

NORTH CAROLINA DIVISION OF SOCIAL SERVICES

FAMILY SUPPORT AND CHILD WELFARE

TANF-DV ANNUAL END OF YEAR REPORT

_____ COUNTY

1) HOW MANY CLIENTS DID YOU SERVE FOR SFY 2005-2006?

Adults: _____ Children: _____
Female: _____
Male: _____
Total: _____

2) WHAT SERVICES DID YOU PROVIDE THROUGH THE TANF-DV FUNDS? [Please list each service as a unit.]

- Transportation -----
• Relocation -----
• Housing Assistance-----
• Child care-----
• Medical (prescriptions/doctor visits)-----
• Assessments/counseling-----
• Food-----
• Clothing-----
• Shelter Nights-----
• Attorney Hours-----
• Other [Please be specific.]
o _____
o _____
o _____
o _____
o _____

3) HOW MANY CLIENTS WERE YOU UNABLE TO SERVE, DUE TO:

- Client not eligible _____
• Client eligible, funds exhausted _____
• Client eligible, no services available _____

4) COMMENTS REGARDING THE TANF-DV PROGRAM.

Mail to: North Carolina Division of Social Services
Community Based Programs (TANF-DV)
MSC 2410 Room 779
Raleigh, NC 27699-2410
FAX TO: 919-733-4756