

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.

See State Plan, Attachments 1-5

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

Transitional Child Care is available to recipients who received TANF in 1 of the 3 months immediately preceding the month of ineligibility. Increased hours of work or increased earnings must have caused or contributed to the ineligibility, and the family's gross income must be equal to or less than 85% of the state's median income for the family size. Families are eligible for Transitional Child Care benefits until their youngest child is 13 years old or the family exceeds the income limit, whichever comes first. Transitional Transportation is available for a period of twelve months to those members of the household who have obtained employment while a TANF participant, and who have become ineligible for TANF solely as a result of increased earned income or hours of work. Transitional MaineCare is available for a period of up to twelve consecutive months for families who become ineligible for basic MaineCare due to increased earnings or increased hours of 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.

45 CFR 261.14 of this chapter. When an individual refuses to engage in work without good cause, the individual is removed from the grant for up to the following penalty periods: 1. for the first refusal to comply, until the failure to comply ceases; 2. for the second refusal to comply, until the failure to comply ceases or 3 months, whichever is longer; 3. for any subsequent failure to comply, until the failure to comply ceases, or 6 months whichever is longer. Exception: When an individual is serving a penalty and he/she engages in paid employment of, at least, 30 or more hours and at no less than minimum wage, the penalty period ceases even when the three (3) months or six (6) months has not been fully served. If an individual later becomes unemployed without good cause, he/she incurs the subsequent penalty period. The beginning date of a penalty period is the date that the Office issues the

notice of adverse action. Compliance with ASPIRE must be verified before the penalty period is ended.
<b><u>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:</u></b>
<b><u>i. Licensed/regulated in-home child care:</u> 0</b>
<b><u>ii. Licensed/regulated family child care:</u> 0</b>
<b><u>iii. Licensed/regulated group home child care:</u> 13</b>
<b><u>iv. Licensed/regulated center-based child care:</u> 25</b>
<b><u>v. Legally operating (i.e., no license category available in State or locality) in-home child care provided by a non-relative:</u> 2</b>
<b><u>vi. Legally operating (i.e., no license category available in State or locality) in-home child care provided by a relative:</u> 6</b>
<b><u>vii. Legally operating (i.e., no license category available in State or locality) family child care provided by a non-relative:</u> 0</b>
<b><u>viii. Legally operating (i.e., no license category available in State or locality) family child care provided by a relative:</u> 0</b>
<b><u>ix. Legally operating (i.e., no license category available in State or locality) group child care provided by a non-relative:</u> 6</b>
<b><u>x. Legally operating (i.e., no license category available in State or locality) group child care provided by a relative:</u> 5</b>
<b><u>xi. Legally operated (i.e., no license category available in State or locality) center-based child care.</u> 0</b>
<b><u>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.</u> Maine has not adopted the family violence option</b>
<b><u>6. A description of any nonrecurrent, short-term benefits (as defined in 45 CFR 260.31(b)(1)) provided, including:</u></b>

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.

Maine had no non-recurrent, short term benefits designed to deal with a specific crisis situation or episode of need, not intended to meet recurrent or on-going needs paid for with State funds during FY08

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.

Permanent employees of a business or organization where an ASPIRE-TANF participant has been placed in ASPIRE-PLUS, TEMP or Field Training who feel they have been unlawfully displaced by that participant shall have a right to conciliation and grievance proceedings. The Department of Health and Human Services' Office of Administrative Hearings will, within 20 days of receipt of the request, schedule in writing an Administrative Hearing. The DHHS' Office of Administrative Hearings will notify all parties to the dispute of the following: 1. The time, place and date of the hearing; 2. The name, business, address, employment information about the grieving employee; 3. The nature of the alleged grievance; 4. The citation of the Federal regulations governing the hearing; 5. The relief that may be granted by the presiding Officer; 6. The rights of all parties; 7. A Statement that the presiding Officer shall attempt to mediate a settlement between the parties without resulting to a Hearing with a warning that the parties should be prepared to proceed to a formal Hearing; and 8. A notice of the rights of the parties to appeal to the U.S. Department of Labor. A request for a dispute resolution must be filed in writing with the Department of Health and Human Services' Office of Administrative Hearings, State House Station #11, Augusta, Maine 04333, within thirty (30) days of the employee discovering he/she has allegedly been displaced and the ASPIRE-TANF participant is still at the employee's place of employment.

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):**

**See State Plan, pages 7-8**

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

**See State Plan pages 7-8**

**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> MAINE	<u>Fiscal Year</u> 2010
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Program Information

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.

1. Name of Benefit or Service Program:

TANF Basic Assistance

2. Description of the Major Program Benefits, Services, and Activities:

Temporary Assistance for Needy Families provides temporary financial assistance to needy, dependent, and deprived children and their parents (or caretaker relatives) to meet their basic needs while being cared for in their homes.

3. Purpose(s) of Benefit or Service Program:

The Program's purpose relevant to 45 CFR 260.00 is to: (a) End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage.

4. Program Type. (Check one)

TANF  State

5. Description of Work Activities (Complete only if this program is a separate State program):

NA

6. Total State Expenditures for the Program for the Fiscal Year: \$5,049,724

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$5,049,724

8. Total Number of Families Served under the Program with MOE Funds: 3,753

This last figure represents (Check one):

The average monthly total for the fiscal year.  The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Most TANF recipients are required to participate in ASPIRE. Participation in the program is consistent with the work participation requirements of the PROWRA of 1996. TANF recipients who are not mandated to participate in the ASPIRE-TANF Program may volunteer to participate.

**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 2  
Grantee Information

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

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.

1. Name of Benefit or Service Program:

Parents as Scholars (PaS)

2. Description of the Major Program Benefits, Services, and Activities:

Student financial aid program based on need for up to 2,000 participants, to aid needy students who have dependent children and who are matriculating in postsecondary undergraduate 2 and 4 year degree-granting programs aimed at specific work goals. Program provides support services such as child care, transportation and books and supplies.

3. Purpose(s) of Benefit or Service Program:

Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives and to end the dependence of needy parents on government benefits by promoting job preparation, work and marriage

4. Program Type. (Check one)

TANF  State

5. Description of Work Activities (Complete only if this program is a separate State program):

An enrollee must participate in a combination of education, training, study or work-site experience for an average of 20 hrs. per week in the first 24 months of the program. Aid under this program may continue beyond 24 mos. if the enrollee remains in an educational program and agrees to participate in either of the following options: 1. Fifteen hours per week of work-site experience in addition to other educational training or study. or 2. A total of 40 hours of education, training, study or work-site experience.

6. Total State Expenditures for the Program for the Fiscal Year: \$1,723,071

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$1,723,071

**8. Total Number of Families Served under the Program with MOE Funds: 452**

**This last figure represents (Check one):**

The average monthly total for the fiscal year.  The total served over the fiscal year.

**9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:**

The financial eligibility criteria for PaS is the same as used to determine TANF benefits.

**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> MAINE	<u>Fiscal Year</u> 2010
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Program Information

<p><b><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></b></p>
<p><b><u>1. Name of Benefit or Service Program:</u></b> State-Funded Incapacated Families (IC)</p>
<p><b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> This program provides financial assistance to families of needy, dependent children deprived of parental care and/or support because of the incapacity of a parent who receives SSI. The IC – Family receives monthly benefits equivalent to a TANF family’s benefits. A family who becomes ineligible for this program because of increased child support, increased hours of, or increased income from employment is eligible for transitional support services.</p>
<p><b><u>3. Purpose(s) of Benefit or Service Program:</u></b> The IC – Family program has the following three purposes: (a) Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives; (b) End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage; (c) Encourage the formation and maintenance of two-parent families.”</p>
<p><b><u>4. Program Type. (Check one)</u></b> <input type="radio"/> TANF   <input checked="" type="radio"/> State</p>
<p><b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b> IC – Family program recipients are not required to participate in work activities. However, the adult receiving these benefits can volunteer to participate in the job preparation program if she/he wants to.</p>
<p><b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u>    \$3,975,121</b></p>
<p><b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u>    \$3,975,121</b></p>
<p><b><u>8. Total Number of Families Served under the Program with MOE Funds:</u>    672</b></p>

**This last figure represents (Check one):**

The average monthly total for the fiscal year.    The total served over the fiscal year.

**9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:**

The rules that govern the TANF Program, including financial eligibility, apply to IC – Families. The IC – Family focuses on two-parent families in which one parent receives SSI. The recipient of SSI is considered proof that the parent's disabling condition substantially reduces or eliminates the ability of the parent to support or care for his child. The IC – Family Program encourages a child's parents to stay together in spite of the fact that the SSI parent's incapacity may substantially reduce his parental role. The child will be financially and emotionally supported by both parents.

**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 4  
Grantee Information

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

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.

**1. Name of Benefit or Service Program:**

State Funded Student Families

**2. Description of the Major Program Benefits, Services, and Activities:**

The State Funded Student Families Program provides benefits to students and their parents ages 18, 19, and 20 who were eligible for AFDC Program benefits under the program rules on August 21, 1996. The Student Family receives monthly benefits equivalent to a TANF family's benefits. A family who becomes ineligible for this program because of increased child support, increased hours of, or increased income from employment is eligible for transitional support services.

**3. Purpose(s) of Benefit or Service Program:**

The purpose of the Program is to: (a) Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives

**4. Program Type. (Check one)**

TANF    State

**5. Description of Work Activities (Complete only if this program is a separate State program):**

Student Family program recipients are not required to participate in work activities. However, they may volunteer to participate in the job preparation program if they want to.

**6. Total State Expenditures for the Program for the Fiscal Year:   \$378,867**

**7. Total State MOE Expenditures under the Program for the Fiscal Year:   \$378,867**

**8. Total Number of Families Served under the Program with MOE Funds:   64**

**This last figure represents (Check one):**

The average monthly total for the fiscal year.    The total served over the fiscal

year.

**9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:**

The rules that govern the TANF Program, including the financial eligibility criteria is used to determine eligibility and benefits for this program.

**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 5  
Grantee Information

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

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.

1. Name of Benefit or Service Program:

State Funded Non-Citizen Families

2. Description of the Major Program Benefits, Services, and Activities:

The State Funded Non – Citizen Families Program provides benefits to legal aliens who were eligible under the AFDC Program rules on August 21, 1996, but are not considered qualified aliens under the TANF Program. The Non-citizen family receives monthly benefits equivalent to a TANF family’s benefits. A family who becomes ineligible for this program because of increased child support, increased hours of, or increased income from employment is eligible for transitional support services.

3. Purpose(s) of Benefit or Service Program:

The State Funded Non – Citizen Families Program provides benefits to legal aliens who were eligible under the AFDC Program rules on August 21, 1996, but are not considered qualified aliens under the TANF Program. The Non-citizen family receives monthly benefits equivalent to a TANF family’s benefits. A family who becomes ineligible for this program because of increased child support, increased hours of, or increased income from employment is eligible for transitional support services.

4. Program Type. (Check one)

TANF  State

5. Description of Work Activities (Complete only if this program is a separate State program):

This family is not required to participate in work activities. However, the adult(s) receiving these benefits can volunteer to participate in job preparation program if they want to.

6. Total State Expenditures for the Program for the Fiscal Year: \$353,180

**7. Total State MOE Expenditures under the Program for the Fiscal Year: \$353,180**

**8. Total Number of Families Served under the Program with MOE Funds: 53**

**This last figure represents (Check one):**

The average monthly total for the fiscal year.  The total served over the fiscal year.

**9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:**

The eligibility criteria, including financial eligibility for this program is the same criteria used to determine eligibility for the TANF Program.

**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 6  
Grantee Information

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

<p><b><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></b></p>
<p><b><u>1. Name of Benefit or Service Program:</u></b> Assistance Benefits (not specific programs) Pass Through and TANF Supplemental Assistance</p>
<p><b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> When the Department collects current child support from the parent who does not live with the TANF or PaS family gets up to the first \$50 as a pass-through payment. When more than \$50 in current or arrearage child support is collected, the assistance unit may receive a supplemental TANF or PaS Assistance Payment, sometimes referred to as a Gap Payment. Maine uses a fill-in-the gap budgeting method to calculate TANF or PaS Assistance</p>
<p><b><u>3. Purpose(s) of Benefit or Service Program:</u></b> Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives and to end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage.</p>
<p><b><u>4. Program Type. (Check one)</u></b> <input type="radio"/> TANF    <input checked="" type="radio"/> State</p>
<p><b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b> na</p>
<p><b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b>    \$1,532,493</p>
<p><b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b>    \$1,532,493</p>
<p><b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b>    6,462</p>
<p><b><u>This last figure represents (Check one):</u></b> <input type="radio"/> The average monthly total for the fiscal year.    <input checked="" type="radio"/> The total served over the fiscal</p>

year.

**9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:**

Current child support must be collected on the monthly support obligation for the assistance unit to receive a pass-through payment. Current or arrearage child support must be collected and a family must have an unmet need (gap) to receive a TANF or PaS supplemental payment.

**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 7  
Grantee Information

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

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.

**1. Name of Benefit or Service Program:**  
TANF Unemployed Parent Program (TANF-UP)

**2. Description of the Major Program Benefits, Services, and Activities:**  
The TANF-UP Program provides financial assistance to children when both parents live with them and the principal wage earner parent is underemployed or unemployed.

**3. Purpose(s) of Benefit or Service Program:**  
a) Provider Assistance to needy families so that children may be cared for in their own homes or in the homes of relatives; b) End the dependence of needy parents on government benefits by promoting job preparation, work and marriage; c) Encourage the formation and maintenance of two-parent families;

**4. Program Type. (Check one)**  
 TANF  State

**5. Description of Work Activities (Complete only if this program is a separate State program):**  
NA

**6. Total State Expenditures for the Program for the Fiscal Year:** \$11,025,556

**7. Total State MOE Expenditures under the Program for the Fiscal Year:** \$11,025,556

**8. Total Number of Families Served under the Program with MOE Funds:** 1,960

**This last figure represents (Check one):**  
 The average monthly total for the fiscal year.  The total served over the fiscal year.

**9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:**

Principal Wage Earner-The UP must qualify as the principal wage earner (PWE). The PWE is the parent who has earned the most money in the 24 month period immediately preceding the month of application. Designation of the PWE is based on the best evidence of earnings available for both parents, regardless of when their relationship began. If the parents have equal earnings, the Eligibility Worker will designate the PWE. The designated PWE remains unchanged as long as the eligibility continues. The PWE must have worked less than 100 hours within the 30 day period prior to the date of application or eligibility, whichever comes later; and must expect to work less than 130 hours in the next 30 days and subsequent 30 day periods. This includes self-employed individuals. The PWE must: a. have had 6 or more quarters of work in any 13 calendar quarter period ending within one year prior to application for assistance. or b. have received or been qualified to receive unemployment benefits within one year prior to application for assistance.

**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 8  
Grantee Information

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

<p><b><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></b></p>
<p><b><u>1. Name of Benefit or Service Program:</u></b> ASPIRE Programs</p>
<p><b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> The ASPIRE Program provides case management and support services to assist families in preparing for, obtaining, and retaining employment to become self-supporting. The State-funded public assistance families who volunteer to participate in ASPIRE get the same services and choices that are available to ASPIRE-TANF participants.</p>
<p><b><u>3. Purpose(s) of Benefit or Service Program:</u></b> a) End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage</p>
<p><b><u>4. Program Type. (Check one)</u></b> <input type="radio"/> TANF    <input checked="" type="radio"/> State</p>
<p><b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b> Placement in permanent full-time employment will have priority over participation in MaineServe or Transitional Employment for Maine Parent (TEMP). • The purpose of MaineServe and TEMP is to enhance job skills and provide recent employment references. • MaineServe and TEMP positions are in public or private non-profit organizations</p>
<p><b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b>    \$5,120,941</p>
<p><b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b>    \$5,120,941</p>
<p><b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b>    790</p>
<p><b><u>This last figure represents (Check one):</u></b></p>

The average monthly total for the fiscal year.  The total served over the fiscal year.

**9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:**

Individuals who are exempt from participation in the ASPIRE job preparation program may volunteer to participate.

**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 9  
Grantee Information

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

<p><b><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></b></p>
<p><b><u>1. Name of Benefit or Service Program:</u></b> Child Care Development Fund (CCDF)</p>
<p><b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> Payments related to child care services provided to families who are receiving TANF, transitioning off TANF, and at risk of becoming dependent on TANF. Child care costs are reimbursed up to established maximums, based on the family's gross income, the age of the child and whether a contract center or non contract provider provides the care.</p>
<p><b><u>3. Purpose(s) of Benefit or Service Program:</u></b> To assist individuals who are employed and/or in approved work-related activities with child care expenses, so that they may obtain training, education and access to employment that will lead to self-sufficiency and ending their dependence on government benefits.</p>
<p><b><u>4. Program Type. (Check one)</u></b> <input checked="" type="radio"/> TANF   <input type="radio"/> State</p>
<p><b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b> NA</p>
<p><b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b> \$1,749,818</p>
<p><b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b> \$1,749,818</p>
<p><b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b> 448</p>
<p><b><u>This last figure represents (Check one):</u></b> <input checked="" type="radio"/> The average monthly total for the fiscal year.   <input type="radio"/> The total served over the fiscal</p>

year.

**9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:**

Assistance with child care expenses is based on income eligibility guidelines based on family size. Costs are reimbursed up to established maximums, based on gross income, the age of the child and whether a contract center or non contract provider provides the care.

**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 10  
Grantee Information

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

<p><b><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></b></p>
<p><b><u>1. Name of Benefit or Service Program:</u></b> Parents as Scholars (PaS)</p>
<p><b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> State's expense for ASPIRE-TANF support services for transportation, car repairs, insurance liability, etc.</p>
<p><b><u>3. Purpose(s) of Benefit or Service Program:</u></b> Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives and to end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage.</p>
<p><b><u>4. Program Type. (Check one)</u></b>  <input checked="" type="radio"/> TANF    <input type="radio"/> State</p>
<p><b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b> NA</p>
<p><b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b>    \$1,623,853</p>
<p><b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b>    \$1,623,853</p>
<p><b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b>    346</p>
<p><b><u>This last figure represents (Check one):</u></b>  <input checked="" type="radio"/> The average monthly total for the fiscal year.    <input type="radio"/> The total served over the fiscal year.</p>
<p><b><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></b></p>

Eligibility is the same as TANF

**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 11  
Grantee Information

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

<p><b><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></b></p>
<p><b><u>1. Name of Benefit or Service Program:</u></b> Assistance Benefits (not specific programs) Pass Through and TANF Supplemental Assistance</p>
<p><b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> First \$50. of current child support collections from the non-custodial parent are distributed to the TANF or PaS family as a pass-through payment. If more than \$50 in current or arrearage child support is collected the assistance unit may receive a supplemental TANF or PaS Assistance Payment, sometimes referred to as a Gap Payment. Maine uses a fill-in-the gap budgeting method to calculate TANF or PaS assistance.</p>
<p><b><u>3. Purpose(s) of Benefit or Service Program:</u></b> Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives and to end the dependence of needy parents on government benefits by promoting job preparation, work and marriage.</p>
<p><b><u>4. Program Type. (Check one)</u></b> <input checked="" type="radio"/> TANF   <input type="radio"/> State</p>
<p><b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b> NA</p>
<p><b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b>   \$4,455,691</p>
<p><b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b>   \$4,455,691</p>
<p><b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b>   5,763</p>
<p><b><u>This last figure represents (Check one):</u></b> <input type="radio"/> The average monthly total for the fiscal year.   <input checked="" type="radio"/> The total served over the fiscal</p>

year.

**9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:**

Current child support must be collected on the monthly support obligation for the assistance unit to receive a pass-through payment. Current or arrearage child support must be collected and a family must have an unmet need (gap) to receive a TANF or PaS supplemental payment.

**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 12  
Grantee Information

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

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.

1. Name of Benefit or Service Program:

TANF Worker Supplement Program

2. Description of the Major Program Benefits, Services, and Activities:

Food benefit for families who have worked their way off TANF. Family receives \$100/month for the first 12 months, \$75/month for the next 12 months and \$50. for the final 12 months.

3. Purpose(s) of Benefit or Service Program:

The program's purpose relevant to 45 CFR 260.00 is to (a) end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage.

4. Program Type. (Check one)

TANF  State

5. Description of Work Activities (Complete only if this program is a separate State program):

Adult family member must remain working at paid employment.

6. Total State Expenditures for the Program for the Fiscal Year: \$1,479,276

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$1,479,276

8. Total Number of Families Served under the Program with MOE Funds: 2,812

This last figure represents (Check one):

The average monthly total for the fiscal year.  The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Benefit is for families who have closed TANF because of an increase in income and/or hours.

**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 14  
Grantee Information

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

<p><b><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></b></p>
<p><b><u>1. Name of Benefit or Service Program:</u></b> Non-Recurrent Short-Term Programs - General Assistance</p>
<p><b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> General Assistance provides immediate aid of persons who are unable to provide the basic necessities essential to maintain themselves and their families. The General Assistance Program is funded purely with State general fund dollars. This program deals with specific crisis situations such as to prevent imminent homelessness and is not intended to meet recurrent or ongoing needs and does not extend beyond 4 months for the population of individuals identified here.</p>
<p><b><u>3. Purpose(s) of Benefit or Service Program:</u></b> Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives and to encourage the formation and maintenance of two-parent families.</p>
<p><b><u>4. Program Type. (Check one)</u></b>  <input type="radio"/> TANF    <input checked="" type="radio"/> State</p>
<p><b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b> No requirements</p>
<p><b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u>    \$2,268,874</b></p>
<p><b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u>    \$2,268,874</b></p>
<p><b><u>8. Total Number of Families Served under the Program with MOE Funds:</u>    1,919</b></p>
<p><b><u>This last figure represents (Check one):</u></b>  <input type="radio"/> The average monthly total for the fiscal year.    <input checked="" type="radio"/> The total served over the fiscal</p>

year.

**9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:**

Families with incomes less than 200% of the poverty level and have not been granted General Assistance for more than 4 consecutive months in any given year.

**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**

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 Dawn Mulcahey

Title

Date Submitted 03/21/2011

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

ATTACHMENTS

Attachment B13

Other Refundable Tax Credits

Circuitbreaker Program	4,555,549
Child Care Credit	<u>83,257</u>
Total	2,268,874

Attachment B12

The TANF Worker Supplement Program did not exist in 1995.

## Attachment B10 Parents as Scholars Program

Parents as Scholars did not exist in 1995.

Attachment ASPIRE Programs B8

Expenditure Breakdown

This program did not exist in 1995

Child Care

Working 998,370

Not Working 964,378

Transportation

Working 874,743

Not Working 1,684,897

Work Related Activities/Expenses 208,093

Other Support Services

Other state funded staff/admin 390,460

5,120,941

## Attachment B1 TANF Basic Assistance

TANF did not exist in 1995