U.S. DEPARTMENT OF HEALTH and HUMAN SERVICES
Office of Child Support Services

OMB APPROVED
Control No. 0970-0510
Expires: **06/30/2027**

FORM OCSS-396: CHILD SUPPORT SERVICES PROGRAM QUARTERLY FINANCIAL REPORT
PART 1: EXPENDITURES and ESTIMATES

State:	***Current (Claiming) Quarter Ended:***	***Next (Estimating) Quarter Ending:***	***Mark Box:*** Initial Report / Rev'd Report

66% FFP rate for all cost categories, except where noted	**Current Quarter Claims**		**Prior Quarter Adjustments**		**Next Quarter Estimate**	
	(A) Total	**(B) Federal Share**	**(C) Total**	**(D) Federal Share**	**(E) Total**	**(F) Federal Share**
SECTION A. EXPENDITURES						
1a. Admin. Costs w/ Incentive Payments (**No FFP**)	$	$	$	$	$	$
1b. Administrative Costs: Regular	$	$	$	$	$	$
1c Administrative Costs: Non-IV-D:	$	$	$	$	$	$
1d Admin Costs w/ Incentives Under Exemption (**No FFP**)	$		$		$	
2a. Program Income: Fees, Costs Recovered:	$	$	$	$		
2b. Program Income: Interest, Other	$	$	$	$		
3. Net Administrative Costs:	$	$	$	$	$	$
4. ADP Development Costs with APD Required:	$	$	$	$	$	$
5. ADP Operational Costs with APD Required	$	$	$	$	$	$
6. *(Reserved)*						
7. Total Costs Claimed:	$	$	$	$	$	$
SECTION B. FEES FOR SERVICES / FEDERAL & STATE SHARES of COSTS						
8. *(Reserved)*						
9. Federal Share of Title IV-A Child Support Collections:	From Form OCSS-34 Line 10b, Col G ==>	$				$
10. Fees - Federal FPLS:	Enter Total Fee in Column B ===>	$				
11. Fees - CSENet:	Enter Total Fee in Column B ===>	$				
12. Fees - Pre-Offset Service:	Enter Total Fee in Column B ===>	$				
13. Adjustments:	Enter Total Amount in Column B ===>	$				
14. Net Federal Share of Expenditures:		$		$		$
15. State Share of Expenditures:	Enter State Share Only in Column B ===>	$	Enter State Share Only in Column D ===>	$		$
SECTION C. INCENTIVE PAYMENTS						
16. Estimate of Earned Incentive Payments:						$

This certifies that the information on this form is accurate and true to the best of my knowledge and belief. This also certifies that the State share of expenditures estimated for the Next Quarter are, or will be, available as required by law

Signature, IV-D Agency Director	Signature, Approving Official
Date:	Date:

Typed Name, Title, Agency	Typed Name, Title, Agency

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FORM OCSS-396: CHILD SUPPORT SERVICES PROGRAM QUARTERLY FINANCIAL REPORT
PART 2: PRIOR QUARTER EXPENDITURE ADJUSTMENTS

State:	*Current (Claiming) Quarter Ended:*	*Mark Box:*	☐ Initial Report ☐ Revised Report

(A) Total Adjustment	(B) Federal Share of Adjustments	(C) Funding Category	(D) Applicable to Fiscal Quarter Ended	(E) Adjustment Identification and Explanation (if applicable)
SECTION A: INCREASING ADJUSTMENTS				
$	$			
$	$			
$	$			
$	$			
$	$			
$	$			
$	$			
$	$			
$	$			
$	$	<=== TOTAL INCREASING ADJUSTMENTS		
SECTION B: DECREASING ADJUSTMENTS				
$	$			
$	$			
$	$			
$	$			
$	$			
$	$			
$	$			
$	$			
$	$			
$	$	<=== TOTAL DECREASING ADJUSTMENTS		
$	$	<=== NET ADJUSTMENTS (Section A minus Section B)		

*** Funding Categories:** (with equivalent line numbers from Part 1):

CEN - Administrative Costs Using Incentive Payments (66% FFP Rate: FY 2009-2010, Otherwise 0% FFP Rate): Line 1a.
ADM - Administrative Costs (66% FFP Rate): Lines 1b and 1c
CENW - Administrative Costs Using Incentive Payments Under Exemption (0% FFP Rate): Line 1d.
INC - Program Income from fees, interest, etc. (66% FFP Rate): Lines 2a and 2b
DEV - CSES Developmental Costs with an Approved Advanced Planning Document (APD) (66% FFP Rate): Line 4
OPN - CSES Operational Costs with an Approved Advanced Planning Document (APD) (66% FFP Rate): Line 5