



State of Louisiana
Department of Social Services
OFFICE OF FAMILY SUPPORT
755 THIRD STREET

KATHLEEN BABINEAUX BLANCO
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ANN SILVERBERG WILLIAMSON
SECRETARY

January 4, 2006

Mr. Bob Shelbourne, Division Director
Office of Family Assistance
Administration for Children and Families
Aerospace Building, 5th Floor
370 L'Enfant Promenade, S.W.
Washington, D.C. 20447

RE: Annual Reports on TANF Programs – Attachment A
Annual Reports on State Maintenance of Effort – Attachment B

Dear Mr. Shelbourne:

In accordance with 45 CFR 265.9 and TANF-ACF-PI-01-06, the attached Louisiana Annual Report on TANF and State MOE Programs for Federal Fiscal Year 2005 are being submitted to your office. This includes Attachment A and nine separate versions of Attachment B (ACF-204), one for each program in which MOE expenditures are claimed. If you have any questions or comments, please contact Tara Prejean at (225) 342-4096.

Please advise if further information is required.

Sincerely,

A handwritten signature in black ink, appearing to read "Adren O. Wilson".

Adren O. Wilson,
Assistant Secretary

Attachments

cc: Leon R. McCowan, Regional Administrator
ACF-Region 6

bcc: Bob Sluss, Program Financial Specialist
ACF/Office of State and Tribal Programs
1301 Young Street, Suite 914
Dallas, Texas 75202

Veda Emerson
David Sique
Rosalyn Shackelford
Tara Prejean
Jackie Droddy
Sammy Guillory
Daniel Tuman
Cathy Lockett

Annual Report on TANF Programs Under 45 CFR 265.9(b)

General Instructions:

Each State must provide the information indicated below on its TANF program regardless of the funding source - i.e., no matter whether the State used segregated Federal TANF funds, segregated State funds, or commingled funds to pay for the benefit or service.

If the State elects to report on other benefits or activities provided through other program funding streams, please mention it after the TANF - funded benefits or activities for each item.

(1) The State's definition of each work activity.

- Unsubsidized employment – employment in which all salaries and benefits are provided by the employer.
- Subsidized private-sector employment – employment in non-government entities in which at least a portion of the salary is provided by programs which include but are not limited to VISTA, AmeriCorp, Green Thumb, Welfare-to-Work, Workforce Investment Act, and Work Study programs.
- Subsidized public-sector employment – employment in government entities in which at least a portion of the salary is provided by programs which could include but are not limited to VISTA, AmeriCorp, Green Thumb, Welfare-to-Work, Workforce Investment Act, and Work Study Programs.
- Work Experience if sufficient private-sector employment is not available – unsalaried job experience and training at a clearly defined, well supervised work site.
- On-the-job training (OJT) - an employment opportunity under which a participant is hired and provided skills training under contract with a public or private employer. These employers provide supervision and training that provides the knowledge or skills essential to the full and adequate performance of that job.
- Job search and job readiness assistance – a combined work activity which is well structured and designed to assist the participant in developing positive work attitudes, behavior, and life skills. It also includes counseling, job seeking skills training, and practical job-seeking experience.
- Community service programs – court assigned activities which provide a beneficial service to the community and/or public.

- Vocational educational training – pre-employment vocational training in technical job skills at a technical college, proprietary school, or other educational facility. It may also include participation in a Vocational Rehabilitation Program. It does not include attendance at a college or university for credit hours, except for programs which meet the above criteria (student teaching, nursing internships, etc.)
- Job skills training directly related to employment – attendance at a college or university which does not meet the criteria for vocational educational training.
- Education directly related to employment, in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency – attendance at a college or university for parents/caretakers under age 20, and other education directly leading to employment for other participants who do not have a high school diploma or its equivalent.
- Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, if a recipient has not completed secondary school or received such a certificate – satisfactory attendance at a high school as defined by the school or other education designed to prepare a person to qualify for a high school equivalency certification.
- Providing child care services to an individual who is participating in a community service program – caring for children of individuals who are participating in a community service program as defined above.

(1) A description of the transitional services provided to families no longer receiving assistance due to employment.

Please refer to Section III. Work and Self Sufficiency (B) Support Services on page III.4 of the Louisiana TANF State Plan.

(2) A description of how a State will reduce the amount of assistance payable to a family when an individual refuses to engage in work without good cause pursuant to 45 CFR 261.14 of this chapter.

Please refer to Section IV. Sanctions (A) Sanctions on page IV.1 of the Louisiana TANF State Plan.

(3) The average monthly number of payments for child care services made by the State through the use of disregards, by the following types of child care providers:

- i. Licensed/regulated in-home child care; *Not available.*
- ii. Licensed/regulated family child care; *Not available.*
- iii. Licensed/regulated group home child care; *Not available.*

- iv. Licensed/regulated center-based child care; ***Not available.***
- v. Legally operating (i.e., no license category available in State or locality) in-home child care provided by a non-relative; ***Not available.***
- vi. Legally operating (i.e., no license category available in State or locality) in-home child care provided by a relative; ***Not available.***
- vii. Legally operating (i.e., no license category available in State or locality) family child care provided by a non-relative; ***Not available.***
- viii. Legally operating (i.e., no license category available in State or locality) family child care provided by a relative; ***Not available.***
- ix. Legally operating (i.e., no license category available in State or locality) group child care provided by a non-relative; ***Not available.***
- x. Legally operating (i.e., no license category available in State or locality) group child care provided by a relative; and ***Not available.***
- xi. Legally operated (i.e., no license category available in State or locality) center-based child care. ***Not available.***

NOTE: The only families which are eligible for an earned income disregard due to child care costs are those families with costs incurred for child care services for children age 13 and older. In these few instances, the disregard is only allowed if the child is included in the income unit and if the child is not eligible for any child care assistance under our Child Care Assistance Programs. We estimate that we have less than five families per month which are eligible for a disregard, but we have no mechanism to capture the exact number of families or the types of child care providers.

(5) If the State has adopted the Family Violence Option and wants Federal recognition of its good cause domestic violence waivers under 45 CFR 260.50-58, then provide (a) a description of the strategies and procedures in place to ensure that victims of domestic violence receive appropriate alternative services and (b) an aggregate figure for the total number of good cause domestic waivers granted.

The agency has entered into Memoranda of Understanding or contracts to provide for services pertaining to domestic violence including rural outreach, services to children in shelters, and training of law enforcement and DSS personnel. Services meet TANF goal 4. Funding method consists of federal-only dollars. (See page VI.7– Family Strengthening in the Louisiana TANF State Plan. We currently have no mechanism to capture the number of good cause domestic waivers granted.)

(6) A description of any nonrecurrent, short-term benefits (as defined in 45 CFR 260.31(b)(1)) provided, including:

- i. The eligibility criteria associated with such benefits, including any restrictions on the amount, duration, or frequency of payments;
- ii. Any policies that limit such payments to families that are eligible for TANF assistance or that have the effect of delaying or suspending a family's eligibility for assistance; and

Annual Report on State Maintenance-of-Effort Programs: Form ACF – 204State LouisianaFiscal Year 2005Date Submitted December 31, 2005

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program

Family Independence Temporary Assistance Program (FITAP). The administrative expenditures for this program are included in items 6 and 7.

2. Description of the Major Program Benefits, Services, and Activities:

Please refer to Section II Program Eligibility and VI.A. Benefit Delivery of the Louisiana TANF State Plan.

3. Purpose(s) of Benefit or Service Program:

Please refer to Section II Program Eligibility and VI.A. Benefit Delivery of the Louisiana TANF State Plan. This program meets the first statutory purpose of TANF, which is to provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.

4. Program Type. (Check one)

This Program is operated under the TANF program.

This Program is a separate State program.

5. Description of Work Activities (Complete only if this program is a separate State program):

Not applicable.

6. Total State Expenditures for the Program for the Fiscal Year: \$8,096,102.62

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$8,096,102.62

8. Total Number of Families Served under the Program with MOE Funds: 11,957

The last figure represents (check one):

The average monthly total for the fiscal year.

The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Same as TANF-funded benefits. Please refer to Section II.I Income Eligibility of the Louisiana TANF State Plan.

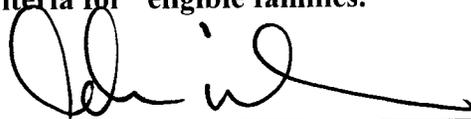
10. Prior Program Authorization: Was this program authorized and allowable under prior law (check one)

Yes No

11. Total Program Expenditures in FY 1995: Not applicable
(Note: provide only if response on question 10 is No)

This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."

SIGNATURE: _____



NAME: Adren O. Wilson

TITLE: Assistant Secretary

Annual Report on State Maintenance-of-Effort Programs: Form ACF – 204

State Louisiana

Fiscal Year 2005

Date Submitted December 31, 2005

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program

Strategies to Empower People Program (STEP). The administrative expenditures for this program are included in items 6 and 7.

2. Description of the Major Program Benefits, Services, and Activities:

Please refer to Section III of the Louisiana TANF State Plan.

3. Purpose(s) of Benefit or Service Program:

Please refer to Section III of the Louisiana TANF State Plan. This program meets the first statutory purpose of TANF, which is to provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.

4. Program Type. (Check one)

This Program is operated under the TANF program.

This Program is a separate State program.

5. Description of Work Activities (Complete only if this program is a separate State program):

Not applicable.

6. Total State Expenditures for the Program for the Fiscal Year: \$5,381,058

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$5,381,058

8. Total Number of Families Served under the Program with MOE Funds: 6,004

The last figure represents (check one):

- The average monthly total for the fiscal year.
 The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Same as TANF-funded benefits. Please refer to Section III of the Louisiana TANF State Plan.

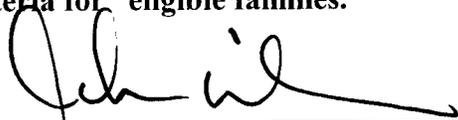
10. Prior Program Authorization: Was this program authorized and allowable under prior law (check one)

- Yes No

11. Total Program Expenditures in FY 1995: ***Not applicable***
(Note: provide only if response on question 10 is No)

This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."

SIGNATURE: _____



NAME: Adren O. Wilson

TITLE: Assistant Secretary

Annual Report on State Maintenance-of-Effort Programs: Form ACF – 204

State Louisiana

Fiscal Year 2005

Date Submitted December 31, 2005

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program

Child Care Assistance Program (CCAP).

2. Description of the Major Program Benefits, Services, and Activities:

Please refer to the Louisiana Child Care and Development Fund State Plan. This program meets the second statutory purpose of TANF, which is to end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage.

3. Purpose(s) of Benefit or Service Program:

Please refer to Section III Part B – Support Services of the Louisiana TANF State Plan. This program meets the first statutory purpose of TANF, which is to provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.

4. Program Type. (Check one)

** This Program is operated under the TANF program.

** This Program is a separate State program.

***This Program is NOT operated under the TANF program and is NOT a separate State program under TANF. It is completely separate, as 30% of TANF funds are transferred to CCAP, and TANF MOE funds are expended in this program.*

5. Description of Work Activities (Complete only if this program is a separate State program):

Not applicable.

6. Total State Expenditures for the Program for the Fiscal Year: \$5,219,488

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$5,219,488

8. Total Number of **** CHILDREN**** Served under the Program with MOE Funds: 2,464

The last figure represents (check one):

The average monthly total for the fiscal year. **(children served)**

The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

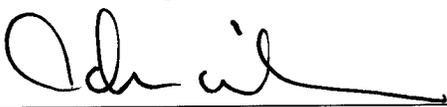
Same as CCDF funded benefits. Please refer to the Louisiana Child Care Development Fund State Plan.

10. Prior Program Authorization: Was this program authorized and allowable under prior law (check one)

Yes No

11. Total Program Expenditures in FY 1995: **Not applicable**
(Note: provide only if response on question 10 is No)

This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."

SIGNATURE: 

NAME: Adren O. Wilson

TITLE: Assistant Secretary

Annual Report on State Maintenance-of-Effort Programs: Form ACF – 204State LouisianaFiscal Year 2005Date Submitted December 31, 2005

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program

Office of Community Services Child Welfare Program. The administrative expenditures for this program are included in items 6 and 7.

2. Description of the Major Program Benefits, Services, and Activities:

Please refer to Section VI.J. on page VI.7 of the Louisiana TANF State Plan.

3. Purpose(s) of Benefit or Service Program:

Please refer to Section VI of the Louisiana TANF State Plan. This program meets the TANF goals to encourage the formation and maintenance of two-parent families and to prevent and reduce out-of-wedlock births.

4. Program Type. (Check one)

This Program is operated under the TANF program.

This Program is a separate State program.

5. Description of Work Activities (Complete only if this program is a separate State program):

Identifies and serves children in needy families who are at risk of abuse or neglect.

6. Total State Expenditures for the Program for the Fiscal Year: \$8,348,205

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$8,348,205

8. Total Number of Families Served under the Program with MOE Funds: 6,964

The last figure represents (check one):

The average monthly total for the fiscal year.

The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Same as TANF-funded benefits. Please refer to Section VI of the Louisiana TANF State Plan.

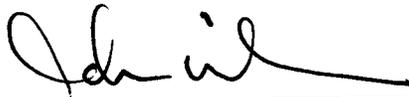
10. Prior Program Authorization: Was this program authorized and allowable under prior law (check one)

Yes No

11. Total Program Expenditures in FY 1995: \$0 (This program did not exist in 1995)
(Note: provide only if response on question 10 is No)

This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."

SIGNATURE: _____



NAME: Adren O. Wilson

TITLE: Assistant Secretary

Annual Report on State Maintenance-of-Effort Programs: Form ACF – 204State LouisianaFiscal Year 2005Date Submitted December 31, 2005

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program

Office of Youth Development (OYD) – Community Supervision Program.

2. Description of the Major Program Benefits, Services, and Activities:

Please refer to Section VI. J. on page VI.8 of the Louisiana TANF State Plan.

3. Purpose(s) of Benefit or Service Program:

Please refer to Section VI. J. of the Louisiana TANF State Plan. These services meet the TANF goal to encourage the formation and maintenance of two-parent families by promoting responsible parenthood. .

4. Program Type. (Check one)

This Program is operated under the TANF program.

This Program is a separate State program.

5. Description of Work Activities (Complete only if this program is a separate State program):

Provide services to youth and their families as a result of an adjudication and disposition by a court that orders Office of Youth Development to supervise youth in their communities in an effort to prevent removal from the home.

6. Total State Expenditures for the Program for the Fiscal Year: \$8,544,957

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$8,544,957

8. Total Number of Families Served under the Program with MOE Funds: 3,281

The last figure represents (check one):

The average monthly total for the fiscal year.

The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Same as TANF-funded benefits. Please refer to Section VI of the Louisiana TANF State Plan.

10. Prior Program Authorization: Was this program authorized and allowable under prior law (check one)

Yes No

11. Total Program Expenditures in FY 1995: ***Not applicable***
(Note: provide only if response on question 10 is No)

This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."

SIGNATURE: _____



NAME: Adren O. Wilson

TITLE: Assistant Secretary

Annual Report on State Maintenance-of-Effort Programs: Form ACF – 204

State Louisiana

Fiscal Year 2005

Date Submitted December 31, 2005

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program

Department of Education (DOE) – Remediation and Tutoring Programs. The administrative expenditures for this program are included in items 6 and 7.

2. Description of the Major Program Benefits, Services, and Activities:

Please refer to Section VI. J. on page VI.7 of the Louisiana TANF State Plan.

3. Purpose(s) of Benefit or Service Program:

Please refer to Section VI. J. of the Louisiana TANF State Plan. These services meet the TANF goal to prevent and reduce the incidence of out-of-wedlock births by encouraging youths to remain in school, reducing their risk of engaging in negative behavior and increasing opportunities for families to become self-sufficient through education and training.

4. Program Type. (Check one)

This Program is operated under the TANF program.

This Program is a separate State program.

5. Description of Work Activities (Complete only if this program is a separate State program):

Not applicable.

6. Total State Expenditures for the Program for the Fiscal Year: \$9,240,243

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$9,240,243

8. Total Number of Families Served under the Program with MOE Funds: 25,452

The last figure represents (check one):

The average monthly total for the fiscal year.

The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Same as TANF-funded benefits. Please refer to Section VI of the Louisiana TANF State Plan.

10. Prior Program Authorization: Was this program authorized and allowable under prior law (check one)

Yes No

11. Total Program Expenditures in FY 1995: ***\$0 (this program did not exist in FFY 1995)***
(Note: provide only if response on question 10 is No)

This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."

SIGNATURE: 

NAME: Adren O. Wilson

TITLE: Assistant Secretary

Annual Report on State Maintenance-of-Effort Programs: Form ACF – 204State LouisianaFiscal Year 2005Date Submitted December 31, 2005

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program

Kinship Care Subsidy Program (KCSP). The administrative expenditures for this program are included in items 6 and 7.

2. Description of the Major Program Benefits, Services, and Activities:

Please refer to Section II Program Eligibility and VI.A. Benefit Delivery of the Louisiana TANF State Plan.

3. Purpose(s) of Benefit or Service Program:

Please refer to Section II Program Eligibility and VI.A. Benefit Delivery of the Louisiana TANF State Plan. This program meets the first statutory purpose of TANF, which is to provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.

4. Program Type. (Check one)

This Program is operated under the TANF program.

This Program is a separate State program.

5. Description of Work Activities (Complete only if this program is a separate State program):

Not applicable.

6. Total State Expenditures for the Program for the Fiscal Year: \$8,094,821.38

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$8,094,821.38

8. Total Number of Families Served under the Program with MOE Funds: 4,784

The last figure represents (check one):

The average monthly total for the fiscal year.

The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

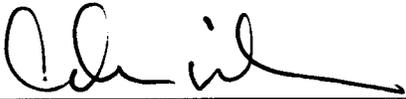
Same as TANF-funded benefits. Please refer to Section II.I Income Eligibility of the Louisiana TANF State Plan.

10. Prior Program Authorization: Was this program authorized and allowable under prior law (check one)

Yes No

11. Total Program Expenditures in FY 1995: \$0 (this program did not exist in FFY 1995)
(Note: provide only if response on question 10 is No)

This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."

SIGNATURE: 

NAME: Adren O. Wilson

TITLE: Assistant Secretary

Annual Report on State Maintenance-of-Effort Programs: Form ACF – 204

State Louisiana

Fiscal Year 2005

Date Submitted December 31, 2005

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program

Office of Addictive Disorders (OAD) - Substance Abuse Treatment for Needy Families. The administrative expenditures for this program are included in items 6 and 7.

2. Description of the Major Program Benefits, Services, and Activities:

Please refer to Section VI. J. on page VI.7 of the Louisiana TANF State Plan.

3. Purpose(s) of Benefit or Service Program:

Please refer to Section VI. J. of the Louisiana TANF State Plan. These services meet the TANF goal to encourage the formation and maintenance of two-parent families by promoting responsible parenthood.

4. Program Type. (Check one)

This Program is operated under the TANF program.

This Program is a separate State program.

5. Description of Work Activities (Complete only if this program is a separate State program):

Not applicable.

6. Total State Expenditures for the Program for the Fiscal Year: \$213,693

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$213,693

8. Total Number of Families Served under the Program with MOE Funds: 4,346

The last figure represents (check one):

The average monthly total for the fiscal year.

The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Same as TANF-funded benefits. Please refer to Section VI of the Louisiana TANF State Plan.

10. Prior Program Authorization: Was this program authorized and allowable under prior law (check one)

Yes No

11. Total Program Expenditures in FY 1995: \$0 This program did not exist in FY 1995
(Note: provide only if response on question 10 is No)

This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."

SIGNATURE: 

NAME: Adren O. Wilson

TITLE: Assistant Secretary

Annual Report on State Maintenance-of-Effort Programs: Form ACF – 204

State Louisiana

Fiscal Year 2005

Date Submitted December 31, 2005

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program

Early Childhood Supports and Services Programs – DHH/OMH. The administrative expenditures for this program are included in items 6 and 7.

2. Description of the Major Program Benefits, Services, and Activities:

Please refer to Section VI. J. on page VI.7 of the Louisiana TANF State Plan.

3. Purpose(s) of Benefit or Service Program:

Please refer to Section VI. J. of the Louisiana TANF State Plan. These services meet the TANF goal to encourage the formation and maintenance of two-parent families by promoting responsible parenthood by helping to identify and provide supports and services to young children and their families who are at risk of developing cognitive, behavioral, and relationship difficulties.

4. Program Type. (Check one)

This Program is operated under the TANF program.

This Program is a separate State program.

5. Description of Work Activities (Complete only if this program is a separate State program):

Not applicable.

6. Total State Expenditures for the Program for the Fiscal Year: \$2,276,560

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$2,276,560

8. Total Number of Families Served under the Program with MOE Funds: 4,069

The last figure represents (check one):

The average monthly total for the fiscal year.

The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Same as TANF-funded benefits. Please refer to Section II of the Louisiana TANF State Plan.

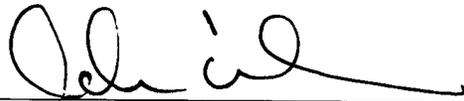
10. Prior Program Authorization: Was this program authorized and allowable under prior law (check one)

Yes No

11. Total Program Expenditures in FY 1995: \$0 This program did not exist in FY 1995
(Note: provide only if response on question 10 is No)

This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."

SIGNATURE: _____



NAME: Adren O. Wilson

TITLE: Assistant Secretary