

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: _____