

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; 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="text-align: center; border-bottom: 1px solid black;">Year</td> <td style="text-align: center; border-bottom: 1px solid black;">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

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; border: 1px solid black;" type="text"/>	<input style="width: 100px; 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

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; 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: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100px; height: 20px; border: 1px solid black;" 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; border: 1px solid black;" type="text"/>	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Race/Ethnicity

	Ethnicity		Race			
Adult	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	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

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

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

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

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

B. .American Indian of 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	

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						

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							