

South Carolina Department of Social Services
NYTD SERVICES PROVIDED BY THE YOUTH'S PLACEMENT PROVIDER

Youth's Name: _____ DOB: _____

Youth's Placement Provider: _____ Date of Services: _____ / _____
Month Year

Name of Person Completing this Form: _____

Telephone: _____ E-Mail: _____ Today's Date: _____

Independent Living Needs Assessment	Ansel Casey: _____ PATTY: _____
Academic Support	Describe Services:
Post-Secondary Educational Support	Describe Services:
Career Preparation	Describe Services:
Employment Program or Vocational Training	Describe Services:
Budget and Financial Management	Describe Services:
Housing Education and Home Management Training	Describe Services:
Health Education and Risk Prevention	Describe Services:
Family Support and Healthy Marriage Education	Describe Services:
Mentoring	Describe Services:
Supervised Independent Living	Describe Services:
Room and Board Financial Assistance	Describe Services:
Education Financial Assistance	Describe Services:
Other Financial Assistance	Describe Services:

Services provided are to be entered into CAPSS by the DSS case manager.

DSS Case Manager's Name: _____ Telephone: _____

County/Regional Office: _____ E-Mail: _____