

# APPENDIX A

U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C. 20535

MEMORANDUM FOR THE DIRECTOR, FBI  
DATE: 10/15/78

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

The above information was obtained from a review of the files of the New York Office and is being furnished to you for your information. It is noted that the information was obtained from a review of the files of the New York Office and is being furnished to you for your information. It is noted that the information was obtained from a review of the files of the New York Office and is being furnished to you for your information.

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Very truly yours,

Special Agent in Charge

[Illegible Signature]

Special Agent in Charge

This document contains neither recommendations nor conclusions of the FBI. It is the property of the FBI and is loaned to your agency; it and its contents are not to be distributed outside your agency.

[Illegible Boxed Area]

Very truly yours,

Special Agent in Charge

[Illegible Signature]

Special Agent in Charge

[Illegible Signature]

Special Agent in Charge

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Administration for Children and Families (ACF)  
Office of Community Services (OCS)**

**PUBLIC COMMENT CERTIFICATION**

Social Services Block Grant / Consolidated Block Grant (SSBG/CBG)

Applicant (State/Territory):

MASSACHUSETTS

DUNS/UEI Number:

KQE3EAKMNQQ7

Grant Program: SSBG/CBG

Certification

The state or territory's authorized official/delegate certifies compliance with public notice and comment requirements under Section 2004 of Title XX of the Social Security Act and applicable federal regulations, including providing the public a reasonable opportunity to review and comment on the Intended Use Plan and Pre-Expenditure Report for a minimum of 10 days prior to submission.

The applicant affirms that these documents were made publicly available for inspection and comment for a minimum of 10 days in accordance with federal guidance. The applicant further certifies that documentation of publication and proof of distribution has been completed.

Such documentation has been submitted to the federal program office as an attachment via the SSBG Portal.

Proof of public comment may include a web link or uploaded documentation (e.g., newspaper clipping, website screenshot, etc.).

Certification Agreement:

Agree

Disagree

Public Comment Proof Link (if applicable):

<https://www.mass.gov/event/social-services-block-grant-public-hearing-for-sfv26-0>

If you have selected 'Disagree', please explain why:

**Authorized Official**

Name:

David O'Callaghan

Title:

Deputy Commissioner for Admi

Agency:

MA Department of Children and

Signature:



Date:

5/29/2026

**Documentation of Public Hearing – Link to DCF website**

**Social Services Block Grant Public Hearing for SFY26 | Mass.gov**

[www.mass.gov/event/social-services-block-grant-public-hearing-for-sfy26-07-23-2025](http://www.mass.gov/event/social-services-block-grant-public-hearing-for-sfy26-07-23-2025)

### **Overview**

**The Department of Children and Families (DCF) has prepared and submitted to the U.S. Department of Health and Human Services, Administration for Children and Families, the Social Services Block Grant (SSBG) Pre-Expenditure Report and Intended Use Plan for SFY26. DCF and the Executive Office of Health and Human Services will conduct a public hearing to obtain comment and feedback on these reports.**

**The public hearing will be held Wednesday, July 23, 2025, from 11 a.m. until 12 p.m. at One Ashburton Place, Boston, MA 02108, 11th Floor, Conference Room 11151. Written comments will also be accepted until August 8, 2025.**

### **Additional Resources**

**[Open PDF file, 4.3 MB, FY 2026 SSBG Intended Use Plan for the MA DCF \(English, PDF 4.3 MB\)](#)**

**[Open PDF file, 671.54 KB, FY2026 SSBG Intended Use Plan for the MA DCF -- Appendices \(English, PDF 671.54 KB\)](#)**

**[Open XLSX file, 24.61 KB, 2026 Massachusetts SSBG Pre-Expenditure Report 20250527 \(English, XLSX 24.61 KB\)](#)**

As stated in the narrative, no comments were received at this hearing.

Also stated in the narrative, a public hearing to obtain comments on the FY2027 Pre-Expenditure Report will be held in July 2026.



## **CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS**

### **Certification Regarding Debarment, Suspension, and Other Responsibility Matters - - Primary Covered Transactions**

#### **Instructions for Certification**

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusive-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant

may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

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#### **Certification Regarding Debarment, Suspension, and Other Responsibility Matters - - Primary Covered Transactions**

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

#### **Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - - Lower Tier Covered Transactions**

#### **Instructions for Certification**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other

remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph five of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

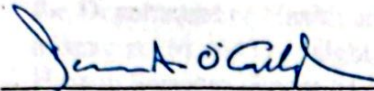
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#### **Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - - Lower Tier Covered Transactions**

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared

ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

  
\_\_\_\_\_  
Signature and Date

5/29/2026

David A. O'Callaghan

\_\_\_\_\_  
Printed Name

Deputy Commissioner for Administration and Finance

\_\_\_\_\_  
Title

MA Department of Children and Families

\_\_\_\_\_  
Organization

## **CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS**

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This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645 (a)(1) and (b) provide that a Federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central point is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, SW Washington, DC 20201.

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### **Certification Regarding Drug-Free Workplace Requirements (Instructions for Certification)**

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.
2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. For grantees other than individuals, Alternate I applies.
4. For grantees who are individuals, Alternate II applies.
5. Workplaces under grants, for grantees other than individuals, need to be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).
8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

*Controlled substance* means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

*Conviction* means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

*Criminal drug statute* means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

*Employee* means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All direct charge employees; (ii) All indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

(D) The grantee may insert in the space provided below the text for the  
performing the following:

### Certification Regarding Drug-Free Workplace Requirements

#### Alternate I. (Grantees Other Than Individuals)

The grantee certifies that it will or will continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about - -
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will - -
  - (1) Abide by the terms of the statement; and

- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing, within 10 calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted - -
- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).
- (B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

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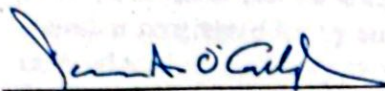
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Check if there are workplaces on file that are not identified here.

**Alternate II. (Grantees Who Are Individuals)**

- (a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;
- (b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

[55 FR 21690, 21702, May 25, 1990]



5/29/2026

**Signature and Date**

David A. O'Callaghan

**Printed Name**

Deputy Commissioner for Administration and Finance

**Title**

MA Department of Children and Families

**Organization**

The applicant/grantee further agrees that it will require the invoice of the certification included in any subawards which contain payments for the children's services and that all subgrantees shall certify accordingly.



5/29/2026

**Signature and Date**

David A. O'Callaghan

**Printed Name**

Deputy Commissioner for Administration and Finance

**Title**

MA Department of Children and Families

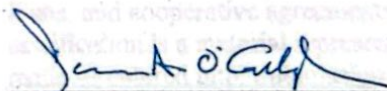
**Organization**

## CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103227, Part C Environmental Tobacco Smoke, also known as the Pro Children Act of 1994, requires that smoking not be permitted in any portion of any indoor routinely owned or leased or contracted for by an entity and used routinely or regularly for provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity by signing and submitting this application the applicant/grantee certifies that it will comply with the requirements of the Act.

The applicant/grantee further agrees that it will require the language of this certification be included in any subawards which contain provisions for the children's services and that all subgrantees shall certify accordingly.

The undersigned shall require that the language of this certification be included in the award documents for all subawards of all levels (including subawards, subgrants, and contracts under grants, contracts, and cooperative agreements) and that all subgrantees shall certify accordingly. This certification shall be a condition of the award, and the applicant/grantee shall be held responsible for making or entering into this certification.

  
Signature and Date  
David A. O'Callaghan

5/29/2026

Printed Name  
Deputy Commissioner for Administration and Finance

Title  
MA Department of Children and Families

Organization

Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$1000 and not more than \$1000 per day for each day of failure.



Signature and Date  
David A. O'Callaghan

Printed Name  
Deputy Commissioner for Administration and Finance

Title  
MA Department of Children and Families

Organization

## CERTIFICATION REGARDING LOBBYING

### Certification for Contracts, Grants, Loans, and Cooperative Agreements

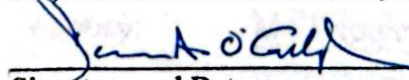
The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.



5/29/2026

Signature and Date

David A. O'Callaghan

Printed Name

Deputy Commissioner for Administration and Finance

Title

MA Department of Children and Families

Organization

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Administration for Children and Families (ACF)  
Office of Community Services (OCS)**

**ASSURANCE OF COMPLIANCE WITH FEDERAL NONDISCRIMINATION  
REQUIREMENTS**

Social Services Block Grant / Consolidated Block Grant (SSBG/CBG)

Applicant (State/Territory):

MASSACHUSETTS

DUNS/UEI Number:

KQE3EAKMNQQ7

Grant Program: SSBG/CBG

Certification

The Applicant, including all subrecipients and contractor organizations, will comply with all applicable Federal statutes and regulations relating to nondiscrimination, including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Age

Missouri State University  
Department of Education  
Office of Assessment

# APPENDIX C

AGENCY: Missouri State University  
Sponsor: Missouri State University

Agreement (State/Territory): Missouri

DUNS/USI Number: 0000000000

Grant Program: SSSG/OSG

## Certification

The applicant certifies that the test is a valid and reliable measure of the knowledge and skills specified in the Missouri State Standards for Mathematics. The applicant certifies that the test is a valid and reliable measure of the knowledge and skills specified in the Missouri State Standards for Mathematics. The applicant certifies that the test is a valid and reliable measure of the knowledge and skills specified in the Missouri State Standards for Mathematics. The applicant certifies that the test is a valid and reliable measure of the knowledge and skills specified in the Missouri State Standards for Mathematics. The applicant certifies that the test is a valid and reliable measure of the knowledge and skills specified in the Missouri State Standards for Mathematics.

Agreement cover sheet valid. The state or territory will accept the credit with the maximum score as the other state for SSSG/OSG.

## Authorized Official

Name: Dr. W. D. G. G. G.

Title: Director of Assessment for Administration and Finance

Agency: Missouri State University

Signature: [Signature]

Date: 01/01/00

By signing this certification, the Authorized Official will accept responsibility for the validity of the credit award and acknowledges that failure to do so may result in a federal action under Federal law.

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Administration for Children and Families (ACF)  
Office of Community Services (OCS)**

**AUDIT ASSURANCE CERTIFICATION  
Social Services Block Grant / Consolidated Block Grant (SSBG/CBG)**

Applicant (State/Territory): MASSACHUSETTS

DUNS/JEI Number: KQE3EAKMNQQ7

Grant Program: SSBG/CBG

**Certification**

The applicant certifies compliance with audit requirements under Title XX of the Social Security Act, including Section 2006, and applicable provisions of 2 CFR Part 200 (Uniform Guidance). The applicant affirms that required audits are conducted in accordance with federal standards and that any findings are addressed through appropriate corrective actions. A copy of the most recent audit report has been submitted to the federal program office as an attachment via the SSBG Portal. The applicant acknowledges responsibility for maintaining records and providing access for federal or authorized review as required.

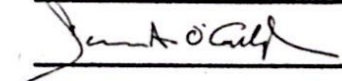
Audit upload cover sheet note: The state or territory will upload the audit with this completed form as the cover sheet for SSBG/CBG.

**Authorized Official**

Name: David O'Callaghan

Title: Deputy Commissioner for Administration and Finance

Agency: MA Department of Children and Families

Signature: 

Date: 5/29/2026

By signing this certification, the Authorized Official affirms compliance for the duration of the grant award and acknowledges that failure to comply may result in enforcement actions under Federal law.

Proof of Audit – Link to the Commonwealth's most recent single state audit report

[https://www.macomptroller.org/wp-content/uploads/single-audit-report\\_fy-2025.pdf](https://www.macomptroller.org/wp-content/uploads/single-audit-report_fy-2025.pdf)

# APPENDIX D

APPENDIX D FOR FINANCIAL ASSISTANCE

SP - 026 - MANDATORY

Section	Item	Description	Amount
I. GENERAL INFORMATION	1. Name of Applicant		
	2. Address		
	3. City		
	4. State		
	5. Zip		
	6. Telephone		
	7. Date of Birth		
	8. Social Security Number		
	9. Marital Status		
	10. Number of Children		
II. FINANCIAL INFORMATION	1. Gross Income		
	2. Net Income		
	3. Assets		
	4. Liabilities		
	5. Total Assets		
	6. Total Liabilities		
	7. Net Worth		
	8. Monthly Expenses		
	9. Monthly Income		
	10. Monthly Surplus/Deficit		
III. EDUCATION	1. Applicant's Education		
	2. Applicant's Grade		
	3. Applicant's GPA		
	4. Applicant's Test Scores		
	5. Applicant's School		
	6. Applicant's Teacher		
	7. Applicant's Counselor		
	8. Applicant's Principal		
	9. Applicant's District		
	10. Applicant's State		
IV. EMPLOYMENT	1. Applicant's Employer		
	2. Applicant's Job Title		
	3. Applicant's Salary		
	4. Applicant's Hours		
	5. Applicant's Supervisor		
	6. Applicant's District		
	7. Applicant's State		
	8. Applicant's School		
	9. Applicant's Teacher		
	10. Applicant's Counselor		
V. OTHER INFORMATION	1. Applicant's Other Income		
	2. Applicant's Other Assets		
	3. Applicant's Other Liabilities		
	4. Applicant's Other Expenses		
	5. Applicant's Other Income		
	6. Applicant's Other Assets		
	7. Applicant's Other Liabilities		
	8. Applicant's Other Expenses		
	9. Applicant's Other Income		
	10. Applicant's Other Assets		

**APPLICATION FOR FEDERAL ASSISTANCE  
SF - 424 - MANDATORY**

<b>* 1.a. Type of Submission:</b> <input type="radio"/> Plan <input checked="" type="radio"/> Funding Request	<b>* 1.b. Frequency:</b> <input checked="" type="radio"/> Annual <input type="radio"/> Other  <b>* Other (Specify)</b>	<b>* 1.c. Consolidated Application/Plan/Funding Request?</b>  Explanation:	<b>* 1.d. Version:</b> <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update
		2. Date Received:	State Use Only:
		3. Applicant Identifier:	
		4a. Federal Entity Identifier:	5. Date Received By State:
		4b. Federal Award Identifier: T291P	6. State Application Identifier:

**7. APPLICANT INFORMATION**

<b>* a. Legal Name:</b> COMMONWEALTH OF MASSACHUSETTS DEPT OF CHILDREN & FAMILI			
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b>	1046002284K5	<b>* c. Organizational UE I:</b>	KQE3EAKMNQ07
<b>* d. Address:</b>			
<b>* Street 1:</b>	ONE ASHBURTON PLACE 3RD FLOOR	<b>Street 2:</b>	
<b>* City:</b>	BOSTON	<b>County:</b>	
<b>* State:</b>	MA	<b>Province:</b>	
<b>* Country:</b>	United States	<b>* Zip / Postal Code:</b>	02108

<b>e. Organizational Unit:</b>	
Department Name:	Division Name:

<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
<b>Prefix:</b>	<b>* First Name:</b> Amanda	<b>Middle Name:</b>	<b>* Last Name:</b> Babinaki
<b>Suffix:</b>	<b>Title:</b> Federal Revenue Analyst	<b>Organizational Affiliation:</b>	
<b>* Telephone Number:</b> (413) 654-6840	<b>Fax Number:</b>	<b>* Email:</b> amanda.m.babinaki@mass.gov	

<b>* 8a. TYPE OF APPLICANT:</b> A: State Government
--

<b>b. Additional Description:</b>
-----------------------------------

<b>* 9. Name of Federal Agency:</b>  Administration for Children and Families, Office of Community Services
---

	<b>Catalog of Federal Domestic Assistance Number:</b>	<b>CFDA Title:</b>
<b>10. CFDA Numbers and Titles 1</b>	93.667	

<b>11. Descriptive Title of Applicant's Project</b> Social Services Block Grant
--


<b>12. Areas Affected by Funding:</b> statewide
--

<b>13. CONGRESSIONAL DISTRICTS OF:</b>	
<b>* a. Applicant</b> MA	<b>b. Program/Project:</b>

Attach an additional list of Program/Project Congressional Districts if needed.

<b>14. FUNDING PERIOD:</b>		<b>15. ESTIMATED FUNDING:</b>	
<b>a. Start Date:</b> 09/30/2027	<b>b. End Date:</b> 10/01/2026	<b>* a. Federal (\$):</b> \$0	<b>b. Match (\$):</b> \$0

<b>* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>
--

a. This submission was made available to the State under the Executive Order 12372	
Process for Review on :	
b. Program is subject to E.O. 12372 but has not been selected by State for review.	
c. Program is not covered by E.O. 12372.	
* 17. Is The Applicant Delinquent On Any Federal Debt?	
<input type="radio"/> YES <input checked="" type="radio"/> NO	
Explanation:	
18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
**I Agree <input checked="" type="checkbox"/>	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
18a. Typed or Printed Name and Title of Authorized Certifying Official David O'Callaghan	18c. Telephone (area code, number and extension)
	18d. Email Address david.o'callaghan@state.ma.us
18b. Signature of Authorized Certifying Official 	18e. Date Report Submitted (Month, Day, Year) 05/29/2026
Attach supporting documents as specified in agency instructions.	

# APPENDIX E

Name: **XXXXXXXXXX**      Address: **XXXXXXXXXX**      City: **XXXXXXXXXX**      State: **XX**      Zip: **XXXXXX**  
 Date: **01/15/2024**      Report Period: **01/01/2023 - 12/31/2023**

**General Cash (To report on all types of deposits, including:**  
 1. Cash on hand  
 2. Cash in transit  
 3. Cash in bank accounts  
 4. Cash in other financial institutions  
 5. Cash in foreign banks  
 6. Cash in foreign currencies  
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 100. Cash in foreign currencies

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**FEDERAL FINANCIAL REPORT**

(Follow form instructions)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> <b>HHS-ADMINISTRATION FOR CHILDREN &amp; FAMILIES</b>				<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)</b> <b>25DDMASOSR</b>			
<b>3. Recipient Organization (Name and complete address including Zip code)</b> <b>Commonwealth Of Massachusetts Dept Of Children &amp; Families</b> <b>600 WASHINGTON ST., 6TH FLOOR, BOSTON, MA 02111-1211 USA</b>							
<b>4a. UEI</b>  <b>KQE3EAKMNQQ7</b>	<b>4b. EIN</b>  <b>1046002284K5</b>	<b>5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)</b>  <b>T891P</b>	<b>6. Report Type</b> <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final	<b>7. Basis of Accounting</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual			
<b>8. Project/Grant Period (Month, Day, Year)</b> From: <b>October 1, 2024</b> To: <b>September 30, 2026</b>			<b>9. Reporting Period End Date (Month, Day, Year)</b> <b>September 30, 2025</b>				
<b>10. Transactions</b>					<b>Cumulative</b>		
<i>(Use lines a-c for single or combined multiple grant reporting)</i>							
<b>Federal Cash (To report multiple grants separately, also use FFR Attachment):</b>							
a. Cash Receipts					\$32,779,148.00		
b. Cash Disbursements					\$32,779,148.00		
c. Cash on Hand (line a minus b)					\$0.00		
<i>(Use lines d-o for single grant reporting)</i>							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized					\$32,779,148.00		
e. Federal share of expenditures					\$32,779,148.00		
f. Federal share of unliquidated obligations					\$0.00		
g. Total Federal share (sum of lines e and f)					\$32,779,148.00		
h. Unobligated balance of Federal funds (line d minus g)					\$0.00		
<b>Recipient Share:</b>							
i. Total recipient share required					\$0.00		
j. Recipient share of expenditures					\$0.00		
k. Remaining recipient share to be provided (line i minus j)					\$0.00		
<b>Program Income:</b>							
l. Total Federal share of program income earned					\$0.00		
m. Program income expended in accordance with the deduction alternative					\$0.00		
n. Program income expended in accordance with the addition alternative					\$0.00		
o. Unexpended program income (line l minus line m and line n)					\$0.00		
<b>11. Indirect Expense</b>	<b>a. Type</b>	<b>b. Rate</b>	<b>c. Period From</b>	<b>Period To</b>	<b>d. Base</b>	<b>e. Amount Charged</b>	<b>f. Federal Share</b>
<b>g. Totals:</b>					\$0.00	\$0.00	\$0.00
<b>12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:</b>							
<b>13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)</b>							
<b>a. Typed or Printed Name and Title of Authorized Certifying Official</b>  <b>Connors, Sally</b>					<b>c. Telephone (Area code, number, and extension)</b>  _____ <b>d. Email Address</b> <b>sally.j.connors@mass.gov</b>		
<b>b. Signature of Authorized Certifying Official</b>  <b>Connors, Sally</b>					<b>e. Date Report Submitted (Month, Day, Year)</b>  <b>December 29, 2025</b>		

Standard Form 425  
 OMB Approval Number: 4040-0014  
 Expiration Date: 06/30/2028

**Paperwork Burden Statement**  
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 4040-0014. Public reporting burden for this collection of information is estimated to average 1 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: US Department of Health & Human Services, OS/OIG/PRA, 200 Independence Ave, SW, Suite 336-E, Washington DC 20201. Attention: PRA Reports Clearance Officer

FEDERAL FINANCIAL REPORT

(Additional Page)

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Federal Agency & Organization : HHS-ADMINISTRATION FOR CHILDREN & FAMILIES  
Federal Grant ID : 25DDMASOSR  
Recipient Organization : Commonwealth Of Massachusetts Dept Of Children & Families  
600 WASHINGTON ST., 6TH FLOOR, \_\_\_\_, BOSTON, MA 02111-1211 USA  
UEI : KQE3EAKMNQQ7  
UEI Status when Certified : ACTIVE (as of 12/29/2025)  
EIN : 1046002284K5  
Reporting Period End Date : September 30, 2025  
Status : Report Certified/Pending Agency Approval  
Remarks :

---

Federal Agency Review

Reviewer Name :  
Phone # :  
Email :  
Review Date :  
Review Comments :

# APPENDIX F

Funding Period: 2015-2016  
 Project Period: 07/01/2015 to 06/30/2016  
 Departmental Subsidized Activities

Department of Health and Human Services Division of Adult, Child, and Family Services Temporary Assistance for Needy Families (TANF) ACF - TANF Financial Report Part 1: Expenditure Data					
Sub-Category	FY 2015	FY 2016	FY 2015	FY 2016	FY 2015
1. Administration	1,234,567	1,345,678	1,234,567	1,345,678	1,234,567
2. Community Outreach	2,345,678	2,456,789	2,345,678	2,456,789	2,345,678
3. Case Management	3,456,789	3,567,890	3,456,789	3,567,890	3,456,789
4. Child Support	4,567,890	4,678,901	4,567,890	4,678,901	4,567,890
5. Family Violence	5,678,901	5,789,012	5,678,901	5,789,012	5,678,901
6. Health Care	6,789,012	6,890,123	6,789,012	6,890,123	6,789,012
7. Housing	7,890,123	7,901,234	7,890,123	7,901,234	7,890,123
8. Job Training	8,901,234	8,012,345	8,901,234	8,012,345	8,901,234
9. Legal Services	9,012,345	9,123,456	9,012,345	9,123,456	9,012,345
10. Mental Health	10,123,456	10,234,567	10,123,456	10,234,567	10,123,456
11. Nutrition	11,234,567	11,345,678	11,234,567	11,345,678	11,234,567
12. Substance Abuse	12,345,678	12,456,789	12,345,678	12,456,789	12,345,678
13. Technical Assistance	13,456,789	13,567,890	13,456,789	13,567,890	13,456,789
14. Transportation	14,567,890	14,678,901	14,567,890	14,678,901	14,567,890
15. Other	15,678,901	15,789,012	15,678,901	15,789,012	15,678,901
<b>Total</b>	<b>100,000,000</b>	<b>100,000,000</b>	<b>100,000,000</b>	<b>100,000,000</b>	<b>100,000,000</b>

**ACF-196R : Part 1: Expenditure Data**

**Program Name:** Temporary Assistance for Needy Families

**Grantee Name:** MASSACHUSETTS

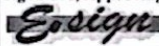
**Report Name:** ACF-196R : Part 1: Expenditure Data

**Funding/Grant Period:** 2501MATANF

**Report Period:** 07/01/2025 to 09/30/2025

**Report Status:** Submitted with Warnings

Department of Health and Human Services Administration for Children and Families Temporary Assistance for Needy Families (TANF) ACF - 196R Financial Report Part 1: Expenditure Data					
State	Grant Year	Fiscal Year	Report Quarter	Next Quarter Ending	Report is Submitted as:
MASSACHUSETTS	2025	2025	Ending 09/30/2025	03/31/2026	<input type="radio"/> New <input type="radio"/> Revised <input checked="" type="radio"/> Final
	(A) Federal Funds State Family Assistance Grant	(B) State Funds	(C) State Funds	(D) Federal Funds Contingency Funds Award Reconciliation FS at FMAP Rate of .5	
1. Awarded	\$457,855,191.00				\$52,748,264.01
2. Transferred to CCDF Discretionary	\$91,570,224.00				
3. Transferred to SSBG	\$45,785,519.00				
4. Adjusted Award	\$320,499,448.00				
5. Carryover	\$0.00				
Expenditure Categories	Federal TANF Expenditures	State MOE Expenditures in TANF	MOE Expenditures Separate State Programs	Expenditures with Contingency Funds	
6. Basic Assistance	\$28,572,044.00	\$307,251,627.49	\$288,647.00	\$0.00	
6.a. Basic Assistance (excluding Relative Foster Care Maintenance Payments and Adoption and Guardianship Subsidies)	\$28,572,044.00	\$307,251,627.49	\$288,647.00	\$0.00	
6.b. Relative Foster Care Maintenance Payments and Adoption and Guardianship Subsidies	\$0.00	\$0.00	\$0.00	\$0.00	
7. Assistance Authorized Solely Under Prior Law	\$0.00			\$0.00	
7.a. Foster Care Payments	\$0.00			\$0.00	
7.b. Juvenile Justice Payments	\$0.00			\$0.00	
7.c. Emergency Assistance Authorized Solely Under Prior Law	\$0.00			\$0.00	
8. Non-Assistance Authorized Solely Under Prior Law	\$0.00			\$0.00	
8.a. Child Welfare or Foster Care Services	\$0.00			\$0.00	
8.b. Juvenile Justice Services	\$0.00			\$0.00	
8.c. Emergency Services Authorized Solely Under Prior Law	\$0.00			\$0.00	
9. Work, Education, and Training Activities	\$104,675,668.00			\$0.00	
9.a. Subsidized Employment	\$0.00	\$0.00	\$0.00	\$0.00	
9.b. Education and Training	\$104,675,668.00	\$6,473,652.65	\$0.00	\$0.00	
9.c. Additional Work Activities	\$0.00	\$10,810,946.89	\$0.00	\$0.00	
10. Work Supports	\$0.00	\$13,031,200.00	\$0.00	\$0.00	
11. Early Care and Education	\$187,251,736.00	\$44,973,368.00	\$0.00	\$52,748,264.01	
11.a. Child Care (Assistance and Non-Assistance)	\$187,251,736.00	\$44,973,368.00	\$0.00	\$52,748,264.01	

11.b. Pre-Kindergarten/Head Start	\$0.00	\$0.00	\$0.00	\$0.00
12. Financial Education and Asset Development	\$0.00	\$0.00	\$0.00	\$0.00
13. Refundable Earned Income Tax Credits	\$0.00	\$315,576,373.00	\$0.00	\$0.00
14. Non-EITC Refundable State Tax Credits	\$0.00	\$0.00	\$0.00	\$0.00
15. Non-Recurrent Short Term Benefits	\$0.00	\$44,024,391.52	\$0.00	\$0.00
16. Supportive Services	\$0.00	\$22,582,463.00	\$0.00	\$0.00
17. Services for Children and Youth	\$0.00	\$0.00	\$0.00	\$0.00
18. Prevention of Out-of-Wedlock Pregnancies	\$0.00	\$5,814,188.00	\$0.00	\$0.00
19. Fatherhood and Two-Parent Family Formation and Maintenance Programs	\$0.00	\$0.00	\$0.00	\$0.00
20. Child Welfare Services	\$0.00	\$20,037,716.21	\$0.00	\$0.00
20.a. Family Support/Family Preservation /Reunification Services	\$0.00	\$20,037,716.21	\$0.00	\$0.00
20.b. Adoption Services	\$0.00	\$0.00	\$0.00	\$0.00
20.c. Additional Child Welfare Services	\$0.00	\$0.00	\$0.00	\$0.00
21. Home Visiting Programs	\$0.00	\$0.00	\$0.00	\$0.00
22. Program Management	\$0.00	\$55,940,378.90	\$0.00	\$0.00
22.a. Administrative Costs	\$0.00	\$55,940,378.90	\$0.00	\$0.00
22.b. Assessment/Service Provision	\$0.00	\$0.00	\$0.00	\$0.00
22.c. Systems	\$0.00	\$0.00	\$0.00	\$0.00
23. Other	\$0.00	\$0.00	\$0.00	\$0.00
24. Total Expenditures	\$320,499,448.00	\$846,516,305.66	\$288,647.00	\$52,748,264.01
25. Transitional Services for Employed	\$0.00	\$0.00	\$0.00	\$0.00
26. Job Access	\$0.00	\$0.00	\$0.00	\$0.00
27. Federal Unliquidated Obligations	\$0.00			\$0.00
28. Unobligated Balance	\$0.00			\$0.00
29. State Replacement Funds		\$0.00		
Quarterly Estimate	Estimate of TANF Funds Requested			
30. Estimate of TANF Funds Requested for the Following Quarter	\$130,000,000.00			
THIS IS TO CERTIFY THAT THE INFORMATION REPORTED ON ALL PARTS OF THIS FORM IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.				
Signature, Approving State Official 	State Official Name Easton Hill	State Official Title Director of Federal Revenue	State Official Agency MASSACHUSETTS	
Signature Date: 12/02/2025	Date Submitted: 12/02/2025			
PAGE 1 OF 1 APPROVED OMB No 0970-0247 expires 08/31/2015 FORM ACF-196				

# APPENDIX G

Department of Children and Families -- Description of Services

Category	Program	Model	Activity Code	Index Number
<p>Adoption 00092026PRODBASEADOP</p>	<p>Adoption Management</p>	<p><b>Adoption Management and Support</b>                      Varied services provided to individual children, sibling groups and individual adults and couples who are in the adoption process. These services include, but are not limited to, adoption assessments, home studies, education, consultation, adoption recruitment, public information, support groups, trainings, and workshops. Also, includes post adoption services.</p>	<p>AMSS</p>	<p>1</p>
		<p><b>Product Based Adoption: Single Service</b>                      The completion of a single specific task: Assessment of an identified child; adoptive home study of foster parent(s) where the child resides; adoptive home study for a relative of an identified child; MAPP training/home study of identified parent(s); adoptive home study of DCF employee.</p>	<p>AMSS</p>	<p>1</p>
		<p><b>Product Based Adoption: Family Resource</b>                      The transfer of an approved adoptive placement resource from an adoption contract agency to an area office responsible for the adoptive placement of an identified child.</p>	<p>AMSS</p>	<p>1</p>
		<p><b>Product Based Adoption: Case Management</b>                      Casework responsibility for assigned children with a Service Plan goal of Adoption, including the follow steps: case assignment and acceptance; adoption assessment of child; adoption home study; family development; placement; legalization; case closure.</p>	<p>AMSS</p>	<p>1</p>

Category	Program	Model	Activity Code	Index Number	Note			
Congregate Care Network	Emergency Residence	Emergency Residence	CCND		These services are most similar to STAR			
	Emergency Residence	Emergency Residence - Enhanced	CCND					
	Emergency Residence	Emergency Residence with Programmatic Add-On	CCND					
	Emergency Residence	Emergency Residence with Programmatic Add-On - Enhanced	CCND					
	Emergency Residence	A residential service, available for immediate 24/7 access, for clients requiring placement in a therapeutic milieu providing individualized treatment, rehabilitation, training in life skills, and supportive services to promote transition from the emergency setting to a treatment setting, to permanency in a family-based environment or, as developmentally appropriate, to community living with permanency. Some programs are "Enhanced" and/or have programmatic add-ons.	Intensive Emergency Residence	CCND				
			Intensive Emergency Residence - Enhanced	CCND				
			Intensive Emergency Residence with Programmatic Add-On	CCND				
			Intensive Emergency Residence with Programmatic Add-On - Enhanced	CCND				
			Emergency Residence	A residential service, available for immediate 24/7 access, for clients with severe behavioral health needs requiring placement in a therapeutic milieu providing individualized treatment, rehabilitation, training in life skills, and supportive services to promote transition from the emergency setting to a treatment setting, to permanency in a family-based environment or, as developmentally appropriate, to community living with permanency. Some programs are "Enhanced" and/or have programmatic add-ons.		Medically Complex and Behavioral Residence	CCND	
						Medically Complex and Behavioral Residence with Programmatic Add-On	CCND	
	Emergency Residence	A residential service for clients with complex medical needs that require out-of-home nursing services to meet their health-care needs and require individualized treatment to meet their behavioral health needs. Some programs are "Enhanced" and/or have programmatic add-ons.	Medically Complex Residence	CCND				
			Medically Complex Residence with Programmatic Add-On	CCND				
Emergency Residence	A residential service for clients with complex medical needs that require out-of-home nursing services to meet their health-care needs. Some programs are "Enhanced" and/or have programmatic add-ons.	Medically Complex Residence Enhanced	CCND					
		Medically Complex Residence Enhanced with Programmatic Add-On	CCND					
Emergency Residence	A residential service for clients with complex medical needs that require out-of-home nursing services to meet their health-care needs. Some programs are "Enhanced" and/or have programmatic add-ons.	Community Treatment Residence	CCND					
		Community Treatment Residence with Programmatic Add-On	CCND					
		Community Treatment Residence Enhanced	CCND					
		Community Treatment Residence Enhanced with Programmatic Add-On	CCND					
		Emergency Residence	A residential service that provides clients with moderate behavioral health needs a therapeutic milieu for receiving individualized treatment, rehabilitation, training in life skills, and supportive services to promote permanency in a family-based environment or, as developmentally appropriate, community living with permanency. Some programs are "Enhanced" and/or have programmatic add-ons.	Intensive Treatment Residence	CCND			
				Intensive Treatment Residence with Programmatic Add-On	CCND			
Emergency Residence	Intensive Treatment Residence Enhanced	Intensive Treatment Residence Enhanced	CCND					
		Intensive Treatment Residence Enhanced with Programmatic Add-On	CCND					

These services are most similar to various more intensive (e.g. 1-3) CHs

These services are most similar to various CHs

These services are most similar to Medically Complex CH

These services are most similar to Medically Complex CH

These services are most similar to STAR

Category	Program	Model	Activity Code	Index Number	Note
		A residential service that provides clients with severe behavioral health needs a therapeutic milieu that includes expertise about severe behavioral health conditions, individualized treatment, rehabilitation, training in life skills and self-regulation, and supportive services to promote permanency in a family-based environment or, as developmentally appropriate, to community living with permanency. Some programs are "Enhanced" and/or have programmatic add-ons.	CCN0		
	Treatment Residence	Specialty Treatment Residence	CCN0		These services are most similar to various GHs but with specialty populations
	Treatment Residence	Specialty Treatment Residence with Programmatic Add-On	CCN0		
	Treatment Residence	Specialty Treatment Residence Enhanced	CCN0		
	Treatment Residence	Specialty Treatment Residence Enhanced with Programmatic Add-On	CCN0		
		A residential service that provides clients who would benefit from specialized treatment (e.g., individuals with intellectual disabilities; transgender individuals) with a therapeutic milieu that includes expertise about the specialty population, individualized treatment, rehabilitation, training in life skills, and supportive services to promote permanency in a family-based environment or, as developmentally appropriate, community living with permanency.	CCN0		
	Treatment Residence	Specialty Treatment Residence CSEC	CCN0		These services are most similar to various GHs but with specialty populations
	Treatment Residence	Specialty Treatment Residence CSEC with Programmatic Add-On	CCN0		
		Specialty Treatment Residence for Commercially Sexually Exploited Children (CSEC). A residential service designed to meet the particular behavioral-health needs of clients who have been sexually exploited. Services are delivered within a therapeutic milieu that includes expertise about the CSEC population, individualized treatment, rehabilitation, training in life skills, and supportive services to promote permanency in a family-based environment or, as developmentally appropriate, to community living with permanency. Some programs have programmatic add-ons.	CCN0		
	Youth and Young Adult Program	Young Adult Supported Living	CCN0		Supported apartment living (scattered site or centralized). Staff provide outreach and care coordination, but are not on-site 24 hours per day. Youth are 17.5 and older
	Youth and Young Adult Program	Young Adult Supported Living with Programmatic Add-On	CCN0		
		Services, with no live-in staff, offered to young adults living independently in scattered apartments that provide opportunities for linkages to community-based services, support with life skills, vocational and career planning, and supportive services to promote community living with permanency. Some programs have programmatic add-ons.	CCN0		
	Youth and Young Adult Program	Young Parent Living Program	CCN0		most similar to CT Independent Living
	Youth and Young Adult Program	Young Parent Living Program with Programmatic Add-On	CCN0		
		A residential service to support young parents in learning to care for themselves and their children, in developing positive support systems that include family members, extended kin, and friends, and in connecting with community-based supports. Some programs have programmatic add-ons.	CCN0		
	Youth and Young Adult Program	Young Parent Assessment	CCN0		
		An add-on rate to support additional costs associated with a one-time assessment of young parents upon intake to a young parent residence.	CCN0		
	Youth and Young Adult Program	Youth and Young Adult Group Residence	CCN0		most similar to CT Pre-Independent Living
	Youth and Young Adult Program	Youth and Young Adult Group Residence with Programmatic Add-On	CCN0		
		A residential service that provides older adolescents or young adults with a supportive environment where there are opportunities for individualized treatment, training in life skills development, vocational and career planning, linkages with community services, and supportive services to promote community living with permanency. Some programs have programmatic add-ons.	CCN0		
	Youth and Young Adult Program	Youth and Young Adult Supported Living Community	CCN0		most similar to CT Independent Living
	Youth and Young Adult Program	Youth and Young Adult Supported Living Community with Programmatic Add-On	CCN0		

Category	Program	Model	Activity Code	Index Number	Notes
		Residential services offered to older adolescents or young adults living in multi-occupancy units (e.g., apartments, townhomes) that provide opportunities for linkages to community-based services, support with the skills development, vocational and career planning, and supportive services to promote community living with permanency. Some programs have programmatic add-ons			
	Residential School	Residential School - Enhanced	CCH0		These services are most similar to Carrying Together Residential Schools
	Residential School	Residential placement services with an on-site school approved by the Department of Elementary and Secondary Education. Also includes services to help students and family transition to home and community. Some programs are "enhanced"	CCH0		
	Child Specific Add On	Case Mgr, Social Worker, Christian	CCH0		
	Child Specific Add On	Additional services provided by a case manager, social worker, and/or clinician usually to support 1:1 services for a specified period of time over and above the staffing provided through the contract.	CCH0		
	Child Specific Add On	Certified Nursing Assistant	CCH0		
	Child Specific Add On	Additional services provided by a CNA staff person, usually to support 1:1 services for a specified period of time over and above the staffing provided through the contract.	CCH0		
	Child Specific Add On	Clinician independent Ua	CCH0		
	Child Specific Add On	Additional services provided by a clinician with independent licensure, usually to support 1:1 services for a specified period of time over and above the staffing provided through the contract.	CCH0		
	Child Specific Add On	Direct Care	CCH0		
	Child Specific Add On	Additional staffing hours provided by a DC staff person, usually to support 1:1 services for a specified period of time over and above the staffing provided through the contract.	CCH0		
	Child Specific Add On	Direct Care III	CCH0		
	Child Specific Add On	Additional staffing hours provided by a DCIII staff person, usually to support 1:1 services for a specified period of time over and above the staffing provided through the contract.	CCH0		
	Child Specific Add On	Intensive Treatment Residence Emergency Intake	CCH0		
	Child Specific Add On	An add-on service to support additional costs associated with achieving an emergency placement, within 24 to 48 hours of referral, into an Intensive Treatment Residence.	CCH0		
	Child Specific Add On	LIH	CCH0		
	Child Specific Add On	Additional Nursing services provided by an LIH, usually to support 1:1 services for a specified period of time over and above the staffing provided through the contract.	CCH0		
	Child Specific Add On	Occupational Therapist	CCH0		
	Child Specific Add On	Additional services provided by an Occupational Therapist, usually to support 1:1 services for a specified period of time over and above the staffing provided through the contract.	CCH0		
	Child Specific Add On	Psychologist/Psychiatrist	CCH0		
	Child Specific Add On	Additional services from a psychologist or psychiatrist, usually to support 1:1 services for a specified period of time over and above the staffing provided through the contract.	CCH0		
	Child Specific Add On	Registered Nurse	CCH0		
	Child Specific Add On	Additional Nursing services provided by a Registered Nurse, usually to support 1:1 services for a specified period of time over and above the staffing provided through the contract.	CCH0		
	Child Specific Add On	Social/Careworker	CCH0		
	Child Specific Add On	Additional services from a Social/Care Worker, usually to support 1:1 services for a specified period of time over and above the staffing provided through the contract.	CCH0		



Category	Program	Model	Activity Code	Index Number
		<p><b>Multiple Acute Level B</b> specializes in serving children and youth with significant cognitive and/or physical impairments and mental health issues; provides a significantly enhanced support package to the child or youth and has adaptive transportation available.</p>	CIFC	11
		<p><b>Child Home-Based Rehabilitation</b> serves youth who are unable to live at home due to a history of fire setting and/or sexually reactive behaviors rooted in trauma.</p>	CIFC	11

Category	Program	Model	Activity Code	Index Number
<b>Contracted Support Services</b> Services that may closely resemble Internal Department mission or activities that are performed through purchase of services contracts.	<b>Protective</b> Services or activities designed to avoid or prevent incidence or continuation of child abuse or neglect.	<b>Investigations (Conflict of Interest)</b> The provider conducts investigations of reports of child abuse and neglect that involve DCF employees and their immediate relatives.	CSSI	22

Category	Program	Model	Activity Code	Index Number
<b>Foster Care</b> Temporary substitute care placement for child(ren)/adolescents in the care or custody of DCF in a safe and nurturing community based family setting, approved/licensed and managed by DCF or provided through a purchase of service agreement with a DEEC licensed foster care agency and monitored by DCF.  09922026MULTFOSTSUPP	<b>Department Foster Care</b> Temporary substitute care placement for child(ren)/adolescent(s) in the care or custody of DCF in a safe and nurturing community based family setting, approved/licensed and managed by DCF.	<b>Tier I Unrelated</b> Temporary placement of children/adolescents who need a basic quality level of daily care in a family setting in an unrestricted DCF foster home, approved/licensed to provide Tier I foster care.	FAS0	11
		<b>Tier I Kinship</b> Temporary placement of children/adolescents who need a basic quality level of daily care in a family setting with a member of the family's kinship network who has been approved/licensed to provide Tier I foster care restricted for specific children who are kin.	FAS0	11
		<b>Tier I Pre-Adoptive</b> Placement of child(ren)/ adolescent(s) with the goal of adoption needing a basic quality level of care in a permanent family setting approved by DCF as a Tier I pre-adoptive family.	FAS0	11
		<b>Tier I Independent Living</b> Payment made to an older adolescent who is in the Department's care, but who lives on their own in a structured setting.	FAS0	11

Category	Program	Model	Activity Code	Index Number
<b>Family Networks</b> 000926AREALEADAGENCY	<b>Area Lead Agencies</b> Lead a system of aligned and integrated strategies dedicated to fostering and protecting permanent families and lifelong connections for children. Includes designing and managing an integrated service system so that it supports more fully the clinical practice of the Department and its providers.	<b>Management Operations</b>  <b>Flex Services</b> Specialized funds to be used to further the purposes of family networks- managed by Area Lead Agency <b>Add-On</b> <b>Add-On Services</b>	FMLA   FMLA FMLA	2   2

Category	Program	Model	Activity Code	Index Number
Family Resource Center FRCT	Family Resource Center Community-based, culturally competent program that provides evidence-based parent education groups, information and referral, mentoring, educational support and other opportunities for children and families; provide services specific to Children Requiring Assistance who are having serious problems at home and at school, including runaways, truants, and sexually exploited children, as required by Chapter 240 of the Acts of 2012.	Family Resource Center - Full One location; provides all required Basic and Network Services; completion of no more than 1,000 assessments per year	FRCF	17
	Family Resource Center	Family Resource Center - Micro (also known as a "Satellite" FRC) one location; provides all required Basic and Network Services at a reduced staffing and caseload level; based on completion of no more than 200 assessments per year.	FRCM	17

Category	Program	Model	Activity Code	Index Number
Parenting Capacity Evaluation	Individual Practitioners	Individual Practitioner Evaluation Services	PCIN	
	Individual Practitioners	Individual Practitioner Evaluation Travel	PCIN	
		A service to conduct culturally and linguistically competent and impartial parenting capacity evaluations, provided by individual practitioners, and their related travel time.		
	Organizations	Organization Evaluation Services	PCOR	
	Organizations	Organization Evaluation Travel	PCOR	
		A service to conduct culturally and linguistically competent and impartial parenting capacity evaluations, provided by organizations, and their related travel time.		

Category	Program	Model	Activity Code	Index Number
Family Networks - Network Services Integrated Service system for children and families	Support and Stabilization Support and stabilization services encompass services	Assessment Services for Child Welfare	SSAS	13
		Assessment Forensic Assessment		
		Comprehensive Services	SSCS	13
		Family Family Member with a Disability Family Member with a Disability with MI Family with MI Intensive Family Intensive Family with MI Therapeutic Therapeutic with MI		
		Evidence-Based Practices	SSEB	13
		Brief Strategic Family Therapy Intercept Multi-Systemic Therapy Parent Child Interaction Therapy Positive Parenting Program Trauma Focused Cognitive Behavioral Therapy		
		Family Crisis/Trauma Intervention	SSFC	13
		Intervention Intervention with MI		
		Mediation	SSME	13
		Mediation		
		Preparation Support	SSPS	13
		Preparation Support Preparation Support Group Preparation Support Peer Support Services Preparation Support Supervised Family Time		
		Respite	SSCR	13
		Respite Daily Respite Hourly		
		Safe and Stable	SSSS	13
		S&S Services S&S Services with MI S&S Group S&S Peer Support Specialist S&S Peer Support Specialist with MI S&S Social Connections and Permanency Support S&S Social Connections and Permanency Support w/MI		
		Substance Use Interventions	SSSU	13
		Parent/Caregiver Substance Use Parent/Caregiver Substance Use with MI Parent/Caregiver Specialty Group Peer Support Specialist Peer Support Specialist with MI Youth Substance Use Youth Substance Use with MI		

Category	Program	Model	Activity Code	Index Number
		Youth Substance Use Specialty Group Therapeutic Family/Child Support Family Parent/Caregiver Specialty Group Youth Youth Specialty Group	SSTH	13
		Youth Support Services Educational and Vocational Enrichment Group Non School Hours for Children with Disabilities Transition-Age Youth	SSYS	13

Category	Program	Model	Activity Code	Index Number
Young Parent Services 09952026YOUNGPARENTS	Young Parent Support	Young Parent Support/YPS/1.15 Caseload	YPS0	
		Young Parent Support/YPS/2.30 Caseload	YPS0	