

**Countdown to 21  
Quarterly & Annual Data Report**

**Discharge-Clinical Intervention to Preserve Placement (D-CIPP) Reporting**

<b>D-CIPP Activities</b>	<b>1<sup>st</sup> Quarter (07/01-09/30)</b>	<b>2<sup>nd</sup> Quarter (10/01-12/31)</b>	<b>3<sup>rd</sup> Quarter (01/01-03/31)</b>	<b>4<sup>th</sup> Quarter (04/01-06/30)</b>	<b>Year-End Total</b>
<b># of D-CIPP's Scheduled</b>					
<b>#of 19-y/o D-CIPP's completed</b>					
<b>Missed</b>					
<b># of 20.75 y/o D-CIPP's completed</b>					
<b>Missed</b>					

\*Enter N/A=Not Applicable only when no youth on the agency caseload who met the age requirement for a D-CIPP, otherwise always enter a number.

**For any Missed column please provide detail and corrective action in this section of the report**

<b>Youth Name &amp; DCFS ID</b>	<b>Reason for Missed D-CIPP</b>	<b>Agency Corrective Action Plan to assure Transition Planning is occurring</b>

### Financial Literacy Instruction

All agencies providing substitute care services to 19 & 20-year-olds are required to maintain staff that have been certified by the DCFS-Office of Training and provide financial literacy to all 19 & 20 year-olds on the agency caseload.

Name of Staff Certified by DCFS Office of Training	Date Training Completed

Youth Completion Financial Literacy	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
Youth Name & DCFS ID				

Please submit this report to your assigned agency performance monitor in the DCFS-Division of Regulation & Monitoring within 14 business days after each quarter.

Name of person submitting report:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Title

\_\_\_\_\_

Agency Name

\_\_\_\_\_

Agency Telephone Number

\_\_\_\_\_

Agency Street Address, City, State, Zip Code

\_\_\_\_\_

Signature

\_\_\_\_\_

Date