

## **INSTRUCTIONS FOR FORM ACF-4125**

### **ANNUAL REPORT ON CHILDREN IN FOSTER HOMES AND CHILDREN IN FAMILIES RECEIVING PAYMENTS IN EXCESS OF THE POVERTY INCOME LEVEL FROM A STATE PROGRAM FUNDED UNDER PART A OF TITLE IV OF THE SOCIAL SECURITY ACT**

#### **PURPOSE**

The formulas for computing Title I, Part A grants to local education agencies, a program whose purpose is to improve the academic achievement of low-achieving students served by the program and that is authorized by the Elementary and Secondary Education Act of 1965, as amended by Public Law 107-110, includes October caseload data for children in foster homes supported with public funds, and children in families receiving annual payments in excess of the current poverty income level from a State program funded under part A of Title IV of the Social Security Act (Block Grants to States for Temporary Assistance for Needy Families (TANF)). The purpose of this annual survey is to provide these data for each local educational agency (LEA) or county so that funds may be allocated on an equitable basis. An electronic (MS Excel) version of this report will be e-mailed to each State.

#### **REQUIREMENT**

This report is required annually of all State agencies administering or supervising administration of TANF and child welfare programs, including the District of Columbia and Puerto Rico. Guam, the Virgin Islands, and American Samoa are not required to report. No sampling or estimating is to be used in preparing this report. Since the data reported will generate Federal funds, they are subject to audit and must be supportable based on State TANF and foster care records.

#### **INSTRUCTIONS**

Complete both Parts I and II. Data should be provided for each LEA or county in the lists provided with this report form. If data are provided by LEA, it is not necessary to provide them by county also.

For purposes of both parts of this form, a child who reaches the age of five years during October should be included in the count. A child who attains 18 during October should not be counted.

**Part I.**

Report, by LEA, the number of children aged 5-17 (inclusive) living in foster homes supported by public funds during the month of October **XXXX**. If the data are not available by LEA, report by county. Include foster homes of all types and under all programs, i.e., public agency foster homes; group homes and foster homes where care is purchased by public agencies. "Public funds" is defined as monies (Federal, State and/or local) which are used by public assistance agencies to support foster children.

*Children receiving foster care in institutions operated primarily for the care of neglected or delinquent children must not be included in this report because a separate survey [U.S. Department of Education ED FORM 4376] is conducted annually to collect the data on children in neglected or delinquent institutions.*

Report only the children who reside within the State and report the children by LEA in which they reside. If the LEA of residence is not known, the LEA of school attendance may be used. If the LEA of residence changes during the month of October **XXXX**, the last known location should be used.

*Please assure that the sum of the data reported on attached pages is equal to the State total shown on the form.*

**Part II.**

Report, by LEA, the number of children aged 5-17 (inclusive) in families which, during the month of October **XXXX**, had a cash assistance payment in excess of the amount specified for this report period. If data are not available by LEA, report by county. (The "amount specified" is based on poverty income guidelines for a family of four and will be provided annually to the States by the Administration for Children and Families via Program Instruction or other appropriate means.)

If no family received an assistance payment exceeding the amount specified, enter zero. Do not include under this part children in foster care or those in institutions for neglected or delinquent children. Include *cash assistance only*; non-monetary assistance and services, vendor payments of all kinds, and income from any other sources should be excluded. Consider multiple cases in the same dwelling as separate families.

*Please assure that the sum of the data reported on attached pages is equal to the State total shown on the form.*

## SUBMITTAL PROCEDURE

Please submit this report to the email address given below. Also, please send a copy to the appropriate HHS/ACF Regional Office.

Please include on the front page the contact information (the name, telephone number and email address) of the person who compiled the report.

If you have questions or need further information, please contact:

ACF/OFA/Division of Data Collection and Analysis

Phone: XXX-XXX-XXXX

Email: TANFdata@acf.hhs.gov

*This report must be received in Washington, DC no later than December 31, XXXX following the report period.*

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