

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: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 50%;">Year</td> <td style="border-bottom: 1px solid black; width: 50%;">Month</td> </tr> <tr> <td style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </td> <td style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </td> </tr> <tr> <td style="text-align: center;">Y Y Y Y</td> <td style="text-align: center;">M M</td> </tr> </table>	Year	Month	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	Y Y Y Y	M M	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
Year	Month									
<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>									
Y Y Y Y	M M									

FAMILY LEVEL DATA

6. Case Number - TANF	7. ZIP Code			
<input style="width: 250px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100px; height: 20px; 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: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; 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: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 80px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 80px; height: 20px; border: 1px solid black;" type="text"/>
19. Amount of Child Support	20. Amount of the Family's Cash Resources				
<input style="width: 80px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>				

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is gathering information to assess and evaluate whether a State TANF program meets statutorily required participation rates. Public reporting burden for this collection of information is estimated to average 8,804 hours per grantee per year, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (42 U.S.C. § 611). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0338 and the expiration date is XX/XX/XXXX. If you have any comments on this collection of information, please contact the Office of Family Assistance by email at TANFdata@acf.hhs.gov.

**AMOUNT OF ASSISTANCE RECEIVED AND THE NUMBER OF MONTHS THAT THE FAMILY HAS RECEIVED
EACH TYPE OF ASSISTANCE UNDER STATE (TRIBAL) TANF PROGRAM**

21. Cash and Cash Equivalent

A. Amount	B. Number of Months
<input type="text"/>	<input type="text"/>

22. TANF Child Care

A. Amount	B. Number of Children Covered	C. Number of Months
<input type="text"/>	<input type="text"/>	<input type="text"/>

23. Transportation

A. Amount	B. Number of Months
<input type="text"/>	<input type="text"/>

24. Transitional Services

A. Amount	B. Number of Months
<input type="text"/>	<input type="text"/>

25. Other Assistance

A. Amount	B. Number of Months
<input type="text"/>	<input type="text"/>

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
<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 Reduction Due to Other Reasons	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"/>

27. Waiver Evaluation Research 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

Adult	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			-			-			
1																			
2																			
3																			
4																			
5																			
6																			

Adult	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
1						
2						
3						
4						
5						
6						

Adult	35. Gender	36. Receives Disability Benefits				
		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
				A. Hours of Participation	B. Excused Absences	C. Holidays	
1							
2							
3							
4							
5							
6							

Adult

55. Job Search and Job Readiness Assistance

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

56. Community Service Programs

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

Adult

57. Vocational Educational Training

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

58. Job Skills Training Directly Related to Employment

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

Adult

59. 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			

60. 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

Adult

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

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

62 Other Work Activities

63 Number of Deemed Core Hours for Overall Rate

64 Number of Deemed Core Hours for the Two-Parent Rate

AMOUNT OF INCOME, BY TYPE

66. Amount of Unearned Income

Adult

65. Amount of Earned Income

1				
2				
3				
4				
5				
6				

A. Earned Income Tax Credit - EITC

B. Social Security

Adult

C. SSI

1				
2				
3				
4				
5				
6				

D. Worker's Compensation

E. Other Unearned Income

CHILD CHARACTERISTICS

Child

67. Family Affiliation

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

68. Date of Birth (Age)

	Y	Y	Y	Y	M	M	D	D
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

69. Social Security Number

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

70. Race/Ethnicity

Ethnicity

Child

A. Hispanic or Latino

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Race

B. American Indian or Alaska Native

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

C. Asian

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

D. Black or African American

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

E. Native Hawaiian or Pacific Islander

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

F. White

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

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
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

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			

TANF DATA REPORT - SECTION 2
TANF DISAGGREGATED DATA COLLECTION FOR FAMILIES NO LONGER RECEIVING
ASSISTANCE UNDER THE TANF PROGRAM

GENERAL INFORMATION

1. State FIPS Code

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2. County FIPS Code

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3. Tribal Code
(For Tribal Use Only)

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4. Reporting Month

Year

Y	Y	Y	Y

Month

M	M

5. Stratum

--	--

FAMILY LEVEL DATA

6. Case Number - TANF

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

7. ZIP Code

--	--	--	--

8. Disposition

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9. Reason for Closure

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ASSISTANCE RECEIVED BY THE FAMILY

10. Received Subsidized Housing

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11. Received Medical Assistance

--

12. Received Food Stamps

--

13. Received Subsidized Child Care

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PERSON LEVEL DATA

Person

14. Family Affiliation

15. Date of Birth (Age)

Y Y Y Y M M D D

16. Social Security Number

Person 14. Family Affiliation

15. Date of Birth (Age)

16. Social Security Number

9
10
11
12
13
14
15
16

Y	Y	Y	Y	M	M	D	D

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

17. Race/Ethnicity

Ethnicity

Race

Person

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
11
12
13
14
15
16

19. Received Disability Benefits

Person	18. Gender	A. Received Federal Disability Insurance Benefits - OASDI	B. Received Benefits Based on Federal Disability Status	C. Received Aid Under Title XIV-APDT	D. Received Aid Under Title XVI-AABD	E. Received Aid Under Title XVI-SSI
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

Person	20. Marital Status	21. Relationship to Head of Household	22. Parent with Minor Child in Family	23. Needs of a Pregnant Woman	24. Educational Level	25. Citizenship / Alienage
9						
10						
11						
12						
13						
14						
15						
16						

Person	26. Number of Months Countable Toward Federal Time Limit	27. Number of Countable Months Remaining Under State's (Tribe's) Time Limit	28. Employment Status
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

AMOUNT OF INCOME, BY TYPE

Person

29. Amount Earned Income

30. Amount of Unearned Income

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16

TANF DATA REPORT - SECTION 3
TANF AGGREGATED DATA COLLECTION FOR FAMILIES RECEIVING ASSISTANCE UNDER
THE TANF PROGRAM

GENERAL INFORMATION

1. State FIPS Code

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2. Tribal Code
(For Tribal Use Only)

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3. Calendar Quarter

Year

Y	Y	Y	Y

Quarter

Q

TANF APPLICATIONS

First Month

Second Month

Third Month

4. Total Number of Applications

--

--

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5. Total Number of Approved Applications

--

--

--

6. Total Number of Denied Applications

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FAMILIES RECEIVING ASSISTANCE

First Month

Second Month

Third Month

7. Total Amount of Assistance

\$

\$

\$

8. Total Number of Families

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9. Total Number of Two-Parent Families

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--

10. Total Number of One-Parent Families

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11. Total Number of No-Parent Families

12. Total Number of Recipients

13. Total Number of Adult Recipients

14. Total Number of Child Recipients

15. Total Number of Non-Custodial Parents Participating in Work Activities

16. Total Number of Births

17. Total Number of Out-of-Wedlock Births

FAMILIES NO LONGER RECEIVING ASSISTANCE

First Month

Second Month

Third Month

18. Total Number of Closed Cases

TANF DATA REPORT - SECTION 4
NUMBER OF FAMILIES BY STRATUM FOR STATES THAT REPORT DATA BASED
ON A STRATIFIED SAMPLE

GENERAL INFORMATION

1. State FIPS Code	2. Tribal Code (For Tribal Use Only)	3. Calendar Quarter	
<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/>	Year <input style="width: 80px; height: 20px; border: 1px solid black;" type="text"/>	Quarter <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
		Y Y Y Y <small>Y Y Y Y</small>	Q <small>Q</small>

6. TOTAL NUMBER OF FAMILIES

	4. TDR Section Indicator	5. Stratum	A. First Month	B. Second Month	C. Third Month
(1.)	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 180px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 180px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 180px; height: 25px; border: 1px solid black;" type="text"/>
(2.)	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 180px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 180px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 180px; height: 25px; border: 1px solid black;" type="text"/>
(3.)	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 180px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 180px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 180px; height: 25px; border: 1px solid black;" type="text"/>
(4.)	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 180px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 180px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 180px; height: 25px; border: 1px solid black;" type="text"/>
(5.)	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 180px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 180px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 180px; height: 25px; border: 1px solid black;" type="text"/>
(6.)	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 180px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 180px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 180px; height: 25px; border: 1px solid black;" type="text"/>
(7.)	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 180px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 180px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 180px; height: 25px; border: 1px solid black;" type="text"/>
(8.)	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 180px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 180px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 180px; height: 25px; border: 1px solid black;" type="text"/>
(9.)	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 180px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 180px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 180px; height: 25px; border: 1px solid black;" type="text"/>
(10.)	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 180px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 180px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 180px; height: 25px; border: 1px solid black;" type="text"/>

(11.)

(12.)

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	4. Stratum						
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Year</td> <td style="width: 50%; text-align: center;">Month</td> </tr> <tr> <td style="text-align: center;"><input style="width: 80px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 40px; height: 20px;" type="text"/></td> </tr> <tr> <td style="text-align: center;">Y Y Y Y</td> <td style="text-align: center;">M M</td> </tr> </table>	Year	Month	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	Y Y Y Y	M M	<input style="width: 40px; height: 20px;" type="text"/>
Year	Month								
<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>								
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
<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>

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
<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
15. Receives Subsidized Child Care	16. Amount of Subsidized Child Care	17. Amount of Child Support	18. Amount of the Family's Cash Resources	
<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is gathering information to assess and evaluate whether a Separate State Program – Maintenance of Effort (SSP-MOE) meets statutorily required participation rates. Public reporting burden for this collection of information is estimated to average 2,856 hours per grantee per year, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (42 U.S.C. § 611). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0338 and the expiration date is XX/XX/XXXX. If you have any comments on this collection of information, please contact the Office of Family Assistance by email at TANFdata@acf.hhs.gov.

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

1
2
3
4
5
6

A. Hours of Participation

B. Excused Absences

C. Holidays

49. Community Service Programs

A. Hours of Participation

B. Excused Absences

C. Holidays

Adult

50. Vocational Educational Training

1
2
3
4
5
6

A. Hours of Participation

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

1
2
3
4
5
6
7
8
9
10

61. Date of Birth (Age)

Y Y Y Y M M D D

62. Social Security Number

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

63. Race/Ethnicity

Ethnicity Race

Child

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

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
2
3
4
5
6
7
8
9
10

70. Amount of Unearned Income

Child

69. Citizenship / Alienage

A. SSI

B. Other Unearned Income

1
2
3
4
5
6
7
8
9
10

**SSP-MOE DATA REPORT - SECTION 2
DISAGGREGATED DATA COLLECTION FOR FAMILIES NO LONGER RECEIVING
ASSISTANCE UNDER THE STATE SEPARATE PROGRAM**

GENERAL INFORMATION

1. State FIPS Code

--	--

2. County FIPS Code

--	--	--

3. Reporting Month

Year

Y	Y	Y	Y

Month

M	M

4. Stratum

--	--

FAMILY LEVEL DATA

5. Case Number - State Separate Program

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

6. Zip Code

--	--	--	--	--

7. Disposition

--

8. Reason for Closure

--	--

ASSISTANCE RECEIVED BY THE FAMILY

9. Received Subsidized Housing

--

10. Received Medical Assistance

--

11. Received Food Stamps

--

12. Received Subsidized Child Care

--

PERSON LEVEL DATA

Person

13. Family Affiliation

14. Date of Birth (Age)

Y	Y	Y	Y	M	M	D	D

15. Social Security Number

				-				-						

Person 13. Family Affiliation

9	
10	
11	
12	
13	
14	
15	
16	

14. Date of Birth (Age)

15. Social Security Number

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

16. Race/Ethnicity

Person	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
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

18. Received Disability Benefits

Person	17. Gender	A. Received Federal Disability Insurance Benefits - OASDI	B. Received Benefits Based on Federal Disability Status	C. Received Aid Under Title XIV-APDT	D. Received Aid Under Title XVI-AABD	E. Received Aid Under Title XVI-SSI	19. Marital Status
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

Person	20. Relationship to Head of Household	21. Parent with Minor Child in the Family	22. Needs of a Pregnant Woman	23. Educational Level	24. Citizenship / Alienage	25. Employment Status
1						
2						
3						
4						
5						
6						
7						
8						

Person

20. Relationship to Head of Household

21. Parent with Minor Child in the Family

22. Needs of a Pregnant Woman

23. Educational Level

24. Citizenship / Alienage

25. Employment Status

9
10
11
12
13
14
15
16

AMOUNT OF INCOME, BY TYPE

Person

26. Amount of Earned Income

27. Amount of Unearned Income

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

**SSP-MOE DATA REPORT - SECTION 3
 AGGREGATED DATA COLLECTION FOR FAMILIES RECEIVING ASSISTANCE UNDER THE
 STATE SEPARATE PROGRAM**

GENERAL INFORMATION

1. State FIPS Code

--	--

2. Calendar Year and Quarter

Year

--	--	--	--

Y Y Y Y

Quarter

--

Q

ACTIVE SSP CASES

First Month

Second Month

Third Month

3. Total Number of SSP-MOE Families

--

--

--

4. Total Number of Two-Parent Families

--

--

--

5. Total Number of One-Parent Families

--

--

--

6. Total Number of No-Parent Families

--

--

--

7. Total Number of Recipients

--

--

--

8. Total Number of Adult Recipients

--

--

--

9. Total Number of Child Recipients

--

--

--

10. Total Number of Non-Custodial Parents Participating in Work Activities

--

--

--

11. Total Amount of Assistance

\$

\$

\$

CLOSED SSP CASES

First Month

Second Month

Third Month

12. Total Number of Closed Cases

**SSP-MOE DATA REPORT - SECTION 4
NUMBER OF FAMILIES BY STRATUM FOR STATES THAT REPORT DATA BASED
ON A STRATIFIED SAMPLE**

GENERAL INFORMATION

1. State Fips Code

--	--

2. Calendar Year and Quarter

Year				Quarter
Y	Y	Y	Y	Q

5. TOTAL NUMBER OF FAMILIES

	3. SSP-MOE Data Report Section Indicator	4. Stratum	A. First Month	B. Second Month	C. Third Month
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

10.

11.

12.