

**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 style="width: 50px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 80px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 80px; height: 20px; border: 1px solid black;" type="text"/>	Year <input style="width: 120px; height: 20px; border: 1px solid black;" type="text"/> Y Y Y Y	Month <input style="width: 50px; height: 20px; border: 1px solid black;" 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 style="width: 330px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 150px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 60px; height: 25px; border: 1px solid black;" 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 style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 25px; border: 1px solid black;" 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




## 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		