

State or IT _____

For FFY OCTOBER, ____ TO SEPTEMBER 30, ____

SERVICES/ACTIVITIES	TITLE IV-B		(c) CAPTA*	(d) CFCIP*	(e) TITLE IV- E	(f) TITLE XX (SSBG)	(g) TITLE IV-A (TANF)	(h) Title XIX (Medicaid)	(i) Other Fed Prog	(j) State Local Donated Funds	(k) NUMBER TO BE SERVED [] Families [] Individuals	(l) POP. TO BE SERVED	(m) GEOG. AREA TO BE SERVED
	(a) I-CWS	(b) II-PSSF											
1) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)												Reports of abuse/neglect	Statewide/Reservation
2) PROTECTIVE SERVICES													
3) CRISIS INTERVENTION (FAMILY PRESERVATION)													
(A) PREPLACEMENT PREVENTION												All children in foster care	Statewide/Reservation
(B) REUNIFICATION SERVICES													
4) TIME-LIMITED FAMILY REUNIFICATION SERVICES													
5.) ADOPTION PROMOTION AND SUPPORT SERVICES												All eligible children	Statewide/Reservation
6) FOSTER CARE MAINTENANCE: (A) FOSTER FAMILY & RELATIVE FOSTER CARE													
(B) GROUP/INST CARE													Statewide/Reservation
7) ADOPTION SUBSIDY PMTS.													
8) INDEPENDENT LIVING SERVICES													
9) ADMIN & MGMT													
10) STAFF TRAINING													
11) FOSTER PARENT RECRUITMENT & TRAINING													
12) ADOPTIVE PARENT RECRUITMENT & TRAINING													
13) CHILD CARE RELATED TO EMPLOYMENT/TRAINING													
14) TOTAL													

* States Only, Indian Tribes are not required to include information on these programs