

TANF/DV Reporting Form for Funding Year July 1, 2003- June 30, 2004
Return to Susan S. King, 2410 MSC, Raleigh, NC 27699-2410
Fax 919-733-4756 – email: susan.s.king@ncmail.net
Due by July 30, 2004

Please enter the number of clients served with TANF/DV funds for this reporting year:

_____ Adults
_____ Children

Please put a number by the following services to indicate how many times the following services were provided:

_____ Transportation (please include each ride, one way, whether by cab, bus, or staff/agency vehicle, car repairs, etc.)
_____ Nights of shelter (add together each person sheltered for the number of nights they were sheltered)
_____ Relocation expense (storage fees, moving expense, etc.)

_____ Housing costs (includes paying deposits for rent or utilities, past due bills, and other associated costs)
_____ Individual and family adjustment services (counseling sessions, group and/or individual, court advocacy, assessments, etc.)
_____ Education or job training activities (number of times assistance was given)

_____ Attorney fees (number of total hours billed)

_____ Other: _____

If there are any problems regarding the TANF/DV funds that you would like assistance with or answers to, please write them below:

Thanks for this valuable input which will be used to justify continuing funding.

Name of person who filled out this form: _____

Agency & County: _____

Phone number: _____