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 Onl	y)	4.	Reporting Month			5	. Stratu	m
								Year Y Y Y	Y	Month M M			
					FAMILY	LEVEL	DATA	A					
6.	Case Number - TANF	7					7.	ZIP Code					
		! !		:									
	8. Funding Stream	<u>(</u>	9 Disposition		10. New Applicant	t	11.	Number of		Type of Fam Participation		Vork	
	Sucam							Family Members			1		
				AS	SISTANCE RE	CEIVED	BY T	HE FAMILY					
13	Receives Subsidized Housing		Receives Medical Assistance	15.	Receives Food Stamps		nount of		17. Recei Child	ves Subsidized Care	18.	Amount Child Ca	of Subsidized
19	Amount of Child Sup	pport	20. Amount Cash Res										

ASSISTANCE PROVIDED UNDER STATE (TRIBAL) TANF PROGRAM, BY TYPE

A.

0.1	O 1	1	O 1			
21.	Cash	and	Cash	Eq	uıval	ent

A.	Amou	nt			В.	Numb Month		
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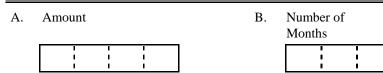
22. TANF Child Care

A.	Amount	Amount		B.	Number of Children Covered	C.	Number of Months	
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23. Transportation

A.	Amour	nt		В.	Number	r of Mon	ths
						-	

24. Transitional Services



25. Other Assistance

Amount		B.	Number of Months
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REASON FOR AND AMOUNT OF REDUCTION IN ASSISTANCE

26.	Reas	son and Amount of Redu Sanctions:	uction in Assistar	nce									
	i.	Total Dollar Amount for Reduction Due to Sanctions	ii. Work Requirer Sanction		iii. Family Sanction for an Adult with No High School Diploma or Equivalent	iv.	Sanction for Teen Parent Not Attending School	v.	Non- cooperat ion with Child Support	vi.	Failure to Comply with an Individual Responsibility Plan	vii. Oth Sa	her anction
В.]	Recoupment of Prior Ov	rerpayment	C.	Other: Total Dollar Amount of Reduction Due to Other Reasons	Family C	III. Kedu	ection Base th of Rece		Oti	her, Non-sanction	-	
27.		niver Evaluation perimental Control	28.	. Is th	ne TANF Family Exempt from Federal	Time Li	mit Provisions	2	29. Is the T		Family a New Ch	ild-	

PERSON LEVEL DATA

ADULT AND MINOR CHILD HEAD-OF-HOUSEHOLD CHARACTERISTICS

30. Family 31. Non-Custodial 32. Date of Birth (Age) 33. Social Security Number Affiliation Parent Indicator Adult Y M M D D 2 3 4 5 6

34. Race/Ethnicity

	Ethnicity	icity Race										
Adult	A. Hispanic or Latino	B. American Indian of C. Asian Alaska Native	D. Black or African E. Native Hawaiian or F. White American Pacific Islander									
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3												
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6												

Adult 1 2 3 4 5 6	35. Gender	A. Receives Federal B Disability Insurance Benefits - OASDI	Receives Benefits Based on Federal Disability Status	C. Receives Aid Under D. Title XIV-APDT	Receives Aid Under Title XVI-AABD E. Receives Aid Under Title XVI-SSI
Adult 1 2 3 4 5 6	37. Marital Status	38. Relationship to Head of Household	9. Parent with 40. Minor Child in the Family	Needs of a Pregnant Woman 41. Education	onal Level 42. Citizenship / Alienage

Adult	43.	Cooperation in Child Support	44.	Number of Mo Countable Tov Federal Time I	vard	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.	Employ- ment Status	48.	Work-Eligible Individual Indicator	49.	Work Parti- cipation
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2					;										
3															
4															!
5				1 1	1										
6				1 1	i		1								

ADULT WORK PARTICIPATION ACTIVITIES

	50.	Unsubsidized	51.	Subsidized Private	52.	Subsidized Public				
Adult		Employment		Sector Employment		Sector Employment	53.	Work Experience	54.	On-the-Job Training
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2										
3										
4										
5										
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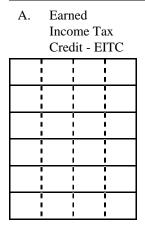
Adult	55.	Job Search and Job 56. Readiness Assistance	Community Service 57. Programs	Vocational Educational	58. Training	Job Skills Training Directly Related to Employment	High School	nt for Individuals with No ol Diploma or Certificate of ol Equivalency
1		 	<u> </u>			<u> </u>		
2								
3		<u> </u>		-			:	
4						-		
5		1						
6								
Adult 1 2 3 4 5	60.	Satisfactory School Attendance for Individuals with No High School Diploma or Certificate of High School Equivalency	61. Providing Child Care Services to an Individual Who is Participating Community Service Program	dual	Additional Wo Permitted Undo Demonstration	er Waiver 63. C	Other Work	64. Required Hours of Work Under Waiver Demonstration

59. Education Directly Related to

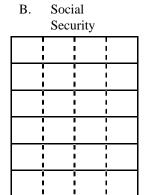
AMOUNT OF INCOME, BY TYPE

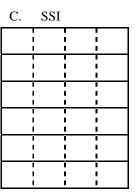
66. Amount of Unearned Income

Adult	65.	Amo Earn Inco	ied	f
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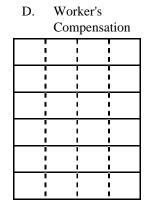


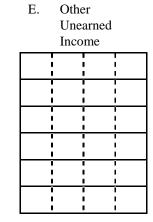
68. Date of Birth (Age)





Social Security Number



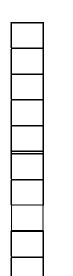


CHILD CHARACTERISTICS

Child 67. Family
Affiliation

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	70. Ruce/Etimieity					
	Ethnicity	Race				
l	A. Hispanic or Latin	o B. America Alaska N	n Indian of C. Asian ative	D. Black or African American	E. Native Hawaiian or Pacific Islander	F. White
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			1			
			+ +			
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					<u> </u>	
		72. Receives Disability B	enefits:			
	71. Gender	A. Receives Benefits	B. Receives Aid		Parent with	
		Based on Federal Disability Status	Under Title XVI-SSI		Minor Child in 75. Education the Family Level	nal
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72.	Receives	Disability	Renefit
14.	Keceives	Disability	Deliciti

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
6 7 8 9 10	76.	Citizenship / Alienage			of Une	arned Income						
				A. SSI		B.	Other Une	arned Income				
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