

TANF HIGH PERFORMANCE BONUS REPORT

Assessment of Medicaid and SCHIP Enrollment Among Individuals Who Left TANF Assistance Form ACF-210

State: _____

Quarter Ending: _____

FY 2001				
	TANF Individuals Who Left TANF Assistance In Specified Month of Quarter			
	First Month	Second Month	Third Month	Total
1. Total number of individuals who left TANF assistance				
2. Number of TANF individuals in Item 1 who were <u>not</u> receiving TANF assistance in the fourth month after leaving TANF				
3. Number of TANF individuals in Item 2 who were enrolled in Medicaid or SCHIP at the time of leaving TANF				
4. Number of TANF individuals in Item 3 who were also enrolled in Medicaid or SCHIP in the fourth month after leaving TANF				
FY 2000				
1. Total number of individuals who left TANF Assistance				
2. Number of TANF individuals in Item 1 who were <u>not</u> receiving TANF assistance in the fourth month after leaving TANF				
3. Number of TANF individuals in Item 2 who were enrolled in Medicaid or SCHIP at the time of leaving TANF				
4. Number of TANF individuals in Item 3 who were also enrolled in Medicaid or SCHIP in the fourth month after leaving TANF				

This is to certify that the information reported on this form is accurate and true to the best of my knowledge and belief.

Signature: State Official, Date

Typed Name, Title, Agency Name

PAPERWORK REDUCTION ACT OF 1995

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