

TANF DATA REPORT - SECTION 1
TANF DISAGGREGATED DATA COLLECTION FOR FAMILIES RECEIVING ASSISTANCE UNDER
THE TANF PROGRAM

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: 60px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 90px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 90px; height: 20px; border: 1px solid black;" type="text"/>	<table style="margin: auto; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center;">Year</td> <td colspan="2" style="text-align: center;">Month</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> </tr> </table>	Year				Month								Y	Y	Y	Y	M	M	<input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/>
Year				Month																		
Y	Y	Y	Y	M	M																	

FAMILY LEVEL DATA

6. Case Number - TANF	7. ZIP Code			
<input style="width: 320px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 150px; height: 25px; border: 1px solid black;" type="text"/>			
8. Funding Stream	9. Disposition	10. New Applicant	11. Number of Family Members	12. Type of Family for Work Participation
<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: 60px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>

ASSISTANCE RECEIVED BY THE FAMILY

13. Receives Subsidized Housing	14. Receives Medical Assistance	15. Receives Food Stamps	16. Amount of Food Stamps Assistance	17. Receives Subsidized Child Care	18. Amount of 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: 120px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 120px; height: 25px; border: 1px solid black;" type="text"/>
19. Amount of Child Support	20. Amount of the Family's Cash Resources				
<input style="width: 120px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 120px; height: 25px; border: 1px solid black;" type="text"/>				

ASSISTANCE PROVIDED UNDER STATE (TRIBAL) TANF PROGRAM, BY TYPE

21. Cash and Cash Equivalent

A. Amount

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B. Number of Months

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22. TANF Child Care

A. Amount

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B. Number of Children Covered

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C. Number of Months

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23. Transportation

A. Amount

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B. Number of Months

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24. Transitional Services

A. Amount

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B. Number of Months

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25. Other Assistance

A. Amount

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B. Number of Months

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REASON FOR AND AMOUNT OF REDUCTION IN ASSISTANCE

26. Reason and Amount of Reduction in Assistance

A. Sanctions:

i. Total Dollar Amount for 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 with Child Support	vi. Failure to Comply with an Individual Responsibility Plan	vii. Other Sanction
<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"> </div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>

B. Recoupment of Prior Overpayment

C. Other:

i. Total Dollar Amount of Reduction Due to Other Reasons	ii. Family Cap	iii. Reduction Based on Length of Receipt of Assistance	iv. Other, Non-sanction
<div style="border: 1px solid black; width: 100%; height: 20px; margin: 0 auto;"> </div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>

27. Waiver Evaluation Experimental Control Group

28. Is the TANF Family Exempt from Federal Time Limit Provisions

29. Is the TANF Family a New Child-Only Family?

PERSON LEVEL DATA

ADULT AND MINOR CHILD HEAD-OF-HOUSEHOLD CHARACTERISTICS

	30. Family Affiliation	31. Non-Custodial Parent Indicator	32. Date of Birth (Age)				33. Social Security Number							
			Y	Y	Y	Y	M	M	D	D	-	-	-	-
Adult														
1	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	-	-	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
2	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	-	-	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
3	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	-	-	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
4	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	-	-	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
5	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	-	-	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
6	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	-	-	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

34. Race/Ethnicity

	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
Adult							
1	<input style="width: 100%; height: 100%;" type="text"/>		<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
2	<input style="width: 100%; height: 100%;" type="text"/>		<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
3	<input style="width: 100%; height: 100%;" type="text"/>		<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
4	<input style="width: 100%; height: 100%;" type="text"/>		<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
5	<input style="width: 100%; height: 100%;" type="text"/>		<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
6	<input style="width: 100%; height: 100%;" type="text"/>		<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

36. Receives Disability Benefits

Adult	35. Gender	A. Receives Federal Disability Insurance Benefits - OASDI	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						
2						
3						
4						
5						
6						

Adult	37. Marital Status	38. Relationship to Head of Household	39. Parent with Minor Child in the Family	40. Needs of a Pregnant Woman	41. Educational Level	42. Citizenship / Alienage
1						
2						
3						
4						
5						
6						

Adult	43. Cooperation in Child Support	44. Number of Months Countable Toward Federal Time Limit	45. Number of Countable Months Remaining Under State's (Tribe's) Time Limit	46. Is Current Month Exempt From State's (Tribe's) Time Limit	47. Employment Status	48. Work-Eligible Individual Indicator	49. Work Participation
1							
2							
3							
4							
5							
6							

ADULT WORK PARTICIPATION ACTIVITIES

Adult	50. Unsubsidized Employment	51. Subsidized Private Sector Employment	52. Subsidized Public Sector Employment	53. Work Experience	54. On-the-Job Training
1					
2					
3					
4					
5					
6					

Adult	55. Job Search and Job Readiness Assistance	56. Community Service Programs	57. Vocational Educational Training	58. Job Skills Training Directly Related to Employment	59. 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	60. Satisfactory School Attendance for Individuals with No High School Diploma or Certificate of High School Equivalency	61. Providing Child Care Services to an Individual Who is Participating in a Community Service Program	62. Additional Work Activities Permitted Under Waiver Demonstration	63. Other Work Activities	64. Required Hours of Work Under Waiver Demonstration
1					
2					
3					
4					
5					
6					

AMOUNT OF INCOME, BY TYPE

66. Amount of Unearned Income

	65. 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

	67. Family Affiliation	68. Date of Birth (Age)	69. Social Security Number
		Y Y Y Y M M D D	
1			- -
2			- -
3			- -
4			- -
5			- -
6			- -
7			- -
8			- -
9			- -
10			- -

70. 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"/>

72. Receives Disability Benefits:

Child	71. Gender	72. Receives Disability Benefits:		73. Relationship to Head of Household	74. Parent with Minor Child in the Family	75. Educational Level
		A. Receives Benefits Based on Federal Disability Status	B. 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"/>
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"/>

72. Receives Disability Benefits:

Child	71. Gender	A. Receives Benefits Based on Federal Disability Status	B. Receives Aid Under Title XVI-SSI	73. Relationship to Head of Household	74. Parent with Minor Child in the Family	75. Educational Level
6						
7						
8						
9						
10						
Child	76. Citizenship / Alienage	77. Amount of Unearned Income				

Child	76. Citizenship / Alienage	A. SSI	B. Other Unearned Income
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			