



**GEORGIA ILP YOUTH
 RBWO MONTHLY SERVICES REPORT**

Youth Name:		Legal County:		Month Ending:
DOB:	Age:	Grade:	Special Education: <input type="checkbox"/> Yes <input type="checkbox"/> No	
DFCS CM Name:			Independent Living Coordinator Name:	

Placement Provider Name/Site :	
Person Completing Form:	Contact Information:

SUPPORT/TRAINING PROVIDED

Academic Support	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments:
Post Secondary Educational Support	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments:
Career Prep	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments:
Employment Programs or Vocational Training	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments:
Budget and Finance Management	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments:
Housing Education & Home Management Training	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments:
Health Education & Risk Prevention	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments:
Family Support & Healthy Marriage Education	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments:
Mentoring	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments:
Completed Ansell Casey Life Skills Assessment	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments:

INDIVIDUAL DEVELOPMENT ACCOUNT (IDA)

Does the youth have an IDA? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the youth has an IDA, How much has the youth deposited this month?

Other Comments or Continuation of Comments: