

CY 2016		BIA Financial Assistance and Social Services Report (FASSR)											
Type Name of Tribe Here		FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		END-OF-YEAR STATUS			
OSG		Actual Persons Served		Actual Persons Served		Actual Persons Served		Actual Persons Served					
A		JAN-FEB-MAR		APR-MAY-JUN		JUL-AUG-SEP		OCT-NOV-DEC					
Program Component		B	D	E	G	H	J	K	M	N	P	Q	R
		Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Total Actual Persons Served	Expenditures (Sum of All Four Quarters)	Available Amount/ Amount Allocated	Carryover or Deficit
Child Assistance	Foster Care		-		-		-		-	-	-	-	-
Child Assistance	Residential Care		-		-		-		-	-	-	-	-
Child Assistance	Adoption Subsidy		-		-		-		-	-	-	-	-
Child Assistance	Guardianship Subsidy		-		-		-		-	-	-	-	-
Child Assistance	Special Needs		-		-		-		-	-	-	-	-
Child Assistance	Homemaker Services		-		-		-		-	-	-	-	-
Adult Care Assistance	Homemaker Services		-		-		-		-	-	-	-	-
Adult Care Assistance	Residential Care (Group Home)		-		-		-		-	-	-	-	-
General Assistance	Total Person Served	-	-	-	-	-	-	-	-	-	-	-	-
General Assistance	Employable									-			
General Assistance	Unemployable									-			
General Assistance	# of ISPs Plans									-			
General Assistance	# of ISP Goals Completed									-			
General Assistance	Applications Approved									-			
General Assistance	Applications Disapproved									-			
Burial Assistance	Burial Assistance		-		-		-		-	-	-	-	-
Emergency Assistance	Emergency Assistance		-		-		-		-	-	-	-	-
IIM Accounts	Services									-			
IIM Accounts	Distribution Plans Processed									-			
Service - Only	Child Protection Services									-			
Service - Only	Adult Protection Services									-			
Service - Only	Child and Family Services									-			
Service - Only	Domestic Violence Services									-			
TOTAL:		-	-	-	-	-	-	-	-	-	-	-	-
638 Tribe/BIA Agency Program Certification (Only)						OSG or 477 Program Certification (Only)							
TRIBE/AGENCY (Insert name/Title):						DATE:		TRIBAL OFFICIAL: NAME/ TITLE OF CERTIFYING OFFICIAL				DATE:	
BIA AGENCY SUPERINTENDENT (Certify)						DATE:		OFFICE OF SELF GOVERNANCE or OIS, DIVISION OF WORKFORCE DEVELOPMENT (Certify)				DATE:	
REGIONAL SOCIAL WORKER (Certify)						DATE:							