

Department of Health and Human Services
Administration for Children and Families

OMB Approval Number:

0970-0004

Expires:

04/30/2005 Destroy Prior Editions

Form ACF-4125

Annual Statistical Report on Children in Foster Homes and Children in Families Receiving Payments in Excess of the Poverty Income Level from a State Program Funded Under Part A of Title IV of the Social Security Act

State _____

State Agency _____

*Report for the month of October 200*____

Prepared by:

Name _____

Title _____

Signature_____

Part I.

Number of Children Aged 5-17 in Foster Homes

State total _____ (if entry is greater than zero (0), attach a separate list in the following format.)

Children Aged 5-7 in Foster Homes			
By County		By Local Educational Agency (LEA)	
County Name	FIPS County Code Number	LEA Name	LEA Code (Agency ID) Number

Part II.

Number of Children Aged 5-17 in Families Receiving Payments in Excess of the Amount Specified for this Report Period from a State Program Funded Under Part A of Title IB of the Social Security Act

State total _____ (if entry is greater than zero (0), attach a separate list in the following format.)

Children Aged 5-17 in Families Receiving Payments in Excess of \$ _____			
By County		By Local Educational Agency (LEA)	
County Name	FIPS County Code Number	LEA Name	LEA Code (Agency ID) Number