

INSTRUCTIONS FOR MONTHLY TRANSITIONAL AND INDEPENDENT LIVING PLACEMENT REPORT

This form must be completed each month by any agencies and facilities that provide transitional and/or independent living placements as a part of their program. Complete one report for all youth in transitional living placements and one report for all youth in independent living placements.

Submit the completed report no later than the 15th of the month following the month for which the information is being provided (e.g., June report is due no later than July 15th) to:

State Department of Human Resources
Family Services, Independent Living Program
50 Ripley Street
Montgomery, AL 36130-4000

Agency/Facility Name	Enter the name as shown on the license.	
Month	Year	Enter the month and year for which the report is being completed.
Placement Type	Enter an "X" in the box indicating the placement type for which the report is being completed. Transitional Living - An alternative living arrangement that provides youth (ages 17 through 20) in foster care with opportunities to practice independent living skills in a variety of on-campus settings with decreasing degrees of care and supervision. Independent Living - An alternative living arrangement whereby youth (ages 17 through 20) live in community based housing rather than in a foster home or on a group home campus.	
Youth's Name	Self-explanatory	
Age	Enter the youth's age as of the last day of the report month.	
Grade	Enter the youth's grade in school from the following codes: High school - 9, 10, 11, or 12 College - "Fr" (freshman), "Soph" (sophomore), "Jr" (junior), or "Sr" (senior) Vocational school - "Voca"	
Employment	Enter an "X" in the box indicating the youth's employment status. FT = employed 40 or more hours per week PT = employed less than 40 hours per week; enter the # employed N = not employed	
Expenses	Enter an "X" in the appropriate box indicating if the youth is responsible for paying any portion of any bills. Bills include any living, personal, or educational expenses.	

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Portion Enter the percentage of expenses paid by the youth (e.g., 100% personal; 10% rent; 50% food; 100 % utilities; 25 % text books).

Agency/Facility Self-explanatory
Representative’s
Signature and Date

Page _____ of _____ If more than one page is needed to complete either the transitional or independent living report, enter the appropriate page numbers (e.g., Page 1 of 2 and Page 2 of 2).