

**Child Access and Visitation Grant
State Agency Program Survey**

Name of State:

Federal Grant Amount:

\$ _____

**Services Provided
in
Federal Fiscal Year
(Check One)**

FFY 2003

FFY 2005

FFY 2004

PART I: BACKGROUND INFORMATION

A. Administrative Information

- Name of state program contact
- Name of designated state agency
- Street address
- City, state, & zipcode
- Telephone number
- E-mail address
- Fax number

B. Household Profile of Children and Families

(To be completed by the Federal OCSE, based on latest Census Report.)

- | | <u>Census
Count</u> | <u>Percent
of Total
Households
in State</u> | <u>Percent
of Total
Households
in Nation</u> |
|---|-------------------------|---|--|
| • Number of single parent households with children under age 18 | _____ | _____ | _____ |

State Agency – Page 1

C. Access and Visitation Grant Funds and Funds from Other Sources

- In the boxes below, indicate if the access and visitation activities in your state are funded only with funds from the Child Access and Visitation Grant Program, or if your grant funds are combined with funds from sources other than the Child Access and Visitation Grant Program.

Child Access and Visitation Grant Program Only [Skip to D]

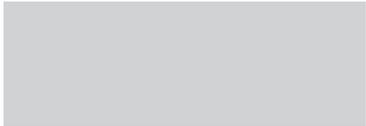
Combined with funds from other sources [Please, Respond to Next Item]

- Name each additional funding source used to increase and support your state's child access and visitation program. Name the source and provide the dollar amount and percentage of the total funds.

<u>Source</u>	<u>\$Amount of Funds</u>	<u>Percent of Total Funds</u>
_____	\$_____	_____%
_____	\$_____	_____%
_____	\$_____	_____%
_____	\$_____	_____%

D. Listing of Local Service Providers Funded via the Child Access and Visitation Grant

- List each service provider by its agency name, street address, and phone number.
- Check the type of service provider represented by the agency, the amount of the grant, and the type of service area covered by each agency.

Provider Name, Project Title, Address, and Phone Number 	Type of Service Provider (Check all that Apply) Non-Profit Entity Court Local Public Agency Dollar Amount of Grant	Service Area (Check all that Apply) Urban Suburban Rural
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>