adopted the AFDC–UP Program), the Federal Government makes up the difference.

Second, many trainees require basic education or literacy training. Since its inception, 60,700, or 39 percent, of all participants have been enrolled in Adult Basic Education. In some areas, Eastern Kentucky for example, the percentage of trainees enrolled in Adult Basic Education exceeds 85 percent. In FY 1968, nearly 5 percent of Title V funds exclusive of cash payments and agency administration, are programmed for Adult Basic Education (see Table 2). But this understates the total effort being made to overcome the educational deficiency of Title V participants. It is estimated that in 1966, funds made available under Title II.B. of the Economic Opportunity Act on the initiative of Title V directors (now transferred to the Department of Health, Education, and Welfare) added $2.7 million of additional resources for basic educational instruction.

Third, the provision of child care services is, for all practical purposes, a necessary condition of Title V participation for most female headed families. It is estimated, for example, that during FY 1967, over 42,000 female trainees on Title V need day care facilities during their assignment. These women, on the average, have three children, at least one of which requires child or day care facilities. At any one time, approximately 24,500 of these women will be assigned, and thus child care facilities for approximately 24,500 children are needed. In FY 1968, 9 percent of total services costs (see Table 2) are programmed for child care. It should be recognized, however, that funds can only be used to purchase day care services when they are available. The shortage of such facilities is endemic to nearly all Title V projects and is one of the principal reasons for the voluntary termination of female participants. For example, during FY 1967, an estimated 2,700 women will have to drop out of training due to inability to find day care services.

In addition to Title V funds, some Title V directors have had considerable success in drawing on existing community resources and developing new resources for child care. In Cleveland, for example, seven churches in the areas of greatest need have donated their facilities for use as in-and-out day care centers for young school age children of parents enrolled in the Title V Program.

Fourth, many trainees require a wide range of pre-conditioning activities for improving self-image and acquiring self-confidence. These activities may involve group sessions in such areas as grooming, consumer education, home management, child care, acculturation, use of community resources and public transportation services, as well as individual counselling and casework to help overcome serious and longstanding personal and family problems that interfere with efforts to become self-supporting. In FY 1968, more than 9 percent of total service costs are programmed for such social services.

Fifth, medical examinations, referral, treatment, and rehabilitation are integral parts of the total package of services provided to those who are selected for Title V participation. About 3 percent of Title V funds are programmed in FY 1968 for this purpose. These funds are supplemented by outside resources as well. It was estimated that in 1966 about $436,000 in medical care and vocational rehabilitation services was made available to Work Experience and Training projects which was not charged to Title V funds.

Finally, Title V trainees require vocational instruction and work experience. These two components account respectively for about 35 percent and 41 percent of total funds programed for services in FY 1968. Additional resources are also made available to title IV in these areas. Excluding the contributions made by sponsors, it was estimated that in FY 1966 nearly $3 million of vocational instruction was provided to Work Experience and Training projects but not charged to Title V funds. In addition, nearly three-quarters of a million dollars worth of services for counselling, testing, and guidance were also provided free to the Program, primarily by the Bureau of Employment Security.

All levels of Government and private sponsors contribute to the Title V Program. The success or failure of each individual project depends on how effectively the great diversity of programs and sources of funds are brought at to bear on the problems of the poor.

In the health field, cooperation has been enlisted from many sources including three Federal agencies: the Division of Hospitals and the Division of Indian Health in the Public Health Service, and the Veterans' Administration. For ex-