

**FY 2026  
PROGRAM DESCRIPTION**

**Parent Organization:**

**Program Name:**

**Federal ID Number:**

**Licensing Agency:**

**PROVIDE THE CAPACITY FOR APPROPRIATE PROGRAM TYPE**

*(Please include an explanation as part of the budget justification if there is an anticipated capacity change.)*

**Child Placement Agency Contract Capacity:**

**Non-Residential State Agency Contract Capacity:**

**Educational Program Budgeted Capacity:**

**FY 2026 IRC Projected Capacity Request:**

**Program Description:**

*(Provide a type written description of the program listed above. Please limit your description to 100 words.)*