

Poverty in Alachua County

Research Analysis

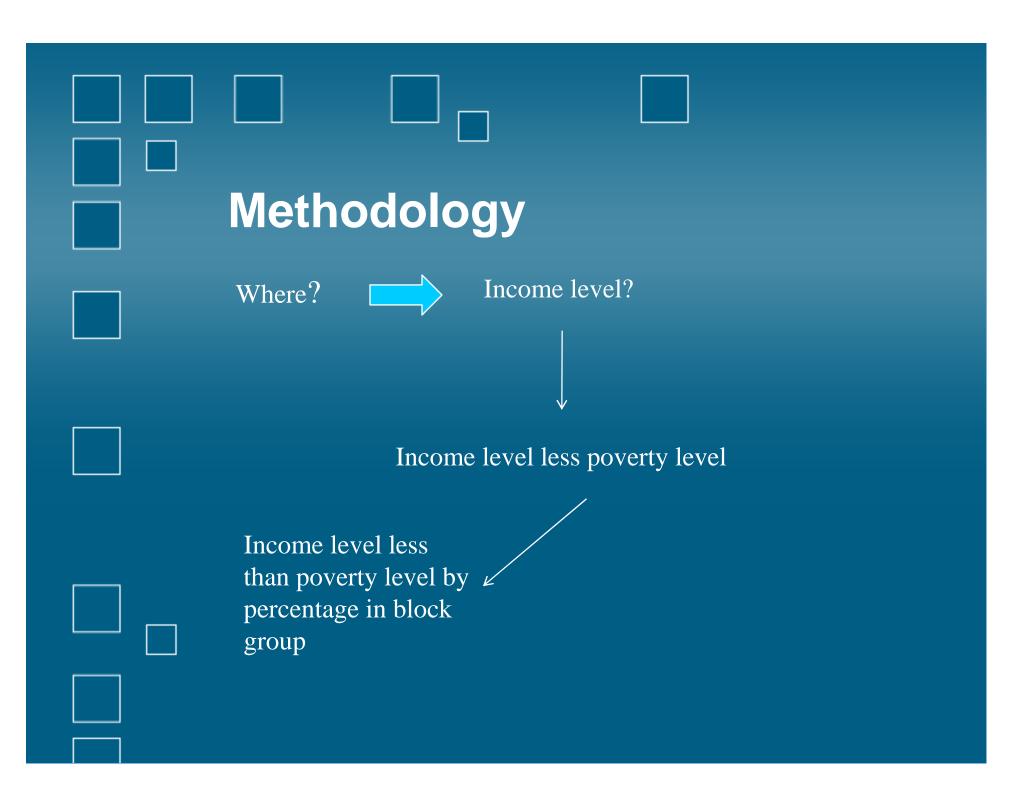
Drew McLean
Brandon Grant
Sonnet Robinson
Joshua Fisher

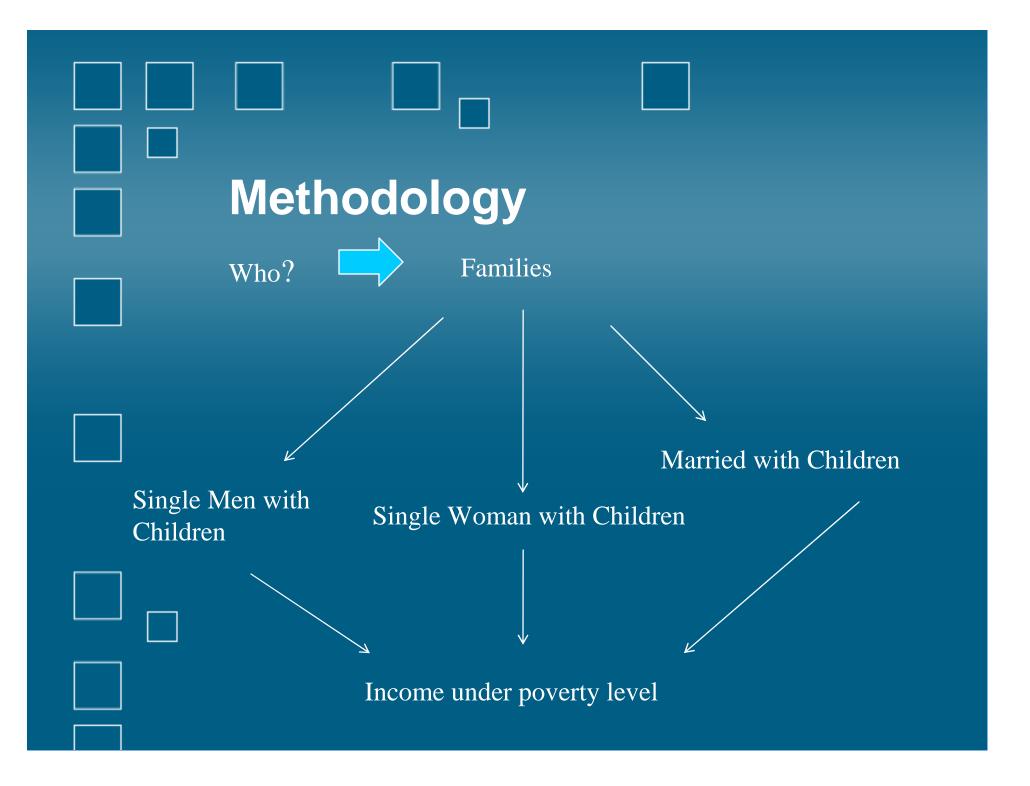
Main Goals • Identifying Poverty in Alachua County Identify Lack of Access • Redefine Poverty

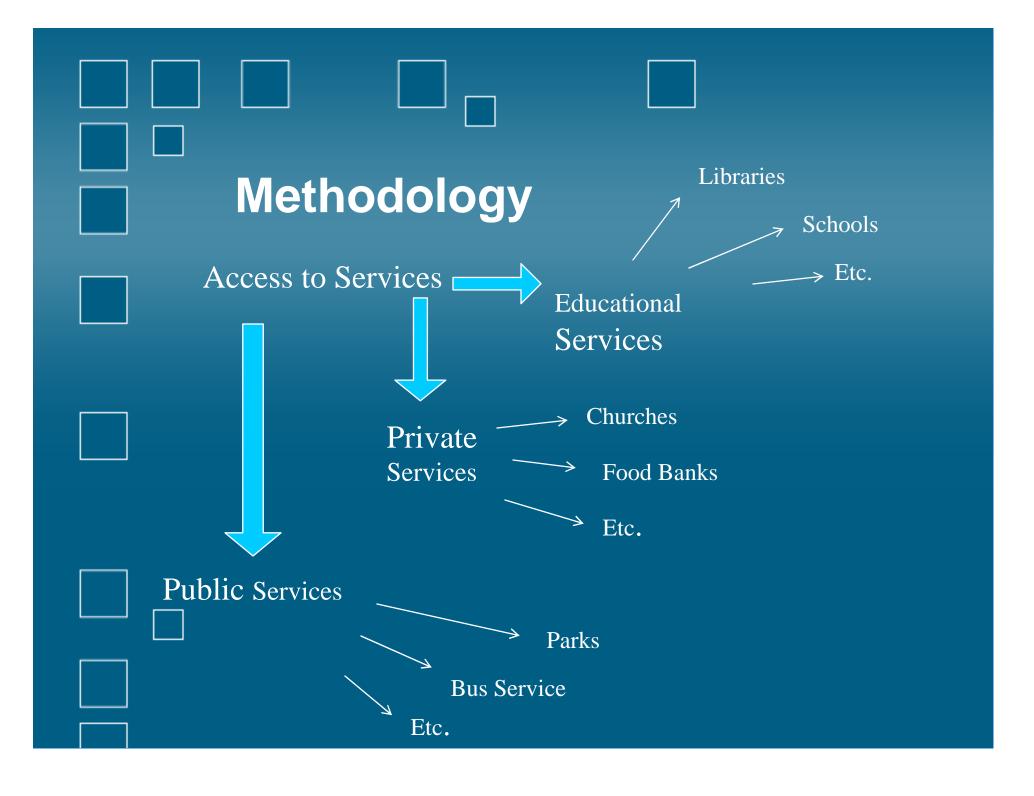
Background **Problem Statement:** • Where is Poverty? Who is in Poverty? • Access to Services?

Area of Study County Wide Examination Demographics Households a. Families Economic Background History of Area 3.

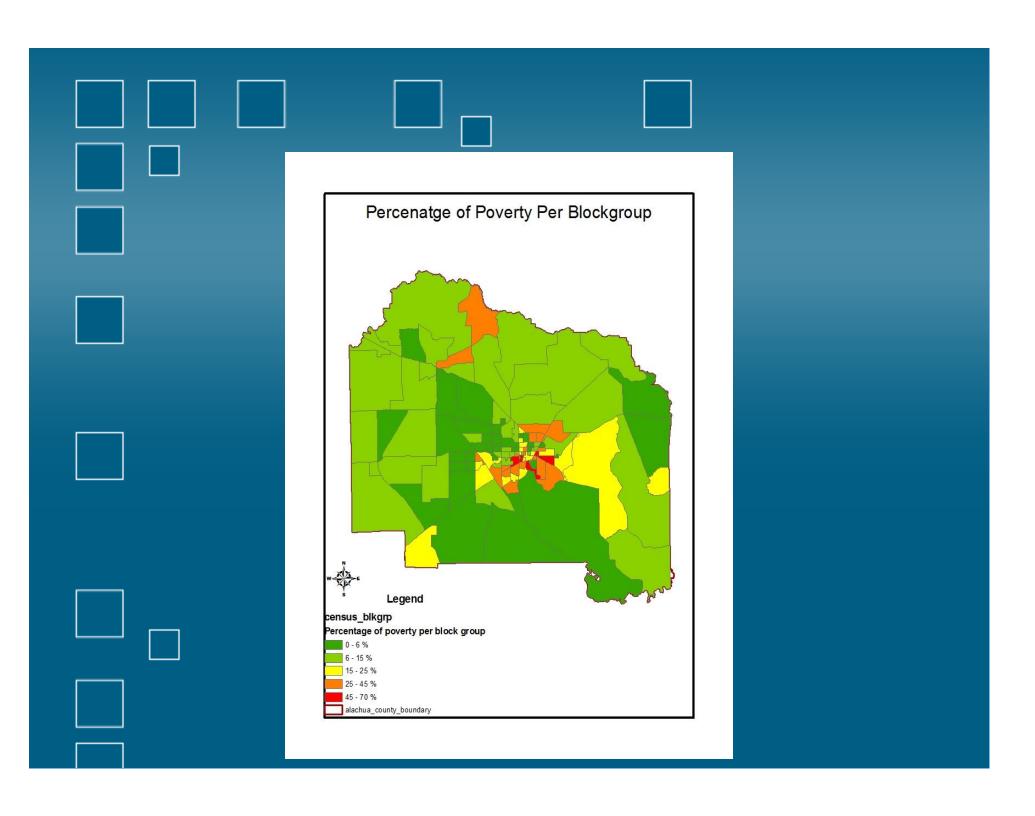
Goal Objectives Where? Income level Substandard Housing Assisted Living Who? - Married with Children? – Single with Children? Access to Services Educational Services Public Services Private Services



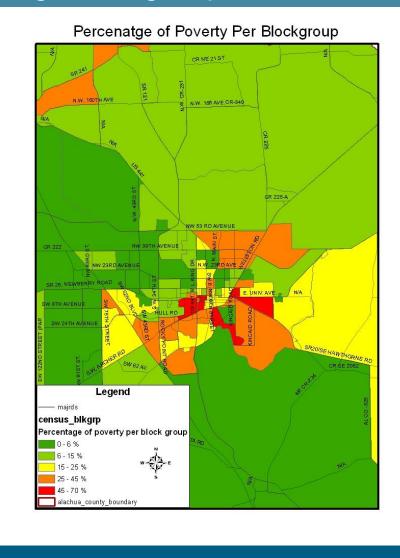


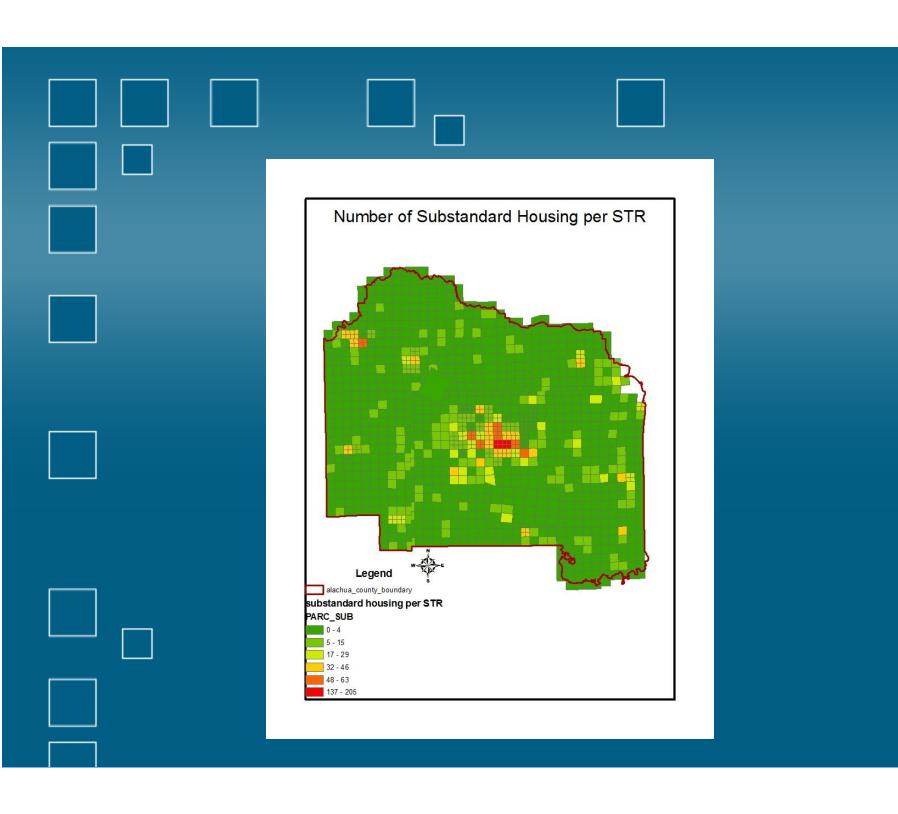


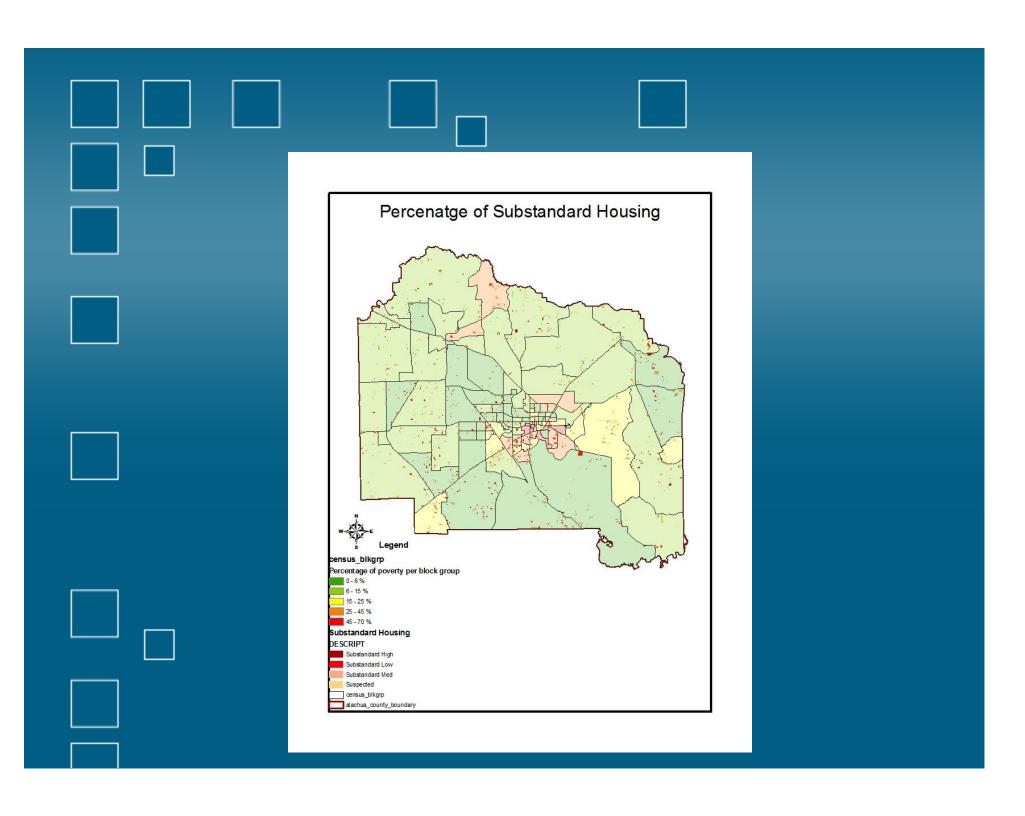
Where are the areas of poverty around the county and how do we find them? Is it income percentage per block group? Is it where substandard housing is? Is it where assisted/group housing is?



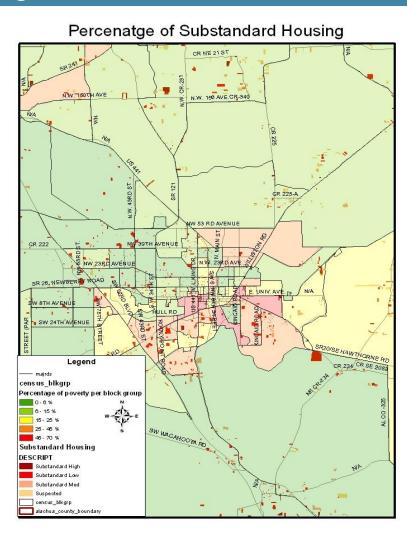
Poverty among block groups in Gainesville

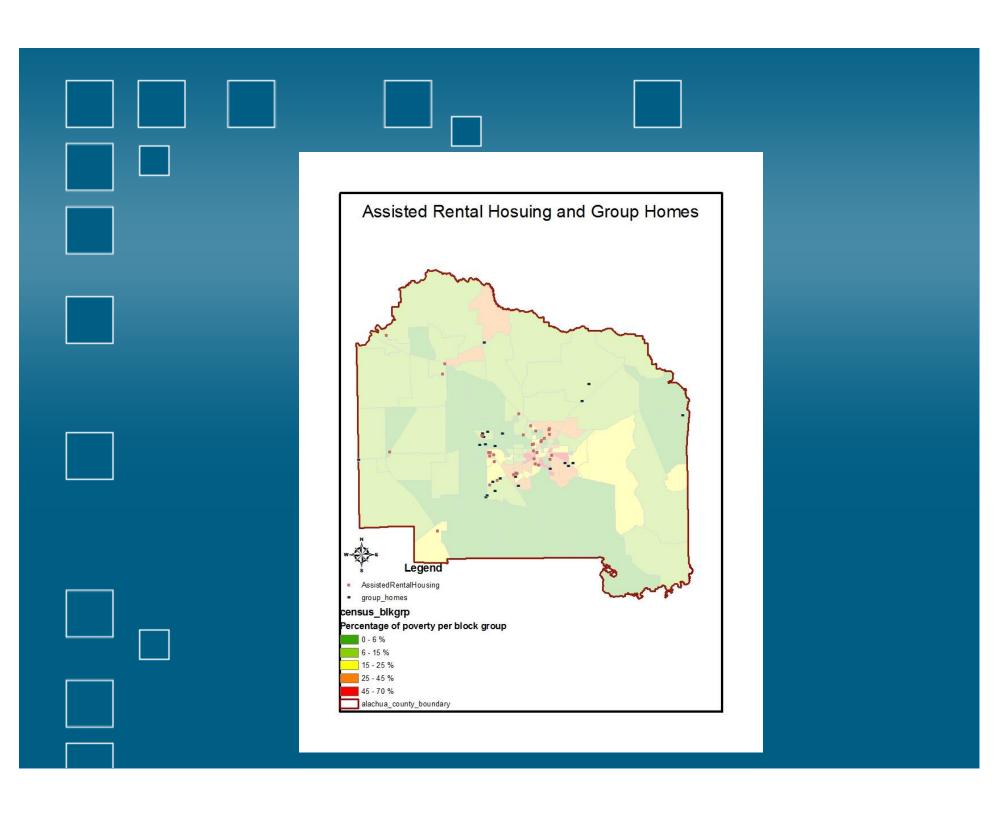






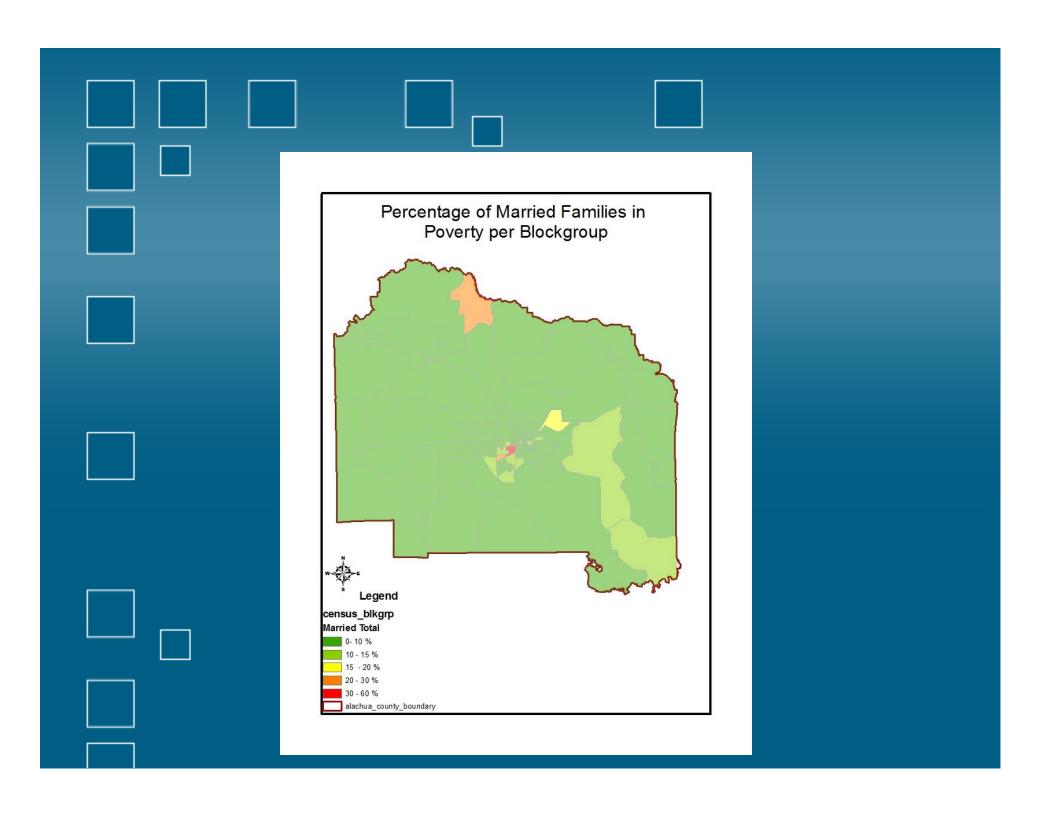
Percentages within Gainesville



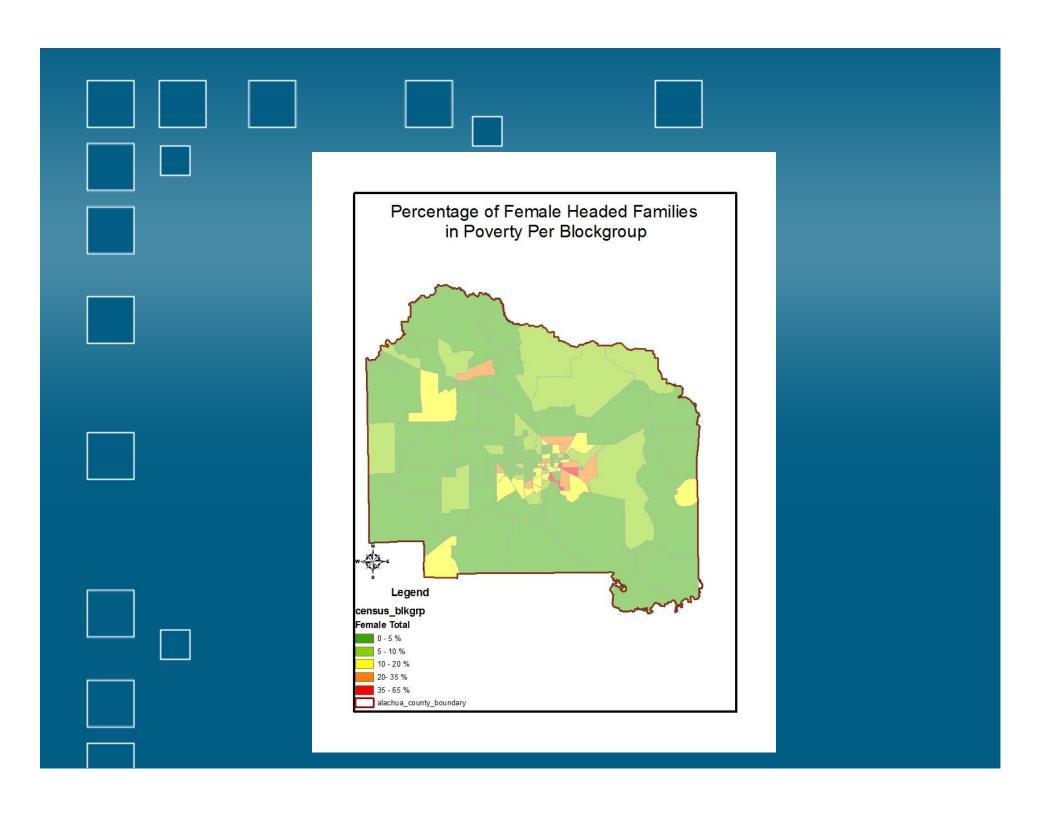


In Gainesville Assisted Rental Housing and Group Homes N.W. 150TH AVE N.W. 158 AVE.CR-340 GR-232,MILLHOPPER RD NW 53 RD AVENUE GR 222 NW 23RD AVENUE N.W. 23RD AVE SW 8TH AVENUE SW 24TH AVENUE KINCAID ROAD Legend WACAHOOTA RO majrds AssistedRentalHousing group_homes census_blkgrp Percentage of poverty per block group 0-6% 6 - 15 % 15 - 25 % 25 - 45 % alachua_county_boundary

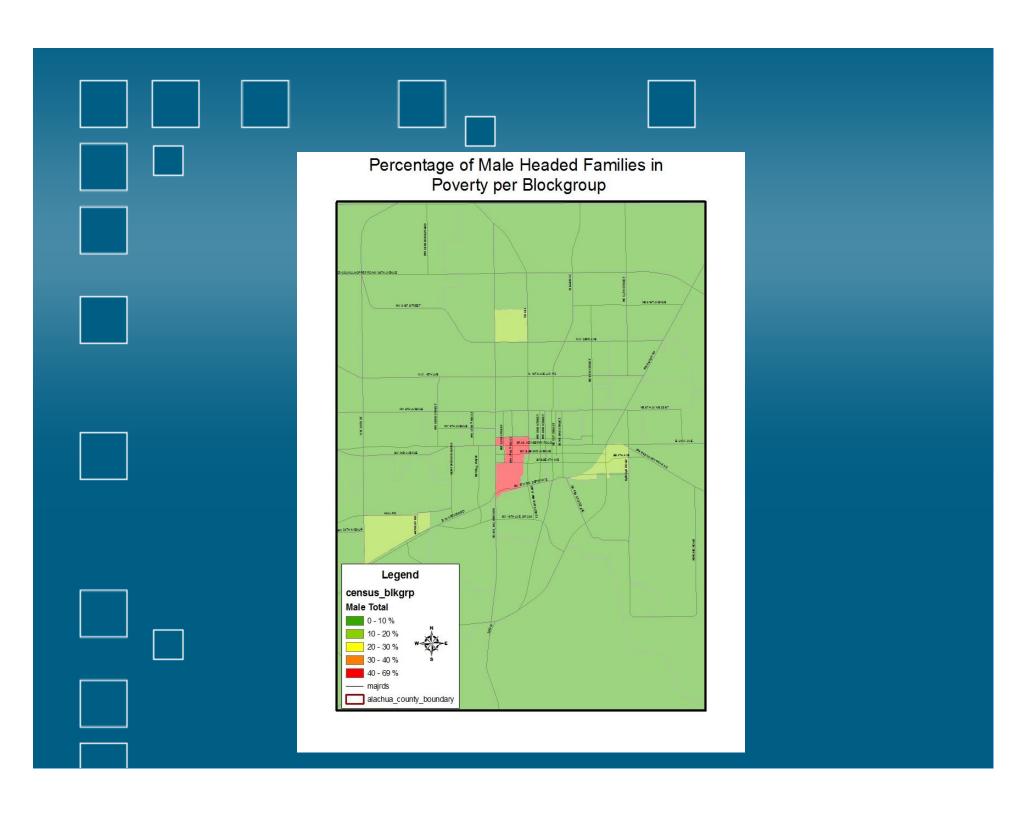


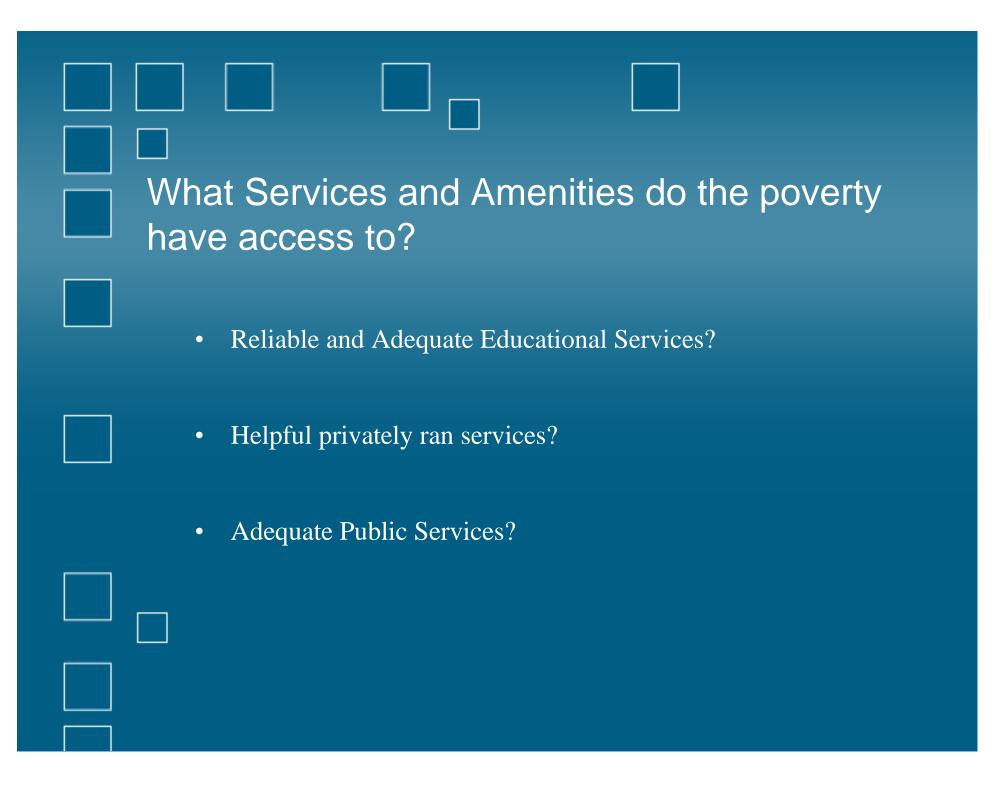


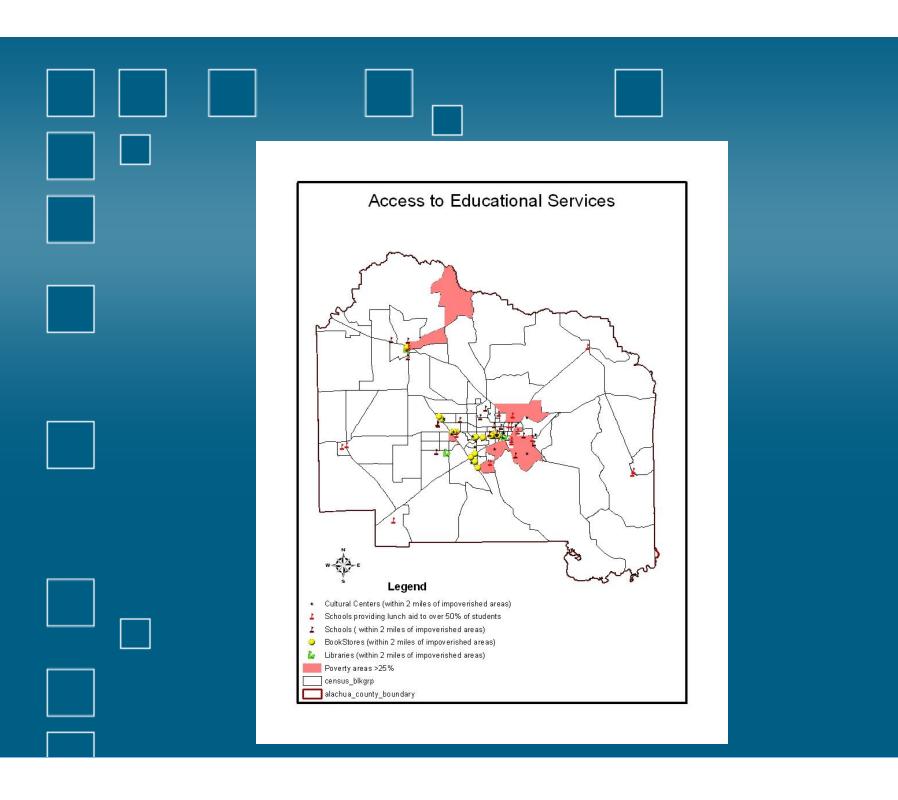
In Gainesville Percentage of Married Families in Poverty per Blockgroup NW 53 RD AVENUE CR-232,MILLHOPPER RD NW 39TH AVENUE NW 31ST STREET NW 23RD AVENUE HULL RD SW 16TH AVE, SR 226 SW 62 AV. ROCKY POINT ROAD Legend census_blkgrp Married Total 0- 10 % 10 - 15 % 15 - 20 % 20 - 30 % SW WACAHOOTA RO 30 - 60 % – majrds alachua_county_boundary



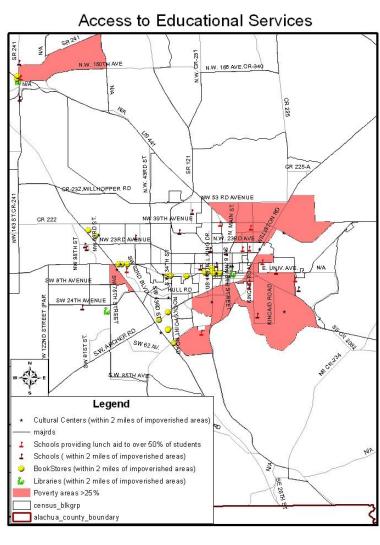
Within Gainesville Percentage of Female Headed Families in Poverty Per Blockgroup CR NE 21 ST N.W. 158 AVE.CR-340 GR 225-A NW 53 RD AVENUE NW 23RD AVENUE SR 26, NEWBERRY ROAD SW 8TH AVENUE KINCAID ROAD Legend census_blkgrp S.W. 85TH AVE. Female Total 0-5% SW WACAHOOTA PO 10 - 20 % 20- 35 % 35 - 65 % . SW 91ST ST — majrds alachua_county_boundary

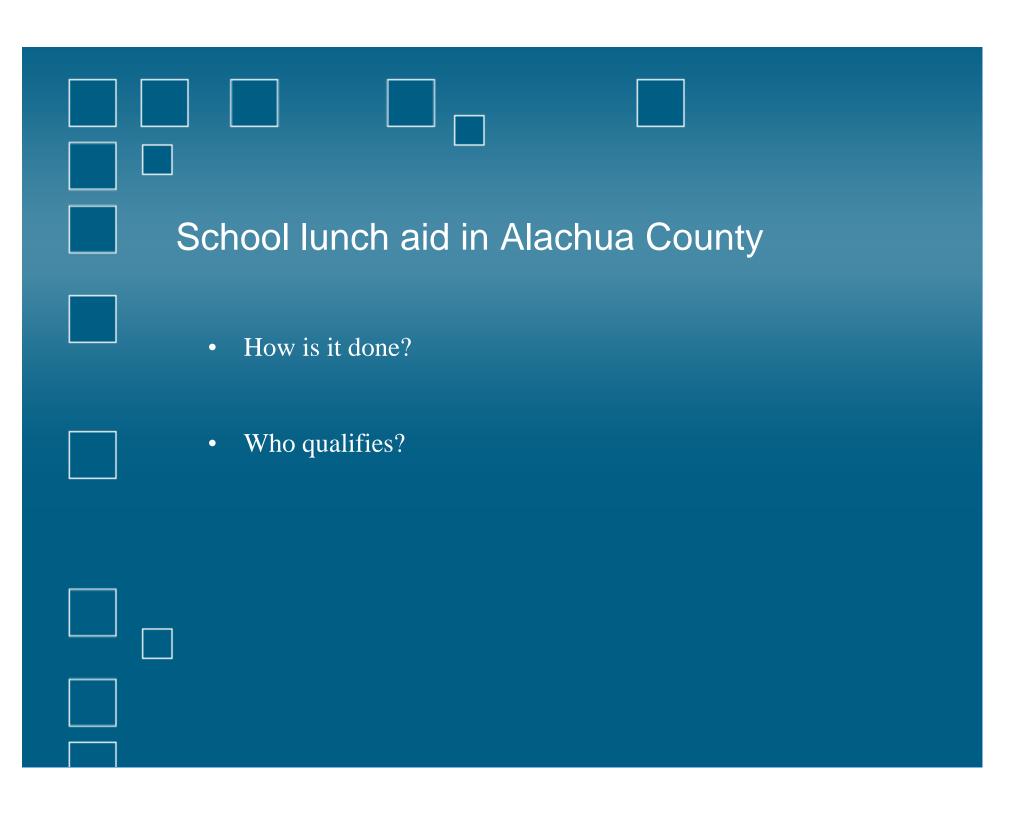






In Gainesville Access to Educational Services





2008 - 2009 FAMILY APPLICATION FOR FREE AND REDUCED PRICE MEALS ALACHIA COUNTY PUBLIC SCHOOLS 3700 NE 53⁵⁰ AVENUE, Building B, GAINESVILLE, FL 32609 TO APPLY FOR FREE AND REDUCED PRICE MEALS <u>COMPLETE ONLY ONE APPLICATION PER HOUSEHOLD</u>. FOLLOW THE INSTRUCTIONS BELOW, SIGN YOUR NAME, DATE AND RETURN ONE COMPLETED APPLICATION TO ANY SCHOOL IN WHICH YOUR CHILD OR CHILDREN ARE RENOLLED. CALL ITHS CHOOL IF YOU NEED HELP DOWNETHING THIS FORM, ANY STUDENT WHO DOES NOT HAVE A CURRENT APPLICATION OF FIRST WITH A PROPERTY OF THE CHILD REPORT OF THE CHILD RENORMAN STRUCTURE OF THE CHILD REPORT OF THE CHILD RENORMAN STRUCTURE OF T ** Check here if your child received free or reduced price meals in Alachua County during the 2007 - 2008 school year. PART 1 PART 2 PART 2 HOUSEHOLDS RECEIVING FOOD STAMPS OR TANF must list a current food stamp or TANF <u>case number</u> (10 digits) for each child. This is not the number on the card. Complete this part and Part 5, do not complete Part 3 or 4 PARI 1 STUDENT INFORMATION ALL HOUSEHOLDS COMPLETE THIS PART. It name, grade and school for ALL the children for which you are applying. Please attach additional sheet if needed. FIRST MIDDLE (PART 1) (School Use Only) LAST NUMBER (PART 2) PART 3 - HOUSEHOLD WITH A FOSTER CHILD: A <u>SEPARATE APPLICATION MUST BE COMPLETED FOR EACH FOSTER CHILD</u>. (COMPLETE THIS PART AND PART 5) A FOSTER CHILD IS A CHILD WHO IS THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT. IF THIS IS A <u>FOSTER CHILD</u>. CHECK THIS BOX LIST THE CHILD'S MONTHLY "PERSONAL USE" INCOME 5 . YOU MUST SIGN THIS FORM BUT DO NOT NEED TO GIVE A SOCIAL SECURITY NUMBER (Skip to Section 5). PART 4 - HOUSEHOLD MEMBERS AND GROSS INCOME: (1) Write the names of ALL persons in your household, whether they receive income or not. include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in whosehold. (2) Write the amount of income each household member receives & how often income is received before taxes or anything else is taken out, listing it in the column that shows where it came from: earnings, welfare, pensions, other income. Income is ANY money received Gross Income & Frequency Earnings (before deductions) From Main Job NAMES List the names of everyone in your household. (Include the children listed above) CHECK IF \$200.00 / week \$ 25.00 / Biwkly \$0 PART 5 - SIGNATURE AND SOCIAL SECURITY NUMBER: An adult household member <u>MUST SIGN</u> the application before it can be approved. PENALTES FOR MISREPRESENTATION: I certify (promise) that all information on this application is true and correct and that all income is reported. I understand that the six wall get Federal truth based on the information (pile. I understand that show of the information on the supplication is superior to the information of the supplication is the superior to the supplication is supplied. information, my child may lose meal benefits, and I may be prosecuted under applicable State and Federal laws. Check here if additional sheets are attached. SIGNATURE OF ADULT HOUSEHOLD MEMBER: __ Social Security Number: ____-Write NONE if you do not have a Social Security Number: Home Telephone Number: ______ ____City____ Zip Code: _____Date PART 6 - RACE/ETHNIC IDENTITY OF CHILD(REN) optional section: You are not required to answer this question. Please mark one or more of the following racial identities: White, not of Hispanic Origin Black, not of Hispanic Origin Asian or Pacific Islander American Indian/Alaskan Native Hispanic Other Part 7. OTHER BENEFITS. You do not have to complete this part to get free or reduced price school meals. Many children who are eligible for meals through the National School Lunch and Breaksta Program are also eligible for low-cost health insurance. We will share the information on this application with State Children's Health Insurance Program (SCHIP), who will lisen dry our an paliciation for this insurance coverage. If you WANT information on this form shared with Medicaid or the State Children's Health Insurance Program, check this box and sign below. SIGNATURE OF PARENT OR GUARDAN. DISTRICT FNS OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE. VERIFICATION RESULT REASON FOR CHANGE Income Household Size No Response Reduced to Paid Info. rec. after cutoff_

FLORIDA INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED PRICE MEALS

Effective from July 1, 2008, to June 30, 2009

	Free Meal Scale is 130% of Federal Poverty Level					
Household size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	
1	13,520	1,127	564	520	260	
2	18,200	1,517	759	700	350	
3	22,880	1,907	954	880	440	
4	27,560	2,297	1,149	1,060	530	
5	32,240	2,687	1,344	1,240	620	
6	36,920	3,077	1,539	1,420	710	
7	41,600	3,467	1,734	1,600	800	
8	46,280	3,857	1,929	1,780	890	
Each additional family member, add	4,680	390	195	180	90	
	Reduced Meal Scale is 185% of Federal Poverty Level					
Household size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	
111	19,240	1,604	802	740	370	
2	25,900	2,159	1,080	997	499	
3	32,560	2,714	1,357	1,253	627	
4	39,220	3,269	1,635	1,509	755	
5	45,880	3,824	1,912	1,765	883	
6	52,540	4,379	2,190	2,021	1,011	
7	59,200	4,934	2,467	2,277	1,139	
8	65,860	5,489	2,745	2,534	1,267	

To determine annual income:

- If you receive the income every week, multiply the total gross income by 52.
- If you receive the income every two weeks, multiply the total gross income by 26.
- If you receive the income twice a month, multiply the total gross income by 24.
- If you receive the income monthly, multiply the total gross income by 12.

Remember: The total income before taxes, social security, health benefits, union dues, or other deductions must be reported.

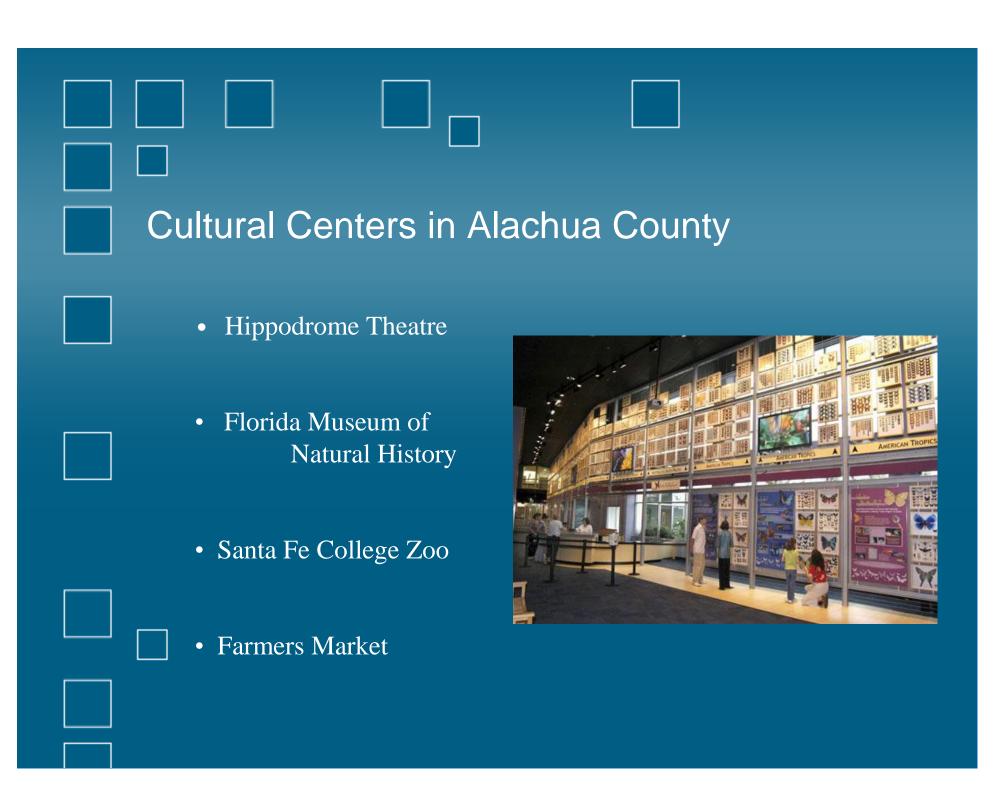
Libraries in Alachua County • How can Someone check out books? • How can I get a library card? • Who qualifies?

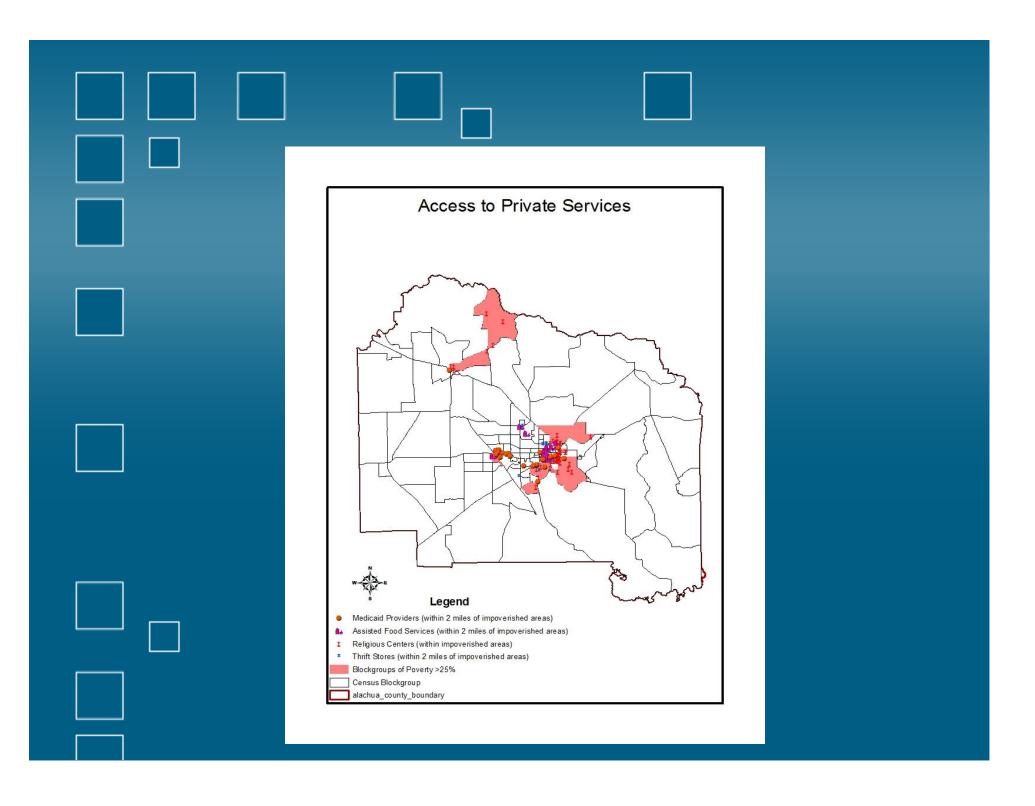


BARCODE		ALT I.D.
Print full name		Month / day / year of birth
Mailing address	Apt. #	City, state, zip + 4 code
Area code and telephone nu	mber County of residence	ce E-mail address
Gender (check one): Age (check one):	☐ Male 2 & under ☐ 13-	☐ Female 17 ☐ 18-59 ☐ 60 &
Library District rules. If s	igning for a minor, I und	s borrowed with this card and agree to abide be erstand that Library staff will not monitor, cont ry materials or information.
X	-	
Signature of responsible party (a		The state of the s
Do you wish to register to	vote:	
Staff initials/date		Notify Via: phone email

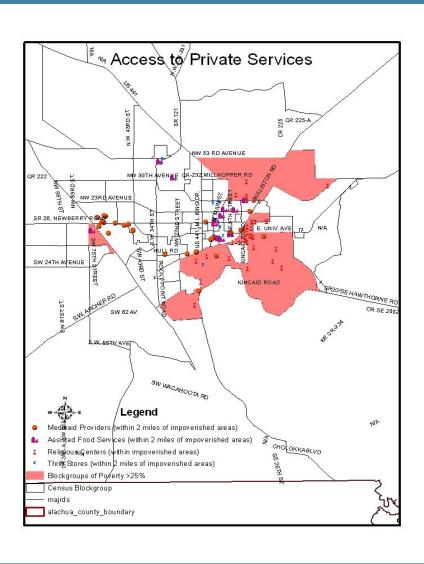


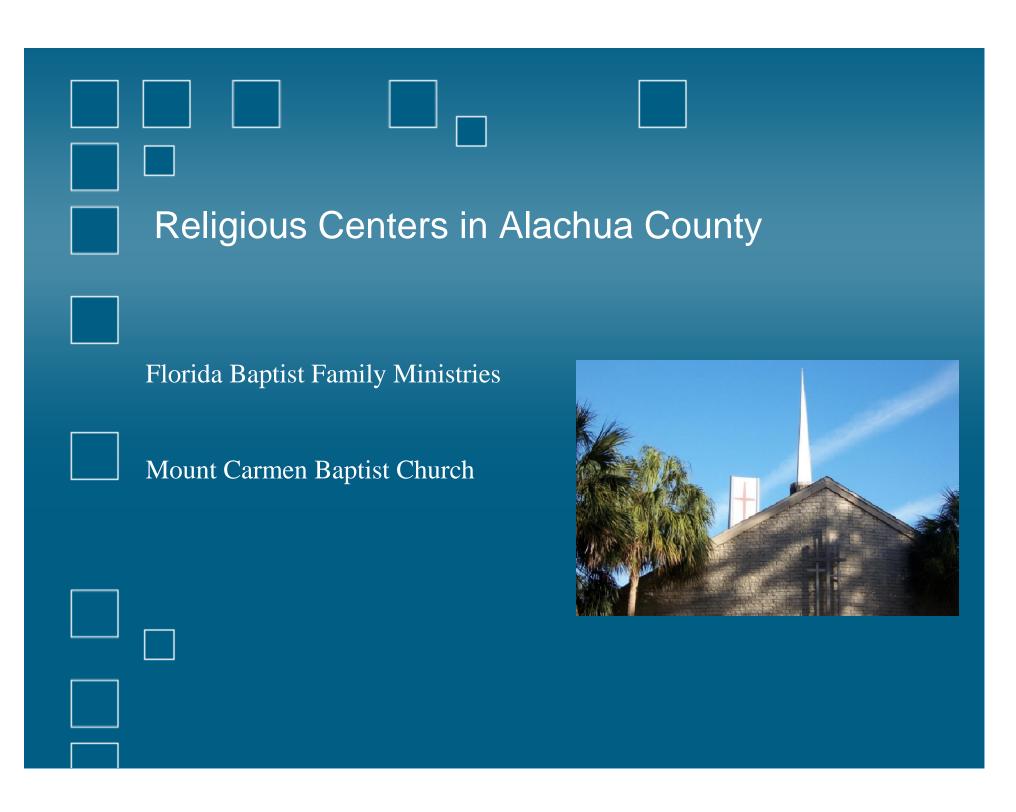
Welcome to the Alachua County Library District This card is good at any Library District location. Call (352) 334-3950 or visit www.aclib.us. to report lost or stolen cards or change of address. 2 2054 00554 7261 I accept responsibility for all materials borrowed on this card and agree to abide by all Library rules. Print Name Signature





Within Gainesville







Mount Carmen Baptist Church



Username Password



The Family Life Center will serve people of all ages and stages of life through the following ministries, activities or workshops:

Click here for a calender of events at the Family Life Center

Children

Computer Access
Fine Arts
Crafts
Tutoring
Mountain Top Book Table
Drama
Teen Health Seminars
Games
Movie Nights
High School Drop Out Prevention
Teen Pregnancy Prevention
Sports

Families & Adults

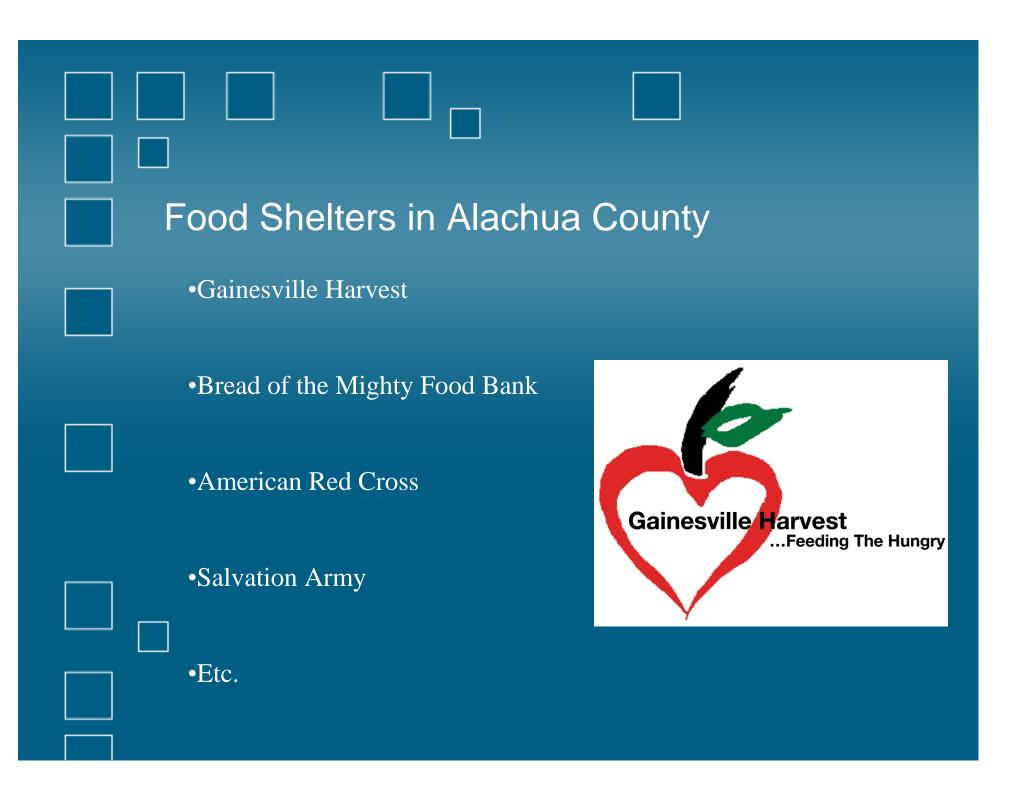
Parenting Classes Real Estate and Home Buying Workshops

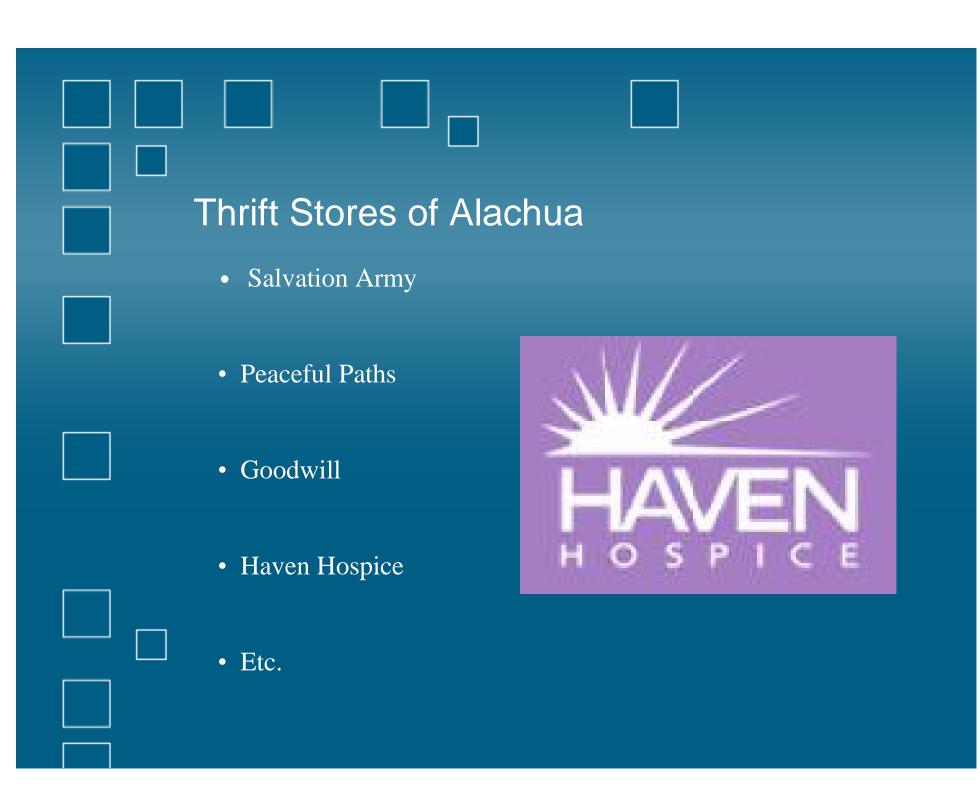
The Elderly

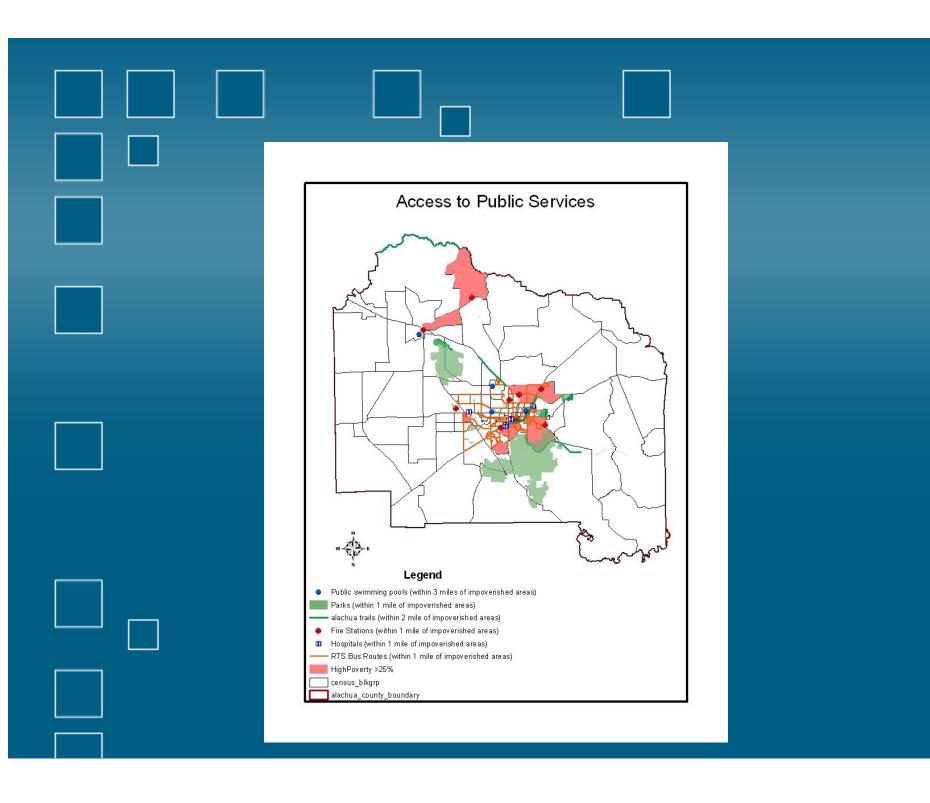
Tele Care Senior Citizens Programs Continuing Health Education

Those In Hardship

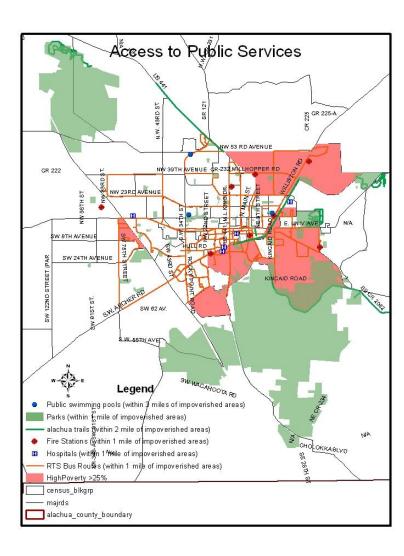
Health Ministry SHARE Food Pantry S.H.I.P. Helping Hands Clothing Closet

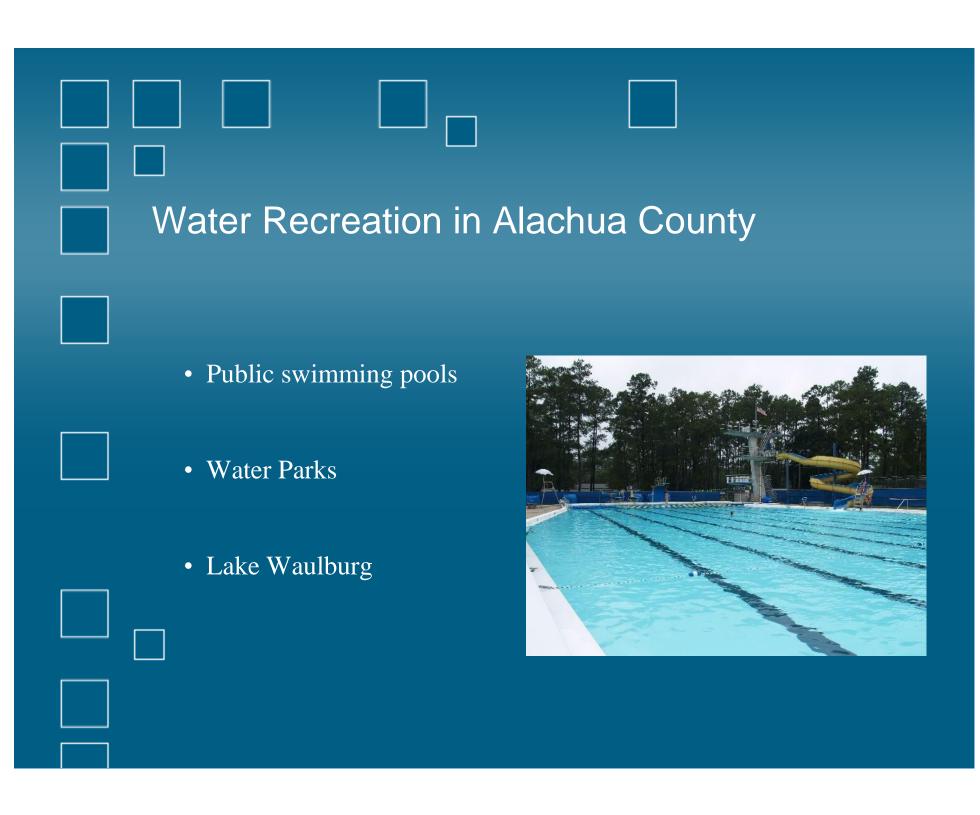






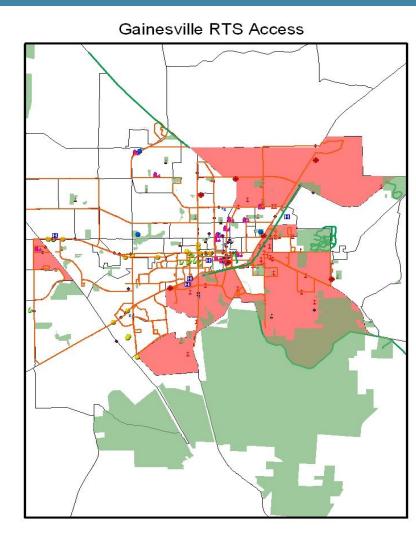
In Gainesville







Gainesville RTS



Gainesvi	lle RTS	
Cash fares		
Adult	\$1.50	
Children	Free	
School Childre	en \$.75	15 23 AVE.I6 ST.
Medicaid Reci	pient \$.75	
Passes		
All Day	\$3.00	
Monthly (Full/	Half) \$35.00/17.5	50
Student Semes	ter \$60.00	
Student month	ly \$17.50	

Amenities in Alachua County

- Fire Departments
- Police Departments
- Hospitals



