Washington State Department of Social & Health Services
CA Children's Administration

CHILDREN'S ADMINISTRATION
DIVISION OF CHILDREN AND FAMILY SERVICES

NATIONAL YOUTH IN TRANSITION DATABASE (NYTD) SERVICES PROVIDED TO YOUTH

This form is to be used to document the Independent Living/NYTD services provided to youth in your Independent Living program. If you will not be documenting the services directly into Famlink you will need to complete this form for each youth and send it along with the quarterly report.

SECTION 1 – TIME PERIOD OF REPORT

☐ July/Aug/Sept	☐ Oct/Nov/Dec	☐ Jan/Feb/March	☐ April/May/June

SECTION 2 - YOUTH INFORMATION:

YOUTH NAME		PERSON ID **(optional)**	DATE OF BIRTH
YOUTH ADDRESS	CITY	STATE	ZIP CODE

SECTION 3 – EDUCATION:

What is the highest grade the youth has completed? Do not include GED - if youth has GED please indicate last grade completed before obtaining GED.

☐ 6th grade or less ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th ☐ Post Sec Ed or training College (at least one semester)

SECTION 4 – NYTD ELEMENTS:

☐Yes ☐No	**Has the youth completed an Independent Living Assessment (such as the ANSELL CASEY LIFE SKILLS ASSESSMENT (ACLSA)?** If "YES" please indicate Date of Last ACLSA:
☐Yes ☐No	**Is youth an adjudicated delinquent? (Meaning charged and convicted with a crime)**

SECTION 5 – NYTD SERVICES PROVIDED:

The above youth received the following services:

Academic Support

Check YES if the Service was provided	Type of NYTD service?	Date Provided?	Who provided the service?
☐ Yes	Academic Counseling		
☐ Yes	Educational Resource Assistance		
☐ Yes	GED Preparation		
☐ Yes	Secondary Literacy Training		
☐ Yes	Secondary Study Skills Training		
☐ Yes	Tutoring/Help with Homework		
☐ Yes	Vital Documents Attainment to achieve education		

Budget & Financial Management

Check YES if the Service was provided	Type of NYTD service?	Date Provided?	Who provided the service?
☐ Yes	Balancing a Checkbook		
☐ Yes	Consumer Awareness/Smart Shopping Skills		
☐ Yes	Financial Asset Conversation		
☐ Yes	Living Within a Budget		
☐ Yes	Opening/Using a Checking/Savings Account		
☐ Yes	Tax Form Completion		

Career Preparation

Check YES if the Service was provided	Type of NYTD service?	Date Provided?	Who provided the service?
☐ Yes	Career Exploration/Planning		
☐ Yes	Interview Skills Development		
☐ Yes	Job Application Completion Assistance		
☐ Yes	Job Referrals		
☐ Yes	Job Retention		

☐ Yes	Job Seeking/Job Placement Support		
☐ Yes	Job Shadowing		
☐ Yes	Resume Writing		
☐ Yes	Vital Documents Attainment to achieve a job		
☐ Yes	Vocational/Career Assessment		
Employment Programs & Vocational Training			
Check YES if the Service was provided	**Type of NYTD service?**	**Date Provided?**	**Who provided the service?**
☐ Yes	Apprentice/Intern/Volunteer		
☐ Yes	Employment Program		
☐ Yes	Vocational Training		
Family Support & Healthy Relationship Education			
Check YES if the Service was provided	**Type of NYTD service?**	**Date Provided?**	**Who provided the service?**
☐ Yes	Domestic/Family Violence Prevention		
☐ Yes	Healthy Relationship Ed/Info		
☐ Yes	Interpersonal Skill Development		
☐ Yes	Parenting Skills and Education		
☐ Yes	Partner Communication		
☐ Yes	Personal/Emotional Support		
☐ Yes	Responsible Fatherhood Information		
☐ Yes	Self Advocacy Skill Development		
Financial Assistance - Education			
Check YES if the Service was provided	**Type of NYTD service?**	**Date Provided?**	**Who provided the service?**
☐ Yes	Educational Tests (GED/ACT/SAT) Paymen		
☐ Yes	Textbooks/Other Supplies Purchased		
☐ Yes	Tuition Assistance/Scholarships		
☐ Yes	Tutoring Payment		
Financial Assistance - Other			
Check YES if the Service was provided	**Type of NYTD service?**	**Date Provided?**	**Who provided the service?**
☐ Yes	Bus Passes		
☐ Yes	Car Insurance		
☐ Yes	Car Maintenance/Repair		
☐ Yes	Clothing		
☐ Yes	Document/Test Fees		
☐ Yes	Groceries		
☐ Yes	Misc Expenses		
☐ Yes	Personal Effect		
☐ Yes	Phone Bill		
☐ Yes	Tools/Supplies for Employment		
Financial Assistance – Room & Board			
Check YES if the Service was provided	**Type of NYTD service?**	**Date Provided?**	**Who provided the service?**
☐ Yes	Rent Deposit		
☐ Yes	Start-Up Expenses		
☐ Yes	Utilities		
Health Education & Risk Prevention			
Check YES if the Service	**Type of NYTD service?**	**Date Provided?**	**Who provided the service?**

was provided			
☐ Yes	First Aid		
☐ Yes	Health Care Resources/Insurance		
☐ Yes	HIV/STI/AIDS Prevention		
☐ Yes	Hygiene		
☐ Yes	Maintaining Personal Medical Records		
☐ Yes	Medical/Dental Care Benefits		
☐ Yes	Nutrition/Fitness/Exercise		
☐ Yes	Pre/Postnatal Care		
☐ Yes	Sex Education		
☐ Yes	Substance Abuse Prevention/Intervention		

Housing Education & Home Management Training

Check Yes if the Service was provided	Type of NYTD service?	Date Provided?	Who provided the service?
☐ Yes	Address Changes		
☐ Yes	Community Resource Connections		
☐ Yes	Food Preparation		
☐ Yes	Home Maintenance/Repairs-Basic		
☐ Yes	Housing Location/Maintenance		
☐ Yes	Landlord Complaint Assistance		
☐ Yes	Laundry/Housekeeping		
☐ Yes	Meal Planning/Grocery Shopping		
☐ Yes	Rental Application Completion		
☐ Yes	Security Deposits/Utilities		
☐ Yes	Tenants Rights/Responsibilities		
☐ Yes	Vital Documents Attainment to achieve housing		

Mentoring

Check YES if the Service was provided	Type of NYTD service?	Date Provided?	Who provided the service?
☐ Yes	Mentoring supports/services		

Post Secondary Academic Support

Check YES if the Service was provided	Type of NYTD service?	Date Provided?	Who provided the service?
☐ Yes	ACT/SAT Test Preparation		
☐ Yes	College Tour		
☐ Yes	College Tutoring		
☐ Yes	ETV Application Support		
☐ Yes	Fin Aid & Scholarship App Support		
☐ Yes	Financial Aid/Scholarship Counseling		
☐ Yes	Post-Sec Application Support		
☐ Yes	Vital Documents Attainment for college		

Supervised Independent Living Arrangement

Check YES if the Service was provided	Type of NYTD service?	Date Provided?	Who provided the service?
☐ Yes	Supervised Independent Living Placement		

SIGNATURE OF TRIBAL IL COORDINATOR:	TRIBE	DATE
TRIBE ADDRESS	PHONE	