

**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

Year				Month	
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
Y	Y	Y	Y	M	M

4. Stratum

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

ASSISTANCE RECEIVED BY THE FAMILY

10. Has the Family Received Assistance Under a State (Tribal) TANF Program Within the Past Six Months

11. Has the Family Received Assistance Under a State (Tribal) TANF Program Within the Past Six Months

12. Receives Medical Assistance

13. Receives Food Stamps

14. Amount of Food Stamps Assistance

15. Receives Subsidized Child Care

16. Amount of Subsidized Child Care

17. Amount of Child Support

18. Amount of the Family's Cash Resources

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

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"/>

B. Recoupment of Prior Overpayment

C. Other:

i. Total Dollar Amount of Reductions Due to Other Reasons (excludes Sanctions and Recoupment)	ii. Family Cap	iii. Reduction Based on Length of Receipt of Assistance	iv. Other, Non-sanction
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

25. Waiver Evaluation Experimental and Control 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																						
2																						
3																						
4																						
5																						
6																						

30. Race/Ethnicity

Adult	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								

32. Receives Disability Benefits

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	33. Marital Status
1							
2							
3							
4							
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					
3					
4					
5					
6					

Adult	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

1		
2		
3		
4		
5		
6		

44. Subsidized Private Sector

45. Subsidized Public Sector

46. Work Experience

A. Hours of Participation

B. Excused Absences

C. Holidays

47. On-the-Job Training

Adult

48. Job Search and Job Readiness Assistance

A. Hours of Participation

1		
2		
3		
4		
5		
6		

B. Excused Absences

C. Holidays

49. Community Service Programs

A. Hours of Participation

B. Excused Absences

C. Holidays

Adult

50. Vocational Educational Training

A. Hours of Participation

1		
2		
3		
4		
5		
6		

B. Excused Absences

C. Holidays

51. Job Skills Training Directly Related to Employment

A. Hours of Participation

B. Excused Absences

C. Holidays

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

Adult	A. Hours of Participation	B. Excused Absences	C. Holidays
1			
2			
3			
4			
5			
6			

53. Satisfactory School Attendance for individuals with no High School Diploma or Certificate of High School Equivalency

Adult	A. Hours of Participation	B. Excused Absences	C. Holidays
1			
2			
3			
4			
5			
6			

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
1			
2			
3			
4			
5			
6			

55. Other Work Activities

56. Number of Deemed Core Hours for Overall Rate

57. Number of Deemed Core Hours for Two-Parent Rate

AMOUNT OF INCOME, BY TYPE

59. Amount of Unearned Income

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

CHILD CHARACTERISTICS

Child

	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

	Race						
	Ethnicity	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							

65. Receives Disability Benefits:

Child	64. Gender	65. Receives Disability Benefits:		66. Relationship to Head of Household	67. Parent with Minor Child in the Family	68. Educational Level
		A. Receives Benefits Based on Federal Disability Status	B. Receives Aid Under Title XVI-SSI			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

70. Amount of Unearned Income

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			