

<b>Head of Family Receiving Assistance</b>	
1. Reporting Period	Month: _____ Year: _____
2. Unique State Identifier (required in absence of SSN#)	_____
3. Social Security Number (optional)	_____ - _____
4. FIPS Code	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	\$ _____ , _____
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. Supplemental Nutrition Assistance Program (formerly Food Stamps)	_____
15. Other Federal Cash Income Programs (such as SSI)	_____
16. Family Size Used to Determine Eligibility	_____
<b>Dependent Children Receiving Child Care Assistance (One record per child)</b>	
17. Social Security Number (Optional) OR Unique State Identifier (Required in absence of SSN#)	_____ - _____



	35. Accreditation Status	
	36. Provider is Subject to State Pre-K Standards	
	37. Other State-defined Quality Measure	