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

GENERAL INFORMATION 3. Reporting Month 1. State FIPS Code 2. County FIPS Code Year Month 4. Stratum Y Y YM М **FAMILY LEVEL DATA** Number of Type of Family for 5. Case Number - Separate State MOE 6. ZIP Code 7. Disposition 8. Work Participation Family Members ASSISTANCE RECEIVED BY THE FAMILY Has the Family Received Has the Family Received Assistance Assistance Under a State (Tribal) Receives Medical Receives Food Amount of Food Stamps 10. Under a State (Tribal) TANF Program TANF Program Within the Past Assistance Stamps Assistance Within the Past Six Months Six Months 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 | |
| | 20. Child Care A. Amount B. Number of Children C. Number of Children | 21. Transportation A. Amount B. Number of Months |
| | A. Amount B. Covered C. Months I I I | A. Amount B. Number of World's |
| | 22. Transitional Services | 23. Other Assistance |
| | A. Amount B. Number of Months | A. Amount B. Number of Months |
| | | |
| 24. | REASON FOR AND AMOUNT Reason for and Amount of Reduction In Assistance: A.: Sanctions: | OF REDUCTION IN ASSISTANCE |
| | | Sanction for Teen Parent Not Attending School Non-cooperation in Child Support V. Hong School Failure to Comply with Individual Responsibility Vii. Other Sanction Plan |
| | | |
| = | B. Recoupment of Prior Overpayment C. Other: Total Dollar Amount of Reductions Due to it. | |
| | Reasons (excludes Sanctions and Recou | pment) II. Farming Cap III. Receipt of Assistance IV. sanction |
| 25. | Waiver Evaluation Experimental and Control Group | |

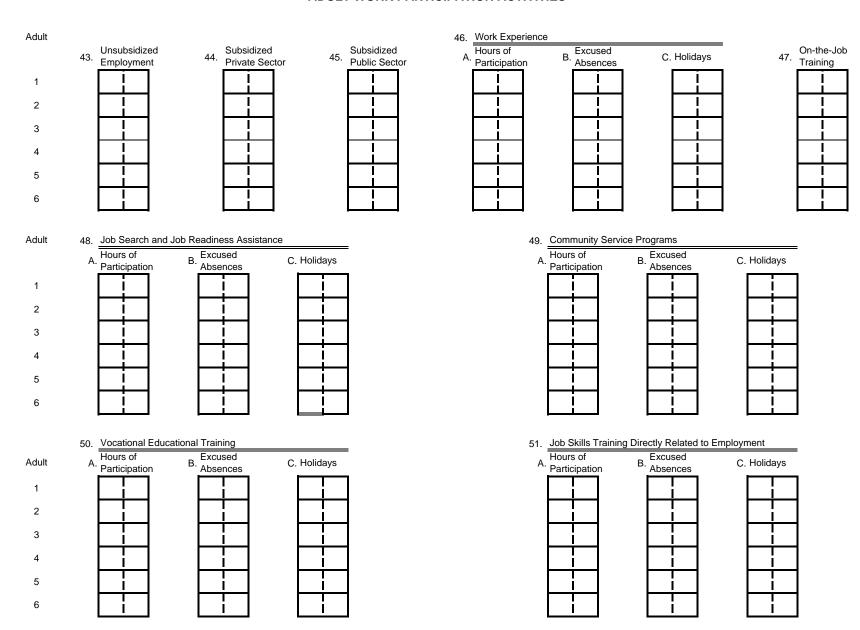
PERSON LEVEL DATA

ADULT AND MINOR CHILD HEAD-OF-HOUSEHOLD CHARACTERISTICS

| Adult | | | 28. | Date | of Birt | th (Age | e) | | | | | | | | | | | | | |
|-------|----------------------------------|---------------------------------|----------|------------------|------------------|--------------|----|-------|--------|-------|---|-------------|----------|-----------|--------|--------------|---|---|--------|---|
| | | on-Custodial arent Indicator | Υ | Υ | Υ | Υ | М | М | D | D | 2 | 29. Sc | cial Se | curity Nu | mber | | | | | |
| 1 | | | |] | | | | | | | | | I | 3-4 | | - | | | İ | 1 |
| 2 | | | | i i | i i | i i | | | | | | İ | | | i i | - | | | İ | 1 |
| 3 | | | | i I | i I | <u> </u> | | | | | | İ | Ī | | i i | - | Î | | i I | ٦ |
| 4 | | | | 1 | 1 | | | | | | | Î | Ī | | i I | - | Î | | i I | |
| 5 | | | | i I | i I | | | | | | | i | İ | , | i | — | | i | İ | 1 |
| 6 | | | | | | | | | | | | İ | İ | | ļ | = | | | ļ | |
| | | _ | | | | | | | | | | - | | | | | | | | _ |
| | 30. Race/Ethnicity | D | | | | | | | | | | | | | | | _ | | | |
| Adult | Ethnicity A. Hispanic or Latino | American Indian of | <u> </u> | Asiar | <u> </u> | | D. | Black | or Afı | rican | | Na E. po | ative Ha | awaiian o | r _ | White | — | | | |
| | A. Thispanic of Latino | B. Alaska Native | C. | Asiai | 1 | | D. | Ameri | can | | | E. Pa | cific Is | lander | Г. | · Wille | | | | |
| 1 | \vdash | \vdash | | | | | | | | | | | - | _ | | Н | | | | |
| 2 | \vdash | \vdash | | | | | | | | | | | \vdash | 4 | | | | | | |
| 3 | \vdash | | | | | | | | | | | | L | 4 | | Ш | | | | |
| 4 | Ш | | | | | | | | | | | | | 4 | | Ш | | | | |
| 5 | | | | | | | | | | | | | | | | Ш | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | |

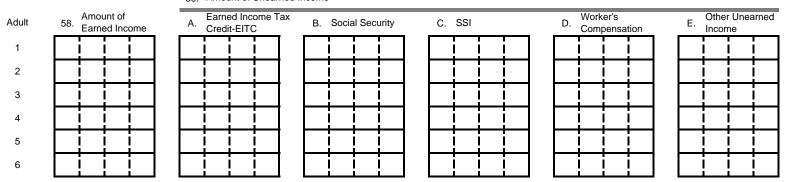
| Adult | 31. Gender | Receives Federal A. Disability Insurance Benefits | B. Receives Benefits Based on Federal Disability Status | Receives Aid Receive Under Title XIV- D. Under T APDT AABD | | 33. Marital Status |
|-------|----------------------------|---|---|--|--|--------------------------------|
| 1 | | | | | | |
| 2 | | | | H | | H |
| 3 | H | | \vdash | H | H | H |
| 4 | H | \vdash | | H H | | \vdash |
| 5 | H | | \vdash | H | H | \vdash |
| 6 | H | | | H | | \vdash |
| O | | | | ш ш | | Ш |
| Adult | Relation to 34. Household | Head of | Parent with Minor 35. Child in Family | Needs of a 36. Pregnant Woman | 37. Educational Level | Citizen-ship / 38. Alienage |
| 1 | | | | | ij | |
| 2 | į | | | | <u> </u> | |
| 3 | i | | | | | |
| 4 | i | | | | | |
| 5 | | | | | | П |
| 6 | | | | | <u> </u> | |
| | <u> </u> | 4 | <u> </u> | | | |
| Adult | 39. Cooperation Child Supp | on in oort | 40. Employment Status | 41. Work-Eligible Individ | dual Indicator 42. Work Pa | articipation Status |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | П | | | <u> </u> |
| 5 | | | П | | | T |
| 6 | | | | | Γ | |
| | | _ | | | | |

ADULT WORK PARTICIPATION ACTIVITIES

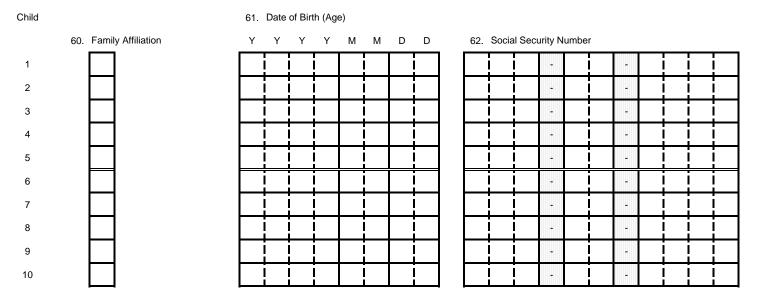


Satisfactory School Attendance for individuals with Ind Education Directly Related to Employment for Individuals with No 53. High School Diploma or Certificate of High School High School Diploma or Certificate of High School Equivalency B. Excused Absences B. Excused Absences Hours of Hours of Adult C. Holidays C. Holidays Participation Participation 1 2 3 6 Providing Child Care Services to an Individual Who is Participating in a Community Service Program B. Excused Absences Hours of Number of Deemed Core Number of Deemed Core 55. Other Work Activities Adult C. Holidays A. Participation 56. Hours for Overall Rate Hours for Two-Parent Rate 2 3 5 6 AMOUNT OF INCOME, BY TYPE

59. Amount of Unearned Income



CHILD CHARACTERISTICS



63. Race/Ethnicity

| | Ethnicity | Race | |
|--------|---------------------|---|--------|
| Child | AHispanic or Latino | B. Alaska Native C. Asian D. American E. Pacific Islander | FWhite |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | \vdash | | |
| 5 6 | <u> </u> | H H H H | |
| 7 | | H H H | |
| 8 | | H H H | |
| 9 | | | |
| 10 | | | |

65. Receives Disability Benefits:



70. Amount of Unearned Income

