

SSP MOE DATA REPORT - SECTION 1

DISAGGREGATED DATA COLLECTION FOR FAMILIES RECEIVING ASSISTANCE UNDER THE STATE SEPARATE PROGRAMS

GENERAL INFORMATION

- | | | | |
|---|---|--|---|
| 1. State FIPS Code | 2. County FIPS Code | 3. Reporting Month | 4. Stratum |
| <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; text-align: center;"> </div> | <div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto; text-align: center;"> </div> | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">Year</div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;"> </div> <div style="display: flex; justify-content: space-around; width: 100px; font-size: 8px;"> Y Y Y Y </div> </div> | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">Month</div> <div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto; text-align: center;"> </div> <div style="display: flex; justify-content: space-around; width: 50px; font-size: 8px;"> M M </div> </div> |
| | | | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; text-align: center;"> </div> |

FAMILY LEVEL DATA

- | | | | | |
|--|--|---|---|---|
| 5. Case Number - Separate State MOE | 6. ZIP Code | 7. Disposition | 8. Number of Family Members | 9. Type of Family for Work Participation |
| <div style="border: 1px solid black; width: 300px; height: 20px; margin: 0 auto; text-align: center;"> </div> | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;"> </div> | <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; text-align: center;"> </div> | <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> |

ASSISTANCE RECEIVED BY THE FAMILY

- | | | | | |
|---|--|--|--|--|
| 10. Has the Family Received Assistance Under a State (Tribal) TANF Program Within the Past Six Months | 11. Receives Subsidized Housing | 12. Receives Medical Assistance | 13. Receives Food Stamps | 14. Amount of Food Stamps Assistance |
| <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> | <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> | <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> | <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;"> </div> |
| 15. Receives Subsidized Child Care | 16. Amount of Subsidized Child Care | 17. Amount of Child Support | 18. Amount of the Family's Cash Resources | |
| <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;"> </div> | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;"> </div> | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;"> </div> | |

ASSISTANCE PROVIDED UNDER STATE SEPARATE PROGRAMS, BY TYPE

19. Cash and Cash Equivalent

A. Amount	B. Number of Months
<input type="text"/>	<input type="text"/>

20. Child Care

A. Amount	B. Number of Children Covered	C. Number of Months
<input type="text"/>	<input type="text"/>	<input type="text"/>

21. Transportation

A. Amount	B. Number of Months
<input type="text"/>	<input type="text"/>

22. Transitional Services

A. Amount	B. Number of Months
<input type="text"/>	<input type="text"/>

23. Other Assistance

A. Amount	B. Number of Months
<input type="text"/>	<input type="text"/>

REASON FOR AND AMOUNT OF REDUCTION IN ASSISTANCE

24. Reason for and Amount of Reduction In Assistance:

A. Sanctions:

i. Total Dollar Amount of Reduction Due to Sanctions	ii. Work Requirements Sanction	iii. Family Sanction for an Adult with No High School Diploma or Equivalent	iv. Sanction for Teen Parent Not Attending School	v. Non-cooperation in Child Support	vi. Failure to Comply with Individual Responsibility Plan	vii. Other Sanction
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Other:

B. Recoupment of Prior Overpayment

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i. Total Dollar Amount of Reductions Due to Other Reasons (excludes Sanctions and Recoupment)

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ii. Family Cap

iii. Reduction Based on Length of Receipt of Assistance

iv. Other, Non-sanction

25. Waiver Evaluation Research Group

PERSON LEVEL DATA

ADULT AND MINOR CHILD HEAD-OF-HOUSEHOLD CHARACTERISTICS

Adult	26. Family Affiliation	27. Non-Custodial Parent Indicator	28. Date of Birth (Age)								29. Social Security Number							
			Y	Y	Y	Y	M	M	D	D								
1	<input type="checkbox"/>	<input type="checkbox"/>											-			-		
2	<input type="checkbox"/>	<input type="checkbox"/>											-			-		
3	<input type="checkbox"/>	<input type="checkbox"/>											-			-		
4	<input type="checkbox"/>	<input type="checkbox"/>											-			-		
5	<input type="checkbox"/>	<input type="checkbox"/>											-			-		
6	<input type="checkbox"/>	<input type="checkbox"/>											-			-		

30. Race/Ethnicity

		Ethnicity		Race			
Adult		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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Receives Disability Benefits

		32. Receives Disability Benefits					33. Marital Status
Adult	31. Gender	A. Receives Federal Disability Insurance Benefits	B. Receives Benefits Based on Federal Disability Status	C. Receives Aid Under Title XIV-APDT	D. Receives Aid Under Title XVI-AABD	E. Receives Aid Under Title XVI-SSI	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adult	34. Relationship to Head of Household	35. Parent with Minor Child in Family	36. Needs of a Pregnant Woman	37. Educational Level	38. Citizenship / Alienage	39. Cooperation in Child Support	40. Employment Status	41. Work-Eligible Individual Indicator	42. Work Participation Status
1									
2									
3									
4									
5									
6									

ADULT WORK PARTICIPATION ACTIVITIES

Adult	43. Unsubsidized Employment	44. Subsidized Private Sector	45. Subsidized Public Sector	46. Work Experience	47. On-the-Job Training
1					
2					
3					
4					
5					
6					

Adult	48. Job Search and Job Readiness Assistance	49. Community Service Programs	50. Vocational Educational Training	51. Job Skills Training Directly Related to Employment	52. Education Directly Related to Employment for Individuals with No High School Diploma or Certificate of High School Equivalency
1					
2					
3					
4					
5					
6					
Adult	53. Satisfactory School Attendance for Individuals with No High School Diploma or Certificate of High School Equivalency	54. Providing Child Care Services to an Individual Who is Participating in a Community Service Program	55. Additional Work Activities Permitted Under Waiver Demonstration	56. Other Work Activities	57. Required Hours of Work Under Waiver Demonstration
1					
2					
3					
4					
5					
6					

AMOUNT OF INCOME, BY TYPE

59. Amount of Unearned Income

	58. Amount of Earned Income	A. Earned Income Tax Credit-EITC	B. Social Security	C. SSI	D. Worker's Compensation	E. Other Unearned Income
Adult						
1						
2						
3						
4						
5						
6						

CHILD CHARACTERISTICS

	60. Family Affiliation	61. Date of Birth (Age)	62. Social Security Number
		Y Y Y Y M M D D	
1			-
2			-
3			-
4			-
5			-
6			-
7			-
8			-
9			-
10			-

63 Race/Ethnicity

Child	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

65. Receives Disability Benefits:

Child	65. Receives Disability Benefits:					
	64. Gender	A. Receives Benefits Based on Federal Disability Status	B. Receives Aid Under Title XVI-SSI	66. Relationship to Head of Household	67. Parent with Minor Child in the Family	68. Educational Level
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

65. Receives Disability Benefits:

Child	64. Gender	A. Receives Benefits Based on Federal Disability Status	B. Receives Aid Under Title XVI-SSI	66. Relationship to Head of Household	67. Parent with Minor Child in the Family	68. Educational Level
6						
7						
8						
9						
10						

Child	69. Citizenship / Alienage	70. Amount of Unearned Income	
		A. SSI	B. Other Unearned Income
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

