## SSBG REPORTING FORM: INTENDED USE ESTIMATES<sup>1</sup>

## Part A. Expenditures and Provision Method

OMB NO.: 0970-0234 EXPIRATION DATE: 07/31/2011

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

		SSBG Expenditures		Expenditures		Provision Method		
				of All Other				
				Federal,				
			Funds	State and				
		SSBG	transferred	Local	Total			
Service 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 CareAdults							
6	Day CareChildren							
7	Education and Training Services							
8	Employment Services							
9	Family Planning Services							
10	Foster Care ServicesAdults							
11	Foster Care ServicesChildren							
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 ServicesAdults							
22	Protective ServicesChildren							
23	Recreation Services							
24	Residential Treatment							
25	Special ServicesDisabled							
26	Special ServicesYouth at Risk							
27	Substance Abuse Services							
28	Transportation							
29	Other Services***							
30	SUM OF EXPENDITURES FOR SERVICES							
31	Administrative Costs							
	SUM OF EXPENDITURES FOR SERVICES							
32	AND ADMINISTRATIVE COSTS							
	om which block grant(s) were these funds tra	ansferred?						
** Please list the sources of these funds:								
	*** Please list other services:							
· · ·								

<sup>&</sup>lt;sup>1</sup> This form is the same form that is currently being used by States to report on their expenditures and recipients of services within the 29 service areas. This form has been modified for use as part of States' intended use plans. Instead of actual data, the form indicates that the data are estimates of expenditures and recipients and the methods of service provision are proposed. The same instructions for the SSBG Reporting Form for post-expenditure data should be used. The use of this form is completely voluntary.

## Part B. Recipients

## OMB NO.: 0970-0234 EXPIRATION DATE: 07/31/2011

STATE:	
FISCAL YEAR:	

			Adults				
Se	rvice 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		<u> </u>			, iddite	
2	Case Management						
3	Congregate Meals						
4	Counseling Services						
5	Day CareAdults						
6	Day CareChildren						
7	Education and Training Services						
8	Employment Services						
9	Family Planning Services						
10	Foster Care ServicesAdults						
11	Foster Care ServicesChildren						
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 ServicesAdults						
22	Protective ServicesChildren						
23	Recreation Services						
24	Residential Treatment						
25	Special ServicesDisabled						
26	Special ServicesYouth at Risk						
27	Substance Abuse Services						
28	Transportation						
29	Other Services						
30	SUM OF RECIPIENTS OF SERVICES						