

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**PROGRAM ANNUAL ASSESSMENT**

QYDS ID: \_\_\_\_\_

Sponsoring Municipality: \_\_\_\_\_

Implementing Agency: \_\_\_\_\_

Program Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person for Agency/Municipality: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PROGRAM PROFILE – Unduplicated Number of Youth**

TOTAL PROGRAM ENROLLMENT:

Projected:

Actual:

**STATISTICAL REPORT Use only Whole Numbers. Do NOT use Percentages.**

No direct services provided to youth:

<b>GENDER OF PROGRAM PARTICIPANTS:</b> <i>(Enter number participants per gender)</i>	<b>MALE</b>		<b>FEMALE</b>	
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<b>ETHNICITY:</b> <i>(Enter number of participants per ethnic group)</i>	WHITE		BLACK OR AFRICAN AMERICAN		HISPANIC OR LATINO	
	AMERICAN INDIAN OR ALASKAN NATIVE			ASIAN		
	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER				TWO OR MORE RACES	

<b>AGES</b>	0-4		5-9		10-14		15-17		18-20		21 +	
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<b>DID TARGET POPULATION SERVE DISCONNECTED YOUTH?</b> <i>(Enter number of participants per population described)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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<b>IF "YES",</b>	Youth aging out of foster care		Children of incarcerated parents	
	Youth in the juvenile justice system who re-enter the community		Runaway and Homeless Youth	

Challenges (Maximum of 100 words):

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Successes (Maximum of 100 words):

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Prepared By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE OF PROGRAM DIRECTOR OR DESIGNEE

Certified By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE OF CHIEF EXECUTIVE OFFICER OR DESIGNEE, OR AGENCY EXECUTIVE DIRECTOR IF DIRECT CONTACT

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
COUNTY RESOURCE ALLOCATION PLAN  
**PROGRAM ANNUAL ASSESSMENT**  
**OCFS-5007**  
**INSTRUCTIONS**

- \* Every Program that receives funds from the Office of Children and Family Services must submit a Program Annual Assessment for Youth Bureau annual assessments. Youth bureaus must review and make necessary changes only to the address, contact person, and telephone number. Youth bureaus are not required to provide any additional information on this form.
- \* Reports must be submitted to the Youth Development Coordinator or Youth Development Specialist no later than six weeks after the end of the program year.
- \* Programs funded through Youth Bureaus must submit their assessment to the Youth Bureau. Municipal Youth Bureaus submit assessments to the County Youth Bureau, which will forward them to the Youth Development Coordinator or the Youth Development Specialist.
- \* Programs which have a direct contact with OCFS must submit their assessment directly to their Youth Development Coordinator or Youth Development Specialist.
- \* A separate assessment must be completed for each application approved by OCFS. For example, if a Program received both YDDP and SDPP funds, the program must complete and submit two assessments, one for each application.
- \* Statistical Report –All information should be based on an unduplicated count of youth served during the period covered by this assessment. **Use whole numbers; do not use percentages.**
- \* Prepared By/Certified By – Signatures and titles of individuals preparing and certifying the Program Annual Assessment must be provided. **The assessment cannot be prepared and certified by the same individual.** Municipal programs and programs contracting with Youth bureaus must be certified by the municipal or county chief executive officer or their designee. Programs which have a direct contract with OCFS must be certified by the agency's executive director.