

**ACF - 801 Child Care Quarterly Case Record Form**

OMB #: 0970-0167

Expires: 05-31-2009

**Head of Family Receiving Assistance**

1. Reporting Period	Month: ___ ___ Year: ___ ___ ___ ___
2. Unique State Identifier (required in absence of SSN#)	___ ___ ___ ___ ___ ___ ___ ___ ___ ___
3. Social Security Number (optional)	___ ___ - ___ - ___ ___ ___ ___
4. FIPS Codes	State: ___ ___ County: ___ ___ ___
5. Single Parent	___
6. Reason for Receiving Care	___
7. Total Monthly Child Care Copayment by Family	\$ __, ___ ___ ___
8. Month/Year Child Care Assistance to the Family Started	Month: ___ ___ Year: ___ ___ ___ ___
9. Total Monthly Family Income for Determining Eligibility	\$ ___ __, ___ ___ ___

<b>Family Income Sources</b>	<b>(Y/N)</b>
10. Employment Including Self-Employment	___
11. Cash or Other Assistance Under Title IV of the Social Security Act (TANF)	___
12. State Program for Which State Spending Is Counted Towards TANF MOE	___
13. Housing Voucher or Cash Assistance	___
14. Assistance Under the Food Stamps Act of 1977	___
15. Other Federal Cash Income Programs (such as SSI)	___

### Head of Family Receiving Assistance (Continued)

16. Number in Eligible Family (Required as of 04/01/02) \_ \_

### Dependent Children Receiving Child Care Assistance

Child Receiving Care	17. Social Security Number (Optional) OR Unique State Identifier (Required in absence of SSN#)	18. Hispanic or Latino	19. American Indian or Alaskan Native	20. Asian	21. Black or African American	22. Native Hawaiian or Other Pacific Islander	23. White	24. Gender	25. Month/Year of Birth	26. Type of Child Care	27. Total Monthly Amount Paid to Provider	28. Total Hours of Care Provided in Month
Child 1	__ - __ - __ - __ - __ - __ - __ -	__	__	__	__	__	__	__	__ / __ - __ -			
Child 1, Provider 1										__	\$ __, __ - -	__ - -
Child 1, Provider 2										__	\$ __, __ - -	__ - -
Child 2	__ - __ - __ - __ - __ - __ - __ -	__	__	__	__	__	__	__	__ / __ - __ -			
Child 2, Provider 1										__	\$ __, __ - -	__ - -
Child 2, Provider 2										__	\$ __, __ - -	__ - -
Child 3	__ - __ - __ - __ - __ - __ -	__	__	__	__	__	__	__	__ / __ - __ -			
Child 3, Provider 1										__	\$ __, __ - -	__ - -
Child 3, Provider 2										__	\$ __, __ - -	__ - -
Child 4	__ - __ - __ - __ - __ - __ -	__	__	__	__	__	__	__	__ / __ - __ -			
Child 4, Provider 1										__	\$ __, __ - -	__ - -
Child 4, Provider 2										__	\$ __, __ - -	__ - -