

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.

Please see RI's Work Verification Plan for the definition of each activity. The following is a short list/description of RI's programs and services. (1) Unsubsidized employment is an activity TANF parents may self-arrange or may result from service received through TANF-funded job search providers. (2 and 3) Subsidized employment in private or public sector resulted from service arranged by TANF-funded contractors or from State staff. During ffy10, RI operated three types of subsidized employment programs. (4) Work experience resulted from service arranged by TANF-funded contractors. (5) On-the-job training was not utilized in ffy10. (6) Job search and job readiness were services provided by contracted providers (SER Jobs, South Shore Mental Health Center) and by State agency staff (Department of Human Services, including Vocational Rehabilitation, Department of Labor & Training, and local workforce board staff). (7) Community Services was not used in ffy10. (8) Vocational Education Training is usually TANF-funded and arranged through State agency staff but occasionally is WIA-funded for TANF parents co-involved with the Department of Labor & Training. (9) Job Skill Training Directly Related to Employment is TANF-funded and arranged through State agency staff. (10) Education Directly Related to Employment is TANF or state general revenue-funded and arranged through State agency staff. (11) Satisfactory Attendance at Secondary School or in a Course of Study... etc... is TANF or state general revenue-funded and arranged through State agency staff. (12) Providing Child Care to an Individual who is Participating in a Community Service activity was not utilized in ffy10.

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

The level and type of transitional services remained the same in ffy10 as in ffy09. Eligibility standards are based on a percentage of the Federal Poverty Level (FPL). Both child care (180%FPL) and health care/RIteCare (250%FPL) standards cover families until earnings and income are sufficient to enable them to support themselves and their children. All families leaving cash assistance due to employment are automatically considered for eligibility to receive child care, health care, and SNAP benefits. In addition to these three major transitional work supports, RIW parents could receive job retention and advancement advice or assistance from State staff. (1) Child care is an entitlement for cash assistance parents in training, education and/or employment and is considered an entitlement for cash assistance families that close to cash due to employment. Child care for working families is not a time-limited benefit in RI. However, it is limited by income guidelines at or below 180%FPL. The cash assistance program determines eligibility for the low-income Child Care Assistance Program (CCAP) for families as they transition from cash. When the family requests child care at the time of

termination from cash assistance, the caseworker updates the current child care application before the active case is electronically transferred to CCAP, in order to prevent any interruption of services for working parents. A CCAP worker then maintains the file and redetermines eligibility every 6 months, or sooner if circumstances change. (2) SNAP benefits continue for those whose earnings do not exceed income guidelines. When a household is discontinued on cash assistance, SNAP benefits are not automatically discontinued. These households are considered Non Public Assistance (NPA) households and are served by NPA offices for the duration of the household's eligibility. If there is sufficient information to determine continuing SNAP eligibility, the eligibility worker closes the cash assistance case and approves the SNAP NPA using the new income and eligibility information until the end of the certification period. As with child care, this benefit is not defined by time limits but rather by meeting income and eligibility standards. (3) Extended Medical Assistance (EMA) is available to cash assistance and 1931 MA-only families who lose eligibility for Section 1931 MA due to increased income. When a family closes to cash assistance due to increased income, continuing eligibility for MA is evaluated in terms of both the EMA policy as well as Section 1931. Parents may be eligible up to 175%FPL and children up to 250%FPL. Since fy2002, the Department has had a cost-sharing policy which states that families with incomes greater than 150%FPL are now required to pay a monthly premium. (4) A small unit within the Department, called RiteWorks, has responsibility to provide retention and advancement services for parents that become employment and transition off cash assistance. They are currently co-located at the Department of Labor & Training One Stop offices.

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.

When cash assistance parents are non-compliant with their employment plans, policy dictates that their monthly cash assistance grants may be reduced by the parent's portion for up to three months, whether or not consecutive. Thereafter, their cash assistance case may be closed. Before either of the adverse actions described above can take place, they are provided written notification of the action and the reason and given 10 days to provide good cause. If no good cause is provided, the action is implemented. In the event of case closure, parents may re-apply but they, like the parents who are sanctioned for less than three months, must comply with their employment plans for 2 weeks, and cash is reinstated at the beginning of the following month.

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>i. Licensed/regulated in-home child care:</u>	0
<u>ii. Licensed/regulated family child care:</u>	0
<u>iii. Licensed/regulated group home child care:</u>	0
<u>iv. Licensed/regulated center-based child care:</u>	0
<u>v. Legally operating (i.e., no license category available in State or locality) in-home child care provided by a non-relative:</u>	8
<u>vi. Legally operating (i.e., no license category available in State or locality) in-home child care provided by a relative:</u>	8
<u>vii. Legally operating (i.e., no license category available in State or locality) family child care provided by a non-relative:</u>	0

<p><u>viii. Legally operating (i.e., no license category available in State or locality) family child care provided by a relative: 0</u></p>
<p><u>ix. Legally operating (i.e., no license category available in State or locality) group child care provided by a non-relative: 0</u></p>
<p><u>x. Legally operating (i.e., no license category available in State or locality) group child care provided by a relative: 0</u></p>
<p><u>xi. Legally operated (i.e., no license category available in State or locality) center-based child care. 0</u></p>
<p><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> Department staff provide notification about FVO to all cash, child care, and child support parents. Notification is both verbal and written and includes information about applying for a work waiver and/or child support waiver and a list of resources for victims. Notices are available in English, Spanish, Portugese, Laotion, and Cambodian. The FVO requires the caseworker to screen for indications of DV. The worker must refer those who identify or are at risk for DV to specially trained DV advocates who are under contract with the Department. The advocates are always available by cell phone. Advocates provide in-depth assessments and plan recommendations, as well as wiaver recommendations. They provide crisis counseling, safety planning, court advocacy and referrals to other resources such as emergency shelters, support groups, and mental health services. Advocates are bilingual. FFY10 served 301.</p>
<p><u>6. A description of any nonrecurrent, short-term benefits (as defined in 45 CFR 260.31(b)(1)) provided, including:</u></p>
<p><u>i. The eligibility criteria associated with such benefits, including any restrictions on the amount, duration, or frequency of payments;</u></p>
<p><u>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;</u></p>
<p><u>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.</u> During ffy10, there was not a program designed to divert Rhode Islanders from the TANF, per se. There were nonrecurrent, short-term benefits (NRSTBs), funded by theTANF Emergency Contingency Fund, designed to help low-income Rhode Islanders weather the recession. These NRSTBs were limited to those described in the State's applications for TANF ECF: meals for kids, mortgage or rental assistance, security deposits, vehicle repairs, licensing, registration, or mandatory insurance, non-federally funded emergency food, essential refrigeration or cooking appliances, utility shut-offs (averted or reinstated), or other emergency needs such as clothing or childcare goods. The programs only ran from July -September 2010. These particular programs served only low-income families with incomes at or below 225% FPL. Although not previously described in this section as such, the Earned Income Tax Credit and Circuit Breaker programs were listed as NRSTBs under the TANF ECF applications, although both programs have operated in RI and</p>

have been consistently described in Part B of the 204 Report. These programs run year-round and refund pay-outs are reported only for the families with incomes at or below 225% FPL.

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.

The Department assures that no individual is displaced as a result of RIW/TANF parents being placed in subsidized employment in accord with section 407(f)(3) through the signed agreement with employers who participate in the subsidy programs. This agreement articulates the prohibition of displacing anyone in an already existing job and requires the participating employer to certify that no person will be replaced as a result of hiring parents who qualify to receive the short-term wage subsidies. Further, the State has defined grievance procedures which cover the displacement of individuals with disabilities through the Department of Labor and Training and would apply such provisions to address appropriate displacement grievances through that process.

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):

Youth Success is one program serving pregnant and parenting adolescents at risk for early or additional pregnancy, exposure to substance use and abuse or to violence in the home, school or community. The goals are to assist teens to achieve long-term economic independence and to advance their own and their children's well-being by completing education and making good life decisions. A component of Youth Success presents life management and asset development curriculums, in addition to intensive case management. The Youth Success contract has numeric goals. There is also a statewide coalition of agencies for Shared Youth Vision. The goals are similar to Youth Success but the population served is broader. Shared Youth Vision began as a pilot and has begun expansion. In ffy10, the State developed a Nurse Family Partnership program which targets early intervention (pregnancy through 2 year old) for low-income women with multiple risk factors. In addition to improved health and development goals, the program seeks to enhance self-sufficiency.

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

RIWorks encourages two-parent families to stay together by allowing them to receive cash assistance as long as the household's income qualifies the family. Additionally, non-custodial parents are incorporated into the Cooperative Agreement with the Department of Labor & Training to assure such parents have access to employment services.

9. An estimate of the total number of individuals who have participated in subsidized employment under §261.30(b) or (c) of this chapter. 740

Attachment B 0
Grantee Information

<u>State</u> RHODE ISLAND	<u>Fiscal Year</u> 2010
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Program Information

<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>
<u>1. Name of Benefit or Service Program:</u> Program Administration
<u>2. Description of the Major Program Benefits, Services, and Activities:</u> Overall administrative costs for RI Works (TANF) program operations, management, direct service and case management staff, as well as systems and financial management. Corresponds to ACF-196 6j column B (Admin), 6k column B (Systems), and a portion (\$554,671) of 6m, column B (Other).
<u>3. Purpose(s) of Benefit or Service Program:</u> Assure quality service delivery, determine and issue accurate payments, monitor and track participant activities, maintain accountability, consistent with TANF purposes a-d.
<u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State
<u>5. Description of Work Activities (Complete only if this program is a separate State program):</u>
<u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$4,918,661
<u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$4,918,661
<u>8. Total Number of Families Served under the Program with MOE Funds:</u> 7,690
<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.
<u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> at or below 225% FPL
<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
<u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0

Attachment B 0
Grantee Information

<u>State</u> RHODE ISLAND	<u>Fiscal Year</u> 2010
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Program Information

<u>Provide the following information for EACH PROGRAM (according to the nature of</u>

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:

Program Administration

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

Overall administrative costs for RI Works (TANF) program operations, management, direct service and case management staff, as well as systems and financial management. Corresponds to ACF-196 6j column B (Admin), 6k column B (Systems), and a portion (\$554,671) of 6m, column B (Other).

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

Assure quality service delivery, determine and issue accurate payments, monitor and track participant activities, maintain accountability, consistent with TANF purposes a-d.

4. Program Type. (Check one)

TANF State

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

6. Total State Expenditures for the Program for the Fiscal Year: \$4,918,661

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$4,918,661

8. Total Number of Families Served under the Program with MOE Funds: 7,690

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:

at or below 225% FPL

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 1
Grantee Information

<u>State</u> RHODE ISLAND	<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> State funded Head Start for low-income children</p>
<p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> This corresponds to ACF-196 item 6m, column c, portion. The program provides early education and comprehensive school readiness services for very low income 3 and 4 year old children who would otherwise not be able to access such services through federally-funded Head Start programs. This is a means-tested program.</p>
<p><u>3. Purpose(s) of Benefit or Service Program:</u> Consistent with TANF purposes a-d.</p>
<p><u>4. Program Type. (Check one)</u> <input type="radio"/> TANF <input checked="" type="radio"/> State</p>
<p><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> N/A as services are direct to children but enable their parents to work.</p>
<p><u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$368,406</p>
<p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$368,406</p>
<p><u>8. Total Number of Families Served under the Program with MOE Funds:</u> 134</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> Family income at or below 225% FPL</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>

Attachment B 2
Grantee Information

State RHODE ISLAND	Fiscal Year 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> Child Care program.</p>
<p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> Child care services are provided to all cash assistance parents who participate in work activities and to income eligible working families and teen parents involved in Youth Success. Eligibility for these populations are defined in the CCDF and TANF State Plans. Corresponds to ACF-196 items 5b and 6b, column B.</p>
<p><u>3. Purpose(s) of Benefit or Service Program:</u> Consistent with TANF purposes a-b.</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> \$4,470,414</p>
<p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$4,470,414</p>
<p><u>8. Total Number of Families Served under the Program with MOE Funds:</u> 3,998</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> Either be a cash assistance recipient family or be at or below 180% FPL for the low-income program.</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>

Attachment B 3
Grantee Information

State RHODE ISLAND	Fiscal Year 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> RI Refundable Earned Income Tax Credit</p>
<p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> The State provides an earned income tax credit that is refunded to eligible low income working taxpayers with one or more dependents. Corresponds to ACF-196 item 6e, column C.</p>
<p><u>3. Purpose(s) of Benefit or Service Program:</u> Consistent with TANF purposes a-d.</p>
<p><u>4. Program Type. (Check one)</u> <input type="radio"/> TANF <input checked="" type="radio"/> State</p>
<p><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> Paid employment is the only activity that results in receipt of EITC funds.</p>
<p><u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$5,260,068</p>
<p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$5,260,068</p>
<p><u>8. Total Number of Families Served under the Program with MOE Funds:</u> 62,427</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> Eligibility is limited to low income working adults (with at least one dependent in the household) who filed for and was eligible to receive a Federal EITC, in accord with State Taxation rules. Note that Rhode Island's EITC started 1996.</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>

Attachment B 4
Grantee Information

State RHODE ISLAND	Fiscal Year 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> RI Governor's Workforce Board (a) Youth Training and (b) Adult Literacy programs.</p>
<p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> (a) Youth-focused career assessment and development, job skills training, and mentorship programs (\$929,869 for 1172 youth). (b) Adult education/literacy programs for low-income families (\$1,250,000 for 625 families). These programs comprise part of ACF-196 item 6m, column C.</p>
<p><u>3. Purpose(s) of Benefit or Service Program:</u> Consistent with TANF purposes a-d.</p>
<p><u>4. Program Type. (Check one)</u> <input type="radio"/> TANF <input checked="" type="radio"/> State</p>
<p><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> All programs are designed to provide by youth and adults access to training to develop work-based competencies and may include placements in work experiences leading to unsubsidized employment.</p>
<p><u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$2,989,373</p>
<p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$2,179,869</p>
<p><u>8. Total Number of Families Served under the Program with MOE Funds:</u> 1,797</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> Family incomes at or below 225% FPL.</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>

Attachment B 5
Grantee Information

State RHODE ISLAND

Fiscal Year 2010

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:

(a) Community-based Family Support and Development (\$277,687); (b) Low-Income Heating Assistance Program (\$852,274)

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

These two programs comprise a portion of item 6m, column C of the ACF-196. They help low income families with state-funded rental assistance, shelter assistance, heating and utility assistance, employment preparation for adults and youth, youth responsibility workshops, parenting skills, basic ed, pregnancy prevention counseling, anti-violence activities, after-school tutorials, crisis intervention, and fatherhood initiatives, all of which are provided through the community-action agencies.

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

Consistent with TANF purposes a-d

4. Program Type. (Check one)

TANF State

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

Job readiness, job search and placement assistance, adult ed, and some skills training.

6. Total State Expenditures for the Program for the Fiscal Year: \$1,129,961

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$1,129,961

8. Total Number of Families Served under the Program with MOE Funds: 25,761

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:

Family incomes at or below 225% FPL.

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

State RHODE ISLAND

Fiscal Year 2010

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 Supplemental Payment for SSI recipient families

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

This comprises a portion of item 6m, column C of the ACF-196. This State program augments the Federal SSI by providing a supplemental cash payment to low income children and/or parents who qualify.

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

Consistent with TANF purpose a.

4. Program Type. (Check one)

TANF State

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

N/A

6. Total State Expenditures for the Program for the Fiscal Year: \$3,753,857

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$3,753,857

8. Total Number of Families Served under the Program with MOE Funds: 7,984

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:

Child and/or parent must meet SSA and TANF State Plan low-income needy criteria at or below 225% FPL.

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

State RHODE ISLAND	Fiscal Year 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>1. Name of Benefit or Service Program: RI Property Tax "Circuit Breaker" Refund for low income eligible home owners and renters</p>
<p>2. Description of the Major Program Benefits, Services, and Activities: Corresponds to ACF-196 report item 6f, column C.</p>
<p>3. Purpose(s) of Benefit or Service Program: Consistent with TANF purposes a-d.</p>
<p>4. Program Type. (Check one) <input type="radio"/> TANF <input checked="" type="radio"/> State</p>
<p>5. Description of Work Activities (Complete only if this program is a separate State program): N/A</p>
<p>6. Total State Expenditures for the Program for the Fiscal Year: \$5,181,740</p>
<p>7. Total State MOE Expenditures under the Program for the Fiscal Year: \$5,181,740</p>
<p>8. Total Number of Families Served under the Program with MOE Funds: 18,321</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>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services: Families with dependent children at or below 225% FPL.</p>
<p>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one) <input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0</p>

Attachment B 8
Grantee Information

State RHODE ISLAND

Fiscal Year 2010

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:

Child Support Pass Through

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

Corresponds to ACF-196, item 5a, column B. When a non-custodial parent receives a court order to pay child support on behalf of any child(ren) receiving cash assistance, the Dept. is designated to administer child support collections and payments. The Dept. passes along to the cash assistance family the first \$50 of the monthly amount collected.

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

Consistent with TANF purposes a-b.

4. Program Type. (Check one)

TANF State

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

6. Total State Expenditures for the Program for the Fiscal Year: \$561,137

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$561,137

8. Total Number of Families Served under the Program with MOE Funds: 2,145

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:

Families must be receiving cash assistance and have current child support collected through the Department.

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

State RHODE ISLAND

Fiscal Year 2010

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:

Emergency Assistance through Department of Children, Youth and Families

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

Corresponds to ACF-196 item 6m, column B, portion thereof (\$28,257,294). Emergency Assistance helps children and families in cases of emergency situations such as deprivation of food, housing, or parental support. Expenditures relate to the temporary absence of the child from the home and family.

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

Consistent with TANF purpose a.

4. Program Type. (Check one)

TANF State

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

6. Total State Expenditures for the Program for the Fiscal Year: \$28,257,294

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$28,257,294

8. Total Number of Families Served under the Program with MOE Funds: 637

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:

Families that are cash assistance eligible.

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

State RHODE ISLAND

Fiscal Year 2010

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:

Housing Assistance for low income families

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

Corresponds to ACF-196 item 6m, column C, portion thereof. Administered through the Office of Housing and Community Development, these are state expenditures for very low income family shelters (\$562,500) and the Neighborhood Opportunities program which provides operating and capital support to develop and maintain homes for low income families (\$1,032,369).

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

Consistent with TANF purpose a.

4. Program Type. (Check one)

TANF State

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

Family shelters offer job training in addition to shelter.

6. Total State Expenditures for the Program for the Fiscal Year: \$1,594,869

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$1,594,869

8. Total Number of Families Served under the Program with MOE Funds: 375

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:

Family income at or below 225% FPL.

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

State RHODE ISLAND	Fiscal Year 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> TANF work-related contracts</p>
<p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> Corresponds to ACF-196, item 6a, column C. TANF work-related contracts funded in whole or part with State general revenue included New Opportunity Homes, Coalition Against Domestic Violence, Dorcas Place (Clothing Collaborative only), and Sstarbirth. All work-related programs are designed to help cash assistance parents prepare for, obtain, and maintain employment.</p>
<p><u>3. Purpose(s) of Benefit or Service Program:</u> Consistent with TANF purposes a-d.</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> \$605,817</p>
<p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$605,817</p>
<p><u>8. Total Number of Families Served under the Program with MOE Funds:</u> 3,954</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> Families must be cash assistance recipients.</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>

Attachment B 12
Grantee Information

State RHODE ISLAND

Fiscal Year 2010

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:

Residential and related services for youth temporarily out of the home and under the protection of the Department of Children, Youth and Families.

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

Corresponds to ACF-196 section 6m, column C, portion thereof. Non-EA youth temporarily out of the home who have a goal of reunification with their families require shelter, clothing and guidance. These expenditures from State general revenue are managed by DCYF. Parents have requirements and children receive services to ensure their continuing education, safety, and well-being.

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

Consistent with TANF purposes a-c.

4. Program Type. (Check one)

TANF State

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

DCYF is mandated to develop a service plan with the parents with activities designed to ameliorate the problems which necessitated the removal of the children. Such services could include substance abuse treatment, mental health treatment, parenting skills, and parents must gain or maintain legal income.

6. Total State Expenditures for the Program for the Fiscal Year: \$27,911,024

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$16,272,127

8. Total Number of Families Served under the Program with MOE Funds: 1,353

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:

Children must have a goal of reunification and be from low-income families at or below 225% FPL.

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 Diane Cook

Title

Date Submitted 08/16/2011

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