SSBG REPORTING FORM

Part A. Expenditures and Provision Method

OMB NO.:

EXPIRATION DATE:

| STATE: | FISCAL YEAR: | REPORT PERIOD: |
|-----------------|------------------|----------------|
| Contact Person: | Phone Number: | |
| Title: | E-Mail Address: | |
| Agency: | Submission Date: | |

| | | SSBG Expenditures | | Expenditures | | Provision Method | |
|----|--|-------------------|-------------|--------------|--------------|------------------|----------|
| | | | | of All Other | | | |
| | | | Ede | Federal, | | | |
| | | 0000 | Funds | State and | T-4-1 | | |
| | mine Commented with CCDC Forest ditures | SSBG | transferred | Local | Total | Dublia | Deirecto |
| _ | rvice Supported with SSBG Expenditures | Allocation | into SSBG* | funds** | Expenditures | Public | Private |
| 1 | Adoption Services | | | | | | |
| 2 | Case Management | | | | | | |
| 3 | Congregate Meals | | | | | | |
| 4 | Counseling Services | | | | | | |
| 5 | Day Care—Adults | | | | | | |
| 6 | Day Care—Children | | | | | | |
| 7 | Education and Training Services | | | | | | |
| 8 | Employment Services | | | | | | |
| 9 | Family Planning Services | | | | | | |
| 10 | Foster Care Services—Adults | | | | | | |
| 11 | Foster Care Services—Children | | | | | | |
| 12 | Health-Related Services | | | | | | |
| 13 | Home-Based Services | | | | | | |
| 14 | Home-Delivered Meals | | | | | | |
| 15 | Housing Services | | | | | | |
| 16 | Independent/Transitional Living Services | | | | | | |
| 17 | Information & Referral | | | | | | |
| 18 | Legal Services | | | | | | |
| 19 | Pregnancy & Parenting | | | | | | |
| 20 | Prevention & Intervention | | | | | | |
| 21 | Protective Services—Adults | | | | | | |
| 22 | Protective Services—Children | | | | | | |
| 23 | Recreation Services | | | | | | |
| 24 | Residential Treatment | | | | | | |
| 25 | Special Services—Disabled | | | | | | |
| 26 | Special ServicesYouth at Risk | | | | | | |
| 27 | Substance Abuse Services | | | | | | |
| 28 | Transportation | | | | | | |
| 29 | Other Services*** | | | | | | |
| | SUM OF EXPENDITURES FOR | | | | | | |
| 30 | SERVICES | | | | | | |
| 31 | Administrative Costs | | | | | | |
| | SUM OF EXPENDITURES FOR | | | | | | |
| | SERVICES AND ADMINISTRATIVE | | | | | | |
| 32 | COSTS | | | | | | |
| | om which block grant(s) were these funds tra | ncforrod? | | | | | |

^{*} From which block grant(s) were these funds transferred?

OMB NO.:

| cipients |
|----------|
| |

^{**} Please list the sources of these funds:

^{***} Please list other services:

EXPIRATION DATE:

| STATE: | |
|--------------|--|
| FISCAL YEAR: | |

| | | | Adults | | | | |
|-----|--|----------|-------------------------------------|-----------------------------------|-----------------------------|-----------------|-------|
| Sen | vice Supported with SSBG Expenditures | Children | Adults Age 59 Years & Younger | Adults Age 60 Years & Older | Adults of Unknown Age | Total Adults | Total |
| 1 | Adoption Services | Ormaron. | a rounger | a Glasi | 7.90 | radio | 7000 |
| 2 | Case Management | | | | | | |
| 3 | Congregate Meals | | | | | | |
| 4 | Counseling Services | | | | | | |
| 5 | Day CareAdults | | | | | | |
| 6 | Day CareChildren | | | | | | |
| 7 | Education and Training Services | | | | | | |
| 8 | Employment Services | | | | | | |
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| 13 | Home-Based Services | | | | | | |
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| 15 | Housing Services | | | | | | |
| | Independent/Transitional Living | | | | | | |
| 16 | Services Information & Referral | | | | | | |
| 17 | | | | | | | |
| 18 | Legal Services | | | | | | |
| 19 | Pregnancy & Parenting | | | | | | |
| 20 | Prevention & Intervention Protective ServicesAdults | | | | | | |
| - | | | | | | | |
| 22 | Protective ServicesChildren Recreation Services | | | | | | |
| | | | | | | | |
| 24 | Residential Treatment | | | | | | |
| 25 | Special ServicesDisabled | | | | | | |
| 26 | Special ServicesYouth at Risk | | | | | | |
| 27 | Substance Abuse Services | | | | | | |
| 28 | Transportation Other Commission | | | | | | |
| 29 | Other Services | | | | | | |
| 30 | SUM OF RECIPIENTS OF SERVICES | | | | | | |