FISCAL YEAR or CALENDAR YEAR												2008-2009	
	BIA FII	NANCIAL A		NCE & SOC D QUARTER	CIAL SEI	RVICE PRO	GRAM RE	PORT FOR	M				
FRIBE/AGENCY:		ì			THIRD QUARTER Actual (Month-Month-Month) H J		FOURTH QUARTER Actual (Month-Month-Month) K M			END OF ME	AD COLUM	TG.	
	Actual		Actual						END-OF-YEAR STATUS				
OSG BIA 477 638 A	(Month-Month-Month) B D		(Month-Month-Month) E G						N P O R				
A	ь	D D	E	G	н	J	K	IVI	Total		Ų	K	
	Actual		Actual		Actual		Actual		Actual	Expenditures (Sum of All	Amount	Surplus or	
Program Component	Persons	Expenditures	Persons	Expenditures	Persons	Expenditures	Persons	Expenditures	Persons	Four	Allocated	Deficit	
	Served		Served		Served		Served		Served	Quarters)	Amocuica	Berien	
Child Assistance				<u> </u>									
Foster Care						1				\$ -	f		
Residential Care									0	\$ -			
Adoption Subsidy									0	\$ -			
Guardianship Subsidy									0	\$ -			
Special Needs									0	\$ -			
Homemaker Services									0	\$ -			
Adult Care Assistance	0-												
Homemaker Services						1			0	\$ -			
Residential Care (group home)									0	\$ -			
General Assistance	0		0		0		0		0	\$ -			
Employable									0				
Unemployable									0				
Individual Self-Sufficiency Plan (ISP)									0				
ISP Goals Completed									0				
Applications Approved									0	<u>:::::::::::::::::::::::::::::::::::::</u>	<u> </u>		
Applications Disapproved									0				
Burial Assistance									0	\$ -			
Emergency Assistance									0	\$ -			
IIM Accounts			-1-1-1-1-1-1-1-1										
Services									0				
Distribution Plans Processed									0				
Services Only													
Child Protection									0				
Adult Protection									0				
Child and Family Services									0				
Total	0	\$ -	0	\$ -	0	\$0	0	\$ -	0	\$ -			
638 Tribe/BIA Agei	ıcy Program (ertification (Only)				OSG or 4	77 Program (Certificatio	on (Only)			
TRIBE/AGENCY (Insert name/Title): DATE:					TRIBE (Insert Name/Title): DATE:								
* **						OFFICE OF SELF GOVERNANCE or OFFICE OF INDIAN ENERGY AND DATE:							
					ECONOMI	C DEVELOPMEN	NT (Certify):						
REGIONAL SOCIAL WORKER (Certify)			DATE:										