

## RNGB0004 - Roma Case Demographics

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### Selected Report Parameters

Agency: 01 , Department : 02 , Program : 04

Case Type : CUSTOMER  
Program : 04 - M.A.C. Mobility for Citizens  
Case Status : Both Active and Inactive  
Milestones/Services : Both  
Date Selection : Posting Date  
Report Range : Report Period  
Report Period Date : From 04/01/2022 To 06/30/2022  
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

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

A. Total unduplicated number of all INDIVIDUALS about whom one or more characteristics were obtained: 90

B. Total unduplicated number of all HOUSEHOLDS about whom one or more characteristics were obtained: 90

**C. INDIVIDUAL LEVEL CHARACTERISTICS**

1. Gender	Number of Individuals
a. Male	28
b. Female	61
c. Other	1
d. Unknown/not reported	0
<b>TOTAL (auto calculated)</b>	<b>90</b>

2. Age	Number of Individuals
0 - 5	0
6 - 13	0
14 - 17	0
18 - 24	1
25 - 44	5
45 - 54	3
55 - 59	7
60 - 64	13
65 - 74	35
75+	26
Unknown/not reported	0
<b>TOTAL (auto calculated)</b>	<b>90</b>

3. Education Levels	Number of Individuals	
	[ages 14-24]	[ages 25+]
a. Grades 0-8	0	0
b. Grades 9-12/Non-Graduate	0	4
c. High School Graduate	0	53
d. Equivalency Diploma	0	14
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	16
<b>TOTAL (auto calculated)</b>	<b>1</b>	<b>89</b>

4. Disconnected Youth	Number of Individuals
a. Youth ages 14-24 who are neither working or in school	0

5. Health	Number of Individuals			
	Yes	No	Unknown	Total:
a. Disabling Condition	20	60	10	90
	Yes	No	Unknown	Total:
b. Health Insurance	79	5	6	90

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

**Health Insurance Sources**

i. Medicaid	37
ii. Medicare	29
iii. State Children's Health Insurance Program	1
iv. State Health Insurance for Adults	2
v. Military Health Care	5
vi. Direct Purchase	3
vii. Employment Based	0
viii. Unknown/not reported	7
<b>TOTAL (auto calculated)</b>	<b>84</b>

6. Ethnicity/Race	Number of Individuals
<b>I.Ethnicity</b>	
a. Hispanic, Latino or Spanish Origins	0
b. Not Hispanic, Latino or Spanish Origins	86
c. Unknown/not reported	4
<b>TOTAL (auto calculated)</b>	<b>90</b>

<b>II.Race</b>	
a. American Indian or Alaska Native	0
b. Asian	0
c. Black or African American	0
d. Native Hawaiian or Pacific Islander	1
e. White	85
f. Other (single race)	1
g. Multi-Race (2 or more)	1
h. Unknown/not reported	2
<b>TOTAL (auto calculated)</b>	<b>90</b>

7. Military Status (Individuals 18+)	Number of Individuals
a. Veteran	1
b. Active Military	0
c. Never Served in the Military	74
d. Unknown/not reported	15
<b>TOTAL (auto calculated)</b>	<b>90</b>

8. Work Status (Individuals 18+)	Number of Individuals
a. Employed Full-Time	0
b. Employed Part-Time	2
c. Migrant or Seasonal Farm Worker	0
d. Unemployed (Short-Term, 6 months or less)	1
e. Unemployed (Long-Term, more than 6 months)	18
f. Unemployed (Not in Labor Force)	9
g. Retired	45
h. Unknown/not reported	15
<b>TOTAL (auto calculated)</b>	<b>90</b>

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

**D. HOUSEHOLD LEVEL CHARACTERISTICS**

9. Household Type	Number of Households
a. Single Person	83
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	1
g. Multigenerational Household	0
h. Other	1
i. Unknown/not reported	0
<b>TOTAL (auto calculated)</b>	<b>90</b>

10. Household Size	Number of Households
a. Single Person	84
b. Two	3
c. Three	3
d. Four	0
e. Five	0
f. Six or more	0
g. Unknown/not reported	0
<b>TOTAL (auto calculated)</b>	<b>90</b>

11. Housing	Number of Households
a. Own	13
b. Rent	64
c. Other permanent housing	1
d. Homeless	0
e. Other	12
f. Unknown/not reported	0
<b>TOTAL (auto calculated)</b>	<b>90</b>

12. Level of Household Income	Number of Households
a. Up to 50%	87
b. 51 - 75%	2
c. 76 - 100%	0
d. 101 - 125%	0
e. 126 - 150%	1
f. 151 - 175%	0
g. 176 - 200%	0
h. 201 - 250%	0
i. 251 and over %	0
j. Unknown/not reported %	0
<b>TOTAL (auto calculated)</b>	<b>90</b>

13. Sources of Household Income	Number of Households
a. Income from Employment Only	1
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	46
f. Other Income Source and Non-Cash Benefits	32
g. No Income	9
h. Non-Cash Benefits Only	2
i. Unknown/not reported	0
<b>TOTAL (auto calculated)</b>	<b>90</b>

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)	38
c. Social Security Disability Income (SSDI)	4
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	14
i. Pension	3
j. Child Support	0
k. Alimony or other Spousal Support	0
l. Unemployment Insurance	0
m. EITC	0
n. Other	4
o. Unknown/not reported	30

15. Non-Cash Benefits	Number of Households
a. SNAP	6
b. WIC	0
c. LIHEAP	1
d. Housing Choice Voucher	4
e. Public Housing	1
f. Permanent Supportive Housing	0
g. HUD-VASH	0
h. Childcare Voucher	0
i. Affordable Care Act Subsidy	0
j. Other	0
k. Unknown/not reported	25

**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.