

**TRIBAL TANF DATA REPORT - SECTION 2**  
**TANF DISAGGREGATED DATA COLLECTION FOR FAMILIES NO LONGER RECEIVING ASSISTANCE UNDER**  
**THE TANF PROGRAM**

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**GENERAL INFORMATION**

1. State FIPS Code	2. County FIPS Code	3. Tribal Code (For Tribal Use Only)	4. Reporting Month	5. Stratum
<input type="text"/>	<input type="text"/>	<input type="text"/>	Year <input type="text"/> Y Y Y Y	Month <input type="text"/> M M

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**FAMILY LEVEL DATA**

6. Case Number - TANF	7. ZIP Code	8. Disposition	9. Reason for Closure
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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**ASSISTANCE RECEIVED BY THE FAMILY**

10. Received Subsidized Housing	11. Received Medical Assistance	12. Received Food Stamps	13. Received Subsidized Child Care
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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## PERSON LEVEL DATA

Person	14. Family Affiliation	15. Date of Birth (Age)								16. Social Security Number									
		Y	Y	Y	Y	M	M	D	D										
1												-			-				
2												-			-				
3												-			-				
4												-			-				
5												-			-				
6												-			-				
7												-			-				
8												-			-				
9												-			-				
10												-			-				
11												-			-				
12												-			-				
13												-			-				
14												-			-				
15												-			-				
16												-			-				

17. Race/Ethnicity

Person	Ethnicity		Race				
	A. Hispanic or Latino		B. American Indian of Alaska Native	C. Asian	D. Black or African American	E. Native Hawaiian or Pacific Islander	F. White
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

19. Received Disability Benefits

Person	18. Gender	A. Received Federal Disability Insurance Benefits - OASDI	B. Received Benefits Based on Federal Disability Status	C. Received Aid Under Title XIV-APDT	D. Received Aid Under Title XVI-AABD	E. Received Aid Under Title XVI-SSI
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

Person	20. Marital Status	21. Relationship to Head of Household	22. Parent with Minor Child in Family	23. Needs of a Pregnant Woman	24. Educational Level	25. Citizenship / Alienage
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

Person      26. Number of Months Countable Toward Federal Time Limit      27. Number of Countable Months Remaining Under State's (Tribe's) Time Limit      28. Employment Status

1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

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**AMOUNT OF INCOME, BY TYPE**

Person                    29. Amount Earned Income

30. Amount of Unearned Income

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16

