

Form ACF-4125	
Department of Health and Human Services	OMB Approval No.: 0970-0004
Administration for Children and Families	Expires: 01/31/2002
Form ACF-4125	Destroy Prior Additions
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 _____	
<b>Part I.</b>	
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 5-17 in Foster Homes	
A. by County	B. Local Educational Agency (LEA)
County name FIPS County Code Number	LEA name LEA Code (Agency ID) Number
<b>Part II.</b>	
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 IV of the Social Security Act	
Number of Children Aged 5-17 in Families Receiving Payments in Excess of	
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 \$ _____	
A. by County	B. by Local Educational Agency (LEA)
County name FIPS County Code Number	LEA name LEA Code Number