

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 type="text"/>	<input type="text"/>	<input type="text"/>	Year <input type="text"/> Y Y Y Y	Month <input type="text"/> M M
				<input type="text"/>

FAMILY LEVEL DATA

6. Case Number - TANF <input type="text"/>	7. ZIP Code <input type="text"/>			
8. Funding Stream <input type="text"/>	9. Disposition <input type="text"/>	10. New Applicant <input type="text"/>	11. Number of Family Members <input type="text"/>	12. Type of Family for Work Participation <input type="text"/>

ASSISTANCE RECEIVED BY THE FAMILY

13. Receives Subsidized Housing <input type="text"/>	14. Receives Medical Assistance <input type="text"/>	15. Receives Food Stamps <input type="text"/>	16. Amount of Food Stamps Assistance <input type="text"/>	17. Receives Subsidized Child Care <input type="text"/>	18. Amount of Subsidized Child Care <input type="text"/>
19. Amount of Child Support <input type="text"/>	20. Amount of the Family's Cash Resources <input type="text"/>				

**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 style="width: 100px; height: 20px; border: 1px solid black; border-style: dashed;" type="text"/>	<input style="width: 50px; height: 20px; border: 1px solid black; border-style: dashed;" type="text"/>

22. TANF Child Care

A. Amount	B. Number of Children Covered	C. Number of Months
<input style="width: 100px; height: 20px; border: 1px solid black; border-style: dashed;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black; border-style: dashed;" type="text"/>	<input style="width: 60px; height: 20px; border: 1px solid black; border-style: dashed;" type="text"/>

23. Transportation

A. Amount	B. Number of Months
<input style="width: 100px; height: 20px; border: 1px solid black; border-style: dashed;" type="text"/>	<input style="width: 50px; height: 20px; border: 1px solid black; border-style: dashed;" type="text"/>

24. Transitional Services

A. Amount	B. Number of Months
<input style="width: 100px; height: 20px; border: 1px solid black; border-style: dashed;" type="text"/>	<input style="width: 50px; height: 20px; border: 1px solid black; border-style: dashed;" type="text"/>

25. Other Assistance

A. Amount	B. Number of Months
<input style="width: 100px; height: 20px; border: 1px solid black; border-style: dashed;" type="text"/>	<input style="width: 50px; height: 20px; border: 1px solid black; border-style: dashed;" 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	ii. Work Requirements Sanction	iii. Family Sanction for an Adult with No High School Diploma or	iv. Sanction for Teen Parent Not Attending School	v. Non-cooperation with Child Support	vi. Failure to Comply with an Individual Responsibility	vii. Other Sanction
<input style="width: 100px; height: 20px; border: 1px solid black; border-style: dashed;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black; border-style: dashed;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black; border-style: dashed;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black; border-style: dashed;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black; border-style: dashed;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black; border-style: dashed;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black; border-style: dashed;" 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 style="width: 100px; height: 20px; border: 1px solid black; border-style: dashed;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black; border-style: dashed;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black; border-style: dashed;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black; border-style: dashed;" 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																		

34. Race/Ethnicity

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						

36. Receives Disability Benefits

Adult	36. Receives Disability Benefits				
	35. Gender	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
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			
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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
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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	62 Other Work Activities	63 Number of Deemed Core Hours for Overall Rate	64 Number of Deemed Core Hours for the Two-Parent Rate
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AMOUNT OF INCOME, BY TYPE

66. Amount of Unearned Income

Adult

65. Amount of Earned Income

A. Earned Income Tax Credit - EITC

B. Social Security

1					
2					
3					
4					
5					
6					

Adult

C. SSI

D. Worker's Compensation

E. Other Unearned Income

1				
2				
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4				
5				
6				

CHILD CHARACTERISTICS

Child

67. Family Affiliation

1	
2	
3	
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5	
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7	
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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

1				-				-					
2				-				-					
3				-				-					
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7				-				-					
8				-				-					
9				-				-					
10				-				-					

70. Race/Ethnicity

Ethnicity

Race

Child

A. Hispanic or Latino

B. American Indian or Alaska Native

C. Asian

D. Black or African American

E. Native Hawaiian or Pacific Islander

F. White

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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
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77. Amount of Unearned Income

Child	76. Citizenship / Alienage	A. SSI	B. Other Unearned Income
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