

**SSP MOE DATA REPORT - SECTION 1**  
**DISAGGREGATED DATA COLLECTION FOR FAMILIES RECEIVING ASSISTANCE UNDER THE**  
**STATE SEPARATE PROGRAMS**

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**GENERAL INFORMATION**

1. State FIPS Code	2. County FIPS Code	3. <u>Reporting Month</u>	4. Stratum																										
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Year				Month																									
Y	Y	Y	Y	M	M																								

**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																		
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**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												
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15. Receives Subsidized Child Care	16. Amount of Subsidized Child Care	17. Amount of Child Support	18. Amount of the Family's Cash Resources													
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**AMOUNT OF ASSISTANCE RECEIVED AND THE NUMBER OF MONTHS 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"/>

	C. Other:			
B. Recoupment of Prior Overpayment	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"/>	<input type="text"/>

25. Waiver Evaluation Experimental and Control Group

**PERSON LEVEL DATA**

**ADULT AND MINOR CHILD HEAD-OF-HOUSEHOLD CHARACTERISTICS**

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

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	<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

Adult	31. Gender	32. Receives Disability Benefits					33. Marital Status
		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. 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	44. Subsidized Private Sector	45. Subsidized Public Sector	46. Work Experience			47. On-the-Job Training
				A. Hours of Participation	B. Excused Absences	C. Holidays	
1							
2							
3							
4							
5							
6							

Adult	48. Job Search and Job Readiness Assistance			49. Community Service Programs		
	A. Hours of Participation	B. Excused Absences	C. Holidays	A. Hours of Participation	B. Excused Absences	C. Holidays
1						
2						
3						
4						
5						
6						

50. Vocational Educational Training

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

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

	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

	A. Hours of Participation	B. Excused Absences	C. Holidays

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

Adult	58. Amount of Earned Income	59. Amount of Unearned 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)

Y Y Y Y M M D D

62. Social Security Number

1  
2  
3  
4  
5  
6  
7  
8  
9  
10



			-			-			
			-			-			
			-			-			
			-			-			
			-			-			
			-			-			
			-			-			
			-			-			
			-			-			
			-			-			
			-			-			

63. Race/Ethnicity

Ethnicity \_\_\_\_\_ Race \_\_\_\_\_

Child

A. .Hispanic or Latino

Race

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			