

Attachment A
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 TANF 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.

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

3. 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.

4. 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: 0

ii. Licensed/regulated family child care: 0

iii. Licensed/regulated group home child care: 0

iv. Licensed/regulated center-based child care: 0

v. Legally operating (i.e., no license category available in State or locality) in-home child care provided by a non-relative: 0

vi. Legally operating (i.e., no license category available in State or locality) in-home child care provided by a relative: 0

vii. Legally operating (i.e., no license category available in State or locality) family child care provided by a non-relative: 0

viii. Legally operating (i.e., no license category available in State or locality) family child care provided by a relative: 0

ix. Legally operating (i.e., no license category available in State or locality) group child care provided by a non-relative: 0

x. Legally operating (i.e., no license category available in State or locality) group child care provided by a relative: 0

xi. Legally operated (i.e., no license category available in State or locality) center-based child care. 0

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.

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;

iii. Any procedures or activities developed under the TANF program to ensure that individuals diverted from assistance receive information about, referrals to, or access to other program benefits (such as Medicaid and food stamps) that might help them make the transition from welfare to work.

7. A description of the grievance procedures the State has established and is maintaining to resolve displacement complaints, pursuant to section 407(f)(3) of the Social Security Act. This description must include the name of the State agency with the lead responsibility for administering this provision and explanations of how the State has notified the public about these procedures and how an individual can register a complaint.

8. A summary of State programs and activities directed at the third and fourth statutory purposes of TANF (as specified at 45 CFR 260.20(c) and (d) of this chapter).

a. Summarize below, the State programs and activities directed at preventing and reducing the incidence of out-of-wedlock pregnancies and establishing annual numerical goals for preventing and reducing the incidence of these pregnancies (TANF purpose 3):

b. Summarize below, the State programs and activities directed at encouraging the formation and maintenance of two-parent families (TANF purpose 4):

9. An estimate of the total number of individuals who have participated in subsidized employment under §261.30(b) or (c) of this chapter. 0

Attachment B 1
Grantee Information

<u>State</u> ARKANSAS	<u>Fiscal Year</u> 2010
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Program Information

<p><u>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.</u></p>
<p><u>1. Name of Benefit or Service Program:</u> Extended Transportation Assistance</p>
<p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> Cash payments to help newly employed persons meet their work-related transportation costs.</p>
<p><u>3. Purpose(s) of Benefit or Service Program:</u> To provide families whose TANF cash assistance case closes due to employment, transportation assistance in the two months following case closure.</p>
<p><u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State</p>
<p><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> n/a</p>
<p><u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$699,800</p>
<p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$699,800</p>
<p><u>8. Total Number of Families Served under the Program with MOE Funds:</u> 3,369</p>
<p><u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.</p>
<p><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> The family's cash assistance case is closed due to employment. Such families are deemed financially eligible for Extended Support Services if they were eligible for TANF cash assistance in the month prior to case closure due to employment.</p>
<p><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input type="radio"/> Yes <input checked="" type="radio"/> No</p>
<p><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0</p>

Attachment B 2
Grantee Information

<u>State</u> ARKANSAS	<u>Fiscal Year</u> 2010
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Program Information

<p><u>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.</u></p>
<p><u>1. Name of Benefit or Service Program:</u> Prevention of Out-of-Wedlock Pregnancies</p>
<p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> Arkansas provides funding for the Arkansas Better Chance for School Success Program to be utilized in Arkansas' TANF program. The expenditures are utilized in accordance with the regulations provided for under the Arkansas Better Chance Program. The Arkansas Better Chance Program serves children from families with gross income not exceeding 200% of the FPL.</p>
<p><u>3. Purpose(s) of Benefit or Service Program:</u> These services meet TANF goal 3, to prevent and reduce the incidence of out-of-wedlock pregnancies and TANF goal 4, to encourage the formation and maintenance of two-parent families by placing children in learning environments at the pre-school level to foster an interest in learning, increase literacy levels and increase the likelihood of developing responsible behavior. It also provides educational opportunity to children to help them become ready for school. This opportunity in turn prevents and reduces the incidence of out-of-wedlock births.</p>
<p><u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State</p>
<p><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> n/a</p>
<p><u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$90,902,655</p>
<p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$90,902,655</p>
<p><u>8. Total Number of Families Served under the Program with MOE Funds:</u> 11,230</p>
<p><u>This last figure represents (Check one):</u> <input checked="" type="radio"/> The average monthly total for the fiscal year. <input type="radio"/> The total served over the fiscal year.</p>
<p><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></p>

Economically disadvantaged families with pre-school aged children.

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

Yes **No**

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): **\$0**

Attachment B 3
Grantee Information

<u>State</u> ARKANSAS	<u>Fiscal Year</u> 2010
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Program Information

<p><u>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.</u></p>
<p><u>1. Name of Benefit or Service Program:</u> Transitional Employment Assistance</p>
<p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> Cash Assistance and Employment Related Supportive Services</p>
<p><u>3. Purpose(s) of Benefit or Service Program:</u> To provide assistance to needy families with related children under age 18 and who meet the eligibility requirements.</p>
<p><u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State</p>
<p><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></p>
<p><u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$2,754,253</p>
<p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$2,754,253</p>
<p><u>8. Total Number of Families Served under the Program with MOE Funds:</u> 15,209</p>
<p><u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.</p>
<p><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> The family must meet the requirements as outlined in Arkansas' TANF State Plan.</p>
<p><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0</p>

Certification
Certify:

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 Elroy Willoughby

Title TANF Division Chief

Date Submitted 02/22/2011

Approved OMB No. 0970-0248 Form ACF-204, expires 04/30/2009.