**Program Description Form for One-To-One Support Services**

for the

New Jersey Department of Children and Families

Children’s System of Care (CSOC)

Please enter the requested information into this form and **include it in the third PDF submission in your Request for Qualification** **response packet that is to be labeled:**

***PDF 3: Section III – Documents to Be Submitted with This Response, Subsection B. Additional Documents to Be Submitted in Support of This Response.***

1. Provide a narrative of the activities offered by your program and include details explaining how each activity will be delivered and the level of participation intended for youth.

 2. Identify the intended skill/benefit to be obtained from the activities by the youth attending the program.

3. Identify the specific program location(s):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  [ ]  Atlantic |  [ ]  Cumberland |  [ ]  Hunterdon |  [ ]  Morris |  [ ]  Somerset |
|  [ ]  Bergen |  [ ]  Essex |  [ ]  Mercer |  [ ]  Ocean |  [ ]  Sussex |
|  [ ]  Burlington |  [ ]  Gloucester  |  [ ]  Middlesex |  [ ]  Passaic |  [ ]  Union |
|  [ ]  Camden |  [ ]  Hudson |  [ ]  Monmouth |  [ ]  Salem |  [ ]  Warren |
|  [ ]  Cape May |  |  |  |  |

4. Specify the hours of program operation and include AM and PM:

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Sunday |       to       | [ ]  Thursday |       to       |
| [ ]  Monday |       to       | [ ]  Friday |       to       |
| [ ]  Tuesday |       to       | [ ]  Saturday |       to       |
| [ ]  Wednesday |       to       |  |  |

5. Specify the age range of the youth to be served by the program: From:       To:

 6. Detail the safety and accessibility measures taken by the program to ensure a safe experience for youth attending the program.