### **SSP MOE DATA REPORT - SECTION 1**

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

		GENERAL INFOR	RMATION						
1. State FIPS Code	2. County FIPS Code	3. Reporting Month Year Y Y Y Y Y	Month 4.	Stratum					
	FAMILY LEVEL DATA								
5.	Case Number - Separate State MOE	6. ZIP Code	7. Disposition	8. Number of 9. Type of Family for Family Members Work Participation					
		ASSISTANCE RECEIVED	BY THE FAMILY						
10.	Has the Family Received Assistance Under a State (Tribal) TANF Program Within the Past Six Months	Has the Family Received Assistance Under a State (Tribal) TANF Program Within the Past Six Months	12. Receives Medical 13. Assistance	Receives Food Stamps  14. Amount of Food Stamps Assistance					
15.	Receives Subsidized Child Care 16. Amou	unt of Subsidized Child Care 1	17. Amount of Child Support	18. Amount of the Family's Cash Resources					

# AMOUNT OF ASSISTANCE RECEIVED AND THE NUMBER OF MONTHW THAT THE FAMILY HAS RECEIVED EACH TYPE OF ASSISTANCE UNDER STATE SEPARATE PROGRAMS

_	19. Cash and Cash Equivalent							
	A. Amount	B. Number of Months						
=	20. Child Care  A. Amount	B. Number of Children C. Number of		Transportation  A. Amount	R	Number of Months		
	A. Amount	Covered Months		A. Amount	Б.	Number of Worlds		
=	22. Transitional Services		23.	Other Assistance				
	A. Amount	B. Number of Months		A. Amount	В.	Number of Months		
REASON FOR AND AMOUNT OF REDUCTION IN ASSISTANCE  Reason for and Amount of Reduction In Assistance:								
	Sanctions:	olotuite.						
	Total Dollar Amount of ii. Reduction Due to Sanctions	Work iii. Family Sanction for an it Requirements Adult with No High Sanction School Diploma or Equivalent	v. Sanction for Teen v. Parent Not Attending School		Failure to Comply with Individual Responsibility	vii. Other Sanction y Plan		
Γ								

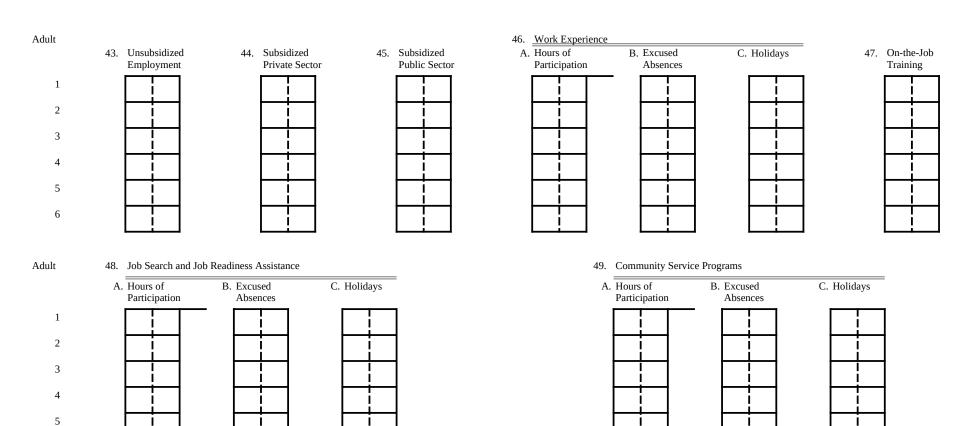
	C. Other:									
В	3. Recoupment of i. Total Dollar Amo Prior Overpayment Reasons (exclude	unt of Reductions Due to Othe Sanctions and Recoupment)	r ii. Family Cap	iiiReduction Based on Length of Receipt of Assistance	iv. Other, Non-sanction					
25. Wa	aiver Evaluation Experimental and Control Group									
	PERSON LEVEL DATA									
	ADULT AND	MINOR CHILD HEA	AD-OF-HOUSEHOLD	CHARACTERISTICS						
A J14		20 Dete of D	Ninds (A z.)							
Adult		28. Date of B								
	26. Family Affiliation 27. Non-Custodial Parent In	dicator Y Y Y	Y Y M M D	D 29. Social Security Number						
1										
2	2									
3	3				-					
4	4		<del>                                     </del>	<del>                                     </del>	-					
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30. Race/Ethnicity

	Ethnicity	Race				
Adult	A. Hiispanic 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						
Adult	31. Gender  A. Receiver Disabilit Insuranc 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	33. Marital Status
1						
2	H	H	H			
3	$\Box$	П				
4			П			
5						
6						

Adult	34.	Relation to Head of Household	35.	Parent with Minor Child in Family	36.	Needs of a Pregnant Woman	37.	Educational	Level	38.	Citizen-ship / Alienage
1											
2						П					
3								i			
4											
5											
6								<u> </u>			
						<del></del>				•	
Adult		39. Cooperation in Child Support		40. Employn	ent Statu	s 41. World	k-Eligible Individual	Indicator	42. Work Part	ticipation	ı Status
1											
2											
3							!				
4										<u> </u>	
5										İ	
6										 	

### ADULT WORK PARTICIPATION ACTIVITIES



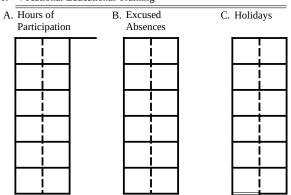
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50. Vocational Educational Training

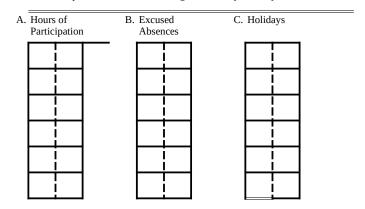
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3

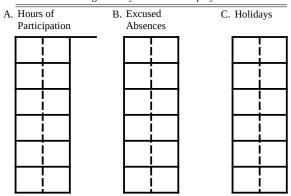
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52. Education Directly Related to Employment for Individuals with No High School Diploma or Certificate of High School Equivalency



51. Job Skills Training Directly Related to Employment



53. Satisfactory School Attendance for Individuals with No High School Diploma or Certificate of High School Equivalency

A.	Hours of Participation					C. Holidays		
	i							
	<u> </u>				1			
					,			

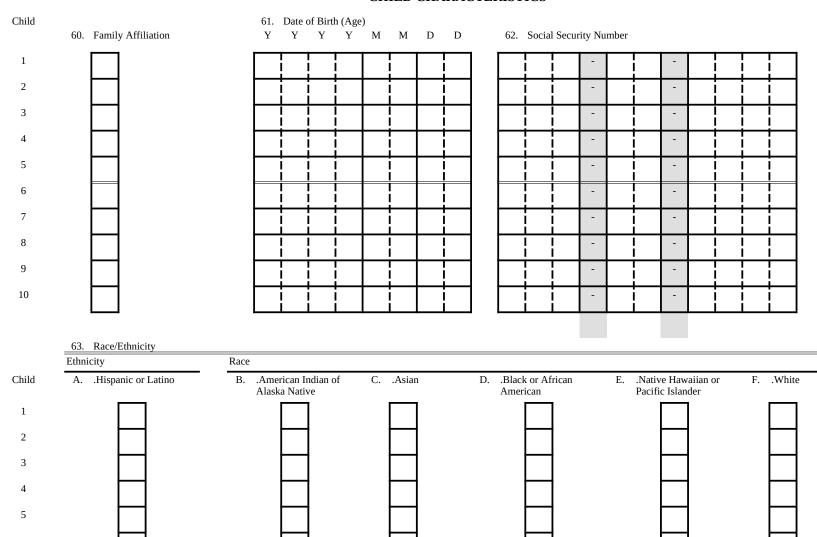
54. Providing Child Care Services to an Individual Who is Participating in a Community Service Program

Adult		A. Hours of Participation	B. Excused Absences	C. Holidays	55. Other Work Activities	56. Number of Deemed Core Hours for Overall Rate	57. Number of Deemed Core Hours for Two-Parent Rate
1	1						
2	2						
3	3						
4	4						
5	5						
6	6						

## AMOUNT OF INCOME, BY TYPE

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

### CHILD CHARACTERISTICS



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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
1		District Status	Time XVI soil	Trousehold		
2		$\Box$				
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70. Amount of Unearned Income

