

Department of Health and Human Services
Administration for Children and Families

OMB Approval Number:

0970-0004

Expires:

04/30/2005 Destroy Prior Editions

Form ACF-4125

Annual Statistical 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

State _____

State Agency _____

*Report for the month of October 200*____

Prepared by:

Name _____

Title _____

Signature_____

Part I.

Number of Children Aged 5-17 in Foster Homes

State total _____ (if entry is greater than zero (0), attach a separate list in the
following format.)

| Children Aged 5-7 in Foster Homes | | | |
|-----------------------------------|----------------------------|-----------------------------------|--------------------------------|
| By County | | By Local Educational Agency (LEA) | |
| County Name | FIPS County Code Number | LEA Name | LEA Code (Agency ID) Number |
| | | | |
| | | | |

Part II.

Number of Children Aged 5-17 in Families Receiving Payments in Excess of the Amount Specified for this Report Period from a State Program Funded Under Part A of Title IB of the Social Security Act

State total _____ (if entry is greater than zero (0), attach a separate list in the following format.)

| | | | |
|--|----------------------------|-----------------------------------|--------------------------------|
| Children Aged 5-17 in Families Receiving Payments in Excess of \$ _____ | | | |
| By County | | By Local Educational Agency (LEA) | |
| County Name | FIPS County Code Number | LEA Name | LEA Code (Agency ID) Number |
| | | | |
| | | | |