

Tuesday, 22 May, 2018

Program activity date is between 10/1/15 and 9/30/16

Module 4, Section C: All Characteristics Report - Data Entry Form
Goal 1: Individuals and Families with low-incomes are stable and achieve economic security

Name of CSBG Eligible Entity Reporting:

Operation: New View

Module 4, Section C: All Characteristics Report - Data Entry Form

Goal 1: Individuals and Families with low-incomes are stable and achieve economic security

Name of CSBG Eligible Entity Reporting: Operation: New View

A. Total unduplicated number of INDIVIDUALS about whom one or more characteristics were obtained 13210
 B. Total unduplicated number of HOUSEHOLDS about whom one or more characteristics were obtained 5307

C. INDIVIDUAL LEVEL CHARACTERISTICS

1. Gender	Number of Individuals
a. Male	5947
b. Female	7257
c. Other	0
d. Unknown/not reported	0
TOTAL (auto calculated)	13204

2. Age	Number of Individuals
a. 0 to 5	1524
b. 6 to 13	2428
c. 14 to 17	1075
d. 18 to 24	1159
e. 25 to 44	3144
f. 45 to 54	1349
g. 55 to 59	651
h. 60 to 64	575
i. 65 to 74	572
j. 75+	733
k. Unknown/not reported	0
TOTAL (auto calculated)	13210

3. Education Levels	Number of Individuals	
	(ages 14-24)	ages 25+
a. Grades 0-8	848	323
b. Grades 9-12/non-graduate	876	1500
c. High school grad/Equivalency Diploma	334	3482
d. 12 grade + Some Post-Secondary	119	1135
e. 2 or 4 year College Graduate	11	550
f. Graduate or other post-secondary school	0	4
g. Unknown/not reported	7	14
TOTAL (auto calculated)	2195	7008

4. Disconnected Youth	Number of Individuals
a. Youth ages 14-24 who are neither working nor in school	124

5. Health	Number of Individuals		
	Yes	No	Unknown
a. Disabling Condition	3250	9840	109
	Yes	No	Unknown
b. Health insurance*	11548	1480	176

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

Health Insurance Sources

i. Medicaid	7812
ii. Medicare	1409
iii. State Children's Health Insurance Program	92
iv. State Health Insurance for Adults	648
v. Military Health Care	10
vi. Direct-Purchase	1371
vii. Employment Based	206
viii. Unknown/not reported	176
TOTAL (auto calculated)	11724

6. Ethnicity/Race	Number of Individuals
i. Ethnicity	
a. Hispanic , Latino, Spanish Origins	284
b. Not Hispanic, Latino, or Spanish Origins	12897
c. Unknown/not reported	4
TOTAL (auto calculated)	13185

ii. Race	
a. American Indian or Alaskan Native	49
b. Asian	62
c. Black or African American	1978
d. Native Hawaiian or Other Pacific Islander	293
e. White	10053
f. Other	185
g. Multi-race (two or more of the above)	546
c. Unknown/not reported	44
TOTAL (auto calculated)	13210

7. Military Status	Number of Individuals
a. Veteran	153
b. Active Military	20
c. Unknown/not reported	901
TOTAL (auto calculated)	1074

8. Work Status	Individuals 18+
a. Employed Full-Time	1459
b. Employed Part-Time	1304
c. Migrant Seasonal Farm Worker	5
d. Unemployed (Short-Term, 6 months or less)	142
e. Unemployed (Long-Term, more than 6 months)	243
f. Unemployed (Not in Labor Force)	5865
g. Retired	951
h. Unknown/not reported	140
TOTAL (auto calculated)	10109

Module 4, Section C: All Characteristics Report - Data Entry Form

Goal 1: Individuals and Families with low-incomes are stable and achieve economic security

Name of CSBG Eligible Entity Reporting: Operation: New View

D. HOUSEHOLD LEVEL CHARACTERISTICS

9. Household type	Number of households
a. Single Person	2198
b. Two Adults NO Children	764
c. Single Parent Female	940
d. Single Parent Male	106
e. Two Parent Household	0
f. Non-related Adults with Children	0
g. Multigenerational Household	0
h. Other	325
i. Unknown/not reported	974
TOTAL (auto calculated)	5307

13. Sources of Household Income	Number of households
a. Income from Employment Only	413
b. Income from Employment and Other Income Source	32
c. Income from Employment, Other Income Source, and Non-Cash Benefits	414
d. Income from Employment and Non-Cash Benefits	1,238
e. Other Income Source Only	104
f. Other Income Source and Non-Cash Benefits	1,760
g. No income	37
h. Non-Cash Benefits Only	733
i. Unknown/not reported	576
TOTAL (auto calculated)	5307

10. Household size	Number of households
a. Single Person	2198
b. Two	1110
c. Three	752
d. Four	594
e. Five	370
f. Six or more	283
g. Unknown/not reported	0
TOTAL (auto calculated)	5307

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 Source	Number of Households
a. TANF	133
b. Supplemental Security Income (SSI)	719
c. Social Security Disability Income (SSDI)	1
d. VA Service-Connected Disability Compensation	9
e. VA Non-Service Connected Disability Pension	37
f. Private Disability Insurance	0
g. Worker's Compensation	0
h. Retirement Income from Social Security	1848
i. Pension	274
j. Child support	0
k. Alimony or other Spousal Support	314
l. Unemployment insurance	70
m. EITC	0
n. Other	208
o. Unknown/not reported	0

11. Housing	Number of households
a. Own	1777
b. Rent	3260
c. Other permanent housing	0
d. Homeless	10
e. Other	75
f. Unknown/not reported	0
TOTAL (auto calculated)	5122

12. Level of Household Incomes	Number of households
<i>(% of HHS Guideline)</i>	
a. Up to 50%	1621
b. 51% to 75%	818
c. 76% to 100%	954
d. 101% to 125%	796
e. 126% to 150%	625
f. 151% to 175%	356
g. 176% to 200%	56
h. 201% to 250%	55
i. 250% and over	26
j. Unknown/not reported	
TOTAL (auto calculated)	5307

15. Non-Cash Benefits	Number of Households
a. SNAP	3075
b. WIC	175
c. LIHEAP	2920
d. Housing Choice Voucher	93
e. Public Housing	204
f. Permanent Supportive Housing	4
g. HUD-VASH	118
h. Childcare Voucher	45
i. Affordable Care Act Subsidy	138
j. Other	2
k. Unknown/not reported	0

E. Number of Individuals Not Included in the Totals Below	<i>(due to data collection system integration barriers)</i>								
1. Please list the unduplicated number of INDIVIDUALS served in each program*:	<table border="1" style="float: right;"> <thead> <tr> <th>Program Name</th> <th>Number of Individuals</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Program Name	Number of Individuals						
Program Name	Number of Individuals								
F. Number of Households Not Included in the Totals Above	<i>(due to data collection system integration barriers)</i>								
1. Please list the unduplicated number of HOUSEHOLDS served in each program*:	<table border="1" style="float: right;"> <thead> <tr> <th>Program Name</th> <th>Number of Individuals</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Program Name	Number of Individuals						
Program Name	Number of Individuals								