

Never married _____ Married _____ Widowed _____ Separated _____ Divorced _____

Reason for Non-Reporting

Total number of youth by category:

Youth refused to provide some information _____
 Youth refused to participate in the data collection _____
 Parent / guardian refused to grant permission _____
 Could not locate youth _____
 Incapacitated _____
 Other _____

Return completed form to: ATTN: Independent Living Coordinator
 Department of Children and Families
 Division of Safety and Permanence
 P.O. Box 8916
 Madison, Wisconsin 53708-8916
 Fax Number: (608) 266-9010