

ACF - 801 Child Care Monthly Case Record Form

OMB #: 0970-0167

Expires: 04-30-2012

Head of Family Receiving Assistance

1. Reporting Period	Month: __ __ Year: __ __ __ __
2. Unique State Identifier (required in absence of SSN#)	__ __ __ __ __ __ __ __ __ __
3. Social Security Number (optional)	__ __ __ - __ __ - __ __ __ __
4. FIPS Codes	State: __ __ County: __ __ __
5. Single Parent	__
6. Reason for Receiving Subsidized Child Care	__
7. Total Monthly Child Care Co-payment by Family	\$ __, __ __ __
8. Month/Year Child Care Assistance to the Family Started	Month: __ __ Year: __ __ __ __
9. Total Monthly Income	\$ __ __, __ __ __

Family Income Sources	(Y/N)
10. Employment Including Self-Employment	__
11. Cash or Other Assistance Under Title IV of the Social Security Act (TANF)	__
12. State Program for Which State Spending Is Counted Towards TANF MOE	__
13. Housing Voucher or Cash Assistance	__
14. Assistance Under the Food Stamps Act of 1977	__
15. Other Federal Cash Income Programs (such as SSI)	__

Head of Family Receiving Assistance (Continued)

16. Family Size Used to Determine Eligibility

__ __

Dependent Children Receiving Child Care Assistance

Child Receiving Care	17. Social Security Number (Optional) OR Unique State Identifier (Required in absence of SSN#)	18. Hispanic or Latino Ethnicity	19. American Indian or Alaskan Native	20. Asian	21. Black or African American	22. Native Hawaiian or Other Pacific Islander	23. White	24. Gender	25. Month/Year of Birth	26. Type of Child Care	27. Total Monthly Amount Paid to Provider	28. Total Hours of Care Provided in Month
Child 1	__ - __ - __ - __ - __ - __ __ - __ - __ - __ - __ - __	__	__	__	__	__	__	__	__ / __ - __ - __			
Child 1, Provider 1										__	\$ __, __ - __ - __	__ - __ - __
Child 1, Provider 2										__	\$ __, __ - __ - __	__ - __ - __
Child 2	__ - __ - __ - __ - __ - __ __ - __ - __ - __ - __ - __	__	__	__	__	__	__	__	__ / __ - __ - __			
Child 2, Provider 1										__	\$ __, __ - __ - __	__ - __ - __
Child 2, Provider 2										__	\$ __, __ - __ - __	__ - __ - __
Child 3	__ - __ - __ - __ - __ - __ __ - __ - __ - __ - __ - __	__	__	__	__	__	__	__	__ / __ - __ - __			
Child 3, Provider 1										__	\$ __, __ - __ - __	__ - __ - __
Child 3, Provider 2										__	\$ __, __ - __ - __	__ - __ - __
Child 4	__ - __ - __ - __ - __ - __ __ - __ - __ - __ - __ - __	__	__	__	__	__	__	__	__ / __ - __ - __			
Child 4, Provider 1										__	\$ __, __ - __ - __	__ - __ - __
Child 4, Provider 2										__	\$ __, __ - __ - __	__ - __ - __