DEPARTMENT	OF HEALTH AND HUMAN SERVICES	OMB Approval No.: 0970-0004
	r Children and Families	Expires: 11/30/200
Form ACF-4125		DESTROY PRIOR EDITION
	ΑΝΝΙΙΑΙ στατις	STICAL REPORT ON
		LDREN IN FAMILIES RECEIVING PAYMENTS
		OVERTY INCOME LEVEL
	FROM A STATE PROGRAM	<i>A</i> FUNDED UNDER PART A OF
	TITLE IV OF THE SO	DCIAL SECURITY ACT
_		
State	State Agency	
	Report for the mo	nth of October 2008
Prepared by:	N	
	Signature	
Compiled by:	0	
	Name	
	Email address	and I
		art I.
	NUMBER OF CHILDREN A	GED 5-17 IN FOSTER HOMES
	(il entry is greater than zero (0), attac	h a separate list in the following format.)
	Children Aged 5	-17 in Foster Homes
	A. by COUNTY	B. by LOCAL EDUCATIONAL AGENCY (LEA)
C	ounty name FIPS County Code Number	LEA name LEA Code (Agency ID) Number
		<u> </u>
	Pa	art II.
	NUMBER OF CHILDREN AGED 5-17 IN FAM	MILIES RECEIVING PAYMENTS IN EXCESS OF
	THE AMOUNT SPECIFIED FOR THIS REPORT P	ERIOD FROM A STATE PROGRAM FUNDED UNDER
	PART A OF TITLE IV OF 1	THE SOCIAL SECURITY ACT
	State total	
		h a separate list in the following format.)
	Children Aged 5-17 in FAMILIES RECEIV	VING PAYMENTS IN EXCESS OF \$1,766.67
	A. by COUNTY	B. by LOCAL EDUCATIONAL AGENCY (LEA)
C	ounty name FIPS County Code Number	LEA name LEA Code Number
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