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 C	ode 3. Reporting Month 4. Stratum Year Month Year Month Y Y Y Y Y M M
5. Case Number - Separate State MOE ASSIS	FAMILY LEVEL DATA 8. Number of Family for Work Family Members Participation TANCE RECEIVED BY THE FAMILY
10. Has the Family Received Assistance Under a State (Tribal) TANF Program Within the Past Six Months Housing 15. Receives Subsidized Child Care Child Care 17.	

ASSISTANCE PROVIDED UNDER STATE SEPARATE PROGRAMS, BY TYPE

	19. Cash and Cash Equivalent			
A.	Amount B. Number of	Months		
	20. Child Care		21.	Transportation
A.	Amount B. Number of C. Children Covered	Number of Months	A. Amount	B. Number of Months
	22. Transitional Services		23. (Other Assistance
Α.	Amount B. Number of	Months	A. Amount	B. Number of Months
24.	REASON FOR Reason for and Amount of Reduction In Assistance: A. Sanctions:	AND AMOUNT OF REI	DUCTION IN ASSISTAN	NCE
	i. Total Dollar Amount of ii. Work Reduction Due to Requirements Sanctions Sanction	iii. Family Sanction for an Adult with No iv. High School Diploma or Equivalent	Sanction for Teen Parent v. Non- Not Attending cooperation School Child Sup	

			C.	Other:			
	В.	Recoupment of Prior Overpayment	i.	Total Dollar Amount of Reductions Due to Other Reasons (excludes Sanctions and Recoupment	iii. iii. Family Cap	Reduction Based on Length of Receipt of Assistance	iv. Other, Non-sanctio
25.	Waive	er Evaluation Research Group					
				PERSON LEVE	L DATA		
		ADULT	AND	MINOR CHILD HEAD-OF-H	IOUSEHOLD CHARA	ACTERISTICS	
A	dult	3	Non-C Indicat	ustodial Parent or 28. Date of Birth (Age) Y Y Y Y N		.Social Security Number	

2

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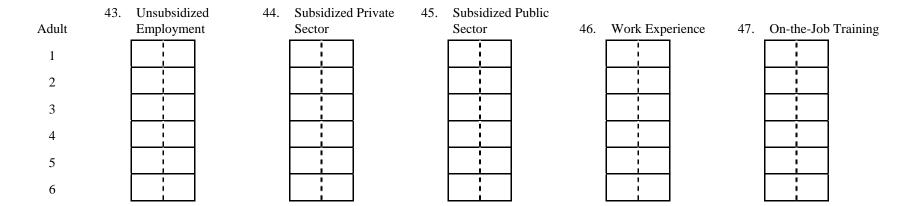
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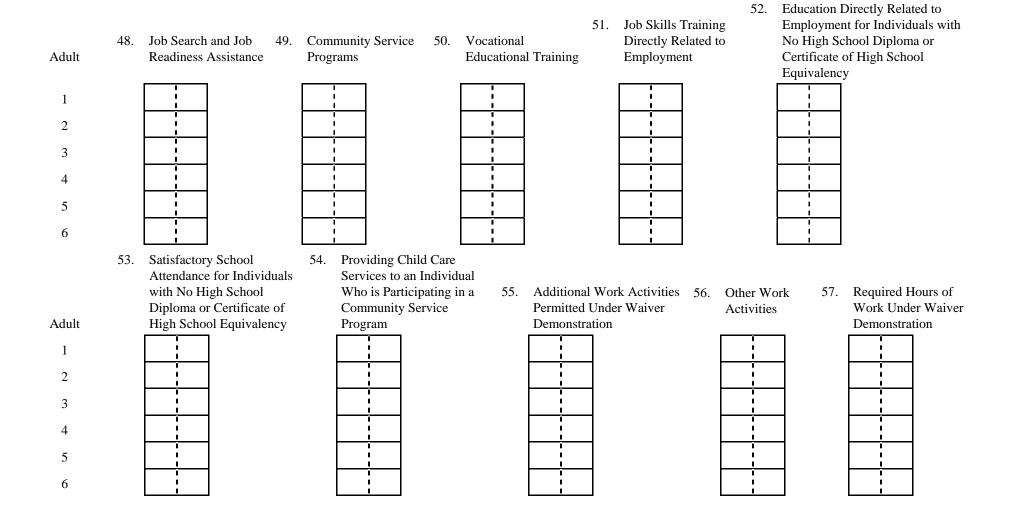
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	Ethnicity	Race						
dult 1 2 3 4 5 6	A. Hispanic or Latino	B. American Indian of Alaska Native	C. Asian D.	. Black or African American	E. Native Hawaiian or Pacific Islander	F. White		
	A. Receiv							

Adult	34.	Relation- ship to Head of Househol d	35.	Parent with Minor Child in Family	36.	Needs of a Pregnant Woman	37.	Educational Level	38.	Citizen- ship / Alienage	39.	Cooperation in Child Support	40.	Employ- ment Status	.41	Work- Eligible Individual Indicator	.42	Work Parti- cipation Status
1																		
2																		
3																		
4																		
5		<u> </u>																i
6																		i

ADULT WORK PARTICIPATION ACTIVITIES





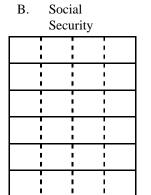
AMOUNT OF INCOME, BY TYPE

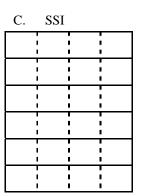
59. Amount of Unearned Income

Adult	58.	Amo Eari Inco	ned	f
1				
2				
3				
4				
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6				

A.	Earned Income Tax Credit-EITC									
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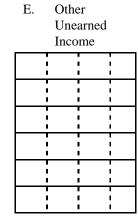
61. Date of Birth (Age)





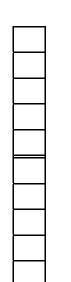
Social Security Number

D.	Worker's										
	Compensation										
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CHILD CHARACTERISTICS

Child 60. Family
Affiliation



Y Y Y M M D D

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63 Race/Ethnicity

	Ethnicity	Race								
Child	A. Hispanic or Latino	B. American Indian of C. Asia Alaska Native	n D. Black or African American	E. Native Hawaiian or F. White Pacific Islander						
1										
2										
3										
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7										
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10										

65. Receives Disability Benefits:

Child	64.	Gender	A.	Receives Benefits Based on Federal Disability Status	В.	Receives Aid Under Title XVI-SSI	66.	Relationship to 67. Head of Household	Parent with Minor Child in 68. the Family	Educational Level
1										
2										
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			65.	Receives Disab	ility Benefi	ts:			
Child	64.	Gender	A.	Receives Benef Based on Feder Disability Statu	al B.	Receives Aid U Title XVI-SSI	66.	Relationship to 67. Head of Household	68. Educational Level
6								!	:
7									
8									
9									
10								1	
Child	69.	Citizenship / Alienage		70. Am A. SSI		earned Income B.	Other Unearned	Income	
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