

**United Way
for Southeastern Michigan**



and

Wayne County Department of Children and Family
Services

**Building Foundations:
Stabilizing One Family At
A Time**

Prevention Program and Evaluation
Procedure Manual

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Purpose

The purpose of this manual is to provide guidance on the service and evaluation reporting process for agencies participating in the United Way for Southeastern Michigan (UWSEM) and the Wayne County Department of Children and Family Services Building Foundations prevention program for at-risk children/youth. These reporting processes and forms are required by the County of Wayne and the Michigan Department of Human Services pursuant to the authorizing legislation (MCLA §400.117 and MCLA 722.111) and administrative rules for the County Child Care Fund (R400.2001 – 400.2049). These procedures may be modified in the future by UWSEM as needed. Any modifications to this manual will be issued in writing to participating agencies.

Additional training and technical assistance has and will continue to be provided by the County and UWSEM on entering data into the Juvenile Agency Information System (JAIS). Agencies may also request technical assistance on using the UWSEM web site Partners Page for fiscal reporting by contacting Caitlin Kelly (caitlin.kelly@liveunitedsem.org). In addition to entering data into JAIS, paper case files should be established and maintained for each youth for State audit purposes. The paper files should contain the hard copy of the forms described herein and supporting documentation (e.g. report cards). On a random basis UWSEM will visit agencies to conduct an audit of these hard copy files. Both the County of Wayne and UWSEM require the Building Foundations Prevention Program to be evaluated. This document also provides step-by-step guidance in collecting program monitoring data. For audit purposes the agency should also maintain a monthly reporting file that contains all monthly reporting forms submitted to UWSEM per this manual and the CCF required reporting.

Service Provider Characteristics Data Collection

Step 1

All program staff having direct service interactions with youth and/or parents in the program should complete a *Service Provider Characteristics Survey* (SPCS) (see Appendix A). Program Managers should complete a *Staff ID Log* (see Appendix B) so they can track which youth receive primary services from which staff person. Whenever there is staff turnover and/or when a new staff joins the program, the Program Manager should assign new staff the next Staff ID Number in sequence, and should have the new staff person complete the SPCS. **Program managers should send the updated Staff ID Log and any new SPCS forms via email to the Program Evaluator, Joan M. Abbey at jjjoanabbey943@gmail.com. If necessary, updated Staff ID Logs and new SPCS forms can be submitted to Caitlin Kelly by bringing hard copies to the Building Foundations Collaborative monthly meeting. Any questions on the SPCS or the Staff ID Log can be directed to the Program Evaluator, Joan M. Abbey at 810-227-4050.**

Correct Course and Probation Referrals

The Prosecutor's Office will refer truanting youth to the JAC for the Correct Course program. The Court JAC will also refer youth accepted from the Probation caseload. These youth will already have been accepted by the Court, agencies will receive a Court acceptance notice from the JAC. Agencies in the

Building Foundations prevention program are assigned these already accepted youth according to the zip code service areas of the agency and the youth's zip code of residence.

For youth who are referred to your program by the Correct Course or Prosecutor's Office, the youth has already been enrolled and accepted by the Court Juvenile Assessment Center, and therefore the agency should advance to the *Prevention/ Treatment Plan* and Baseline Data Collection, and proceed to complete all other steps in the manual through disenrollment.

Youth Eligibility Determination

Following the agency's established intake or enrollment procedures for youth prevention services, program staff should review the youth's intake information to determine if the youth is eligible for the Building Foundations prevention program by meeting the Child Care Fund (CCF) eligibility criteria listed below. Parental/guardian consent is required for a youth to participate in the Building Foundations program: 1) youth is between 7 and 17 years of age, and 2) the parent/guardian agrees to have the youth participate in the agency's prevention program.

Youth meets two of the following criteria:

1. Youth is using/ experimenting with alcohol, tobacco, or drugs.
2. Youth has been truanting from home.
3. Youth has delinquent peer relationships.
4. Youth has a history of school truancy, suspensions or expulsions.
5. The parent is having difficulty controlling the youth.
6. The child/youth is at-risk of abuse/neglect (family preservation services).
7. The child/youth is at imminent risk of out-of-home placement.

Step 1- Parent Service Agreement

If the youth meets at least two of the criteria listed above, have the youth's parent or guardian sign the *Parent Service Agreement* (see Appendix C). By signing this form, parents give your agency consent to provide services to their child(ren). **Scan or photo copy of this form to keep in your agency's files. The original form must be faxed or mailed to the Court Juvenile Assessment Center (see Step 3 below).** Upon receipt, the Juvenile Assessment Center (JAC) will upload this form in JAIS for each youth.

Step 2- At-Risk Juvenile Complaint

Complete the *At-Risk Juvenile Complaint* (see Appendix D). According to procedures established by the Juvenile Assessment Center and the Wayne County Department of Children and Family Services, the ***At-Risk Juvenile Complaint* form must be completed and submitted to the JAC on the same day as intake.** All fields should be considered required. See Appendix D for more information on proper completion.

Step 3

The *At-Risk Juvenile Complaint* and the *Parent Service Agreement* must be submitted together to the Court Juvenile Assessment Center (JAC) in one of two ways.

If you are submitting forms for 10 or fewer youth:

1. **Fax both forms to the Juvenile Assessment Center (313.833.5973) to the attention of the Court JAC Supervisor.** Please include a coversheet that includes the name of your agency, and the appropriate contact information should the Court JAC supervisor need to contact your agency for any reason. This is a very busy fax line. Be patient and persistent. Print the confirmation of delivery from the sending fax machine or call the Court JAC Tamika Matlock at 313-664-6814 to confirm receipt of your fax.

If you are submitting forms for more than 10 youth:

2. **Hand-deliver or mail forms to:**

Maia Williams or Tamika Matlock, Juvenile Assessment Center Supervisor
Lincoln Hall of Justice
1025 E. Forest Building B Rm 320
Detroit, MI 48207

Youth Acceptance

Step 4

After approximately one week, the JAC will fax the *Youth Acceptance Notice* and the *Preliminary Notice of CMO-Provider Assignment* to the designated Program Manager responsible for this program at your agency. The program manager must sign and fax these forms back to the JAC as soon as possible. The JAC will have opened the case in JAIS and will have assigned the youth a JAIS ID Number. **This JAIS ID number is the unique identifying number, and it is required include this JAIS ID number in the appropriate space for every document completed for the youth's files.** The youth's assigned JAIS ID Number is found at the top of the *Youth Acceptance Form*. The date this case was opened in JAIS appears at the bottom of the *At-Risk Referral Notice*. The JAC will populate the *Youth Acceptance Notice* and the *At-Risk Referral Notice* in JAIS. The youth's Legal Status will be "Non-Ward" and the youth's Type will be "At-risk". If a youth whom you believe is eligible is denied acceptance by the Court, contact Eric Reed (313-833-4693 or ereed@co.wayne.mi.us).

Uploading Forms and Documents to the JAIS system

The Juvenile Agency Information System (JAIS) is the electronic case management system in use for all Wayne County youth served through the Building Foundations prevention program. Once a youth is accepted by the Court the agency should be able to access that youth's records and complete a number of forms in JAIS. **Any and all JAIS access problems, (e.g., cannot log in, cannot find youth or security clearance to access the youth is denied) should immediately be reported to Sam Haddad at 313-833-3186 or to the JAIS Call Center at 313-224-5051.**

To comply with Wayne County requirements, you must scan and upload into JAIS signed copies of several forms and documents. These documents must be scanned and saved in JAIS for several reasons: JAIS provides electronic records of the signatures; JAIS can serve as a backup to an agency's hardcopy files; documents saved in JAIS are accessible to Wayne County, United Way staff, and any auditors. Throughout this manual, you will note several instances which call for scanning and uploading documents to JAIS. Failure to comply with Wayne County requirements will result in delays and even withholding of reimbursements.

To enter these forms into JAIS, please follow these instructions:

1. First you must scan each document individually and save it to your computer.
 - Scanned documents should be saved with recognizable filenames; please include the type of form and the youth's name or JAIS ID Number.
 - Each document should be one singular, separate file.
2. Then, log on to JAIS. Do a search for the youth and then click the youth's name. Click on the youth's name under the "FamCare" button, then click "United Way Forms", and then click "Scanned Documents".
3. Then, click "Add" (the green plus-sign).
4. Then, click "Browse." This will open a window with your computer's saved documents. Select the document which you have scanned and saved to your computer. Double-click the file.
5. In the "Document Type" field, type the kind of form you are saving (e.g. Parent Service Agreement, Report Card, etc.). You may leave other fields blank.
6. Then, click "Save." This will save your document in JAIS so that it may be accessed later by Wayne County, any auditors, or program evaluators.

Prevention/Treatment Plan & Baseline Data Collection

Step 5- *Peer Aspirations and Conflict Instrument Pretest*

The *Peer Aspirations and Conflict Instrument (PACI)* must be administered both at enrollment and disenrollment for every youth participating in Building Foundations programming. Each youth's pretest and post-test scores will be compared to measure the changes in the youth's future aspirations and ability to manage conflict. The Building Foundations Evaluator will include an analysis of the data resulting from the *Peer Aspirations and Conflict Instrument (PACI)* in the Building Foundations Annual Report, and will be provided to your agency.

Once the youth has been accepted by the JAC, complete the *Peer Aspirations and Conflict Instrument (PACI) Pretest* within 7 days of the first date of service (for the pretest, see Appendix E). A member of your staff should assist the youth in completing both the Peer Aspirations and the Conflict sections of the instrument. The staff member should reassure the youth that there are no "wrong answers" and that s/he should simply answer as honestly as possible. After recording youth's the responses to both sections of questions, the staff member assisting the youth should calculate and record the "Total Points" and the "Score" of both sections. The staff member should then have the youth sign and date their pretest. All completed *Peer Aspirations and Conflict Instrument* pre- and post-tests should be scanned and sent as an attachment to the Program Evaluator, Joan M. Abbey, at jjoanabbey943@gmail.com. Additionally, completed pre- and post-tests must be uploaded to JAIS for each youth. **Failure to comply with this requirement will result in non-payment.**

Step 6- *The Prevention/Treatment Plan*

Program staff, in collaboration with the youth (and if your program provides supportive services to parents, parents should be present as well) should establish prevention/treatment goals for the youth. These are entered into the *United Way Prevention At-Risk Youth Prevention/Treatment Plan* form in JAIS (see Appendix F). **It is required that the Program Manager complete and save the *Prevention/Treatment Plan* form within the JAIS website. A hardcopy must then be printed and signed by the youth and the agency representative (and in programs that parents also receive supportive services, the parent signature is required as well).** The signed hard copy form should be kept in the youth's case file for your records for auditing and evaluation purposes.

Step 7- *School-Related Outcomes*

The reporting of school-related outcomes is a program requirement set by Wayne County. Each agency must obtain a copy of the youth's report card from the most recent marking period from the parent, or in the case of school-based programs, ask that the parent consent to the agency accessing the youth's academic record from the school. The report card must reflect the youth's overall GPA (on a 4.0 scale) and the number of unexcused absences for the marking period prior to the youth's participation in the agency's program. A copy of the report card at enrollment should be labeled with the youth's JAIS ID Number and should be maintained in the youth's hard copy file.

The only exception to not reporting school related outcomes is for children/youth enrolled in programs during the summer period or children who are not yet school age.

Weekly Service Progress Reporting

Child Care Fund State administrative rules require a weekly face-to-face contact with each youth in your prevention program being funded by CCF.

Step 8

Weekly, log into JAIS and enter a *progress note* for each of the youth that received services that week. Detail the following information:

- a) Session Date
- b) Session Length
- c) The persons present at this weekly contact
- d) The type of service in which the youth participated (choose from the list below)
 - a. Academic Support/Tutoring
 - b. Individual Life/Social Skills Session
 - c. Group Life/Social Skills Session
 - d. Mediation/ Conflict Resolution
 - e. Community Service & Youth Leadership
 - f. Recreational & Cultural Services
 - g. Substance Abuse Prevention/Treatment
 - h. Family Session
 - i. Parent Education & Support
- e) A short description of the service session
- f) Staff reflections on how the youth is doing
- g) Any and all attempts to contact the youth or family, as well as collateral contact (contact made in support of the youth, e.g., school, job, etc.)

Please be certain that the date you type into the Progress Note is the actual date of service.

For program monitoring purposes, UWSEM tracks the number of services you provide to each youth in the following areas:

| Service | Definition |
|--|--|
| Academic Support/ Tutoring | Services that encourage the academic success of youth. This can include tutoring, homework assistance, study skills, note-taking skills, etc. |
| Social/ Life Skills- Individual Session | Services that help youth develop the personal habits and interpersonal skills to effectively manage daily life. This can include certain college prep. services, anger management, employment skills, mentoring, etc. These services are delivered to an individual youth. |
| Social/ Life Skills- Group Session | Services that help youth develop the personal habits and interpersonal skills to effectively manage daily life. This can include college prep, anger management, employment skills, mentoring, counseling, etc. These services are delivered in a group |

| | |
|---------------------------------------|---|
| | setting. |
| Mediation/ Conflict Resolution | Services that engage youth to resolve specific disputes or issues with others. |
| Community Service/ Youth Leadership | Services that encourage the civic engagement of youth. These services would include volunteer work, leadership development, youth councils, etc. |
| Recreation/Cultural | Services that would be considered non-academic, leisure activities. This can include field trips, sports programs, cultural enrichment programs, the arts, and those activities that are not directly related to schooling. |
| Substance Abuse Prevention/ Treatment | Services that aim to prevent or stop the use of drugs, alcohol, and even tobacco. These services can include presentations, counseling, etc. |
| Family Session | Services that engage a youth's entire family to improve family life and cohesion. |
| Parent Education & Support | Services that work directly with parents of youth to improve family life. These activities can include parenting skills sessions, health and wellness education, financial literacy education. These services must focus on the development of the parent, not the family as a whole. |

The time should be recorded as follows:

- 1 – 15 Minutes = .25
- 16 – 30 minutes = .50
- 31 – 45 minutes = .75
- 46 – 60 minutes = 1

If the youth is subject to drug screens, results should be reported on in the narrative of the weekly progress note in JAIS.

If the agency anticipates being closed for a holiday or for other reasons, note the closure and what if any contact took place in lieu of the regular weekly contact in the progress notes for the weeks before and after the agency closure.

If the youth will be unavailable for weekly contact due to being on vacation or being arrested and detained, note these circumstances in the weekly progress notes.

Youth Disenrollment

For every youth who leaves the program **either successfully or unsuccessfully**, certain documentation is required.

Step 9- Administer the *Peer Aspirations and Conflict Instrument Post-Test*

Prior to submitting disenrollment documentation, if you are still in contact with the youth (regardless of leaving the program successfully or unsuccessfully), administer the *Peer Aspirations and Conflict (PACI) Post-Test* (see Appendix E). The *Peer Aspirations and Conflict Instrument (PACI)* must be administered for every youth participating in Building Foundations at both program intake and exit. The PACI Post-Test must be administered right before you process disenrollment for the youth. All completed Peer Aspirations and Conflict Instrument pre- and post-tests should be scanned and sent as an attachment to the Program Evaluator, Joan M. Abbey, at jjoanabbey943@gmail.com. Additionally, completed pre- and post-tests must be uploaded to JAIS for each youth. Failure to comply with this requirement can result in non-payment.

Step 10- Disenrollment Request

For each youth exiting the program, within one week of successful or non-successful program exit, the Program Manager must complete the ***United Way Prevention At-Risk Youth Disenrollment Request*** (see Appendix G) in the JAIS system. This form must then be printed for the required signatures: parent, youth and agency worker. All fields on this form must be completed. **Most importantly, select the risk-factors still exhibited by the youth after receiving services.** Once this form is completed and signed, submit the Disenrollment Request to the Court Juvenile Assessment Center (JAC).

- a) If you are submitting forms for 10 or fewer youth, fax the disenrollment form to the Juvenile Assessment Center (313.833.5973) to the attention of the Court JAC Supervisor. Please include a coversheet that includes the name of your agency, and the appropriate contact information. Print the confirmation of delivery from the sending fax machine or call the Court JAC Tamika Matlock at 313-664-6814 to confirm receipt of your fax.
- b) If you are submitting forms for more than 10 youth, hand-deliver or mail forms to:
Maia Williams or Tamika Matlock, Juvenile Assessment Center Supervisor
Lincoln Hall of Justice
1025 E. Forest Building B Rm 320
Detroit, MI 48207

Also, completed disenrollment requests should be scanned and sent as an attachment to the Program Evaluator, Joan M. Abbey, at jjoanabbey943@gmail.com. Failure to populate this and other required forms in JAIS will result in non-payment.

Submittal of the **Disenrollment Request** to the Court JAC and to UWSEM marks the end of service delivery and CCF billing for each youth. **Reimbursement will not be provided for the youth past the Disenrollment Request date.**

Step 11

School-Related Outcomes

Programs should ask the youth's parents/guardians to provide a copy of the youth's report card for the marking period which is closest to the end of the youth's participation in the agency's program. Maintain a copy of the final report card in the youth's hard copy file.

Enter the youth's GPA and number of unexcused absences at disenrollment in the final JAIS weekly progress note. School related outcomes are a County required outcome.

The only exception to not reporting school related outcomes is for youth enrolled in programs during the summer or children who are not yet school age.

Step 12- Agency Self-Monitoring

The *Agency Self-Monitoring Form* (Appendix H) is intended to facilitate internal program monitoring. All Building Foundations partner-agencies receiving funding from the Child Care Fund are obligated to submit documentation for all youth that participate in their programming throughout the fiscal year (January 2012 through December 2012). Each agency should identify the staff member that is accountable for overseeing programming and program personnel, as that individual will also be responsible for tracking the status of all referred youth and monitoring the submission of required documentation for those youth. **Although the *Agency Self-Monitoring Form* is not required for monthly submission, agencies will be subject to compulsory submission of the *Agency Self-Monitoring Form* at any time.** See Appendix H for further instructions.

Monthly Service Progress Reporting

Child Care Fund administrative rules require monthly reporting of services delivered to youth in your prevention program funded by CCF. On the 5th of each month, by the close of business, your agency is required to submit to Caitlin Kelly (Caitlin.kelly@liveunitedsem.org) the following program reporting documents:

- A Monthly Report
- A Monthly Performance Summary
- A Monthly Narrative Report (submitted via ODM)
- A Monthly Statement of Expenditures

All monthly reporting forms are available for download from the “Tools” section of the “Partner Resources” page of the UWSEM website at <http://liveunitedsem.org/pages/tools-and-resources>.

Step 1- Monthly Report

Each agency should use the *Monthly Report* (see Appendix I) to document youth participation in Building Foundations programming, as well as the types and duration of services provided. Please note that the dates of service, type of service delivered, and the duration of services should be reflected in each youth’s Progress Notes in the JAIS system.

Column

- A. Youth’s last name
- B. Youth’s first name
- C. The JAIS number provided by the Juvenile Assessment Center. (Community referrals cannot be serviced as Child Care Fund (CCF) youth until a JAIS number has been assigned by the JAC.)
- D. Youth’s date of birth
- E. Youth’s age at enrollment; this information is important for evaluation.
- F. Juvenile Assessment Center (JAC) Referral Date: Indicate the date the provider received the referral from the JAC.
- G. Program Start Date: This column represents the date the intake was accomplished and the youth is officially receiving Prevention services.
- H. Program End Date: The date Child Care Fund youth are disenrolled from the program. **Do not use projected program end dates in this column.**
- I. Dates of Face-to-Face Contact with youth: This column represents actual **face-to-face contacts with the youth**. Please enter these dates in the mm/dd format, separating multiple dates with a comma and a space (e.g. 10/5, 10/11, 10/14...)
- J. The Staff ID Numbers are unique identifiers that help to track which members of your staff work with each youth. Staff ID Numbers are assigned by the agency and should be listed in your Staff ID Log. List Staff ID Numbers for each staff member that provided services to the youth over the course of the reporting month.
- K. Successful/Unsuccessful – Indicate whether a youth completed your program successfully or unsuccessfully. Enter ‘1’ in the box if the youth was successful or ‘0’ if the youth was unsuccessful.
- L. **through T.:** These columns represent types services provided and the amount of time involved.

| Service | Definition |
|---|---|
| Academic Support/ Tutoring | Services that encourage the academic success of youth. This can include tutoring, homework assistance, study skills, note-taking skills, etc. |
| Social/ Life Skills- Individual Session | Services that help youth develop the personal habits and interpersonal skills to effectively manage daily life. This can include certain college prep. services, anger management, employment skills, mentoring, etc. These services are delivered to an individual youth. |
| Social/ Life Skills- Group Session | Services that help youth develop the personal habits and interpersonal skills to effectively manage daily life. This can include college prep, anger management, employment skills, mentoring, counseling, etc. These services are delivered in a group setting. |
| Mediation/ Conflict Resolution | Services that engage youth to resolve specific disputes or issues with others. |
| Community Service/ Youth Leadership | Services that encourage the civic engagement of youth. These services would include volunteer work, leadership development, youth councils, etc. |
| Recreation/Cultural | Services that would be considered non-academic, leisure activities. This can include field trips, sports programs, cultural enrichment programs, the arts, and those activities that are not directly related to schooling. |
| Substance Abuse Prevention/ Treatment | Services that aim to prevent or stop the use of drugs, alcohol, and even tobacco. These services can include presentations, counseling, etc. |
| Family Session | Services that engage a youth's entire family to improve family life and cohesion. |
| Parent Education & Support | Services that work directly with parents of youth to improve family life. These activities can include parenting skills sessions, health and wellness education, financial literacy education. These services must focus on the development of the parent, not the family as a whole. |

The time should be recorded as follows:

1 – 15 Minutes = .25

16 – 30 minutes = .50

31 – 45 minutes = .75

46 – 60 minutes = 1

- U.** Phone Calls: record the number of phone calls that you made contact with the youth over the course of the month.
- V.** Collateral Contact: Contacts made in support of the youth (e.g. school, job, etc.)

Step 2- Monthly Performance Summary

The *Monthly Performance Summary* (Appendix J) provides United Way for Southeastern Michigan and the Wayne County Dept. of Children and Family Services with a summary of an agency's performance for both the reporting month, as well as for the entire fiscal year. Further instructions for completing this form are below:

- 1. Projected Number of Youth to Be Served:** This is the total number of youth your organization is contracted to serve or projects to serve for the contract period.
- 2. Number of youth served year-to-date through ___:** This is the total number of youth served year-to-date. Calculate this number by adding the number of enrollments from each month of the contract period.
- 3. Number of new enrollments this month:** This is the total number of new youth for involved in program services during the current reporting month. For a youth to be considered enrolled, an agency must submit the required paperwork and have received an At-Risk Referral Form from the Juvenile Assessment Center in return.
- 4. through 6. Number of Completions:** This is the total number of youth released from your program year-to-date. For participants that experience unsuccessful termination from the program, explain why they terminated and the result of that termination in the narrative report.

Unsuccessful terminations are defined as:

- the youth moved out of the agency's service area,
- the youth stopped coming to the program and follow-up contacts have not elicited the youth's return to the program,
- the youth's parents/guardians withdrew the youth from the program, and
- the youth was arrested and detained or escalated by the court.

Successful terminations are defined as:

- the youth completed the entire program,
- the youth maintained regular attendance for the program's duration, and
- the youth completed his/her service goals.

- 7. FY 2012 contract amount:** Enter the compensation amount of your grant award.
- 8. FY 2012 year-to-date expenditures through ___:** Enter the year-to-date expenditures. This is the amount for which your organization has billed UWSEM since the start of the fiscal year (January 1, 2012).
- 9. Actual Cost Per Youth:** This number represents the financial costs of providing services to each youth enrolled in your program. This number is calculated for you by dividing the year-to-date expenditures by the actual number of youth served YTD

Step 3- Monthly Narrative Report

Complete the *Monthly Narrative Report* (see Appendix K) using the UWSEM ODM system on the “Partner Resources” page of UWSEMS website (<http://liveunitedsem.org/pages/tools-and-resources>).

Information required for the monthly narrative report:

1. Target population (please describe the demographics of the youth served by your program)
2. Types of services provided to youth this month (please refer to your agency’s monthly report)
 - Academic Support/Tutoring
 - Individual Life/Social Skills Session
 - Group Life/Social Skills Session
 - Mediation/ Conflict Resolution
 - Community Service & Youth Leadership
 - Recreational & Cultural Services
 - Substance Abuse Prevention/Treatment
 - Family Session
 - Parent Education & Support
3. Number of CCF-enrolled youth served during reporting month (please refer to total number of youth listed on your agency’s Monthly Report)
4. Number of CCF-enrolled youth attending services weekly during reporting month (You may include any youth that have attended at least one session per week throughout the reporting month. Newly-enrolled youth may also be counted if they have attended at least one session per week after their JAC referral date. Please refer to “Dates of face-to-face contact w/ youth” column on your agency’s Monthly Report)
5. Number of youth enrolled this month referred for Academic Support/ Tutoring services
6. Number of youth enrolled this month referred for Life/Social Skills services
7. Number of youth enrolled this month referred for Mediation/Conflict Resolution services
8. Number of youth enrolled this month referred for Substance Abuse Prevention or Treatment services
9. Number of youth enrolled this month referred for Family Counseling and/or Parental Support services
10. Please provide a brief overview of program accomplishments achieved during reporting month
11. Please describe any obstacles to successful program implementation encountered throughout reporting month
12. Please describe any technical assistance needs your agency may have

Step 4

With the exception of the *Monthly Narrative Report* (which is submitted via ODM), all monthly service reporting documents and the *Monthly Expenditures Statement* (see instructions below) must be emailed as individual attachments to Caitlin Kelly (Caitlin.kelly@liveunitedsem.org) by the close of business on the fifth of each month.

Monthly Fiscal Reporting

UWSEM and Wayne County require monthly reimbursement claims to be made by the participating agencies using the *Statement of Expenditures* format (see Appendix K) prescribed by the State of Michigan for Child Care Fund expenditures.

Step 1

Download the *Monthly Statement of Expenditures* form from the UWSEM website at <http://liveunitedsem.org/pages/forms>.

Step 2

Complete the *Monthly Statement of Expenditures* form.

Organization Name: type in your agency's name

Invoice Number: Enter, in sequence, the number for each month (e.g., the first month you claim expenditures type in #001, for the second month type in #002, etc.).

Purchase Order: this field should be left blank.

If the *Statement of Expenditures* is the first statement submitted for a given month, enter the date in the Original box.

If the need arises to submit a revised expenditure form, enter the date in the revised box

If the statement of expenditures is a final statement, type the date into the final box

Under the heading UWSEM Match Grant Fund (1), record the amount leveraged that month (these funds could be deposited from a UWSEM allocation, from private funds, or both).

Under the Child Care Funds (2) heading, enter the anticipated matching expenditure

Under the Total Contract (3) heading, combine the expenditures in the UWSEM column with the expenditures in the Child Care Funds column

Step 3

Once the *Statement of Expenditures* is complete, it must be printed to be signed and dated by an authorized member of your agency's staff.

Step 4

The signed *Statement of Expenditures* can then be submitted in one of two ways:

- a) Scan and e-mail it as an attachment to Caitlin.Kelly@LiveUnitedSEM.org along with your monthly reporting
- b) Fax it to the attention of Caitlin Kelly at 313-226-9324, by close of business the day the monthly reporting is due.

Please Note: Failure to submit thorough and complete monthly reporting documents will result in non-payment. All monthly reporting forms must be submitted electronically.

Agency Responsibilities & Procedures

Note - If you are leveraging both United Way for Southeastern Michigan (UWSEM) & Private dollars there will be two separate processes for Financial/Funding reporting procedures.

Deposit Requirements:

- If you receive and are leveraging UWSEM dollars for the Building Foundations/Blended Funding (BF) program on a monthly basis, the designated UWSEM amount will be sent from your allocation to Wayne County to satisfy deposit requirements of the contract.
- If you are leveraging your own dollars (Private) for the BF program, UWSEM must receive a deposit amount from your organization before or with your monthly statement of expenditures that is due on the 5th of the next month. Checks for the deposit amount should be made out to United Way for Southeastern Michigan. This amount should equal the total amount of expenses in the "UWSEM Matched Grant Fund" column on the invoice and will be sent to Wayne County to satisfy the deposit requirement of the contract. Services are provided over a twelve month period every year.
- If all deposits and statement of expenditures are turned in on time, Wayne County will submit payment to UWSEM for the deposit plus the expenditures for the month (which will equal the expenses times 2) in a few weeks. Payments will be sent out to agencies on the Friday after payment is received from Wayne County.

Note – Because invoicing and expenditures is based on a reimbursement system (first invoice will be due on February 5th), the first payment from Wayne County may not be received until March.

UWSEM Funding/Allocation Deposit Options (Applies only to agencies receiving Educational Preparedness school based funding):

- At the beginning of each year, starting January 1, 2012, agencies have the option to deposit their entire designated BF amount (which is held from your UWSEM allocation). Deposits will be submitted to Wayne County on a monthly basis, starting January 1 through June 30. All expenses must be invoiced (**in total**) and submitted to UWSEM by June 30. Agencies will be required to extend and provide services through September 30. If services end on June 30th, and agencies are not providing any type of activities through September 30th, no activity invoices should be submitted to UWSEM for July, August, or September.
- At the beginning of each contract year, starting January 1, 2012, agencies have the option to reduce their designated BF amount (the designated amount will be withheld and deposited to Wayne County. The remaining balance will be allocated to the agency on a monthly basis through June 30th).

Note – You will have an opportunity to re-determine designated BF amount at the beginning of the year.

- Based on funding decisions regarding Educational Preparedness partners (which will occur in July of every year), in order to maximize designated BF, agencies will have the option to defer their allocations until the beginning of the year in order to coincide with the BF contract.

Building Foundations Prevention Program Contacts

UWSEM

Dona Ponепinto, Vice President,
Community Investment
Basic Needs and Financial Stability
Phone: 313-226-9320
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Joan Abbey, Evaluation Consultant, Building
Foundations Program
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Wayne County Department of Children and Family Services

Eric Reed, Director Prevention Programs
Phone: 313-313-833-4693
Cell: 313-213-5330
Email: ereed@co.wayne.mi.us
Fax: 313-833-3469

Lenear Cain, Prevention Programs Contract
Manager
Phone: 313-833-3477
Email: lcain@co.wayne.mi.us
Fax: 313-833-3469

Sam Haddad, IT Program Manager
Phone: 313-833-3186
Email: shaddad@co.wayne.mi.us
Fax: 313-833-4592

JAIS Call Center
Phone: 313-224-5051
JAIS Website <https://securewcjais.com>

Court Juvenile Assessment Center

Tamika Matlock, JAC Supervisor
Phone: 313-664-6814
Email: tmatlock@assuredfamilyservices.org
Fax: 313-831-2168

THE FORM BELOW IS INTENDED TO SERVE AS AN EXAMPLE

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Building Foundations Forms Completion & Submittal Quick Reference

| Instrument | Administration Schedule | Collection/Submission |
|---|---|---|
| <ul style="list-style-type: none"> • Service Provider Characteristics Survey • Staff ID Log | At start of contract and when new staff are hired | Program Manager Submits to Evaluator in real time |
| <ul style="list-style-type: none"> • Parent Service Agreement • At-risk Juvenile Complaint | At intake | Agency faxes to Court JAC, JAC repopulates in JAIS after acceptance |
| <ul style="list-style-type: none"> • Youth Acceptance Form | Completed by Court JAC | Court JAC sends to Agency |
| <ul style="list-style-type: none"> • Prevention/Treatment Plan | At intake OR after youth has been accepted by the Court JAC | Agency inputs in JAIS, prints for signatures |
| <ul style="list-style-type: none"> • Peer-Aspirations and Conflict Instrument | At intake and disenrollment | Agency faxes to evaluator |
| <ul style="list-style-type: none"> • Report Cards | At intake and disenrollment | Agency inputs into JAIS |
| <ul style="list-style-type: none"> • Progress Notes | Weekly | Agency inputs into JAIS |
| <ul style="list-style-type: none"> • Disenrollment Request | At disenrollment | Agency inputs in JAIS, prints for signatures, faxes to Court JAC |
| <ul style="list-style-type: none"> • Monthly Performance Summary | Monthly | Agency emails to UWSEM |
| <ul style="list-style-type: none"> • Monthly Narrative Report | Monthly | Agency completes in ODM on UWSEM website |
| <ul style="list-style-type: none"> • Monthly Report | Monthly | Agency emails to UWSEM |
| <ul style="list-style-type: none"> • Monthly Statement of Expenditures | Monthly | Agency emails to UWSEM |
| <ul style="list-style-type: none"> • Agency Self-Monitoring Form | On-going | Submission will be requested sporadically by UWSEM |

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(Caitlin.kelly@liveunitedsem.org).

Appendix A: Building Foundations Service Provider Characteristics Survey

Please place a check mark next to the answer that best describes you:

A. Job Classification: 1) Program Manager: _____ 2) Clinical Director: _____

3) Therapist: _____ 4) Case Manager: _____ 5) Youth Aide: _____

6) Other: _____

B. Gender: 1) Male _____ 2) Female: _____

C. Ethnicity: 1) African-American: _____ 2) Caucasian: _____ 3) Hispanic: _____

4) Middle Eastern: _____ 5) Native American: _____ 6) Asian: _____

7) Pacific Islander: _____ 8) Biracial: _____ 9) Other: _____

D. Employment Status: 1) Employed full-time: _____ 2) Employed Part-time: _____

3) Volunteer: _____ 4) Other: _____

E. Education:

1) Bachelors Degree: _____
(write in degree area, e.g. education, social work)

2) Masters Degree: _____
(write in degree area, e.g. education, social work)

3) Other specialized trainings for clinical intervention skills that you utilize in service delivery:

Please write in your answers to the following questions.

F. Age? _____

G. How many years have you worked in the field of youth development? _____

H. What is your current job title? _____

I. Number of years in that position? _____

J. Number of years working for current agency? _____

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Appendix C: PARENT SERVICE AGREEMENT

I _____, am the parent or guardian of
(PRINT PARENT/GUARDIAN NAME)

_____, whom I would like to enroll in the
(PRINT CHILD/YOUTH NAME)

(PROGRAM NAME HERE)

I understand the cost of my child's participation in this program is covered by funds from United Way for Southeastern Michigan's Building Foundations Program. I understand that my child is eligible to participate in this program at no cost to me because he/she meets required eligibility criteria.

My consent for my child to participate in this program is completely voluntary. I know I can revoke my consent to participate in this program at any time by calling **INSERT PROGRAM MANAGER NAME HERE** at _____. I also understand that information about my child's participation in this program will be collected and compiled with those of other youth for the purpose of program monitoring and evaluation. I have read and understand this consent form. I have been given a copy of this form to keep. By signing this form I am giving consent for my child to participate in this program.

(Parent/Guardian Signature) (Date) (Home Phone)

(Parent Date of Birth) (Home Address) (City) (Zip code)

(Signature of Person Obtaining Consent) (Date)

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(Caitlin.kelly@liveunitedsem.org).

Appendix D: At-Risk Complaint

| At-Risk Complaint To Third Judicial Circuit Court – Juvenile Section | | | | | |
|---|---------|--|---|--|-------------|
| COMPLAINT TYPE – RECOMMENDATION | | | | | |
| To be completed by the JAC (Select One of the Following) | | | | | |
| <input type="checkbox"/> Category I: Assign to Diversion Docket <input type="checkbox"/> Category II: Acknowledgement of Complaint (Non-Docket) <input type="checkbox"/> Category III: Acknowledgement of Complaint (Non-Docket – On Probation with District Court) | | | | Unless receiving referrals directly from the courts, BF youth will all be Category II. | |
| REFERRAL SOURCE | | | | | |
| Name of Referring Agency _____ | | | | | |
| Phone Number _____ Name of Contact Person _____ | | | | | |
| AGENCY MAKING REFERRAL | | | | | |
| <input type="checkbox"/> Graduated Sanction Agency | | | <input type="checkbox"/> Youth Assistance Program | | |
| TYPE OF COMPLAINT AND REFERRAL REASON | | | | | |
| Describe the nature of the complaint and factors that place the youth at-risk of formal court contact (select all that apply) | | | | <input type="checkbox"/> Other - Describe | |
| <input type="checkbox"/> Substance Abuse <input type="checkbox"/> School Expulsion <input type="checkbox"/> Truancy from Home <input type="checkbox"/> Not Responsive to Parental Direction | | <input type="checkbox"/> Home Curfew Issues <input type="checkbox"/> School Drop Out <input type="checkbox"/> Escalating Aggressive Behavior | | Indicating the risk factors exhibited is ESSENTIAL. If a youth does not exhibit at least two of the risk factors listed on the left, s/he is not eligible! | |
| Complaint Initiated By and Relationship of Complainant to Juvenile: | | | | | |
| IDENTIFYING CASE INFORMATION | | | | | |
| Juvenile's Name: (Last) | | First: | | Middle: | |
| DOB: | | Sex: | | Race: <input type="checkbox"/> Member of or eligible for membership in American Indian Tribe | |
| Height: | Weight: | Eye Color: | Hair Color: | County of _____ | |
| Father's Name: | | D.O.B.: | Address: | Home Phone: | Work Phone: |
| Mother's Name: | | D.O.B.: | Address: | For all address fields, you MUST include both the city and the zip code. | |
| Stepfather's Name: | | Work Phone: | Stepmother's name: | Work Phone: | |
| Guardian/Custodian's Name: | | Address: | | Home Phone: | Work Phone: |
| Child living with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Other: | | | | | |
| CERTIFICATION | | | | | |
| Referring Agency signature: | | | | Date | |
| Print or Type Agency Staff Name: | | Address: | | Agency Fax Number: | |
| CONFIRMATION OF RECEIPT | | | | | |
| Date JIS Registration Completed: | | | Date Court JAC JAIS Registration Completed: | | |

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 (Caitlin.kelly@liveunitedsem.org).

Appendix E: Peer-Aspirations and Conflict Instrument

(Please administer at the start of services and at program disenrollment)

JAIS Number: _____

Youth Name: _____
 (last name, first name)

Date Administered: _____

(please circle)

PRE-TEST

POST-TEST

I am going to ask you some questions about your goals for the future and your feelings about how you handle conflict. Please listen to all the possible responses to each item and then tell me which answer best describes you.

Peer Aspirations Survey

How important is it to you that in the future:

| Question | Very Important | Important | Somewhat Important | Not at All Important |
|---|----------------|-----------|--------------------|----------------------|
| ... you will graduate from high school? | 4 | 3 | 2 | 1 |
| ... you will go to college? | 4 | 3 | 2 | 1 |
| ... you will have a job that pays well? | 4 | 3 | 2 | 1 |
| ... you will stay in good health? | 4 | 3 | 2 | 1 |
| ... you will do community work or volunteer? | 4 | 3 | 2 | 1 |
| ... you will have good friends that you can count on? | 4 | 3 | 2 | 1 |

| | |
|---|--|
| Total Points (calculate by adding the point values for the six questions above) | |
| Score (divide the Total Points by 6, the number of questions above) | |

Scoring and Analysis: Higher mean scores (ranging from 1 to 4) indicate stronger aspirations in more domains, lower mean scores indicate lower and less diverse future aspirations. Center for Urban Affairs and Policy Research, and the Comer School Development Program. Middle School Project: Adolescent Attitude Survey. Houston, TX: Center for Urban Affairs and Policy Research, 1995.

Conflict Management Survey

When you think about yourself and how you handle disagreements with your parents and friends, how confident are you that you would:

| Question | Very Confident | Somewhat Confident | Unsure | Not Very Confident | Not at All Confident |
|--|----------------|--------------------|--------|--------------------|----------------------|
| ... stay out of fights? | 5 | 4 | 3 | 2 | 1 |
| ... understand another person's point of view? | 5 | 4 | 3 | 2 | 1 |
| ... calm down when you are mad? | 5 | 4 | 3 | 2 | 1 |
| ... talk out a disagreement? | 5 | 4 | 3 | 2 | 1 |
| ... learn to stay out of fights? | 5 | 4 | 3 | 2 | 1 |

| | |
|---|--|
| Total Points (calculate by adding the point values for the five questions above) | |
| Score (divide the Total Points by 5, the number of questions in the Conflict portion) | |

Scoring and Analysis: Sum all responses. Possible range is 5 to 25, with higher scores indicating more confidence. Bosworth, K. Espelage, D. Teen Conflict Survey. Bloomington, IN: Center for Adolescent Studies, Indiana University, 1995.

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 (Caitlin.kelly@liveunitedsem.org).

Appendix F: At-Risk Youth Prevention/Treatment Plan
 (THIS FORM IS COMPLETED IN JAIS)

| | |
|--|--|
| Youth's Name: | Date of Intake: _____ JAIS Registration Date: _____ |
| Date of Birth: | JAIS Number: |
| Address: | Phone Number: |
| Parent/Guardian Name: | Work Phone: |
| <input type="checkbox"/> Court Case Number _____ | |
| Family Case Assessment: Youth (Insert Name) is in danger of entry into the juvenile justice system due to the following issues: | |
| Risk Factors (Check any that apply) <input type="checkbox"/> AOD Screened Substance Abuse Use: last AOD date _____ <input type="checkbox"/> Truancy from Home <input type="checkbox"/> School Expulsion/Suspension/ Drop-Out <input type="checkbox"/> Parental Control Absent <input type="checkbox"/> Physically Assaultive/Violent Behaviors <input type="checkbox"/> Other (specify) _____ | |
| Prevention/Treatment Plan Including Objectives and Action Steps: To meet the program prevention goals, Youth (Insert Name) will be participating in the following activities: <input type="checkbox"/> Tutoring <input type="checkbox"/> Mentoring <input type="checkbox"/> Group/ Individual Counseling <input type="checkbox"/> After School Activities <input type="checkbox"/> Recreation <input type="checkbox"/> Computer Training <input type="checkbox"/> Social/ Life Skills Development <input type="checkbox"/> Cultural Activities <input type="checkbox"/> Substance Abuse Treatment <input type="checkbox"/> Conflict Resolution <input type="checkbox"/> Employability Skills <input type="checkbox"/> Family Counseling/Skills <input type="checkbox"/> Academic Remediation <input type="checkbox"/> Other (Specify) _____ | |
| Service Begin Date: _____ Service End Date: _____ | |
| Youth Signature: | Date: |
| Parent/Guardian Signature: | Date: |
| UW Agency Worker Signature: | Date: |

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<http://www.liveunitedsem.org>. Please direct any questions to Caitlin Kelly
 (Caitlin.kelly@liveunitedsem.org).

Appendix G: Disenrollment Request

| | |
|---|---|
| Youth's Name: | Date of Intake: _____ JAIS Registration Date: _____ Date of Service Completion: _____ |
| Date of Birth: | JAIS Number: |
| Address: | Phone Number: |
| Parent/Guardian Name: | Work Phone: |
| Check One: <input type="radio"/> Successful Completion <input type="radio"/> Termination (Could not locate) <input type="radio"/> Family Withdrew (Lack of Participation, Formal Withdraw by Family) <input type="radio"/> Youth Arrested/Under Court Authority (See Attached Petition) | |
| Family Case Assessment: The goals set in the youth's treatment plan were: {(circle one) a. achieved b. not achieved}. If applicable list goals achieved: 1. 2. 3. 4. | |
| Risk Factors (Check any that still apply) <input type="radio"/> AOD Screened Substance Abuse Positive <input type="radio"/> School Expulsion/Suspension/ Drop-Out <input type="radio"/> Physically Assaultive/Violent Behaviors <input type="radio"/> Truancy from Home <input type="radio"/> Parental Control Absent <input type="radio"/> Other (specify) _____ | |
| Is the youth at continued risk for "Out of Home Placement"? <input type="radio"/> Yes <input type="radio"/> No | |
| Prevention/Treatment Plan Services Included: <input type="radio"/> Tutoring <input type="radio"/> After School Activities <input type="radio"/> Social/ Life Skills Development <input type="radio"/> Conflict Resolution <input type="radio"/> Academic Remediation <input type="radio"/> Mentoring <input type="radio"/> Recreation <input type="radio"/> Cultural Activities <input type="radio"/> Employability Skills <input type="radio"/> Other (Specify) _____ <input type="radio"/> Group/ Individual Counseling <input type="radio"/> Computer Training <input type="radio"/> Substance Abuse Treatment <input type="radio"/> Family Counseling/Skills | |
| Service Begin Date: _____ Service End Date: _____ | |
| Youth Signature: | Date: |
| Parent/Guardian Signature: | Date: |
| UW Agency Worker Signature: | Date: |

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Appendix H: Agency Self-Monitoring Form

| Agency Name: | | | | | | | | Person Completing Form: | | | | | | | |
|---|------------|-----|-----------|-------------------|--------------------|------------------|-------------|--------------------------|----------------------------|--------------|---------------------------|------------------------------|----------------|----------------------------|--------------------|
| Building Foundations Agency Self-Monitoring Form | | | | | | | | | | | | | | | |
| Instructions: Begin tracking youth at intake. Columns A through H can be completed in conjunction with the Monthly Report form. Use columns I through P to track the submission of required documents. Enter 1 in the cell to indicate that a document has been submitted. Enter 0 in the cell if the document is in the process of being completed or returned to your agency. Enter -1 in the cell if the document is missing or incomplete. | | | | | | | | | | | | | | | |
| If you have questions or concerns, please contact Caitlin Kelly (caitlin.kelly@liveunitedsem.org). | | | | | | | | | | | | | | | |
| Last Name | First Name | DOB | JAIS ID # | JAC Referral Date | Program Start Date | Program End Date | Succ/Unsucc | Parent Service Agreement | At-Risk Juvenile Complaint | PACI Pretest | Prevention Treatment Plan | Report Card at Program Start | PACI Post-Test | Report Card at Program End | Disenroll. Request |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

In columns A through H, please complete the following information:

- a) Youth’s last name
- b) Youth’s first name
- c) The JAIS number provided by the Juvenile Assessment Center. (Community referrals cannot be serviced as Child Care Fund (CCF) youth until a JAIS number has been assigned by the JAC.)
- d) Youth’s date of birth
- e) Juvenile Assessment Center (JAC) Referral Date: Indicate the date the provider received the referral from the JAC.
- f) Program Start Date: This column represents the date the intake was accomplished and the youth is officially receiving Prevention services.
- g) Program End Date: The date Child Care Fund youth was disenrolled from the program. **Do not use projected end dates in this column.**
- h) Successful or Unsuccessful: Indicate whether the youth completed programming successfully or unsuccessfully.

In columns I through P, indicate the status of the required document for each youth:

- 1= Depending on the submission procedures for the document, document was submitted to the JAC or was uploaded to the JAIS system
- 0= Document is currently being completed, returned to your agency, is being processed, etc.
- 1= Document is missing or incomplete.

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Appendix I: Monthly Report Form

| Agency: | | | | | | | | | | | Month/Year: | | | | | | | | | | | | |
|---|------------|-----------|-----|-------------------|-------------------|--|------------------|--|------------|------------|---|---|-----|-----|-----|----|----|-------------------------------------|-----|---|----|--------------------|------|
| Program Tracking | | | | | | | | | | | | | | | | | | | | | | | |
| Legend: AS= Academic Support/Tutoring | | | | | | ILS= Individual Life/Social Skills Session | | | | | | GLS= Group Life/Social Skills Session | | | | | | MCR= Mediation/ Conflict Resolution | | | | | |
| CYL= Community Service & Youth Leadership | | | | | | RC= Recreational & Cultural Services | | | | | | SA= Substance Abuse Prevention/Treatment | | | | | | FS= Family Session | | | | | |
| PES= Parent Education & Support | | | | | | P= Phone Call | | | | | | CC= Collateral Contact (Contact made in support of the youth, e.g., school, job, etc..) | | | | | | | | | | | |
| JAC Referral Date= The date a JAIS ID# was assigned by the JAC) | | | | | | | | | | | Succ/Unsuc= Completion Status (enter 1 in box if successful or 0 if unsuccessful) | | | | | | | | | | | | |
| Last Name | First Name | JAIS ID # | DOB | Age At Enrollment | JAC Referral Date | Program Start Date | Program End Date | Dates of Face to Face Contact w/ youth | Staff ID # | Succ/Unsuc | AS | ILS | GLS | MCR | CYL | RC | SA | FS | PES | P | CC | Total Svc Provided | |
| | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | | | | | | | | | | 0.00 |

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You only need to enter the fields highlighted in BLUE. White sections will automatically complete depending on the information you input into the required fields.

Appendix J: Monthly Performance Summary

The reporting period spans from the first day of the reporting month to the last day of the reporting month (NOT the date that reporting documents are due!).

| | | | |
|--|---|--|---|
| Agency: <input type="text"/> | | Reporting for the month of: <input type="text"/> | |
| For services funded in-whole or in-part during FY 2012 with Wayne County Department of Children and Family Services funds, please provide the following information. | | | |
| This summary accounts for the period spanning from | | <input type="text" value="(mm/dd/yyyy)"/> | through <input type="text" value="(mm/dd/yyyy)"/> |
| Programs / Services: <input type="text"/> | | | |
| Program Enrollments | 1. Projected number of youth to be served in FY 2012 | | <input type="text"/> |
| | 2. Number of youth served year to date through | <input type="text" value="(mm/dd/yyyy)"/> | <input type="text"/> |
| | 3. Number of new enrollments during the month of | <input type="text" value="0"/> | <input type="text"/> |
| Completion Rates | 4. Number of youth that have completed successfully | | <input type="text"/> |
| | 5. Number of youth that have completed unsuccessfully | | <input type="text"/> |
| | 6. Total number of completions year-to-date | | <input type="text"/> |
| Cost Effectiveness and Efficiency | 7. FY 2012 contract amount | | <input type="text"/> |
| | 8. 2012 Expenditures year-to-date | | <input type="text"/> |
| | 9. Average cost per youth | | <input type="text" value="#DIV/0!"/> |

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Appendix K: Monthly Expenditures Statement

| | | | | | | | | | |
|---|--------------------------------------|-----------------------|---------------|-----------------------------|----------------|-----|-------------------------------|----------------|-----|
| Organization Name | Invoice Number | Purchase Order Number | Budget Period | | | | | | |
| Address | City | State | Zip Code | | | | | | |
| BILL TYPE | Original | Revised | Final | | | | | | |
| BUDGET CATEGORY | UWSEM Matched Grant Funds (1) | | | Child Care Funds (2) | | | Total Contract (1 + 2) | | |
| | Budget | Current Period | YTD | Budget | Current Period | YTD | Budget | Current Period | YTD |
| Salaries | | | | | | | | | |
| Fringe Benefits | | | | | | | | | |
| Occupancy | | | | | | | | | |
| Communication | | | | | | | | | |
| Supplies | | | | | | | | | |
| Equipment | | | | | | | | | |
| Local Transportation | | | | | | | | | |
| Contractual Services | | | | | | | | | |
| Specific Assistance | | | | | | | | | |
| Miscellaneous | | | | | | | | | |
| LINE ITEM SUB-TOTAL | | | | | | | | | |
| TOTAL | | | | | | | | | |
| CERTIFICATION: I certify that I am authorized to sign on behalf of the local agency and that this is an accurate statement of expenditures for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported. | | | | Signature: | | | Date: | | |