

## Runaway and Homeless Youth Programs Onsite Review Report

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Date of Review:

Name of Grantee Organization:  
(include full address)

Executive Director:

Name of RHY Specialist:

Name of Peer Monitor

### Grantee Program Information

\_\_\_ Basic Center Program  
Project Director(s):  
Current Year of Grant (e.g., 2nd of 3): of  
Grant Number:  
Grant Award Amount:

\_\_\_ Maternity Group Home Program  
Project Director(s):  
Current Year of Grant (e.g., 2nd of 3): of  
Grant Number:  
Grant Award Amount:

\_\_\_ Street Outreach Program  
Project Director(s):  
Current Year of Grant (e.g., 2nd of 3): of  
Grant Number:  
Grant Award Amount:

\_\_\_ Transitional Living Program  
Project Director(s):  
Current Year of Grant (e.g., 2nd of 3): of  
Grant Number:  
Grant Award Amount:

## **Executive Summary**

### **I. Positive Aspects of the Grantee's Program**

In the space below, provide a summary of the positive aspects of the grantee's services.

### **II. Non-Binding Suggestions**

In the space below, provide suggestions on ways in which the grantee can improve operations. The grantee has no obligation to implement them. Comments related to the minimum requirements as stated legislation/regulation must be mentioned under the corrective actions section as appropriate.

### **III. Corrective Action**

In the space below, provide a summary list of findings for which the grantee must provide corrective action plans as a result of noncompliance with legislation/regulation. If not applicable, please indicate that all aspects of the grantee's program are in full compliance with RHY legislation/regulation.

## Findings

### Compliance Report Card

A checked box indicates compliance with requirements for covered services, development activities, and administrative procedures. A shaded area is not subject to compliance but may be mentioned as areas of improvement under non-binding suggestions or is not applicable because the grantee does not currently operate a program that is shaded.

Basic Center Program	Transitional Living Program	Maternity Group Home Program	Street Outreach Program	A – Services (Mandatory)
				1. Outreach and Community Education
				2. Individual Intake and Case Planning
				3. Safe and Appropriate Shelter
				3a. Temporary Shelter
				3b. Transitional Living Arrangements
				3c. Emergency Shelter
				4. Counseling
				5. Skill-building Services
				6. Recreation/Leisure Activities
				7. Aftercare Services
				8. Case Outcome
				9. Street Outreach Program for SOP
				10. Individual Client Files
Basic Center Program	Transitional Living Program	Maternity Group Home Program	Street Outreach Program	B – Project Development
				1. Coordination and Service Linkages
				2. Youth Participation
				3. Staffing and Staff Development
				4. Ongoing Project Planning
Basic Center Program	Transitional Living Program	Maternity Group Home Program	Street Outreach Program	C – Grant Administration
				1. Budget and Finance
				2. Board of Directors
				3. Reports and Data Collection
Basic Center Program	Transitional Living Program	Maternity Group Home Program	Street Outreach Program	D – Services (Optional)
				1. Street-based Services
				2. Home-based Services
				3. Drug Abuse Prevention/Treatment
				4. Testing for Sexually Transmitted Diseases

## **RATIONALE FOR FINDINGS**

In the space below, explain why the grantee is or is not in compliance with the approved grant, the RHY Act, and grant announcements. Describe the evidence gathered (e.g., documents reviewed, random case reviews conducted, staff interviewed, conditions or activities observed) and the conclusions reached. Each section must be titled with the list below.

### **A. SERVICES**

- A.1. Outreach and Community Education
- A.2. Individual Intake and Case Planning
- A.3. Safe and Appropriate Shelter
  - a. Temporary Shelter for BCP
  - b. Transitional Living Arrangements for TLP/MGH
  - c. Emergency Shelter for SOP
- A.4. Individual, Family, Group and Peer Counseling
- A.5. Skill-building Services
- A.6. Recreation/Leisure Activities
- A.7. Aftercare Services
- A.8. Case Outcome
- A.9. Street Outreach Program for SOP
- A.10. Individual Client Files

### **B. PROJECT DEVELOPMENT**

- B.1. Coordination and Service Linkages
- B.2. Youth Participation
- B.3. Staff and Staff Development
- B.4. Ongoing Project Planning

### **C. GRANT ADMINISTRATION**

- C.1. Budget and Finance
- C.2. Board of Directors
- C.3. Reports and Data Collection

### **D. OPTIONAL SERVICES FOR BASIC CENTERS**

- D.1. Street-Based Services
- D.2. Home-Based Services
- D.3. Drug Abuse Prevention and Treatment
- D.4. Testing for Sexually Transmitted Diseases