

**Temporary Assistance for Needy Families (TANF) ACF - 196R Financial Report
Part 2: Narrative Section**

State PETOPIA	Fiscal Year 2015	
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Expenditure Categories	Descriptions of Expenditures	Methodology Used to Estimate Federal Funding and State MOE Expenditures
6 Basic Assistance		
6.a. Basic Assistance (excluding Relative Foster Care Maintenance Payments and Adoption and Guardianship Subsidies)		
6.b. Relative Foster Care Maintenance Payments and Adoption and Guardianship Subsidies		
7. Assistance Authorized Solely Under Prior Law		
7.a. Foster Care Payments	Explanation	
7.b. Juvenile Justice Payments	Explanation	
7.c. Emergency Assistance Authorized Solely Under Prior Law	N/A	
8. Non-Assistance Authorized Solely Under Prior Law		
8.a. Child Welfare or Foster Care Services	Explanation	
8.b. Juvenile Justice Services	Explanation	
8.c. Emergency Services Authorized Solely Under Prior Law	N/A	
9. Work, Education, and Training Activities		
9.a. Subsidized Employment		
9.b. Education and Training		
9.c. Additional Work Activities		
10. Work Supports		
10.a. Transportation (Assistance and Non-Assistance)		
10.b. Job Access		
10.c. Non-Transportation Work Supports (Assistance and Non-Assistance)		
11. Early Care and Education		
11.a. Child Care (Assistance and Non-Assistance)		
11.b. Pre-Kindergarten/Head Start		
12. Financial Education and Asset Development		
13. Refundable Earned Income Tax Credits		
14. Non-EITC Refundable State Tax Credits		
15. Non-Recurrent Short Term Benefits		
16. Supportive Services		
17. Services for Older Children and Youth		
18. Prevention of Out-of-Wedlock Pregnancies		
19. Fatherhood and Two-Parent Family Formation and Maintenance Programs		
20. Child Welfare Services		
20.a. Family Support/ Family Preservation /Reunification Services		
20.b. Adoption Services		
20.c. Additional Child Welfare Services		
21. Home Visiting Programs		
22. Program Management		
22.a. Administrative Costs		
22.b. Assessment/Service Provision		
22.c. Systems		
23. Other		

THIS IS TO CERTIFY THAT THE INFORMATION REPORTED ON ALL PARTS OF THIS FORM IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE: AUTHORIZED STATE OFFICIAL	TYPED NAME, TITLE, AGENCY NAME
DATE SUBMITTED:	