

## Reporting Institution: Contact Information

\* 1. Institution Name

\* 2. Institution IRN

3. Contact Person

4. E-Mail Address

5. County

6. Street Address

7. PO Box (if applicable)

8. City

9. Zip Code

10. Telephone Number (with area code)

11. FAX Number (with area code)

## School District in Which Institution is Located

\* 12. School District IRN

\* 13. School District Name

14. School District Contact Person

15. School District Contact E-Mail Address

## Basic Instruction

\* 16. Is the school district the institution is located in responsible for providing the basic educational programming for students who reside within the institution? Does the school district your institution is located in directly provide the services? if so, select yes; if not select no.

Yes

No

Basic Instruction: Contact Information (if resident school district does not provide basic instruct)

\* 17. School District Providing Basic Instruction Services

\* 18. IRN of School District Providing Basic Instruction

19. Contact Person for School District Providing Basic Instruction

20. E-Mail Address of School District Contact Person

## Fiscal Agent Relationship

\* 21. Is the fiscal agent the same as the school district? Does the school district your institution is located in directly provide the services? If so, select yes; if not select no.

Yes

No

Fiscal Agent (If different from school district)

\* 22. IRN of Fiscal Agent

\* 23. Fiscal Agent Name

24. Fiscal Agent Contact Person

25. Fiscal Agent E-Mail Address

## Type of Institution

\* 26. Which type of institution are you reporting data for?

- Neglected** - a public or private residential facility (not a foster home) operated primarily for the care of children committed to the institution, or voluntarily placed in the institution under applicable state law, because of abandonment by, or neglect by, or death of parents or guardians.
- Delinquent** - a public or private residential facility (not a foster home) operated primarily for the care of children adjudicated delinquent or in need of supervision

## Foster Home - Verification

\* 27. By checking this option you are verifying that the institution being reported on is not a foster home.

Institution is not a foster home

28. Please indicate whether the institution is public or private.

Public

Private



## State Licensure

29. Please indicate which state agency licensed the institution

- Department of Youth Services
- Department of Jobs and Family Services
- Department of Developmental Disabilities
- Department of Mental Health
- Other (please specify)

## Calculated Child Count

\* 30. Count of children, ages 5-17, each of whom resided in the institution for at least one day during the 30 day count period. The 30 day count period must be 30 consecutive days, at least one of which is in October.

Number of Children

\* 31. Reporting window timeframe:

Reporting window start  
date:

Reporting window end  
date:

## Certification

\* 32. By entering my name and date below, I understand and agree that such entry constitutes an electronic signature and that I hereby certify that the information on this form is to the best of my knowledge, complete and correct.

Name:

Date: