

Federal Poverty Guidelines 2013

Obamacare411 Booklet
 Welfare, Work, and Poverty Status of Female- Headed Families with Children: 1987-2013
 Learning Together
 Obamacare411 Booklet
 Students of Color and the Achievement Gap
 Legal Services Corporation
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TRUJILLO BRAIDEN

Obamacare411 Booklet Jones & Bartlett Publishers

This book describes the access to justice crisis facing low- and middle-income Americans and the current reforms to address it. *Welfare, Work, and Poverty Status of Female- Headed Families with Children: 1987-2013* National Academies Press

Starting in 2014, the Affordable Care Act will extend health coverage to millions of Americans. This will be done, in part, by offering tax credits to help low- and middle-income Americans afford private coverage. These new tax credits, which will offset a portion of the cost of health insurance premiums, will soon become a reality, allowing many previously uninsured individuals and families to purchase quality health coverage. This report takes a closer look at these premium tax credits, which will help Americans with incomes up to four times the federal poverty level (\$94,200 for a family of four in 2013) afford coverage. The unique structure of the tax credits means that people will be protected from having to spend more than a set percentage of their income on health insurance premiums. These premium tax credits will take effect in January 2014, following open enrollment that begins in October 2013.

Learning Together CreateSpace

In 2013, 45.3 million people were counted as poor in the United States under the official poverty measure—a number statistically unchanged from the 46.5 million people estimated as poor in 2012. The poverty rate, or percent of the population considered poor under the official definition, was reported at 14.5% in 2013, a statistically significant drop from the estimated 15.0% in 2012. Poverty in the United States increased markedly over the 2007-2010 period, in tandem with the economic recession (officially marked as running from December 2007 to June 2009), and remained unchanged at a post-recession high for three years (15.1% in 2010, and 15.0% in both 2011 and 2012). The 2013 poverty rate of 14.5% remains above a 2006 pre-recession low of 12.3%, and well above an historic low rate of 11.3% attained in 2000 (a rate statistically tied with a previous low of 11.1% in 1973). The incidence of poverty varies widely across the population according to age, education, labor force attachment, family living arrangements, and area of residence, among other factors. Under the official poverty definition, an average family of four was considered poor in 2013 if its pre-tax cash income for the year was below \$23,834. The measure of poverty currently in use was developed some 50 years ago, and was adopted as the “official” U.S. statistical measure of poverty in 1969. Except for minor technical changes, and adjustments for price changes in the economy, the “poverty line” (i.e., the income thresholds by

which families or individuals with incomes that fall below are deemed to be poor) is the same as that developed nearly a half century ago, reflecting a notion of economic need based on living standards that prevailed in the mid-1950s. Moreover, poverty as it is currently measured only counts families' and individuals' pre-tax money income against the poverty line in determining whether or not they are poor. In-kind benefits, such as benefits under the Supplemental Nutrition Assistance Program (SNAP, formerly named the Food Stamp program) and housing assistance, are not accounted for under the “official” poverty definition, nor are the effects of taxes or tax credits, such as the Earned Income Tax Credit (EITC) or Child Tax Credit (CTC). In this sense, the “official” measure fails to capture the effects of a variety of programs and policies specifically designed to address income poverty. A congressionally commissioned study conducted by a National Academy of Sciences (NAS) panel of experts recommended, some 20 years ago, that a new U.S. poverty measure be developed, offering a number of specific recommendations. The Census Bureau, in partnership with the Bureau of Labor Statistics (BLS), has developed a Supplemental Poverty Measure (SPM) designed to implement many of the NAS panel recommendations. The SPM is to be considered a “research” measure, to supplement the “official” poverty measure. Guided by new research, the Census Bureau and BLS intend to improve the SPM over time. The “official” statistical poverty measure will continue to be used by programs that use it as the basis for allocating funds under formula and matching grant programs. The Department of Health and Human Services (HHS) will continue to issue poverty income guidelines derived from “official” Census Bureau poverty thresholds. HHS poverty guidelines are used in determining individual and family income eligibility under a number of federal and state programs. Estimates from the SPM differ from the “official” poverty measure and are presented in a final section of this report.

Obamacare411 Booklet CreateSpace

Presents an in-depth look at American women and families around transformational moments in history, with new data and commentary on the current status of women in America. *Students of Color and the Achievement Gap* Cengage Learning

Reflecting the idea that social justice is a primary mission of the social work profession, this text provides a thorough grounding in policy analysis—with extensive coverage of policy practice and a unique emphasis on the broad issues and human dilemmas inherent in the pursuit of social justice. The book introduces several philosophical perspectives on what constitutes social justice, and identifies values and assumptions reflected in contemporary policy debates. FOUNDATIONS OF SOCIAL POLICY, Fifth Edition, part of the BROOKS/COLE EMPOWERMENT SERIES, integrates the core competencies and practice behaviors outlined

in the 2008 Educational Policy and Accreditation Standards (EPAS) set by the Council on Social Work Education (CSWE). Numerous updates, on topics ranging from women in combat and elder abuse to the DOMA decision and movements against public employee unions, showcase the profound impact of current events on policy issues and social justice in the United States and internationally. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

Legal Services Corporation National Academies Press

The Temporary Assistance for Needy Families (TANF) block grant helps states fund, among other benefits and services, cash assistance for needy families with children. While there are some federal rules that determine who may qualify for TANF-funded cash assistance (e.g., the family must have a dependent child), states determine the financial eligibility criteria and cash assistance benefit amounts. There is a large amount of variation among the states in the income thresholds that determine whether a family is eligible for cash assistance and in the benefit amounts paid. Most states only admit very poor families onto the benefit rolls. In July 2013, the majority of states (29 states and the District of Columbia (DC)) required that a single mother caring for two children earn less than \$814 per month to gain entry to the benefit rolls—an earnings level representing about half of 2013 poverty-level income. States often permit families with a working member who obtains a job while on the rolls to remain eligible for TANF at higher earnings levels, though in many states such eligibility is retained for a limited period of time. States also usually require that a family has assets below a specified amount in order to qualify for benefits. In July 2013, 27 states and DC required applicant families to have \$2,000 or less in assets to gain entry to the benefit rolls. In most states, the value of at least one of the family's cars is not counted toward the state's asset limit. In July 2013, the state with the lowest maximum benefit paid to a family consisting of a single parent and two children was Mississippi, with a benefit of \$170 per month (10% of poverty-level income). Among the contiguous 48 states and DC, the highest maximum benefit was paid in New York: \$789 per month for a single parent of two children in New York City (49% of poverty-level income). The benefit for such a family in the median jurisdiction (DC, whose maximum benefit ranked 26th among the 50 states and DC), was \$428, a benefit amount that represented 26% of monthly poverty-level income in 2013. TANF maximum benefits vary greatly by state; there is also a very apparent regional pattern to benefit amounts. States in the South tend to have the lowest benefit payments; states in the Northeast have the highest benefits. Though the 1996 welfare reform law that created TANF revamped many of the rules for cash assistance for needy families, states determined income eligibility rules and

maximum benefit amounts even before enactment of the law. There were large variations among the states in benefit amounts before the 1996 welfare law. The regional pattern to benefit amounts—with relatively low benefits in the South—also existed under pre-TANF law.

Foundations and Best Practices in Early Childhood Education: History, Theories, and Approaches to Learning (3rd Edition) NYU Press

This book provides a basic understanding of health care reform, Obamacare, and what it means to your business, you, your family and your employees and their families. It includes a description of the program and shows an estimate of what a household would pay for health insurance. The numbers have been updated for 2013 federal poverty level income. It is written to be a Self-Help guide! This handbook on health care reform is designed to be a self-help educational and teaching guide for businesses. It also contains a history and explanation of health insurance; and it incorporates a buying guide for small businesses with fewer than 50 employees. It focuses on how health care reform affects business owners that may offer or may be considering offering health insurance to their employees. The information provided here is educational and does not focus on whether or not one agrees with the program.

Policy and Politics for Nurses and Other Health Professionals XinXii

There are over 150 BFA and MFA acting programs in the US today, nearly all of which claim to prepare students for theatre careers. Peter Zazzali contends that the curricula of these courses represent an ethos that is as outdated as it is limited, given today's shrinking job market for stage actors. Acting in the Academy traces the history of actor training in universities to make the case for a move beyond standard courses in voice and speech, movement, or performance, to develop an entrepreneurial model that motivates and encourages students to create their own employment opportunities. This book answers questions such as: How has the League of Professional Theatre Training Programs shaped actor training in the US? How have training programmes and the acting profession developed in relation to one another? What impact have these developments had on American acting as an art form? Acting in the Academy calls for a reconceptualization of actor training the US, and looks to newly empower students of performance with a fresh, original perspective on their professional development.

Obamacare411 Handbook Rowman & Littlefield

"This volume is an excellent overview of the dimensions and sources of American poverty. John Iceland combines statistical data, theoretical arguments, and historical information in a book that is highly readable and will very likely become a standard reference for students of poverty."--William Julius Wilson, author of "When Work Disappears" "In just a few short pages, Iceland brings anyone--lay reader, student, professional researcher--up to speed on the major issues and debates about poverty in America. With succinct and engaging prose, "Poverty in America" covers the gamut--from theoretical issues to measurement to history to public policy--better than any other book out there right now."--Dalton Conley, author of "Honky" "Must reading on a tough and important topic. With some answers that may surprise, Iceland sorts out competing theories of why people are poor in the richest country in the world. His book should motivate every reader--policy maker, researcher, citizen-- to think hard about what it means to be poor today and how our society can best reduce the hardship and poverty still with us."--Constance F. Citro, National Research Council of the National Academies, Washington, D.C.

Acting in the Academy Elsevier Health Sciences

In the United States, some populations suffer from far greater disparities in health than others. Those disparities are caused not only by fundamental differences in health status across segments of the population, but also because of inequities in factors that impact health status, so-called determinants of health. Only part of an individual's health status depends on his or her behavior and choice; community-wide problems like poverty, unemployment, poor education, inadequate housing, poor public transportation, interpersonal violence, and decaying neighborhoods also contribute to health inequities, as well as the historic and ongoing interplay of structures, policies, and norms that shape lives. When these factors are not optimal in a community, it does not mean they are intractable: such inequities can be mitigated by social policies that can shape health in powerful ways. *Communities in Action: Pathways to Health Equity* seeks to delineate the causes of and the solutions to health inequities in the United States. This report focuses on what communities can do to promote health equity, what actions are needed by the many and varied stakeholders that are part of communities or support them, as well as the root causes and structural barriers that need to be overcome.

The Shriver Report National Academies Press

Children living in poverty are more likely to have mental health problems, and their conditions are more likely to be severe. Of the approximately 1.3 million children who were recipients of Supplemental Security Income (SSI) disability benefits in 2013, about 50% were disabled primarily due to a mental disorder. An increase in the number of children who are recipients of SSI benefits due to mental disorders has been observed through

several decades of the program beginning in 1985 and continuing through 2010. Nevertheless, less than 1% of children in the United States are recipients of SSI disability benefits for a mental disorder. At the request of the Social Security Administration, *Mental Disorders and Disability Among Low-Income Children* compares national trends in the number of children with mental disorders with the trends in the number of children receiving benefits from the SSI program, and describes the possible factors that may contribute to any differences between the two groups. This report provides an overview of the current status of the diagnosis and treatment of mental disorders, and the levels of impairment in the U.S. population under age 18. The report focuses on 6 mental disorders, chosen due to their prevalence and the severity of disability attributed to those disorders within the SSI disability program: attention-deficit/hyperactivity disorder, oppositional defiant disorder/conduct disorder, autism spectrum disorder, intellectual disability, learning disabilities, and mood disorders. While this report is not a comprehensive discussion of these disorders, *Mental Disorders and Disability Among Low-Income Children* provides the best currently available information regarding demographics, diagnosis, treatment, and expectations for the disorder time course - both the natural course and under treatment.

Creating New Pathways for Dialogue Rowman & Littlefield

Current and relevant to today's students, *SOCIOLOGY IN OUR TIMES: THE ESSENTIALS*, 10th Edition presents the latest available data and new insights on behaviors, issues, and trends in our nation and world from a sociological perspective. The new edition of this bestselling text emphasizes the theme of social change and the ways in which media—particularly social media—and other forms of technology inevitably bring about new ways of living, interacting with others, or doing certain activities or tasks. New sections on social change have been added throughout the book, and the theme also appears in the "Sociology Works!" and "Media" features. "Sociology and Social Policy" boxes return to this edition, examining issues such as gun control, prevention of military suicides, and whether employers should be allowed to "spy" on their employees. First-person accounts of individuals' lived experiences draw students into the chapter content by illuminating topics that reflect the text's primary themes of diversity, the application of sociology to everyday life, global comparisons, media, and social change. New timely topics include environmental activism, immigration, bullying and social media, and same-sex marriage. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

Poverty in the United States CreateSpace

The State Children's Health Insurance Program (CHIP) is a means-tested program that provides health coverage to targeted low-income children and pregnant women in families that have annual income above Medicaid eligibility levels but have no health insurance. CHIP is jointly financed by the federal government and states, and the states are responsible for administering CHIP. In FY2013, CHIP enrollment totaled 8.4 million individuals and CHIP expenditures totaled \$13.2 billion. Congress has begun discussing alternative policy options to address the future of the CHIP program because federal funding for CHIP is set to end after FY2015, even though the program is still authorized. With the current fiscal year being the final year federal CHIP funding is provided in statute, Congress's action or inaction on the CHIP program may affect health insurance options and resulting coverage for targeted low-income children that are eligible for the current CHIP program. Under the current CHIP program, the federal government sets basic requirements for CHIP, but states have the flexibility to design their own version of CHIP within the federal government's basic framework. As a result, there is significant variation across CHIP programs. Currently, state upper-income eligibility limits for children range from a low of 175% of the federal poverty level (FPL) to a high of 405% of FPL. States may also extend CHIP coverage to pregnant women when certain conditions are met. States may design their CHIP programs in three ways: a CHIP Medicaid expansion, a separate CHIP program, or a combination approach where the state operates a CHIP Medicaid expansion and one or more separate CHIP programs concurrently. CHIP benefit coverage and cost-sharing rules depend on program design. CHIP Medicaid expansions must follow the federal Medicaid rules for benefits and cost sharing, which entitles CHIP enrollees to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage (effectively eliminating any state-defined limits on the amount, duration, and scope of any benefit listed in Medicaid statute) and exempts the majority of children from any cost sharing. For separate CHIP programs, the benefits are permitted to look more like private health insurance, and states may impose cost sharing, such as premiums or enrollment fees, with a maximum allowable amount that is tied to annual family income. The federal government reimburses states for a portion of every dollar they spend on CHIP (including both CHIP Medicaid expansions and separate CHIP programs) up to state-specific annual limits called allotments. The federal share of FY2013 total expenditures was \$9.2 billion and the state share was \$4.0 billion.

Number of Voucher Schools Relatively Unchanged Since 2003

While Enrollment Has Doubled. Research Brief. Volume 102, Number 1 CreateSpace

Milwaukee's Parental Choice Program (MPCP) includes 110 schools today, having experienced both exits and entrants from its roster of 111 schools in the past decade. According to the Wisconsin Department of Public Instruction (DPI), fall 2013 voucher enrollment was 25,820 students, about double the 13,268 enrolled in 2003-2004. Thus, while the number of voucher schools is relatively unchanged, the number of voucher students has grown at an annual rate of 6.9% each year over the decade, including a 4% bump from the 2012-13 to the 2013-14 school year. As reported in previous Public Policy Forum MPCP briefs, several legislative changes adopted as part of the 2011-13 Wisconsin State Budget paved the way for growth in the use of vouchers and for new schools to begin accepting voucher students. For example, the income threshold for voucher eligibility was raised from 150% of the Federal Poverty Level (FPL) to 300%. Because the FPL for a family of four in 2013 was \$23,500, a family of four earning up to \$70,500 met the threshold, making nearly 60% of families in the city of Milwaukee eligible for a voucher in 2013. In addition, the voucher participation cap set at 22,500 students in 2005 was removed, and schools outside the City of Milwaukee were allowed to participate in the MPCP.

Veterans' Disability Benefits National Academies Press

In *When Did We All Become Middle Class?*, Martin Nunlee discusses how a lack of class identity gives people a false sense of their relationship to power, which has made the US population accept the myth that they live in a meritocracy. This book examines social class within the framework of psychological tendencies, everyday interactions, institutions and pervasive cultural ideas to show how Americans have shifted from general concerns of social and economic equality to fragmented interests groups. Written in a conversational style, this book is a useful tool for undergraduate courses covering social class, such as inequality, stratification, poverty, and social problems. *A Roadmap to Reducing Child Poverty* Univ of California Press Through a practical introduction to the policies of the American welfare state—a wide-ranging subject much discussed but seldom described—this concise volume details the four main areas of social welfare policy: housing assistance, nutrition assistance, income assistance, and medical assistance. In plain, approachable language, author Brian Glenn explains, for example, how Section 8 housing vouchers function, what WIC is, the Medicare program, and what Temporary Aid to Needy Families does. It is written in a manner that allows a complete novice to understand these programs in a brisk and comprehensive fashion that is both short enough to assign over a couple of nights in a course and yet detailed enough for the programs to be understood at a quite nuanced level. Due to federalism, many of these programs differ, sometimes dramatically, from locality to locality, and thus in order to understand how these policies function, Glenn looks at the support a poor household would receive in five cities: Boston, Houston, Kansas City, Los Angeles, and New Orleans. This covers not only a geographic spread, but also the range of programs from those on the higher end of the spectrum to those at the lowest levels of support, giving the reader a feel for the range of funding levels and also the variety of different ways programs can be implemented. In short, this book is meant to be a handy little teaching and research tool that a professor can assign over a night or two to fill a huge gap in the literature on a subject that many want to teach but lack the knowledge and resources to do. Cengage Learning

This handbook is intended to provide the reader with a basic understanding of the Medicaid program. There is a specific emphasis on the interplay between Medicaid principles and behavioral health services. The goal is for the reader to navigate his or her state Medicaid program so that he or she can contribute meaningfully to policy conversations related to provision of behavioral health services to individuals who are eligible for Medicaid. Throughout this document, the term behavioral health encompasses both mental and substance use disorders. When a mental or substance use disorder is addressed singularly, the reference will be only to that disorder. Because each state's Medicaid program is different from all others and because Medicaid laws and policies are ever changing, this handbook cannot contemplate every permutation of program construction.

Temporary Assistance for Needy Families (Tanf)

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This book provides a basic understanding of health care reform, Obamacare, and what it means to your business, you, your family and your employees and their families. It includes a description of the program and shows an estimate of what a household would pay for health insurance. The numbers have been updated for 2013 federal poverty level income. It is written to be a Self-Help guide! It focuses on how health care reform affects business owners with fewer than 50 employees that may offer or may be considering offering health insurance to their employees. The information provided here is educational and does not focus on whether or not one agrees with the program.

You Don't Have to Be Poor CreateSpace

Foundations and Best Practices in Early Childhood Education:

History, Theories, and Approaches to Learning (3rd Edition)
Debtfare States and the Poverty Industry Routledge
WINNER of the BISA IPEG Book Prize 2015
<http://www.bisa-ipeg.org/ipeg-book-prize-2015-winner-announced/>
Under the rubric of 'financial inclusion', lending to the poor -in both the global North and global South -has become a highly lucrative and rapidly expanding industry since the 1990s. A key inquiry of this book is what is 'the financial' in which the poor are asked to join. Instead of embracing the mainstream position that financial inclusion is a natural, inevitable and mutually beneficial arrangement, *Debtfare States and the Poverty Industry* suggests

that the structural violence inherent to neoliberalism and credit-led accumulation have created and normalized a reality in which the working poor can no longer afford to live without expensive credit. The book further transcends economic treatments of credit and debt by revealing how the poverty industry is extricably linked to the social power of money, the paradoxes in credit-led accumulation, and 'debtfarism'. The latter refers to rhetorical and regulatory forms of governance that mediate and facilitate the expansion of the poverty industry and the reliance of the poor on credit to augment/replace their wages. Through a historically

grounded analysis, the author examines various dimensions of the poverty industry ranging from the credit card, payday loan, and student loan industries in the United States to micro-lending and low-income housing finance industries in Mexico. Providing a much-needed theorization of the politics of debt, *Debtfare States and the Poverty Industry* has wider implications of the increasing dependence of the poor on consumer credit across the globe, this book will be of very strong interest to students and scholars of Global Political Economy, Finance, Development Studies, Geography, Law, History, and Sociology.
<https://www.youtube.com/watch?v=2IU6PHjyOzU>

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