

RNGB0004 - Roma Case Demographics

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Selected Report Parameters

Agency: 01 , Department : 02 , Program : 04

Case Type : CUSTOMER
Program : All
Case Status : Both Active and Inactive
Milestones/Services : Both
Date Selection : Posting Date
Report Range : Report Period
Report Period Date : From 07/01/2022 To 09/30/2022
Intake Site : All Sites
Attributes : User Defined Associations
Produce Detail Audit Reporting : Yes
Poverty Level : From 0 To 999
Zip Codes : All Zip Codes
County : All Counties
Secret Applications : Both Secret and Non Secret
Demographics Count : Benefiting from Service/Outcome

Name of CSBG Eligible Entity Reporting: Community Action Program, Inc.	
Department/Program:	Family Life/M.A.C. Mobility for Citizens
State:	DUNS:

A. Total unduplicated number of all INDIVIDUALS about whom one or more characteristics were obtained: 110

B. Total unduplicated number of all HOUSEHOLDS about whom one or more characteristics were obtained: 110

C. INDIVIDUAL LEVEL CHARACTERISTICS

1. Gender	Number of Individuals
a. Male	45
b. Female	64
c. Other	1
d. Unknown/not reported	0
TOTAL (auto calculated)	110

2. Age	Number of Individuals
0 - 5	0
6 - 13	1
14 - 17	0
18 - 24	3
25 - 44	26
45 - 54	8
55 - 59	9
60 - 64	13
65 - 74	25
75+	25
Unknown/not reported	0
TOTAL (auto calculated)	110

3. Education Levels	Number of Individuals	
	[ages 14-24]	[ages 25+]
a. Grades 0-8	0	1
b. Grades 9-12/Non-Graduate	0	3
c. High School Graduate	1	49
d. Equivalency Diploma	1	40
e. 12 grade+ Some Post-Secondary	0	0
f. 2 or 4 Years College Graduate	0	1
g. Graduate of Other Post-Secondary School	0	1
h. Unknown/not reported	1	11
TOTAL (auto calculated)	3	106

4. Disconnected Youth	Number of Individuals
a. Youth ages 14-24 who are neither working or in school	1

5. Health	Number of Individuals			
	Yes	No	Unknown	Total:
a. Disabling Condition	20	83	7	110
	Yes	No	Unknown	Total:
b. Health Insurance	73	31	6	110

*If an individual reported that they had Health Insurance please identify the source of health

Health Insurance Sources

i. Medicaid	30
ii. Medicare	31
iii. State Children's Health Insurance Program	0
iv. State Health Insurance for Adults	3
v. Military Health Care	3
vi. Direct Purchase	4
vii. Employment Based	2
viii. Unknown/not reported	5
TOTAL (auto calculated)	78

6. Ethnicity/Race	Number of Individuals
I.Ethnicity	
a. Hispanic, Latino or Spanish Origins	1
b. Not Hispanic, Latino or Spanish Origins	106
c. Unknown/not reported	3
TOTAL (auto calculated)	110

II.Race	
a. American Indian or Alaska Native	0
b. Asian	0
c. Black or African American	1
d. Native Hawaiian or Pacific Islander	1
e. White	105
f. Other (single race)	1
g. Multi-Race (2 or more)	1
h. Unknown/not reported	1
TOTAL (auto calculated)	110

7. Military Status (Individuals 18+)	Number of Individuals
a. Veteran	1
b. Active Military	0
c. Never Served in the Military	97
d. Unknown/not reported	11
TOTAL (auto calculated)	109

8. Work Status (Individuals 18+)	Number of Individuals
a. Employed Full-Time	0
b. Employed Part-Time	5
c. Migrant or Seasonal Farm Worker	0
d. Unemployed (Short-Term, 6 months or less)	1
e. Unemployed (Long-Term, more than 6 months)	42
f. Unemployed (Not in Labor Force)	11
g. Retired	40
h. Unknown/not reported	10
TOTAL (auto calculated)	109

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Department/Program:	Family Life/M.A.C. Mobility for Citizens
State:	DUNS:

D. HOUSEHOLD LEVEL CHARACTERISTICS

9. Household Type	Number of Households
a. Single Person	105
b. Two Adults No Children	3
c. Single Parent Female	1
d. Single Parent Male	0
e. Two Parent Household	1
f. Non-related Adults with Children	0
g. Multigenerational Household	0
h. Other	0
i. Unknown/not reported	0
TOTAL (auto calculated)	110

10. Household Size	Number of Households
a. Single Person	105
b. Two	3
c. Three	2
d. Four	0
e. Five	0
f. Six or more	0
g. Unknown/not reported	0
TOTAL (auto calculated)	110

11. Housing	Number of Households
a. Own	12
b. Rent	90
c. Other permanent housing	0
d. Homeless	0
e. Other	8
f. Unknown/not reported	0
TOTAL (auto calculated)	110

12. Level of Household Income	Number of Households
a. Up to 50%	107
b. 51 - 75%	1
c. 76 - 100%	0
d. 101 - 125%	0
e. 126 - 150%	2
f. 151 - 175%	0
g. 176 - 200%	0
h. 201 - 250%	0
i. 251 and over %	0
j. Unknown/not reported %	0
TOTAL (auto calculated)	110

13. Sources of Household Income	Number of Households
a. Income from Employment Only	11
b. Income from Employment and Other Income Source	0
c. Income from Emp, Other Sources and Non-Cash	0
d. Income from Employment and Non-Cash Benefits	0
e. Other Income Source Only	48
f. Other Income Source and Non-Cash Benefits	26
g. No Income	25
h. Non-Cash Benefits Only	0
i. Unknown/not reported	0
TOTAL (auto calculated)	110

Below, please report the types of Other income and/or non-cash benefits received by the households who reported sources other than employment

14. Other Income Sources	Number of Households
a. TANF	0
b. Supplemental Security Income (SSI)	36
c. Social Security Disability Income (SSDI)	8
d. VA Service-Connected Disability Compensation	0
e. VA Non-Service Connected Disability Pension	0
f. Private Disability Insurance	0
g. Worker's Compensation	0
h. Retirement Income from Social Security	13
i. Pension	3
j. Child Support	0
k. Alimony or other Spousal Support	0
l. Unemployment Insurance	0
m. EITC	0
n. Other	5
o. Unknown/not reported	24

15. Non-Cash Benefits	Number of Households
a. SNAP	7
b. WIC	0
c. LIHEAP	1
d. Housing Choice Voucher	5
e. Public Housing	0
f. Permanent Supportive Housing	0
g. HUD-VASH	1
h. Childcare Voucher	0
i. Affordable Care Act Subsidy	0
j. Other	0
k. Unknown/not reported	16

E. Number of Individuals Not Included in the Totals Above (due to data collection system integration barriers)

1. Please list the unduplicated number of INDIVIDUALS served in each program*:

Program Name	Number of Individuals

F. Number of Households Not Included in the Totals Above (due to data collection system integration barriers)

1. Please list the unduplicated number of HOUSEHOLDS served in each program*:

Program Name	Number of Households

*The system will add rows to allow reporting on multiple programs.