

<h1 style="margin: 0;">ACF</h1> <p style="margin: 10px 0 0 0;">Administration for Children and Families</p>	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Administration for Children, Youth and Families	
	<b>1. Log No:</b> ACYF-PI-92-11	<b>2. Issuance Date:</b> August 21, 1992
	<b>3. Originating Office:</b> ACF, OFM, DFEBG, Family Support Branch	
	<b>4. Key Words:</b> Title IV-E Financial Form IV-E-12	

**PROGRAM INSTRUCTION**

**TO:** STATE AGENCIES ADMINISTERING OR SUPERVISING THE ADMINISTRATION OF TITLE IV-E OF THE SOCIAL SECURITY ACT.

**SUBJECT:** Extension of Form IV-E-12 for reporting financial information for Foster Care and Adoption Assistance.

**BACKGROUND:** The fiscal forms for reporting financial information on the Foster Care and Adoption Assistance Programs have received extended approval for use by the office of Management and Budget through January 31, 1995. There are no changes to the form.

**Attachment:**

1. Copy of Form IV-E-12.
2. Instructions for Completion of Form IV-E-12.

**ACTION REQUIRED:** State agencies are requested to photocopy sufficient copies of the form and instructions included as attachments to this Program Instruction to meet their reporting requirements.

**EFFECTIVE DATE:** State agencies are to use this revised form to report expenditures for the quarter ending September 30, 1992 and to submit estimates for the quarter ending March 31, 1993. These reports are due to be submitted no later than October 30, 1992.

**SUBMISSION:** There is no change in the submittal schedule.

Form IV-E-12 is to be submitted by State agencies within thirty days of the end of each fiscal quarter.

The copy with an "original signature" of the completed Form IV-E-12 must be submitted to:

Administration for Children and Families  
Office of Financial Management  
Division of Formula, Entitlement and Block Grants  
370 L'Enfant Promenade, S.W.  
Mail stop: OFM/DFEBG  
Washington, D.C. 20447

An additional copy should be submitted to the ACF Regional Administrator.

**SUPERSEDED MATERIAL:** Program Instruction ACYF-PI-90-07, dated April 4, 1990.

**INQUIRIES TO:** ACF Regional Administrator.

Michael L. Sturman  
Director  
Office of Financial Management  
Administration for Children and Families

**Attachments:**

[Attachment A:](#) Copy of Form IV-E-12

[Attachment B:](#) Instructions for Completion of Form IV-E-12

**ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES  
Form IV-E-12, PART VII PAGE 7**

STATE: OMB No. 0980-0131

QUARTER ENDED: 09/30/90

**CHILDREN IN FOSTER CARE**

Last Day of Quarter

Last Day of Quarter

**UNDER STATE OR LOCAL CARE ALL CHILDREN IN CARE TITLE IV-E ONLY**

**TYPE OF PLACEMENT**

# of Children Amount of Payments (\$)

# of Children Amount of Payments (\$)

(a) (b) (c) (d)

- a. Foster Family Home - Non-relative
- b. Foster Family Home - Relative
- c. Adoptive Home (not legalized)
- d. Private Institutions
- e. Public Institutions
- f. Group Homes
- g. Other (Specify)
- h. **TOTAL**

**Form IV-E-12, PART VIII**

TITLE IV-E-ADOPTION ASSISTANCE # of Children Amount of Payments

(\$) # of Children

**Number of Children and MEDICAL ONLY**

Amount of Subsidies (a) (b) (c)

1. Were Receiving Subsidy Last Day of Quarter
2. Subsidy Ended During Quarter
3. Began Subsidy During Quarter

**Form IV-E-12, PART IX**

Selection of Transfer of Funds from Title IV-E-Foster Care to Title IV-B (Child Welfare Service[\$ Federal Share Only])

[Only States applying for the transfer of funds need complete this PART.]

1. Foster Care Attotment Limitation
2. FFP claimed for Non-Voluntary and Voluntary Foster Care (payments, administration and training) for the following periods:
  - a. First quarter of this fiscal year
  - b. Second quarter of this fiscal year
  - c. Third quarter of this fiscal year
- FFP requested for Non-Voluntary and Voluntary Foster Care (payments, administration and training) for the Fourth quarter of this fiscal year

[PART II, Category D, Column (c) of this report]

Total Foster Care for this fiscal year [2a + 2b + 2c + 3]

Balance of Foster Care allotment available for this fiscal year [1-4]

For eligible States only, funds to be transferred to Title IV-B for Child Welfare Services.  
[Submit revised CWS-101 for Title IV-B and revised jointly developed Title IV-B Plan.]

## **Instructions For completing FORM IV-E-12**

### **STATE QUARTERLY REPORT OF EXPENDITURES AND ESTIMATES**

All States are required to complete and submit this report in accordance with these instructions on behalf of the State agency administering the Foster Care and Adoption Assistance Programs under Title IV-E of the Social Security Act. States must complete all items of the COVER PAGE and PARTS I-VIII, since the information collected is used to award funds, make budget estimates, monitor budget execution and for reports to Congress on Federal fund requirements. Failure to respond may result in insufficient funds to make grant awards.

Revised reports may not be filed after the due date for the next quarter's report. Revisions must be reported as adjustments on the form, "**PRIOR QUARTER ADJUSTMENTS.**" There is no change in the requirements regarding time limits for claims submitted as prior quarter adjustments. However, **REVISED REPORTS FOR EARLIER QUARTERS RECEIVED AFTER THE NEXT CURRENT QUARTER REPORT IS DUE WILL NOT BE ACCEPTED, WILL BE RETURNED TO THE STATE AND WILL BE RECORDED AS FILED ONLY WHEN SUBMITTED PROPERLY.**

Policy regarding claims for expenditures will be interpreted under the statute, regulations and action transmittals. other than the statement above regarding the closing date for revising reports, these forms will not be regarded as superseding the interpretation of whether claims are allowable or unallowable under those documents.

**Due Dates:** The COVER PAGE, PARTS I-II and PARTS V-VIII must be submitted quarterly by January 30, April 30, July 30 and October 30. PARTS III and IV must be submitted semiannually, by April 30 and October 30. The due date for PART IX for States choosing to transfer funds from title IV-E-Foster Care to title IV-B will be stated in an action transmittal.

**Distribution:** The original (with original signatures) and one copy must be mailed to: Division of Formula, Entitlement and Block Grants, Office of Financial Management, Administration for Children and Families, 370 L'Enfant Promenade, S.W., Washington, D.C. 20447. Send hand delivered material to: Division of Formula, Entitlement and Block Grants, Aerospace Bldg., Sixth Floor, 370 L'Enfant Promenade, S.W., Washington, D.C. 20447. In either case, send one copy of the form to the appropriate Regional official at the same time.

## **Instructions for COVER PAGE**

**STATE:** Enter name of agency and complete address, in order to insure proper routing of grant awards. Include the Zip code.

**SUBMISSION:** Check NEW or REVISED.

**CURRENT QUARTER ENDED:** Enter the date the current quarter ended (the most recently completed quarter, for which this constitutes the report of actual expenditures).

**NEXT QUARTER ENDING:** Enter the ending date of the next quarter (the upcoming quarter for which estimates of expenditures are being reported and for which a grant award is requested).

**EMPLOYER IDENTIFICATION NUMBER:** Enter the EIN of the recipient agency.

**List of Forms:** All forms must be completed and submitted together when due, as stated on the COVER PAGE. If the State is claiming adjustments to the expenditures, it must file as many pages of **PRIOR QUARTER ADJUSTMENTS** as are needed to list separately the adjustments for different categories, for different quarters and for increasing and decreasing expenditures. List the number of pages of adjustments included in this submission. At PART IX, check Yes or No as to whether PART IX has been selected and completed. In order to transfer funds, a State must complete this PART.

**Signature of Authorized official:** The signature of the official authorized by the State agency certifying that: (a) the information provided on all parts of this form included in this submission and on all accompanying documents is accurate and true to the best of the official's knowledge and belief; and, (b) the amount shown as the State share of expenditures (PART II, Category E, Column (c)) is or will be available to meet the non-Federal share of expenditures for the quarter indicated as prescribed by law.

## **General Instructions**

- Round all entries to the nearest dollar. Omit cents.
- Enter the State name.
- Enter the date the CURRENT QUARTER ENDED (the most recently completed quarter, for which this constitutes the report of actual expenditures) and the NEXT QUARTER's ENDING date (the ending date of the upcoming quarter for which estimates of expenditures are being reported and for which a grant award is being requested).
- In these instructions, the term "were or will be" is used to describe entries to be made for actual expenditures in column (a) and for estimated expenditures in column (c) of the PARTS I and II.

States are encouraged to also attach other pages with as much detailed information as available in order to expedite proper review of the adjustments.

## **Instructions for PARTS I-IV**

All States must complete Categories A (NON-VOLUNTARY FOSTER CARE) and C (ADOPTION ASSISTANCE). Those States claiming expenditures and requesting grant awards for VOLUNTARY FOSTER CARE also must complete Category B. All States must complete Category D of PARTS I-IV and Category E of PART II.

**Columns:** All amounts reported in columns (a) and (b) must be actual expenditures made under the State's plan and in accordance with all applicable statutes and regulations. All amounts reported in columns (c) through (f) are estimates of expenditures to be made during the time period indicated based on the best information available to the State. In the interest of brevity, the Instructions refer to actual and estimated amounts at times, e.g., "just ended or anticipated" is used regarding Line 1b. To reiterate, only actual expenditures may be entered in Columns (a) and (b).

**Column (a): CURRENT QUARTER EXPENDITURES.** All amounts paid by the State or local government during the quarter indicated, even if the payment is applicable to a previous quarter per the Federal regulations at 45 CFR 95.4 and 95.13(a), (b) and (d). Amounts claimed which were paid during a quarter earlier than the current quarter must be reported as adjustments on the report for the current quarter. There is no change in the requirements regarding time limits for claims submitted as prior quarter adjustments. However, **REVISED REPORTS FOR EARLIER QUARTERS RECEIVED AFTER THE NEXT CURRENT QUARTER REPORT IS DUE WILL NOT BE ACCEPTED, WILL BE RETURNED TO THE STATE AND WILL BE RECORDED AS FILED ONLY WHEN SUBMITTED PROPERLY.**

Column (b): PRIOR QUARTER ADJUSTMENTS. This is a "net" amount, combining individual increasing and decreasing adjustments for prior quarters. Increasing adjustments include any expenditures made by the State or local government during a prior quarter which were not reported on a previous submission of this report. Decreasing adjustments include any expenditures previously reported which are now being reduced. Any adjustment reported in this column must be detailed and separated into the increasing and decreasing components by completing the **PRIOR QUARTER ADJUSTMENTS** form of this report. Use additional copies of the form and/or blank sheets to list each adjustment. Use footnotes or blank sheets of paper to indicate any applicable special conditions or circumstances.

**NOTE:** The Federal share of prior quarter expenditures must be calculated using the FFP rate applicable to the appropriate "prior quarter" in which the expenditure was made.

Column (c): NEXT QUARTER ESTIMATES. The anticipated costs for the quarter indicated as the NEXT QUARTER ENDING. The estimate of the Federal share constitutes the State's request for Federal funds for title IV-E-Foster Care and Adoption Assistance.

Column (d): CURRENT FISCAL YEAR Estimate. The anticipated costs for the FEDERAL fiscal year during which the form was submitted.

Columns (e) and (f): FISCAL YEAR +1 and FISCAL YEAR +2 Estimates. The anticipated costs for the two fiscal years succeeding the current fiscal year.

PARTS I-IV contain identical Categories in the rows. PARTS I and II are to be used to report the **TOTAL COMPUTABLE FOR FEDERAL PARTICIPATION and FEDERAL SHARE OF EXPENDITURES**, respectively, for current quarter expenditures, adjustments and the next quarter's grant request. PARTS III and IV are to be used for the **TOTAL COMPUTABLE FOR FEDERAL PARTICIPATION and FEDERAL SHARE OF EXPENDITURES**, respectively, for the current and succeeding two fiscal years.

## Detailed Instructions

### PART I: CATAGORY A. NON-VOLUNTARY FOSTER CARE

**Line 1a:** Enter the total Maintenance Assistance Payments computable or subject to Federal matching that are allowable under Federal law, regulation and policy for Non-Voluntary Foster Care. Do not subtract the amount subject to sequestration under the Balanced Budget and Emergency Deficit Control Act of 1985, popularly known as "the Gramm-Rudman-Hollings Act," even when sequestration is in effect and the amount is therefore unallowable. Also do not subtract the amount of Child Support Collections reported on Line 1b.

**Line 1b:** Enter the Child Support Collections collected during the current quarter just ended or anticipated to be collected during the next quarter, regardless of the quarter to which they apply. This amount should be the same as the amount reported in Line 13 of column (c) of the Form OCSE-34.

**Line 1c:** Enter the amount that is or would be subject to sequestration under the "Gramm-Rudman-Hollings" Act if that act was in effect for the time period indicated in the column.

**Line 1d:** Enter the result of subtracting from Line 1a (Total Payments) Line 1b (Child Support Collections) and, when sequestration is in effect, Line 1c (Amount Subject to Sequestration). When sequestration is not in effect, do not subtract Line 1c.

**Line 1e:** Enter the average monthly number of children for whom payments indicated on Line 1a were or will be made.

**Lines 2a-d:** Enter amounts for State and local administration expenditures, including State and local staff activities, by the activities listed. List the activity under the most specific of the sub-categories listed here.

Lines 2a and 2b should be used for the same activities for the foster care placement and pre-foster care placement population, respectively.

**Line 2a:** Enter amounts expended for children in foster care for the development of case plans or the revision of them, the review of the plans or the supervision or management of the cases, including preparation for and participation in judicial proceedings and placement of the children.

**Line 2b:** Include the amount for pre-placement activities applicable to individual children clearly at risk of placement in title IV-E-Foster Care.

**Line 2c:** Include the amounts directly related only to eligibility determination activities, as defined in ACYF-PA-87-05.

**Line 2d:** Include all other activities, such as rate setting, the appropriate share of automated data processing activities, recruitment and licensing of homes not specific to a child, the issuance of checks and other activities not listed in lines 2a-2c. States are encouraged to attach a separate sheet and provide further delineation of the amounts.

See ACYF-PA-87-05 regarding the allocation of these costs.

**Line 2e:** Enter the sum of Lines 2a-2d.

**Line 3:** Enter the amounts for State and local training.

### **CATEGORY B. VOLUNTARY FOSTER CARE**

**Line 1a:** Enter the total Maintenance Assistance Payments computable or subject to Federal matching that are allowable under Federal law, regulation and policy for Non-Voluntary Foster Care. Do not subtract the amount subject to sequestration under the "Gramm-Rudman-Hollings Act," even when sequestration is in effect and the amount is therefore unallowable. Also do not subtract the amount of Child Support Collections reported on Line 1b.

**Line 1b:** Enter the Child Support Collections collected during the current quarter just ended or anticipated to be collected during the next quarter, regardless of the quarter to which they apply.

**Line 1c:** Enter the amount that is or would be subject to sequestration under the "Gramm-Rudman-Hollings" Act if that act was in effect for the time period indicated in the column.

**Line 1d:** Enter the result of subtracting from Line 1a (Total Payments) Line 1b (Child Support Collections) and, when sequestration is in effect, Line 1c (Amount Subject to Sequestration). When sequestration is not in effect, do not subtract Line 1c.

**Line 1e:** Enter the average monthly number of children for whom payments indicated on Line 1a were or will be made.

**Line 2:** Enter amounts for State and local administration expenditures.

**Line 3:** Enter the amounts for State and local training.

### **CATEGORY C. ADOPTION ASSISTANCE**

**Line 1a:** Enter the total Payments (subsidies) computable or subject to Federal matching that are allowable under Federal law, regulation and policy for Adoption Assistance. Do not subtract the amount subject to sequestration under the "Gramm-Rudman-Hollings Act," even when sequestration is in effect and the amount is therefore unallowable.



**Line 1b:** Enter the amount that is or would be subject to sequestration under the "Gramm-Rudman-Hollings" Act if that act was in effect for the time period indicated in the column.

**Line 1c:** When sequestration is in effect, enter the result of subtracting from Line 1a, Total Payments, Line 1b, Amount Subject to Sequestration. When sequestration is not in effect, enter the amount entered in Line 1a.

**Line 1d:** Enter the average monthly number of children for whom payments indicated on Line 1a were or will be made. Do not enter children who are receiving Medical-only benefits.

**Line 2a:** Enter the total of the amounts for State and local administration expenditures, including the amount of the Non-Recurring Costs of Adoption.

**Line 2b:** Enter the amount of the Non-Recurring Costs of Adoption paid or estimated to be paid during the quarter.

**Line 2c:** Enter the number of children for whom costs under Line 2b (Non-Recurring Costs of Adoption) were or will be paid during the quarter. This is an unduplicated count of children, an average monthly number of children.

**CATEGORY D:** Enter the Total Funds Computable for all the categories above. Add for each of the three programs (Non-Voluntary Foster Care, Voluntary Foster Care and Adoption Assistance) the Net Total Payments, Total Administration and State and Local Training. ( $A1d + A2e + A3 + B1d + B2 + B3 + C1c + C2a + C3$ ).

**PART II:** All entries are identical to those for PART I except that these are the Federal Shares of each line. The comparable entry for the OCSE-34 for child support collections is Line 17 of column (c). For all of the **PAYMENT** dollar categories, multiply the Total Computable amounts (of PART I) by the Federal Medical Assistance Percentage (FMAP) for the relevant quarter. For all **ADMINISTRATION** dollar categories, multiply the Total Computable amounts by 50 percent. For **TRAINING**, multiply the Total Computable amounts by 75 percent. Also note that there is an additional Category, Category E, in PART II.

**CATEGORY E:** Enter in Column (c) the State share for all categories of the **TOTAL COMPUTABLE** amount (Column (c) of PART I, Category D). Category E must be equal to or greater than the **TOTAL COMPUTABLE** minus **TOTAL FEDERAL SHARE** (Column (c) of PART I, Category D minus Column (c) of PART II, Category D).

### **PARTS III and IV:**

Follow the instructions for PARTS I and II, respectively, for the relevant time periods. The Current Fiscal Year is the Federal fiscal year during which the report is filed, e.g., for a report filed on October 1, 1990, the Current Fiscal Year is FY 1991.

### **PRIOR QUARTER ADJUSTMENTS**

Use the separate pages for reporting adjustments to prior quarters expenditures for Non-Voluntary Foster Care, Voluntary Foster Care and Adoption Assistance. States need not include blank pages of any program for which they are not reporting adjustments. Complete and attach as many **PRIOR QUARTER ADJUSTMENT** pages as necessary to report each sub-category (equal to a line on PARTS I and II). Report all entries by sub-category in reverse chronological order, i.e., the most recent adjustment of Payments first, then the next most recent Payments. Report only one adjustment per line and report separately any entry that refers to a separate line on PARTS I and II, e.g., payments and administrative claims for the same quarter must be reported on separate lines of the adjustment page. Also provide a narrative providing a complete explanation of the changes, in order to expedite proper review of the adjustments. The total of the individual increasing and decreasing adjustments shall be entered as the **NET ADJUSTMENTS** reported in Column (b) of PARTS I and II for the appropriate line.

Enter the name of the State, the Quarter Ended, as entered in column (a) of PARTS I-IV and the adjustment page number.

**Detailed Instructions:**

**Column A:** Enter the earlier expenditure quarter by month and year of the end of the quarter to which the adjustment applies.

**Column B:** Enter the Federal Control Audit Number, if applicable. This number is critical to closing the audit. If an audit applies to more than one program, separate lines should be used with the correct amount for each program with the audit number repeated.

**Column C:** Enter the Total Computable amount of the adjustment, regardless of the category of the adjustment.

**Column D:** Enter the Federal share of the amount of any payments adjustment and the FMAP rate for the quarter to which the adjustment applies.

**Column E:** Enter the average monthly number of children for whom the payments in column E were made. If the adjustment is for the Non-Recurring Expenses of Adoption (Column G), enter the unduplicated number of children.

**Column F:** Enter the Federal share of the amount, if the adjustment is for administrative expenditures and indicate by a Yes or No (or Y or N) whether the expenditures are for the Non-Recurring Expenses of Adoption or not. If the claims are for Non-Recurring Expenses of Adoption for children for whom Non-Recurring Expenses, have been reported in a previous report, do not enter the number of children and explain the reason in the narrative.

**Column G:** Enter the Federal share of the amount, if the adjustment is for training expenditures.

**Column H:** Enter the line of column (b) of PART II to which the adjustment applies.

**Column I:** Check the box and attach a narrative explanation with a narrative providing a complete explanation of the changes, in order to expedite proper review of the adjustments.

## **PARTS V and VI:**

### **General Instructions:**

These two PARTS are precisely the same, except that PART V applies to **CURRENT QUARTER EXPENDITURES** and PART VI applies to **NEXT QUARTER ESTIMATES** (Grant Requests). For PART V, the State must enter a detailed explanation of the variance from the preceding quarter's report of **CURRENT QUARTER EXPENDITURES**. For PART VI, the State must enter a detailed explanation of the variance from the **CURRENT QUARTER EXPENDITURES**.

**NOTE:** Number 2, related to training **MUST** be completed by ALL States, regardless of changes or lack of changes. List all dollar amounts in Federal share only.

### **Detailed Instructions:**

1. Increases or decreases of five percent (5%) or more:

**Line a:** If the Payments have increased or decreased by 5% or more, enter the amount and percent of change and attach a narrative providing a complete explanation of the change.

**Lines b-f:** If there is at least a 5% change in line a, provide a breakout in **EACH** of lines b through f of the amount and enter the percent of change, even if the sub-category has not changed by 5%. Use the average rate change in the State. Also provide a narrative providing a complete explanation of the changes.

**Line g:** If the Administration has increased or decreased by 5% or more, enter the amount and percent of change and attach a narrative providing a complete explanation of the change.

**Lines h-l:** If there is at least a 5% change in line g, check all of the lines h through l of the sub-category which are major causes of the change in line g, even if the sub-category has not changed by 5%. Also provide a narrative providing a detailed and, to the extent it is feasible, quantified explanation of the changes, including baseline data where feasible.

**Line m:** If the Training has increased or decreased by 5% or more, enter the amount and percent of change and attach a narrative providing a complete explanation of the change.

2. **Detailed Training Information:**

**Lines a-c:** Enter the amount of actual (PART V) or estimated (PART VI) expenditures and the number of trainees receiving training for each of the programs. The total of lines a-c may be less than all training.

## **PART VII:**

**Column (a):** Enter the number of all children who are in substitute care on the last day of the quarter, regardless of whether or not they receive title IV-E maintenance payments. This is an unduplicated count of all foster children and differs from the average monthly number of children entered in earlier PARTS of this form. This count shall include all children: (1) who were placed from their own homes in licensed or unlicensed out-of-home care (including relative care); and (2) who are under the responsibility of the State agency for placement and care.

For purposes of this count, children for whom adoption assistance payments are being made shall not be included in these entries, regardless of whether the adoption has been legalized.

**Column (b):** Enter the total amount of maintenance payments made for the quarter (not only the last day of the quarter) for all children in Column (a), including the State and Federal share of title IV-E maintenance payments.

**Column (c):** Enter the number of children who are in substitute care on the last day of the quarter who are receiving title IV-E maintenance payments. This is an unduplicated count of title IV-E foster children and differs from the average monthly number of children entered in earlier PARTS of this form.

**Column (d):** Enter the total computable amount (State and Federal share) of maintenance payments made for the quarter (not only the last day of the quarter) for all the children counted in column (c).

## **PART VIII**

**Line 1(a):** Enter the number of children who are receiving title IV-E adoption subsidies as of the last day of the Federal fiscal quarter. This is an unduplicated count of children and differs from the average monthly number of children entered in earlier PARTS of this form.

Line 1(b) Enter the total computable amount (State and Federal share) of maintenance payments paid for the quarter (not only the last day of the quarter) for all the children entered at Line 1(a).

**Line 1(c):** Enter the number of children who are receiving title IV-E medical-only adoption benefits as of the last day of the Federal fiscal quarter. This is an unduplicated count of children.

**Line 2(a):** Enter the number of children whose title IV-E adoption subsidies ended during the quarter. This is an unduplicated count of children.

**Line 2(b):** Enter the total computable amount (State and Federal share) of maintenance payments made for the quarter for all the children entered in Line 2(a).

**Line 2(c):** Enter the number of children whose title IV-E adoption medical-only benefits ended during the quarter. This is an unduplicated count of children.

**Line 3(a):** Enter the number of children who began receiving title IV-E adoption assistance subsidies during the quarter. This is an unduplicated count of children.

**Line 3(b):** Enter the total computable amount (State and Federal share) of maintenance payments made for the quarter for all the children entered in Line 3(a).

**Line 3(c):** Enter the number of children who began receiving title IV-E adoption medical-only benefits during the quarter. This is an unduplicated count of children.

## **PART IX**

Selection and Control of Title XV-E Foster Care Allotment and Transfer of Funds (Non-Voluntary and Voluntary Foster Care) List all amounts in Federal share only.

**Line 1:** Enter the Foster Care Allotment limitation, as listed in the action transmittal for the current fiscal year.

**Lines 2 (a), (b), & (c):** Enter the total claims for all activities (payments, administration and training for non-voluntary and voluntary foster care) filed for the current fiscal year. Include claims for adjustments for this fiscal year. Do not include adjustments for prior years.

**Line 3:** Enter the total estimate for all activities (payments, administration and training) for non-voluntary and voluntary foster care for the fourth quarter of the current fiscal year.

**Line 4:** Add Lines 2a, 2b, 2c and 3 for the FFP claimed or requested for the four quarters of this fiscal year.

**Line 5:** Subtract Line 4 from Line 1. The result is the amount available for the remainder of the fiscal year for further awards, positive adjustments, and transfer to title IV-B, subject to the limitations of section 474(c) of the Act.

**Line 5:** Enter the amount, if any, to be transferred to title IV-B and used for child welfare services. A revised CWS-101 (budget request) must be completed and the use of the funds described in a jointly-developed amendment to the title IV-B plan. Only States meeting the requirements of section 427 of the Act and the implementing regulations may transfer funds. Transfer funds must be obligated for title IV-B expenditures during the current fiscal year.