

TANF Child-Only Cases:

Who Are They?

What Policies Affect Them?

What Is Being Done?

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Executive Summary

Child-only cases were less than 15 percent of TANF cases nationally, and barely noted, when the federal Temporary Assistance for Needy Families (TANF) program was created in 1996. Following an initial decline, their numbers stabilized after the year 2000, while adult-aided caseloads fell steadily nationwide until 2008. With two in every five TANF cases now child-only, policy-makers need better understanding of the nature, purpose and effects of child-only TANF aid.¹

To note that the number of child-only cases did not change much after 2000 misses many large shifts in the nationwide and state-level caseloads. Caseloads grew in some states and remained stable or fell in others. Some states lost more child-only than adult-aided cases. In 9 states, child-only cases are less than 30 percent of TANF cases, in 30 states they are 30 to 49 percent, in 7 states 50 to 69 percent, and in 5 states, more than 70 percent.

In fact, the label “child-only” encompass case types that have shown very different growth patterns in the first decade of the 21st Century. This report focuses on the three most numerous: children living in the homes of relatives (non-parent caregiver or NPC child-only cases), children of parents who receive Supplemental Security Income (SSI-parent child-only cases, abbreviated to SSI child-only), and U.S-born children whose parents are ineligible for TANF because of their immigration status (ineligible immigrant parent or IIP child-only cases). In this analysis, adult-aided cases are combined with sanctioned and timed-out cases (whether adult-aided or not).²

¹ In 2009 child-only cases composed 42 percent of the TANF caseload. One year later, as the effects of the recession continued, child-only cases accounted for 37 percent of TANF cases.

² Child-only aid to sanctioned and timed-out cases is available at state option and with state funds to assist families who were initially eligible for adult-aided TANF, and many states that aid sanctioned and timed-out cases count them as adult-aided. For consistency across states, they are included here with adult-aided cases. Other types of child-only aid serve very few families and are not our focus here.

TANF aid to these four caseloads – the three child-only case types plus adult-aided cases – serves distinct policy goals and presents diverse policy challenges. A key conclusion of the report is that for policy, program, and accounting purposes,

- State and federal agencies need to track and analyze separately these four caseloads; and
- Data systems federally and in most states are not currently up to this task.

With TANF reauthorization, policy-makers have the opportunity to develop policy goals for child-only cases and at the same time recalibrate the balance between child-only and adult-aided TANF. Most notably, as the report documents, states in which NPC child-only cases make up a large share of all TANF cases typically enroll very few parent-present families in adult-aided TANF.

The Project and Report. The report explores how state and federal policies and demographic and economic trends have shaped child-only caseloads, situating child-only TANF policy in the context of other policies, such as SSI disability aid, child welfare, and immigration. The research centers on cross-state and over-time analyses of the four types of TANF cases – NPC child-only, SSI child-only, IIP child-only and adult-aided (including aided sanctioned and timed-out cases). Project data include state reports of TANF policies and caseload counts, multi-year administrative data from four focal states (California, Florida, Illinois, and New York), 2010 TANF caseload data broken out by type of child-only case for 35 states, data from population-based surveys, and, in the focal states, interviews with agency staff, policy-makers and advocates.

FINDINGS

Overview

TANF's role in the social safety net has become increasingly diffuse. Beyond providing temporary cash aid and work supports for aided-adult family cases, it supports children in kinship foster care and children living with kin outside the foster care system, supplements SSI payments to long-term disabled parents, and provides cash aid to citizen children whose parents are denied aid due to the parents' immigration status.

NPC cases are the largest category of child-only case in more than half of all states. The share that NPC child-only cases are of a state's TANF caseload ranges across the states from 5 percent to 89 percent. Nationwide, there were fewer NPC child-only cases in 2010 than a decade earlier.

- NPC child-only aid is heavily used in some states as a foster care substitute.
- The larger the share of NPC cases in a TANF caseload, the lower the rate at which adult-aided families participate in TANF.

SSI child-only TANF caseloads grew in some states and declined in others over the decade, leaving the national total relatively stable. Proportionately more SSI child-only cases are found

in states that have larger adult-aided caseloads and that aim to identify disabled parents and support them in applying for SSI.

Meanwhile, the number of IIP child-only TANF cases rose nationwide and in most of the states that have such cases. At the same time, some states still have virtually no IIP child-only cases.

During and since the recession, the numbers of IIP child-only cases and adult-aided cases rose in many states as parents lost work. In contrast, NPC and SSI-parent child-only caseloads did not increase. NPC child-only cases are not means-tested (and many caregivers may be out of the labor force anyway), while SSI recipients rarely work.

Child-only cases remain on TANF aid longer than do adult-aided cases. Averaging the data from four focal states we find that, beginning in October 2005, 20 percent of adult-aided cases were still on aid five years later, while comparable child-only case figures ranged from 42 percent (IIP cases) to 55 percent (SSI cases).

Non-Parental Caregiver Cases

TANF child-only cash assistance remains almost universally available to NPC kin-care families without means testing. NPC child-only grants aided about 18 percent of the 2.6 million children living with kin in 2010, and another 2 percent of kin caregivers (all extremely poor) received adult-aided TANF.

- Only 42 percent of NPC child-only cases are enrolled in SNAP, suggesting that even if many are low income, most do not live in poverty.

The absence of income eligibility criteria, work requirements, or time limits means that

- The rate of TANF participation among relative-care children in TANF is at least three times as great as TANF enrollment among children in non-disabled parent-present homes (who may receive either adult-aided or IIP child-only TANF).

NPC arrangements are diverse in origin, with some cases kin-initiated and others created through the involvement of the child welfare agency. Child welfare involvement can lead to an NPC child-only case that is a kin foster care case, or is diverted from foster care. Previous research on NPC child-only kin-care families has suggested that many caregivers face substantial child-rearing challenges that can come with raising children who have been separated from their parents and, all too often, have a history of neglect or abuse.

A likely explanation for the drop in NPC cases nationwide over the past decade was the growth in the number of foster children who exited foster care to be adopted by kin or placed in Kin-GAP eligible guardianships.³

³ The 1997 Adoption and Safe Families Act (ASFA) expanded incentives and subsidies for kin adoptions, which encouraged relative caregivers to transition from (TANF-funded) caregiving to adoption. Between 2002 and 2010, 128,000 foster children were adopted by relatives, and were eligible for Adoption Assistance support under ASFA.

NPC Considerations for Policy:

- **TANF funds are used for Child Welfare purposes.** Federally subsidized foster care payments funded under Title IV-E of the Social Security Act now support fewer than half of all foster children. Additionally, some states divert many maltreated children to kin care rather than placing them in foster care.
- **NPC TANF grants are smaller than foster care payments and do not reflect the costs of caring for children.** As many states have cut TANF benefits and, at the same time, many have raised foster care rates, the gap between payments from these two sources to caregivers who are supporting essentially similar foster children has widened substantially. These inequities persist when placements are made permanent through guardianship, because federal Kin-GAP support (which pays kin guardians at the foster care rate) is available only to guardians who had previously been IV-E funded foster parents for the child in question.
- **Kin caregivers with NPC child-only TANF grants receive little or no supervision and few services.** Previous research has found that TANF-funded kin caregivers often face substantial child-rearing challenges and would benefit from behavioral health, physical health, and psychosocial services for the children in their care, as well as respite care for themselves. Meeting these needs calls for resources and supports different from (and much more expensive than) those provided by a small TANF cash grant. Yet most children in NPC child-only TANF have no ongoing contact with public agencies (other than receiving the TANF stipend). Even kinship care programs typically provide minimal supervision of children's well-being and placements and offer very limited services.
- **TANF funds spent on foster care or foster care diversion reduce resources that might be used to further TANF goals of family self-sufficiency.** Some states (e.g., Florida) have narrowed somewhat the stipend gap between TANF-funded and IV-E funded foster care by creating a *TANF-funded kinship care program*, which provides some services and supervision, and pays grants that are larger than standard TANF benefits. Kinship care programs, like regular TANF-funded foster care, devote limited TANF dollars to Child Welfare activities.
- **Lack of data and conflicting terminology.** No national data and few publicly available state data reports reveal how many children are in NPC child-only-funded foster care and how many are diverted out of foster care to TANF. Nor are states consistent in whether they include children in a TANF-funded kinship care program in their counts of TANF cases.

Additionally, and more recently, the 2008 Fostering Connections to Success and Increasing Adoptions Act created a federal Kin-GAP assistance subsidy for qualified kin guardians of former foster children. However, most kin caregivers would not qualify for Kin-GAP grants even if they become legal guardians, for reasons discussed in the text.

Ineligible Immigrant Parent Cases

The citizen children that receive IIP child-only grants almost all have unauthorized immigrant parents. Children of parents who are lawful permanent residents (LPRs) and within the five-year bar on federal benefits make up only a very small share of cases even though more than half of states have policies that support such children in IIP child-only cases rather than aiding their parents as well in (state-funded) adult-aided TANF cases.

Like applicants for adult-aided TANF, IIP child-only aid applicants face means tests in almost all states. However, IIP child-only aid is not time-limited in most states.

- Analyses of cross-state data indicate that the number of IIP child-only cases in a state is only weakly correlated with the presence of unauthorized immigrants in the state's labor force.
- Estimates of participation expressed as cases of IIP child-only TANF receipt among families with citizen children and unauthorized immigrant parents range in the focal states from 20 in 100 in California and New York to 2 in 100 in Florida and Illinois (all 2008 data).
- Data from California indicate that households with IIP child-only aid are larger than other types of TANF-aided households and include more TANF-ineligible adults and children. Incomes per person (grants plus on-the-books earnings) are about one-third lower in IIP child-only than in adult-aided TANF families.
- Focal state data indicate that children in IIP child-only cases are much more likely to still receive aid after one, two or five years than children in adult-aided cases, although they leave aid more quickly than do children in NPC and SSI child-only cases.

IIP Considerations for Policy:

- **The families potentially served by IIP child-only TANF resemble the families who might enroll in adult-aided TANF, except that the parents are unauthorized immigrants or are within the five-year bar on aid.** The TANF aid these families receive is structured very differently than adult-aided TANF, with (for almost all) no time limits, and no work supports.
- **Previous research has shown that citizen children of unauthorized immigrant parents suffer broad, negative effects of poverty, particularly in educational outcomes, social and legal exclusion, and linguistic disadvantage.**
- **Across the states, TANF administrators report little knowledge of IIP family needs, and relatively few services funded with TANF, MOE, or SSP dollars are available to children in, or adults associated with, IIP child-only cases.**
- **For these families' opportunities to improve markedly, comprehensive immigration reform may be necessary.** IIP child-only TANF is an important but partial safety net until immigration law is overhauled or reformed to regularize the status of mixed-status families and support the work efforts of eligible immigrants with citizen children.

SSI-receiving Parent Cases

SSI-receiving parents and their children suffer the triple burden of parental poverty (as the parent would not receive SSI if not poor), work incapacity, and disability. Unable (in most cases) to earn their way off welfare, most families receiving SSI child-only TANF aid are unlikely to see increases in their incomes for many years, if ever.

A federal program, SSI provides in all states a basic grant to recipients, which is augmented in some states. SSI grants are larger than the parent's share of an adult-aided TANF grant, so, depending on a particular state's TANF grant level, a family with an adult SSI benefit and a child-only TANF grant will receive more money than if the family received adult-aided TANF assistance. Nevertheless, in only two states out of fifty does the combination of SSI and child-only TANF lift a family out of poverty.

With few parents able to work their way off TANF or SSI assistance, SSI child-only cases are more likely still to receive TANF after one, two or five years than are adult-aided or IIP child-only TANF cases.

SSI Considerations for Policy:

- **Disabled parents, who may suffer mobility, cognitive, and behavioral health challenges, may need support to apply successfully for and remain enrolled in the three distinct programs (SSI, SNAP and TANF) that are available to support them and their children.** Previous research suggests that many SSI-eligible disabled parents are not enrolled in SSI, and analyses conducted for this project find that many SSI-receiving parents have not enrolled their children in child-only TANF. Specifically, only 28% of the children of SSI-receiving parents are estimated to be enrolled in child-only TANF.
- **Previous research, as well as data from the four focal states, suggests that most states' transfer rates from TANF to SSI are lower than might be achieved through skillful efforts to identify potential SSI recipients and provide help with their SSI applications.**
- **The limits on adult-aided TANF have implications for SSI child-only TANF caseloads.** In states where the lifetime limit for TANF aid is short and work requirements strict, many disabled parents never enter TANF, are sanctioned off aid, or rapidly exhaust their TANF benefits. In such states, disabled parents may not apply for SSI at all, or may have to leave TANF before the application is complete or approved. Once separated from TANF, a disabled parent loses a potential source of help in navigating the sometimes lengthy application process for SSI.
- **No state TANF programs make efforts to advertise the availability of child-only TANF to parents on SSI.** Key informants in the focal states did not believe these were necessary.
- **Efforts to support TANF-to-SSI transitions are minimal or non-existent across most of the country.** A few states and counties have been experimenting with trying to identify potentially SSI-eligible TANF recipients and providing guidance to help them submit successful applications for SSI. Results of these experiments have been mixed.

- **Key informants, and data from a survey of SSI recipients whose children receive child-only TANF assistance, indicate that these children and parents would benefit from high-quality childcare, housing assistance, and consistent mental health services.** TANF administrators report needs also in the areas of health care, respite care, funds for children's educational expenses, and transportation. However, TANF programs are not designed to provide the service enrichment that could assist children of disabled SSI-receiving parents.
- **Consideration should be given to the proposal from policy researchers Blank and Kovak that TANF be augmented with a program to aid single parents who face multiple employment barriers (health problems, learning difficulties, and other challenges).** Such a program could, among other services, provide specialized help in applying for SSI for recipients who appear potentially eligible.
- **As a strategy to assure at least a minimum level of support for the children of disabled parents, amending the SSI program to include support for dependent minors is a reform worthy of serious consideration.**

CONCLUSIONS

To improve understanding of the TANF caseload as a whole, policy-makers should consider adopting TANF data collection and record protocols that report separately on the four types of cases discussed in this report: each of the three major child-only types, and adult-aided cases (which would include sanctioned and timed-out cases even if aided with child-only grants.) Establishing rules for complete and consistent data collection and record-keeping is vital to permit a well-informed discussion of TANF's policy priorities going forward. With information on disaggregated caseloads, spending and services, state and federal policy-makers will be in a better position to assess the balance among the constituent parts of TANF cash assistance.

Child-only TANF, like adult-aided TANF, is underutilized, with many eligible children who could benefit from the additional income not enrolled. The reasons for under-enrollment in TANF are not well understood. Despite a traditional aversion to marketing TANF, TANF agencies may need to find ways to inform these potentially eligible families about the availability of child-only benefits and facilitate their enrollment.

NPC child-only cases, the most numerous of the case types, include foster children and children diverted from foster care. TANF assistance to these children is in addition to the non-cash-aid TANF funds spent on Child Welfare purposes in many states. With more complete data collection, policy-makers will be better equipped to discuss the extent to which TANF is and should be in the business of child protection.

Parents in IIP child-only cases have (potentially) ties to the labor market just as parents in adult-aided cases do. Both groups need help in their efforts towards self-sufficiency. Parents in child-only cases, whose immigration status makes them ineligible for federal assistance, do not qualify for TANF-funded child care or other work supports. Depending on a state's rules, these

parents often include individuals who are lawfully residing in the U.S. as well as unauthorized immigrants. Denying critical work supports to these families limits their progress towards self-sufficiency.

Children in SSI-parent cases, whose parents face a range of conditions that put employment largely out of reach and may interfere with successful parenting as well, may require more services than available through TANF. Children who are living with kin because they were abused or neglected in their parental home likewise often need additional services (and, if in poverty, income). Policy-makers interested in protecting the well-being of these children might consider a federally guaranteed minimum level of services and income support for the former, and, for the latter, access to the same level of income support as IV-E foster care provides, and access to services for those who are diverted from foster care.

Strengthening the TANF program as a whole will require sustained attention to the needs of the children in each of the four case types, analysis of the interactions among the four caseloads, judicious reconsideration of the latitude given to states in spending federal dollars, and a determined refocusing on central TANF program goals.

Preface

Child-only cases were far from the center of attention when the federal Temporary Assistance for Needy Families (TANF) program was created in 1996, and even when it was reauthorized in 2005. However, with adult-aided cases at less than one-quarter of their pre-TANF levels, child-only cases have become a substantial presence in the nation’s TANF caseload, and interest in these cases is growing. In 2008, child-only cases were nearly one-half of all TANF cases. In 2011, despite recent growth in adult-aided TANF enrollment, they represented about two in every five TANF cases.⁴

Child-only TANF aid reaches a diverse mix of children, including children living in the homes of relatives, children of parents who receive Supplemental Security Income (SSI), and U.S-born children of parents whose immigration status renders the parents ineligible for TANF benefits. These groups have little or nothing in common with each other. They also have little in common with adult-aided TANF recipients. Most crucially, child-only cases are not subject to the federal and state program rules that have driven down TANF caseloads since TANF’s inception in 1996.

⁴ A note on our use of the term “TANF”: We use the term to refer to all program elements that a state might consider part of its TANF program, including expenditures on state TANF and related cash assistance initiatives that are not allowable as expenditures against the federal TANF block grant. For example, some states fund with their own monies adult-aided TANF for Lawful Permanent Residents (LPRs) who immigrated within the prior five years, expenditures not permitted for the federal TANF block grant. In this report, such aid, like assistance for persons timed-out under federal TANF regulations, is referred to as “TANF” cash assistance although it is not funded by the TANF block grant.

In the many states where child-only cases make up a large share (even, in 12 states, a majority) of the TANF caseload, TANF appears to have shifted away from what is widely understood to be its primary purpose, of providing temporary, work-directed assistance to impoverished parents and children. This caseload shift is certainly linked to the reduction in adult-aided cases that has come with time limits and work requirements. However, this shift is not inevitable; from 2000 to 2010 child-only cases became smaller, not larger, shares of TANF caseloads in some states. Rather, the shift in caseload towards child-only cases has arisen from a complex interaction of TANF and non-TANF policies, and the resultant caseload composition may not reflect any specific policy goals.

This report is written to aid policy makers as they contemplate modifications to TANF. It has three goals: to describe child-only policies and explore how these policies create and shape the three distinct child-only caseloads; to provide information about the needs of the children and adults in the households that receive child-only aid; and to situate child-only TANF policy in the context of other relevant policies. In describing the families that receive, and that might receive, child-only TANF, we utilize states' reports of child-only TANF caseload counts, administrative data on the characteristics of TANF cases, and data from population-based surveys. The study also draws on interviews with agency staff, policy makers and advocates in several states regarding TANF policy, state and local implementation, and the needs of aided groups.

The opening chapter examines the types of cases aided as child-only, noting eligibility and program rule differences across types of cases. The second chapter describes caseload patterns across states, patterns of persistence on aid, and caseload changes during and since the recent recession. We examine the caseload dynamics behind the lack of increase in child-only cases during the recession even as adult-aided caseloads expanded. Chapters 3–5 analyze the circumstances of each of the three types of child-only case, drawing on previous studies as well as new analyses of administrative and survey data. These chapters also explicate the complex policy connections that help determine how TANF serves each of the recipient groups for child-only aid. Policies outside TANF, especially state and local choices with regard to child welfare

practices, policies toward immigrants, and federal disability policies, are all relevant. The final chapter summarizes the findings and offers some conclusions.

This report focuses on the cash assistance that TANF provides, which now represents about 29 percent of states' TANF block grant and Maintenance of Effort (MOE) spending (Schott, Pavetti and Finch, 2012), down from 36 percent in 2001.⁵ In distinguishing the cash aid provided to the three main types of child-only case from cash aid provided to adult-aided cases, this report disaggregates TANF spending still further. From the perspective of national TANF policy, the most important findings center on the cross-state and over-time analyses of caseloads, and these suggest that in many parts of the country, cash assistance and employment supports are rarely available as a safety net for poor families who need transitional aid. TANF cash aid does advance other goals: it replaces foster care payments for many kin caregivers, supplements SSI payments to long-term disabled parents who have virtually no employment prospects, and aids citizen children of adults whose immigration status denies them aid.

With TANF reauthorization, policy makers have the opportunity to explore whether to adopt policy goals that are responsive to the needs of child-only as well as adult-aided TANF families, recognizing that children's needs and caregivers' capacities differ depending on their particular circumstances and type of TANF case. In the course of such reflection, federal policy makers could consider:

- how best to assure economic support for children of SSI recipients;
- whether child-only TANF should be used to replace foster-care funds for maltreated children;
- implementing strategies towards self-sufficiency for families of citizen children of unauthorized immigrants; and
- creating policies to sustain, in every state, TANF's role in providing robust and accessible programs of work-focused temporary aid for parent-present, non-disabled families.

⁵ The rest of TANF block grant and MOE spending goes to child care and work-related activities (26% of state spending nationwide in 2011), administration (5% of spending), and a variety of other benefits and activities (37% of spending) to address any of TANF's four purposes (Schott, Pavetti and Finch, 2012).

Any reconsideration of TANF calls for evidence and data. Much is already known about adult-aided cases; this report intends to fill in the gaps for child-only cases. We report on how states are serving different types of families, describe the households that receive and are hypothetically eligible for child-only TANF and clarify the interplay of policies within and outside TANF that shape access to TANF for families of all kinds. TANF remains a key strand in the social safety net: with greater coherence in its goals and clarity about its role in aiding different types of families, its unique importance can be recognized and its potential more fully developed.

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CHAPTER 1:

An Introduction to Child-Only TANF

Introduction

Starting with the Aid to Families with Dependent Children (AFDC) program and continuing with its successor, the Temporary Assistance for Needy Families (TANF) program, cash assistance for needy families has supported two types of cases: adult-aided, which include an adult in the case, and child-only, which do not.⁶ In this chapter, we argue that this simple dichotomy – adult-aided vs. child-only – is not helpful, and can be misleading, in trying to understand TANF today. The TANF caseload is better understood as divided into four groups: the three main child-only categories and what we term the “adult-aided” group. Children may be eligible for child-only TANF because their family has a specific composition (no parent is present in the home), or they or their parents may have interacted with a particular public program or policy (the Supplemental Security Income [SSI] program, immigration law, or child protection). In our analysis, these child-only groups are of central policy interest. The remainder of the caseload,

⁶ As noted earlier, the term “TANF” as used in this report encompasses all program elements that a state might consider part of its TANF program, including expenditures on state cash assistance initiatives that are not allowable as expenditures against the federal TANF block grant.

the “adult-aided caseload,” is indeed mainly adult-aided cases but in a few states includes cases that happen to receive a child-only grant by virtue of state policy for sanctioned recipients, families that have exceeded the time limits of the TANF program, or other groups of very limited size.

Viewing the caseload in this way raises policy questions that we briefly review in the next section of this chapter, before discussing prior research on child-only cases (except for studies that apply only to specific types of child-only cases, which are discussed in the chapters relevant to each case type) and the study design and data. Turning to policy, we outline the federal and state rules applicable to each type of TANF case and consider how these regulations have shaped caseloads. In this effort we draw particularly on data and interviews from the study’s four focal states: California, Florida, Illinois, and New York.

Chapter 2 provides details on state caseloads and tracks trends in child-only cases during recent years, including a focus on the recession and its aftermath. Chapters 3–5 delve into the unique features of each case type, while Chapter 6 summarizes the findings and suggests implications for policy and for research that emerge from the analyses.

The History of the Child-Only Caseload

Child-only cases have been a largely forgotten part of welfare, within AFDC and now TANF. These cases are viewed as residual to “regular” TANF cases, those with presumptively non-disabled parents seeking a road to work and earning self-sufficient income, the welfare family for whom welfare-to-work was created. The transformation of the TANF caseload since its creation in 1996 has mirrored the parent-oriented priorities of the legislation. Adult-aided caseloads shrank and in a few states almost disappeared as parents who, prior to the passage of welfare reform, might have continued on welfare for many years instead earned their way off TANF, were forced off by sanctions and time limits, or were diverted from the program and

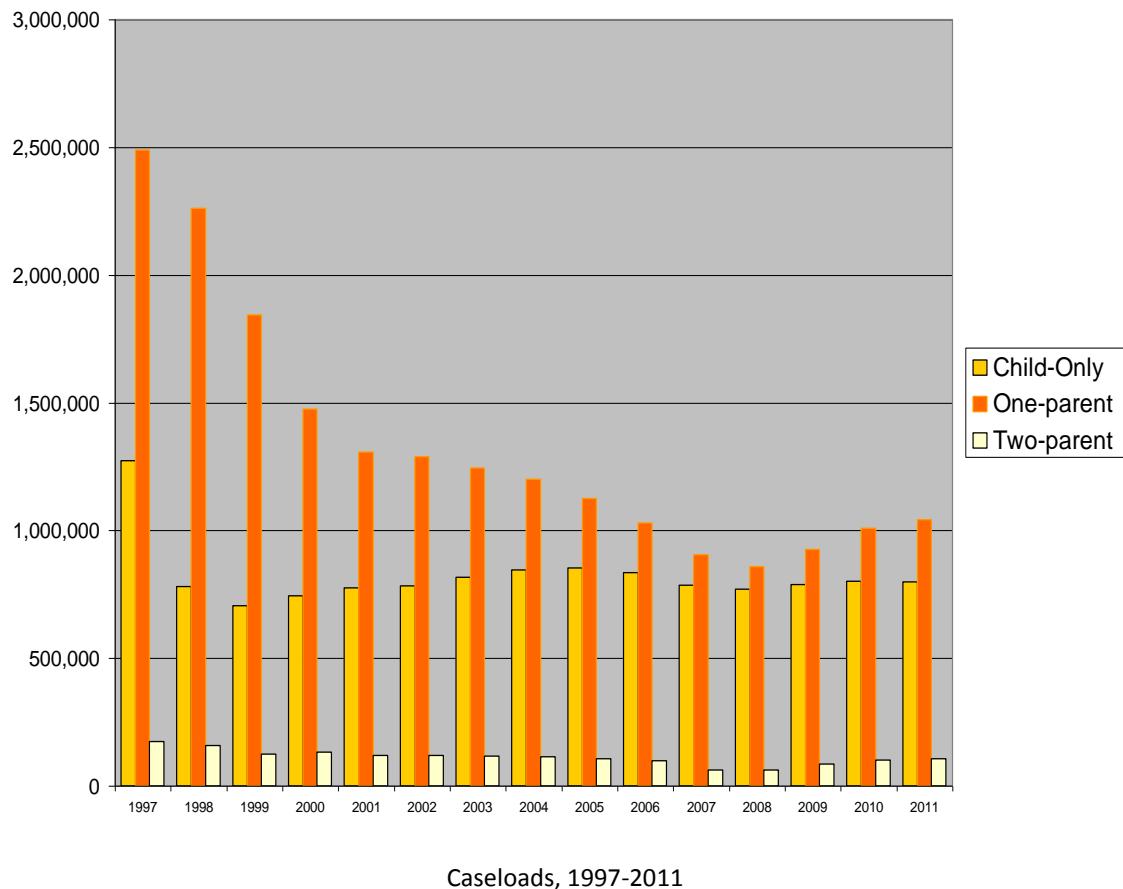
never enrolled. States' TANF programs – the specific array of work requirements, work supports, sanctions, and time limits—reflected states' own policy priorities and circumstances.

Almost none of the features of adult-aided TANF apply to child-only cases. Indeed, the three groups of children who receive child-only TANF are so different from each other that no single set of policy goals could reasonably apply to all of them. Rather than identify each group's needs and craft separate policies for each, states followed the lead of the federal legislation and almost universally continued the rules for child-only cases that had applied under AFDC. Not restricted by TANF time limits and sanctions, child-only cases can remain on aid longer than adult-aided families. However, they are not eligible for most of the TANF-funded supports and services that help TANF-supported adults find and keep employment.

The TANF policies aimed at reducing the adult-aided caseload and at promoting work among adult-aided recipients have shrunk the TANF caseload to the point that by 2010, adult-aided cases were at little more than one-quarter of their peak numbers in 1994. In contrast, the number of child-only cases has remained remarkably stable, at least comparatively speaking, since 1998. During the past 14 years, this caseload has risen slightly, then fallen slightly, and now is once again growing slowly (Figure 1.1).

Because of the decline in adult-aided cases, in 2008 child-only cases represented nearly one-half of all TANF cases. Even with the recent recession-linked uptick in adult-aided cases, child-only cases continue to compose more than two out of every five TANF cases.

Figure 1.1
TANF Adult-Aided and Child-Only Caseloads, 1997-2011



Caseloads, 1997-2011

Source: Administration for Children and Families TANF/SSP/MOE caseload data: Average FY monthly caseloads

States vary greatly in how many child-only and adult-aided cases they support relative to their populations. Child-only cases account for a majority of TANF cases in 12 states and for more than 70 percent of TANF cases in three states, while in 11 states they constitute less than 30 percent of TANF cases (Figure 1.2).⁷

⁷ The term “state” as used in this report includes the District of Columbia unless otherwise specified, but does not include U.S. territories.

Figure 1.2
Adult-Aided and Child-Only Cases by State, 2011



Source: Average FY monthly caseloads, 2011, from Administration for Children and Families, TANF Data website: <http://archive.acf.hhs.gov/programs/ofa/data-reports/index.htm>

Caseloads are shaped by cross-cutting policy influences and, to a lesser extent, by demographic trends. Equally important influences are state and federal policy in non-TANF domains, particularly in policies related to child welfare, disabled adults, and immigration. To understand the influences of these policies, one must be acquainted with the different types of child-only TANF cases and their distinctive differences from adult-aided cases. We outline the four case types next.

Four Categories of TANF Cases

The three major types of child-only aid support children who are living in widely different circumstances and family configurations. Aid to these cases helps to sustain:

1. Children of absent parents cared for by others, typically a relative, often termed a “kin caregiver”. These are nonparent caregiver, or NPC, child-only cases.
2. Citizen children of immigrant parents who are not themselves eligible for TANF. These are ineligible immigrant parent, or IIP, child-only cases.
3. Children of parents receiving Supplemental Security Income. These are SSI-parent child-only cases.

Nationally, nonparent caregiver (NPC) cases are the most numerous of child-only cases; in some states, they even make up a majority of all TANF cases.⁸ NPC child-only cases in 2009 composed nearly half (48%) of the sum of the cases in these three child-only groups, with the ineligible immigrant parent (IIP) child-only cases representing 29 percent and SSI-parent child-only cases 23 percent.

⁸ Data from the *TANF Ninth Report to Congress* (U.S. Department of Health and Human Services , 2012). indicate that in 2009 NPC cases were a majority of TANF cases in Florida, Georgia, Idaho, Louisiana, Oklahoma, South Dakota, and Wyoming.

All other types of TANF-aided families are, in this research project, grouped together under the common rubric of “adult-aided”. Naturally, the category includes single-parent cases and two-parent cases; the latter, as Figure 1.1 illustrates, are a small share (about 6%) of all TANF cases. The adult-aided category also includes cases that receive child-only grants (technically, a child-only group) but that are not in the three groups just listed. They also make up about 6 percent of TANF cases.

California’s timed-out (“Safety Net”) cases make up 40 percent of the “technically child-only” group, and California’s sanction cases another 37 percent. Sanction cases from other states are 8 percent, and the remaining 15 percent involve cases in the minority of states that deny aid to parents who are “fleeing felons”, drug felons or those convicted of welfare fraud. The common feature of these case types is that in at least one state they are aided with child-only grants but in most states are either not aided at all, or receive grants which – even if reduced below the normal grant amount – are counted as adult-aided. While states differ in how they treat these cases, in this report we impose uniformity by counting them all as part of the adult-aided caseload.⁹¹⁰

Analyses of TANF administrative data suggest that in 2009, adult-aided cases (which from here forward include the “technically child-only”) made up 58 percent of all TANF cases, while the three main child-only case types (NPC, IIP and SSI) comprised 20 percent, 12 percent, and 10 percent, respectively.¹¹ By December 2010, as effects of the recession continued, the TANF caseload had increased by nearly 10 percent with almost all the growth occurring in adult-aided cases. The number of adult-aided cases was 16 percent higher than in 2009, while child-only

⁹In further support of this decision, we note that some states (including California) count sanction cases that receive child-only grants as adult-aided, perhaps because a child-only sanction case reverts to adult-aided when the sanction is cured. California’s safety-net timed-out child-only grants, in contrast, are reported to the federal government as child-only, but in California’s state-level reports of caseloads are not “Zero Parent” (the category that includes IIP, SSI and NPC cases) but in a separate “Safety Net” category.

¹⁰In a few tables and figures we have a specific need to break out these types of cases separately.

¹¹U.S. Department of Health and Human Services. TANF Ninth Report to Congress. May, 2012.

http://www.acf.hhs.gov/programs/ofa/data-reports/annualreport9/9th_report-to-congress_3-26-12.pdf The adult-aided were 52 percent of the caseload and the sanctioned and “other” child-only were 6 percent.

cases had increased by only 1 percent, with the result that NPC, IIP and SSI-parent child-only cases together were a smaller share (37 percent) of TANF cases.¹²

Nonparent Caregiver (NPC) Cases

Nonparent caregiver families have long been part of the country's cash assistance program and were included in TANF's predecessor program, AFDC. Census data indicate that in 2010, 3.5 percent of children, about 2.6 million, were living apart from their parents, with grandparents, other kin, or family friends. Approximately one in five kin-care households receives TANF cash assistance. Some of the very poorest of these families qualify for and receive adult-aided TANF, but most are assisted with an NPC child-only TANF grant which, in most states, is provided without considering the caregiver's income.¹³

Although data are lacking, it appears that a substantial share of NPC child-only cases are created when child welfare agencies remove children from their parents' care and place them with relatives, or when a foster-care placement ends and children remain with (or move in with) kin caregivers. Relatives also step in on their own initiative when parents are absent because they are incarcerated, addicted, mentally or physically sick, or deceased. Research suggests that relative-caregiver TANF households are often financially worse off than typical relative-care families with children (Gibbs, Kasten, Bir, & Hoover, 2004; Wood & Strong, 2002). (More detail on these cases is found in Chapter 3.)

Ineligible Immigrant Parent (IIP) Cases

Children born in the United States are citizens and can thus receive TANF aid, even if they have immigrant parents who are TANF-ineligible. Federal law denies use of federal funds to provide TANF to unauthorized immigrants and to most immigrants with Lawful Permanent Resident

¹² In 2009 the TANF caseload was about 1.8 million. By December 2010 the adult-aided caseload had grown by approximately 160,000 cases, while the total of NPC, SSI and IIP cases grew by about 9,000 cases. (Another 2,000 child-only cases were added by growth in California's timed-out child-only caseload.)

¹³ Although a caregiver's income is excluded from eligibility calculations for NPC child-only cases, key informants in focal states noted that federal child support collection policies, which require agencies to seek child support from absent parents where possible, may deter some relative caregivers from applying for NPC child-only TANF aid.

status who are within five years of attaining that status.¹⁴ Some states have elected to use state funds to provide adult aid for LPR immigrants within the five-year bar. In those states the *authorized* immigrant parent(s) and the citizen child(ren) form an adult-aided case; child-only cases remain available for citizen children of *unauthorized* immigrant parents. In the remaining states, the category of IIP child-only cases includes children of authorized as well as unauthorized parents. (Further information on IIP cases is in Chapter 4.)

IIP child-only TANF cases have grown in number and as a share of child-only cases since 2000, but are still concentrated in a few states; in December 2010, California, New York, Texas, and Washington together accounted for 83 percent of the IIP child-only cases reported in the GAO multi-state survey (GAO, 2011). However, for any of several demographic, economic, and cultural reasons, IIP child-only cases have in recent years become more prevalent in other states (Passel and Cohn, 2009).

SSI –Receiving Parent Cases

Parents who receive SSI may receive SSI child-only TANF on behalf of their children, but may not receive both SSI and adult-aided TANF for themselves. A child-only case forms when an SSI recipient has a child and signs her (or his) child up for child-only TANF, or when a disabled TANF recipient transfers from TANF to SSI, and her child, continuing on aid, transfers to a child-only grant. A parent's SSI grant is, in almost all states, excluded from the family budget in calculating the child-only TANF grant, so children whose parents have no income other than SSI receive the maximum allowable child-only grant (i.e., their grant is calculated with no offsets for unearned income). Chapter 5 contains further information on SSI-receiving parent cases.

¹⁴Also known as "Permanent Resident Alien," "Resident Alien Permit Holder," or "Green Card Holder", a lawful permanent resident is any person not a citizen of the United States who is residing the in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant. See,
<http://www.uscis.gov/portal/site/uscis/menuitem.5af9bb95919f35e66f614176543f6d1a/?vgnextoid=070695c4f635f010VgnVCM1000000ecd190aRCRD&vgnextchannel=b328194d3e88d010VgnVCM10000048f3d6a1RCRD>

Some states, and some individual counties, attempt to identify potential SSI recipients among the adult TANF caseload and help them apply for SSI. However, the eligibility criteria for SSI are stringent, and relatively few TANF recipients qualify for the program.

Research Questions

Viewing TANF as serving four caseloads rather than two (adult-aided vs. child-only) raises questions about the TANF program that have not previously been explored. The three questions below focus on variation across states and changes in TANF over time:

1. How many cases are there of each type in each state and nationwide? What do they look like, demographically, and how do the children in these cases (and their parents, if they are in the home) compare with children and parents in adult-aided families?
2. What are the federal requirements and policies applicable to each type of child-only case? How do state policies vary, within the range permitted by federal law?
3. Has the child-only caseload really been as stable as it appears, with quite steady and slow growth? Or does this apparent stability mask underlying change in the separate child-only caseloads?

Finally, TANF does not operate in a policy or demographic vacuum. Differences over time and across states in TANF caseloads emerge from interactions of program rules with constraints and opportunities presented by other policies and programs, and from demographic and political pressures. Thus, we ask:

4. How have state variations in policy, demographics, or other factors shaped the composition of states' TANF caseload?

Among the relevant trends are shifts in foster care policy (which can affect NPC child-only TANF caseloads), patterns of immigrant location within the United States (which influence IIP child-only caseloads), and the availability of SSI aid for low-income parents.

The remaining sections of this chapter report findings of previous research; describe the data used in analyses; summarize federal policies governing child-only cases; explore how states vary in applying these policies; and consider the relationships between public policies and the numbers of child-only cases of different types.

Previous Research

Several studies have analyzed administrative or survey data that describe cases by type (e.g., Gibbs, Kasten, Bir, and Hoover, 2004; Speiglman, Bos, and Ortiz, 2007) or have synthesized the findings of research on all three types of child-only cases (e.g., Golden and Hawkins, 2012; Anthony, Vu, and Austin, 2008). Wamhoff and Wiseman (2005) have analyzed data and policy issues concerning SSI eligibility, as have Schmidt and Sevak (2004). Among conclusions that emerge from these syntheses are the finding that child-only cases stay on TANF longer than adult-aided cases; that SSI-receiving parents and their children in TANF face many serious problems; and that parents in IIP cases resemble adult-aided cases in various ways, including the fact that they often have earnings.

The Department of Health and Human Services has over the past two decades sponsored a limited amount of research on the child-only caseload, virtually always focused on NPC child-only cases. A very useful study by Gibbs and colleagues (2004) provides a comprehensive review of the literature on NPC child-only TANF families and analyzes nationally representative data sets to compare kin caregivers with and without TANF and kin foster families. The researchers conclude, among other findings, that children and kin caregivers who receive NPC child-only TANF aid usually have more problems than kin-care families not enrolled in TANF. These authors point out that the size of a state's NPC child-only caseload reflects the complex interplay between child welfare and TANF policies within that state.

A recent study by the General Accountability Office (GAO, 2011), while primarily focused on NPC child-only cases and links with child welfare, also gathered data on counts of all types of child-only cases from 47 states. The report emphasizes the need for better information sharing and coordination between child welfare and TANF agencies.

The research literature offers little longitudinal information about families' use of child-only TANF over time. The only study that reported individual-level longitudinal welfare use is an analysis of child-only and adult-aided cases in seven California counties (Speigelman, Bos, and Ortiz, 2002). These investigators compared the proportion of each case type that had been on aid 11 months previously, and found the rank-ordering of case types to be remarkably consistent across counties: SSI-parent child-only cases were most likely to have been on aid a year earlier, followed by NPC child-only TANF cases, then IIP child-only TANF cases, with adult-aided TANF cases the least likely to have been aided over the entire year. On average, 11 months previously, aid had gone to 78 percent of SSI-parent child-only cases, 69 percent of NPC child-only cases, 65 percent of IIP child-only cases, and 51 percent of adult-aided cases.

Research Design and Data

As suggested by the brevity of this literature review, one of the motivations for this research is the lack of information on the characteristics of each child-only TANF case type as well as the rules that govern them. Even the "Bible" of welfare policy across the states, the *Welfare Rules Databook*, (Kassabian et al., 2011) provides almost no information on the details of states' child-only policies. (The 2013 edition is expected to include information on these topics.) The data collection and research design of this project are structured to:

- describe states' welfare caseloads, with comparisons across states and over time;
- describe states' child-only policies and policies in domains that have direct impacts on the child-only caseload;
- describe the characteristics of children and adults in each type of TANF case;
- describe TANF use among individual families, linking TANF receipt data longitudinally; and

- assess TANF use and take-up among the populations served by child-only TANF.

The project undertook three types of primary data collection.

1. **The TANF Administrators' Survey.** This is a national web-based survey of policy and program data for all states as of December 2010, completed by state TANF directors or their designees.
 - 35 states responded to the survey, and all of them provided information on child-only policies and grants.
 - 14 responding states provided annual TANF child-only and adult-aided caseload data for the 2006–2010 period.
2. **Caseload and recipient counts by case type for four focal states (California, New York, Florida, and Illinois).** The four focal states were chosen for their numerically substantial child-only caseloads and the contrasts among them. The first three of the listed states rank, respectively, first, second, and fourth nationally in terms of the number of child-only cases served, and in Florida and Illinois, child-only cases make up more than one-half of all TANF cases. States' child-only caseloads differ significantly. In California, more than 20 percent of all TANF cases are IIP child-only, in Illinois, nearly 20 percent are SSI child-only, while in Florida, about one-half the entire TANF caseload consists of NPC child-only TANF cases. New York's child-only caseload is about evenly distributed among the three main case types.

Focal states provided data for six-monthly intervals (each October and April) from October 2005 through October 2010, and other valuable information:

- Characteristics of cases: Counts of children, ages of adults and children, relationships, race-ethnicity, and other measures.
- Longitudinal data: Persistence on aid, histories of aid receipt, and transitions of children from one case type to another.

- Sub-state detail: Data are provided for five city/county units within those states: Los Angeles and Riverside counties, California; New York City; Miami; and Cook County, Illinois. These metro areas are contrasted to the “rest of state.”

3. **Key informant interviews in the focal states** with more than 125 TANF program administrators, managers, supervisors, and line staff at state, county, and city levels as well as with selected program managers, advocates, and others working in community-based, nongovernmental organizations (NGOs) that serve child-only cases.

The project also drew on secondary data sources:

4. **State TANF caseloads, disaggregated to the four main case types, in:**
 - A recent study by the GAO (GAO, 2011) provides counts of child-only caseloads by category, by state for December 2010.
 - For earlier years, disaggregated child-only caseload data by state are available in TANF Reports to Congress (U.S. Department of Health and Human Services, multiple years).
5. **Other published contextual information:**
 - Monthly TANF caseload data from the Administration for Children and Families (ACF).¹⁵
 - *Welfare Rules Databook* (Kassabian et al., 2011), which reports state TANF policies for adult-aided cases.
 - The 2002–2010 American Community Survey (ACS), used to estimate take-up rates for children of SSI-recipient adults and for kin-care households and to describe the characteristics of kin-care households.
 - Data on immigration flows estimated by the Pew Hispanic Center (Passel and Cohn, 2009, 2011).

¹⁵<http://www.acf.hhs.gov/programs/ofa/resource/2011-07-tanssp-0>

The Study State Data Set

The 2010 disaggregated state caseload data from the TANF Administrators' Survey and the GAO (2011) survey of states were combined to create a 35-state dataset. (Hereafter, we refer to these as the "study states.") When states reported disaggregated caseloads in both sources, the values were averaged for the analysis data file. Ten states (Alabama, Arkansas, Delaware, Hawaii, Kentucky, Mississippi, Montana, Nebraska, Ohio, and Pennsylvania) did not report disaggregated data in either survey, and data for six others (Colorado, District of Columbia, Louisiana, Michigan, Tennessee and Virginia) were not used because one or both of the survey-reported child-only caseloads differed by more than 30 percent from the child-only caseloads reported by the ACF for December 2010 (see Appendix 2, Exhibit 2.5 for details).

National data for 2010 are based on the 2009 national data reported in the TANF Ninth Report to Congress (U.S. Department of Health and Human Services, 2012), but with the study states' 2009 data replaced by the 2010 caseload data used in this project. Data for "all other states," referring to the 16 states, for which we do not have disaggregated caseload data, are calculated by subtracting the summed data for the 35 study states from the estimates of caseloads nationwide.

Federal Policy for Child-Only Cases

Table 1.1 compares the TANF rules for child-only cases to rules for adult cases and reports state-specific policy information provided by 35 states that responded to the TANF Administrators' Survey.

Federal law allows states almost as much flexibility in their policies for child-only as for adult-aided cases, including the option to have different rules for different types of child-only cases, but by and large this flexibility has not been used. Most states have no time limits or work requirements for any of the three child-only case types. Most states use means tests for IIP child-only cases but not for SSI or NPC child-only TANF cases.

Child-Only Benefit Calculation

The grant for a case, whether adult-aided or child-only, is based on the number of persons in the Assistance Unit (AU). The standard way to set up a child-only grant is to count only the eligible children in the recipient family as part of the AU. With adults excluded, the grant is smaller than if the family received an adult-aided grant.

In a few states, grant amounts vary across child-only case types, but usually any variation from the standard grant is small. The major exception is in states that pay an augmented NPC child-only TANF grant to foster-care kinship caregivers, where the difference from the standard TANF grant can be substantial. For example, Florida's one-child TANF grant is \$180 (\$241 for two children), but the state pays an augmented TANF grant, depending on the child's age, of \$242 to \$298 per child to a caregiver who is providing kinship care through its TANF child-only Relative Caregiver Program (RCP).

Table 1.1
TANF Policy for Adult-Aided and Child-Only Cases

Policy	Adult-Aided cases	Child-Only Cases	
		Federally Mandated or Typical State Law	Atypical State Policies/ Possible Policy Changes
Income-eligibility thresholds and the calculation of benefits.	One-parent grants are smaller than two-parent grants	Most states provide child-only grants on the standard benefit schedule.	A few states vary grants by small amounts across child-only types. Florida substantially augments its NPC grant for RCP caregivers.
Time limit on family's use of federal funds.	YES: 5-year maximum under TANF and shorter time limits at state option.	TANF does not mandate a time limit but permits states to impose one. Almost none do.	AZ time-limits NPC child-only cases (with an exception if child is a ward of the court). NC is considering time limits for SSI and NPC child-only cases. Some states have IIP time limits.
Work-eligible adult(s) must participate in work-related activities. State may be penalized for failing to meet its Work Participation Rate.	YES: TANF requires states to adopt these policies for adult-aided cases.	No WPR requirement for child-only cases. Some states have work requirements for LPR parents. No state currently has work requirements for other child-only cases.	NC is considering work requirements for NPC child-only cases; NM is considering them for SSI-parent child-only cases. Several states require work of LPR parents, and may use state funds to provide work supports.
Funds work supports and other activities "consistent with purposes of TANF."	YES: Permitted for adult-aided cases; child-care a major expenditure.	No states fund work supports for unaided adults, although permitted under TANF for SSI and NPC child-only cases.	Several states aid LPR parents, and provide work supports.
Noncompliant adults are sanctioned according to state-determined rules.	YES: Permitted under TANF.	Not possible, as adults are not aided.	No states sanction unaided adults. (LPR adults in states that offer them adult aid can be sanctioned.)
Income-testing (means-testing) for benefits.	YES: States must means-test for adult-aided TANF.	Most states means-test for IIP child-only benefits. At least 8 states means-test for SSI, but exclude the SSI benefit from the calculation. Very few states means-test for NPC child-only benefits.	AZ, NV, and OR use a means test for NPC child-only cases (except if caring for a foster child/ward of court). NC considering means test for NPC child-only cases. NH includes SSI benefit in countable income for the means test.

Note: States may serve LPR families within 5 years using state funds, an option adopted by California, which aids only children within five years, and New York State, which aids families (adults and children) within five years.

Time Limits, Work Requirements, Means Tests, and Other Rules

The five-year federal time limit on TANF assistance does not apply to child-only cases. Some states are considering imposing a time limit on aid for at least some types of child-only cases. Arizona imposes the same time limit on NPC child-only cases (36 months) as on adult-aided cases, except when children have been placed with a relative caregiver by the juvenile court. These children may receive child-only aid until they age out of TANF. The survey respondent from North Carolina reported that the state is considering time limits for SSI and NPC child-only TANF cases.

Generally, parents and caregivers of children in child-only TANF cases are not mandated to engage in welfare-to-work activities, and few states offer these adults any of the work supports – child care, employment training, work placement, transportation assistance – that are provided (to varying degrees) to parents in adult-aided TANF cases. No states currently require unaided adults in SSI or NPC child-only cases to participate in work activities. NPC child-only TANF caregivers who are caring for court-placed children are in that respect similar to foster parents and are aided on that basis.¹⁶ States cannot introduce work requirements for unauthorized IIP parents, although several states have such requirements for immigrant LPR parents who receive aid.

Only three states impose a means test on NPC child-only cases, and in those states foster-care placements are excluded from the means testing. In other states, although federal policy mandates efforts to collect child support from absent parents, NPC child-only TANF is provided without regard to the incomes or assets of the relative caregivers. As SSI eligibility itself is means-tested, every SSI-receiving parent is low income. Nonetheless, eight states report having a means test for SSI-parent child-only cases. Most of the survey responses do not indicate whether the means testing disregards the SSI stipend itself from the calculation. Our

¹⁶ New Mexico's respondent to the TANF Administrators' Survey reports that the state is considering work requirements for SSI-receiving parents in child-only cases, and North Carolina's respondent reports that NPC child-only caregivers might face work requirements, but perhaps only if the child was not placed by the court.

impression is that in most states, the SSI benefit (which in 2011 was \$674 in most states) is exempt from TANF eligibility and grant calculations.

Policies That Affect the Size of Child-Only Caseloads

Child-only caseloads are much larger in some states than in others, whether size is calculated as a share of all TANF cases in the state or on the basis of TANF receipt per 1,000 poor children. The factors that contribute to caseload differences, whether variations in grant levels, differing policies in the areas of child welfare and SSI advocacy, or a state's climate with respect to unauthorized immigrants, are discussed in detail in the chapters that follow, but we provide an overview here.

The level of a state's TANF benefit will have effects on the size and, to a lesser extent, the composition of the state's TANF caseload. Above-average grants (such as offered in California and New York) imply more liberal income-eligibility thresholds. While these do not substantially affect the eligibility of potential NPC and SSI child-only recipients,¹⁷ they expand TANF access for adult-aid and IIP applicants by raising the income threshold below which families can qualify for TANF. In addition, higher grants make TANF more valuable to all potential applicants.

Systematically diverting children from formal foster care into kinship care, using TANF NPC child-only grants to support these families, will augment the NPC child-only caseload. The impact of such a policy will accumulate over time because once a child welfare agency places a young child with kin in an NPC child-only TANF case, that child can remain on NPC child-only TANF for many years.

¹⁷ In almost all states, relative caregivers are TANF-eligible irrespective of income. In all states we know of, even if SSI-recipient parents are means-tested, the SSI income is excluded in assessing eligibility for children of parents receiving SSI (although other household income, if any, is considered). These two policies make children virtually categorically eligible for child-only TANF if they reside with a relative caregiver or a single, SSI-receiving parent.

The child-only TANF caseloads in the focal states illustrate these points. Like most states, the focal states impose no time limits or work requirements for any of the child-only cases and no means testing for NPC cases, and they exclude SSI income from income determinations for a child-only grant. In all four states, citizen children of unauthorized immigrant parents are aided through child-only TANF, while adults are ineligible for assistance.

The four states do differ with respect to families with LPR parents facing the five-year bar on federal benefits (that is, LPR parents ineligible for federal assistance because they have been in LPR status for less than five years). In California, these LPR parents, if otherwise eligible for TANF, are aided (with their LPR or citizen children) by state funds to form adult-aided TANF cases. Parents face work requirements, and the case is not child-only. In New York, LPR parents (and LPR children) can be aided through the state-funded “Safety Net” cash assistance program (which also serves families who have timed out of TANF). As in California, New York’s Safety-Net-aided parents are expected to work. Citizen children of LPR parents are aided with federal TANF funds and included in TANF child-only counts. In Florida and Illinois, citizen children of five-year-bar LPR parents are aided through IIP child-only TANF, while the parents (as well as LPR children within the five-year bar) are not aided.

The four states offer contrasts along other policy dimensions that influence child-only caseloads, as shown in Table 1.2. New York and California provide higher grants than do Florida and Illinois, and have more expansive TANF programs in other respects. As a result, these states aid a higher share of poor children.

The focal states also differ in their Child Welfare policies. Florida has a formal kinship care program, the Relative Caregiver Program (RCP). Although participating kinship caregivers receive NPC child-only TANF, the RCP program is managed through the state’s Child Welfare Agency. As noted above, the TANF payments that caregivers in RCP receive are substantially higher than a standard TANF benefit but less than a foster care payment.

Some New York counties outside New York City use NPC child-only TANF payments for kin caregivers who step up to care for maltreated children, and these counties have, as a result,

quite large NPC child-only caseloads. The contrast with New York City is pronounced. While New York City also has a long-standing policy of placing maltreated children in kinship foster care whenever possible, the City pays for these placements through foster care funds rather than through TANF.

Table 1.2
Variation in Focal States' Policies that Affect Child-Only Enrollments

State or County Policy	California	New York	Florida	Illinois
TANF child-only and adult-aided benefit levels	Above-average grants and eligibility thresholds	Above-average grants and eligibility thresholds	Below-average grants and eligibility thresholds	Below-average grants and eligibility thresholds
Place maltreated children with kin who are not foster parents; offer them NPC TANF instead of foster-care stipend	No	Yes, in some districts outside NYC	Yes: TANF-funded, augmented kin-care program is alternative to foster care	No
Once foster care ends, offer Kin-GAP (rather than NPC child-only TANF) to kin foster parents	Yes	Yes, as of 2010	No. Uses RCP (TANF) instead of Kin-GAP	Yes
Assist adult-aid TANF clients to apply for SSI	Not in most counties	Yes, in NYC and some districts	No	Yes, state policy
Nature of state laws regarding undocumented immigrants	Immigrant-hospitable (e.g., California Dream Act)	Immigrant-hospitable in NYC (e.g., no reporting of unauthorized immigrant status per Executive Order #41)	No special state policies on immigrants	No special state policies on immigrants

Another policy to support former foster children, the Kinship Guardian Assistance (Kin-GAP) Program, will shift cases that might otherwise be NPC child-only into Kin-GAP instead.¹⁸ Kin-

¹⁸ A state's Kin-GAP program provides a regular monthly payment to qualified kin caregivers who become guardians to children who have been in their care as foster children.

GAP programs have existed for many years in California and Illinois, and a Kin-GAP program was recently created in New York.

TANF programs can opt to help adult TANF recipients apply for SSI through advocacy services. This approach has been adopted in Illinois, New York City, certain other New York State counties, and some California counties (which may partially explain why Illinois and New York have relatively high SSI child-only caseloads).

The large numbers of immigrants and relatively generous TANF grants in California and New York City contribute to making TANF IIP child-only aid relatively accessible to unauthorized immigrant parents of citizen children. Other policies and practices in those jurisdictions that are relatively hospitable toward immigrants may further promote their above-average rates of take-up of IIP aid (described in Chapter 4). In contrast, the large immigration population and liberal attitudes do not generate a large IIP caseload in Illinois, perhaps because TANF grants in that state are low.¹⁹

The consequences of each state's adult-aided and child-only TANF programs for children's access to TANF are evident in comparisons of population and caseload data. With relatively expansive TANF programs, California and New York between them account for more than 40 percent of the nation's TANF caseload of children (33% and 9%, respectively), and similar proportions of the nation's child-only (NPC, SSI, and IIP) cases (35% and 8%), while these states have 13 percent and 7 percent, respectively, of the "officially" poor in the U.S. population and 18 percent and 7 percent of those poor under the new Supplemental Poverty Measure (Short, 2012). On the other hand, Florida and Illinois have fewer children in TANF than predicted by their poverty populations; combined, they comprise 5 percent of TANF children (3% and 2%, respectively) and 7 percent of the nation's child-only (NPC, SSI, and IIP) cases. However, together they have 10 percent (6% in Florida, 4% in Illinois) of the "officially" poor in the U.S.,

¹⁹ As analyses in the chapters that follow confirm, states with TANF grants that are higher than typical tend to have above-average TANF take-up rates.

and 12 percent of the poor (8% in Florida, 4% in Illinois) under the Supplemental Poverty Measure (Short, 2012).

Conclusion

The TANF caseload is most usefully considered as four different caseloads: adult-aided cases and the three main child-only caseload types. (Other cases that are technically child-only we propose should be counted with adult-aided cases). In this chapter, we outlined the federal policies and options for states in serving each type of child-only case. Although federal law offers states great flexibility in designing child-only policies, child-only TANF policies are nonetheless almost identical across states, with no time limits, work requirements in only a few states and only for IIP cases, no means-testing for NPC cases, and, in most states, SSI benefit income excluded from income determination calculations.

Despite great similarities across states in their TANF child-only policies, TANF caseloads vary widely in their child-only shares. The reasons are demographic, but also policy-related, as policies and practices apart from the TANF child-only rules affect the child-only caseload. States with programs that support transitions from TANF to SSI are likely to have a greater number of SSI child-only TANF cases than states without this policy. Likewise, states that rely on kin care for maltreated children and offer relative caregivers NCP child-only TANF rather than foster care payments will have above-average NPC child-only caseloads. More flexible and friendly policies regarding immigrants possibly encourage ineligible immigrant parents to seek child-only TANF for their citizen children. Finally, benefit generosity matters: above-average grant amounts (usually) raise the income eligibility threshold for TANF as well as the value of TANF enrollment to the family, so states that offer higher benefits are likely to have (per capita) larger adult-aided and child-only TANF caseloads. The next chapter delves into caseload counts and TANF “reach” in the 35 study states, exploring how rates of coverage vary across states and have changed over time.

CHAPTER 2:

The Four TANF Caseloads by State and Over Time

Introduction

The preceding chapter described child-only cases in theory. This chapter offers more detail by examining changes over time and by state. The caseload data for the 35 study states described in Chapter 1 (and the non-study states considered as a group) reveals dramatic variation across states. We translate caseload counts into estimates of enrollment in each TANF category per 1,000 poor children in each state, finding that large state shares in a particular case type do not translate into high rates of per-capita provision.

Analyses of changes in states' caseloads during the pre-recessionary 2002-2007 period helps clarify how state policies may map onto TANF caseloads. States' caseload changes follow one of four different patterns. One-third (16) of the states' caseloads followed the model suggested by the national data, of a sharp decline in adult-aided cases and a stable, or slightly growing, child-only caseload. In some states, adult-aided cases remained stable or fell, while child-only cases increased, and in still other states, both types of caseloads grew, or both fell.

The chapter continues with an analysis (for the four focal states only) of persistence of cases on aid (rates of receipt 12 and 24 months before being observed on aid, and rates of receipt 12, 24, and 60 months later). Transition rates from adult-aided TANF to child-only TANF are reported. This section includes as well a discussion of changes in TANF exit rates during and in the wake of the recession.

We conclude with two analyses that target subgroups within each state. One is of TANF take-up in the main metro area of each state compared with take-up rates in the rest of state. The other is an analysis of TANF take-up rates within each potentially eligible poor population. We calculate group-specific ratios of TANF recipients to the counts of poor children in each aided category: children in kin-care, children of SSI-receiving parents (virtually all of whom are poor or nearly poor), poor children of IIP parents, and poor children living with non-disabled parents who are potentially eligible for adult-aided TANF.

State-Level Variation in the Prevalence and Composition of Child-Only Cases

Figure 2.1 shows caseload data from December 2010 for the 35 study states. The graph defies simple generalization. The percentages of states' caseloads in each case type range widely: from 5 percent to 88 percent of a TANF caseload found in NPC child-only cases; from 5 percent to 25 percent in SSI child-only cases; from 0 percent to 34 percent in IIP child-only cases; and from 10 percent to 87 percent in adult-aided cases.

Box 2.1

Data Sources and Samples

Caseload data for 2010 in the 35 study states are from Sources A and C. States whose reported caseloads differed too much across A, C and D were excluded from the study.

A. TANF Administrators' Survey. This project's on-line survey of all state TANF administrators. **Topics:** Annual point-in-time caseload counts by type 12/2006 – 12/2010. Policies and programs for child-only cases by type: means tests, time limits, work requirements, new and possible policy changes, grant amounts, non-cash services for children and caregivers/parents, outreach, and perceived needs.

Responses: 35 states

B. Focal States' Data. Caseload counts or estimated counts 2005-2010 for California, New York, Florida, and Illinois. For 10/2005, 10/2008 and 10/2010 caseloads, characteristics by case type: number of children and adults per case, grant amounts, ages, ethnicity, relationships, etc. For 10/2005 and 10/2008 caseloads, by case type, one child per aided case tracked forward and aid receipt recorded at 12, 24 and 60 months.

Numbers of Cases in the Caseloads or Samples Used to Estimate Caseload Characteristics

	October 2005				October 2008			
	NPC	SSI	IIP	Adult	NPC	SSI	IIP	Adult
California Sample (n)	Total: 6,472; twice the size of the of the 2008 sample				172	141	605	2,467
Caseload Data, October 2005				Caseload Data, October 2008				
New York	15,514	18,166	17,994	120,341	14,431	17,482	17,761	91,695
Florida	29,345	6,409	2,354	19,039	29,294	5,596	1,745	15,466
Illinois	6,375	9,834	1,189	21,771	5,690	7,597	1,197	10,113

C. GAO (2011) Survey of States. Data from 34 states providing caseload counts by type for December 2010.

D. ACF TANF Data. Monthly counts of adult-aided and child-only (not disaggregated) cases by state, 1998-2009. <http://archive.acf.hhs.gov/programs/ofa/data-reports/index.htm>

E. TANF Reports to Congress.

Description: Counts of cases by type available from Appendix Tables 10.12 "Percent Distribution of TANF Families with Parents Not in the Assistance Unit." Data available only through 2009.

<http://archive.acf.hhs.gov/programs/ofa/data-reports/index.htm> Used as source of estimates for national counts and for NPC cases over time.

Study and Non-Study States Compared. using disaggregated caseload data for 2009 from the *TANF Ninth Report to Congress*. (U.S. Department of Health and Human Services , 2012).

	Children in Pop.	TANF Cases	Types of Child-Only TANF Cases			All Child Only
			NPC	IIP	SSI	
Study States	75.1%	76.8%	67.9%	92.8%	73.4%	78%
Non-Study	24.9%	23.2%	22.1%	7.1%	26.6%	22%
United States	100%	100%	100%	100%	100%	100%

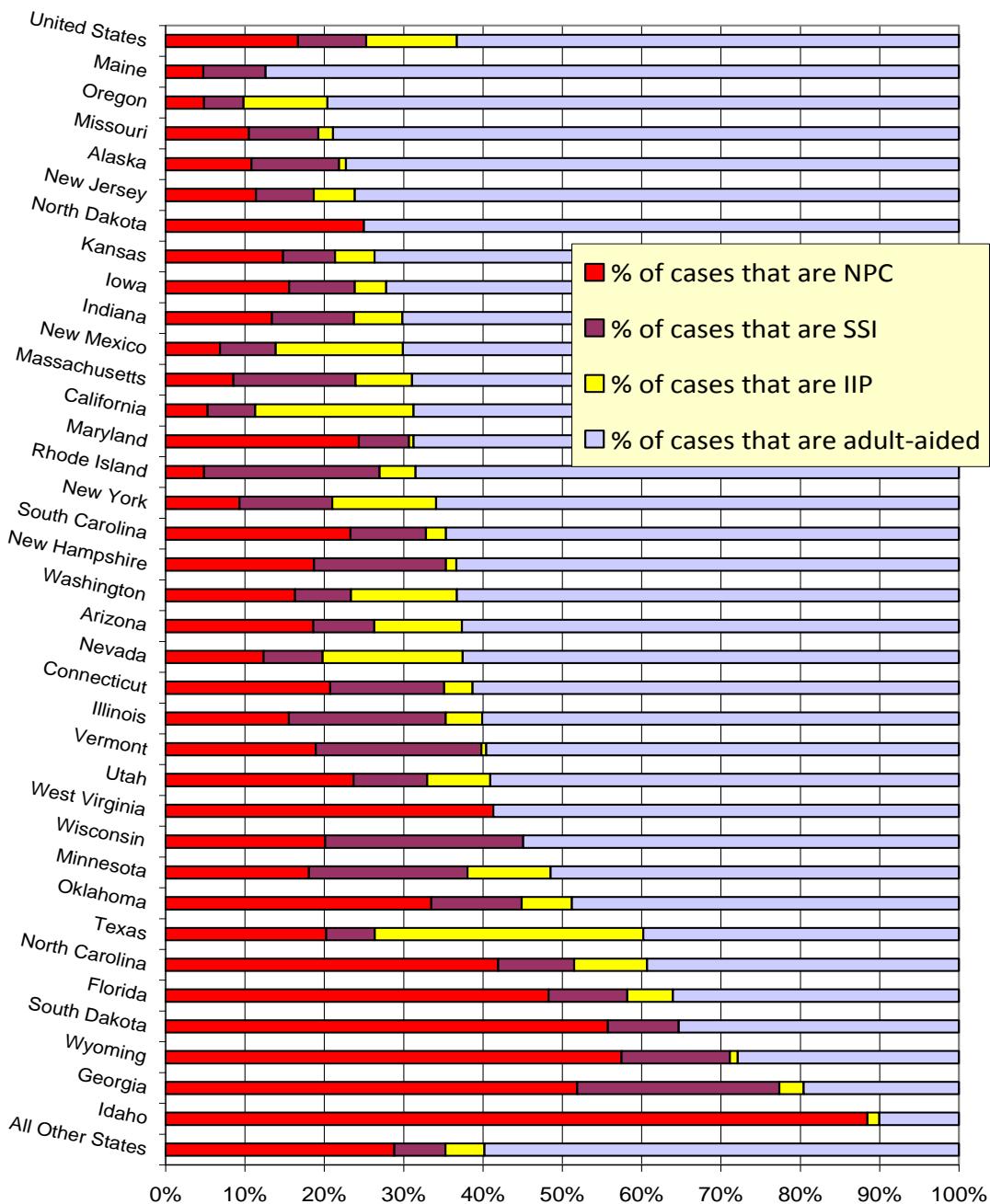
The table confirms findings discussed in the report: the Study States have fewer NPC and more IIP cases than one would predict based on their shares of children and TANF cases.

The top bar in the chart shows data for the United States. Child-only (NPC, IIP, and SSI) cases are 37 percent of all TANF cases. NPC child-only cases are the most common type nationwide. They are the largest category of child-only cases in a majority of states, and in six states outnumber adult-aided cases. The states with the largest proportions of their caseloads in NPC child-only cases (West Virginia, North Carolina, Florida, Georgia, South Dakota, Wyoming, and Idaho) are also among the states with the smallest shares of cases that are adult-aided.

Although NPC child-only cases are the most common type of child-only case nationwide, in many states (14 of the 35 shown here) SSI or IIP child-only cases are more numerous. In Wisconsin, Illinois, Rhode Island, Vermont, Minnesota, Massachusetts, Alaska, and Maine, SSI cases are the most numerous child-only type. They represent more than one-fifth of all TANF cases in the first five of these states (and in Georgia as well, which has even more NPC child-only cases than SSI child-only cases). In California, Nevada, Texas, New Mexico, New York, and Oregon, IIP cases are the largest child-only category, with IIP cases near or more than one-fifth of all TANF cases in California, Nevada, and Texas.

Figure 2.1

TANF Child-Only Cases in Four Categories, by State, December 2010



Sources: TANF Administrators' Survey, GAO (2011) survey, focal states' administrative data, *TANF Ninth Report to Congress* (U.S. Department of Health and Human Services, 2012)

Note: The row labeled "All Other States" reports the estimated caseloads for the 16 non-study states combined.

TANF Caseloads per Capita across States

Looking only at the composition of TANF caseloads gives an incomplete picture; the size of the caseload matters as well. Figure 2.2 shows NPC, SSI, and IIP child-only cases per 1,000 poor children nationwide, in each study state, and in the non-study states as a group. The total length of a state’s bar shows the overall “reach” of TANF cases per 1,000 poor children; this ranges from fewer than 30 per 1,000 (Wyoming) to more than 500 per thousand.

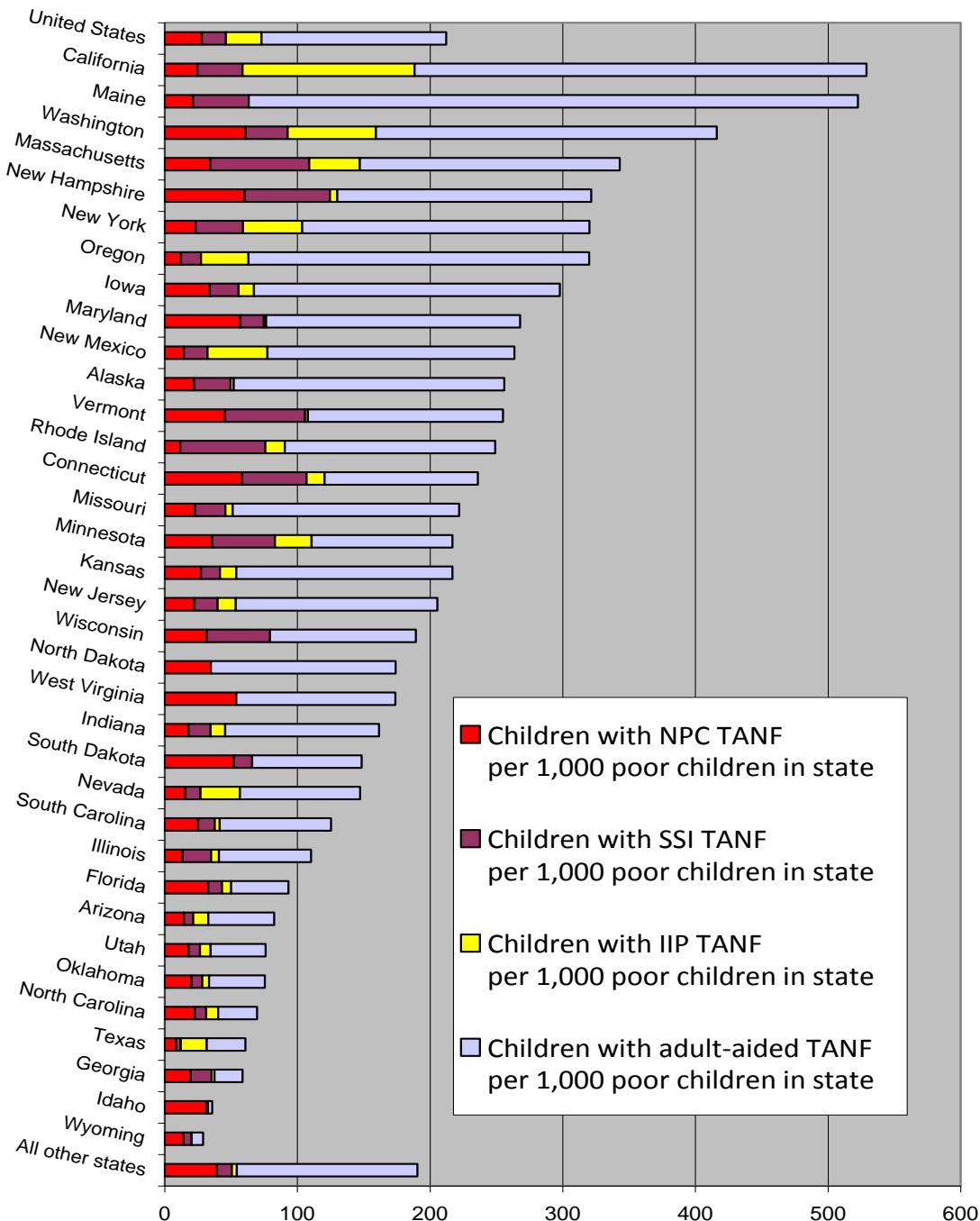
This index, the ratio of the number of children receiving TANF benefits to the number of children in poverty, is a useful measure of TANF “reach” (Trisi and Pavetti, 2012). It reflects the TANF program’s responsiveness to material need in a state’s child population.²⁰ However, it is important to note that not all families receiving TANF are poor. Indeed, the data on SNAP receipt (discussed in Chapter 3) suggest that fewer than half of NPC child-only cases may be poor, implying that states with large shares of their caseloads in NPC child-only TANF are reaching fewer poor children than Figure 2.2 suggests. These states are providing TANF aid to children who may be low-income or otherwise in need but who are not living in poverty-level homes.

States are ordered by the overall ratio of TANF coverage to the child poverty population, with California providing TANF at the highest rate and Wyoming, with a ratio at one-eighteenth California’s rate, at the lowest. Each segment of each bar corresponds to the number of children in each TANF case type scaled to the state’s population of children in poverty. Because Figure 2.2 reports data for children in TANF and Figure 2.1 reports cases, the colored segments in each specific state are not in quite the same proportion to each other and to the total length of the bar as they are in Figure 2.1.²¹ There are fewer children per case in NPC child-only cases than in the other case types, partly because in many states, foster children aided through NPC child-only TANF are always aided as a one-child case even if they are part of a sibling group.

²⁰In their analyses using the measure, Trisi and Pavetti (2012) point out that, “the [TANF-to-Poverty] ratio should not be interpreted as the percentage of families with children in poverty served by TANF because the number of families on TANF is not a perfect subset of the number of families in poverty.”

²¹The graph does not show the ratio of each type of TANF per 1,000 poor children in each target population. That analysis comes later in the report.

Figure 2.2
TANF Child-Only Cases per 1,000 Poor Children in the State, by Case Type



Sources: TANF Administrators' Survey, GAO (2011) survey, focal states' administrative data, *TANF Ninth Report to Congress*. (U.S. Department of Health and Human Services , 2012).

Note: The row labeled "All Other States" reports the estimated caseloads for the 16 non-study states combined.

Some states with large *shares* of their child-only caseloads in a specific aid type turn out to provide that type of aid at a low *rate* in the population. In Texas, for example, IIP cases make up a larger share of TANF cases than in any other state, but the state has fewer IIP cases per capita than eight other states (California, Massachusetts, Minnesota, New Mexico, New York, Nevada, Oregon, and Washington). Likewise, Wyoming and Georgia are among the states with more than one-half their caseloads categorized as NPC, yet their per capita NPC coverage is relatively low. Illinois has one-fifth of its TANF cases in the SSI child-only category, double the national average. However, New York and California support more of their poor-child populations through SSI child-only TANF than Illinois does because in California and New York poor children in all eligibility categories are more likely to receive TANF than they are in Illinois.

The numbers of children participating (per 1,000 poor children) in IIP child-only TANF vary greatly across states, and not only because some states have more immigrants than others. The highest ratios of children in IIP child-only cases relative to poor-child populations among the study states are in California, Massachusetts, New Mexico, New York, Oregon and Washington. Yet while these states have 80 percent of the IIP child-only cases in the study states, they are home to only 38 percent of the unauthorized population.²² Among states with large unauthorized populations, Texas has only 8 percent of the study states' IIP cases but 17 percent of the unauthorized population. Other study states with substantial unauthorized populations are Florida, New Jersey, Illinois, Georgia, Arizona, and North Carolina. These states together have fewer than 6 percent of the IIP child-only cases in the study states but nearly 30 percent of the unauthorized population.

Individual states in which poor children use child-only aid at similar rates can nonetheless differ greatly in how often adult-aided TANF supports poor children and their parents. For example, while Idaho, Texas, Illinois and Indiana all have similar ratios of *child-only* TANF to poor-child populations (about 40 per thousand) the ratio of children in *adult-aided* TANF to poor children

²² Estimates of the unauthorized population by state are from Passel and Cohn, 2011. The size of the unauthorized population is taken as an (imperfect) indicator of the number of low-income citizen children who would be eligible for IIP child-only TANF.

are, respectively, approximately 3, 30, 70 and 130 per thousand poor children. At the other end of the range, one-third (341 per 1,000) of California's poor children and nearly one-half (459 per 1,000) of Maine's poor children are in adult-aided or "technically child-only" (i.e., in California, sanctioned or timed-out child-only) cases.

The range across states, from 3 per 1,000 to 459 per 1,000, in the ratio of recipient children in adult-aided TANF to the poor-child population, is far wider than the ranges across states in comparable measures of NPC child-only or SSI child-only TANF take-up. The range for NPC child-only TANF is from 9 to 61 recipient children per 1,000 poor children, with Texas at the low end and Washington at the top; and the range for SSI child-only is from 3 (in Texas) to 74 (in Massachusetts) per 1,000 poor children. The narrower spread across states in the ratios of NPC and SSI child-only aid relative to the poor-child population may be due to the similarities in NPC and SSI child-only policies across states (apart from the grant amounts provided).

Table 2.1 groups study states according to their provision of aid to poor children in adult-aided TANF cases. The table shows, for each group of states, the average share that NPC cases comprise in the TANF caseload, and the average ratios of child recipients in IIP, SSI, and NPC child-only TANF relative to the number (in 1,000s) of poor children in the population.

States tend to provide adult-aided, SSI child-only and IIP child-only aid at generally high, or at generally low, rates across all three types of aid.²³ So, for example, the next row reports on the seven states that provide TANF at the highest rates. In these states, children in TANF are nearly three times more likely to be in adult-aided cases than in child-only TANF. They average more than 200 children in adult-aided TANF per 1,000 poor children.

²³Statistical evidence for the claim that states tend to provide adult-aided, SSI child-only and IIP child-only aid at generally high, or at generally low, rates across all three types of aid is found in the correlation coefficients. Per-capita rates of aid are significantly correlated between SSI child-only aid and adult-aided aid (Pearson r= 0.45) and between IIP child-only aid and adult-aided aid (Pearson r= 0.47). However, per-capita receipt of NPC child-only aid is uncorrelated with per-capita receipt of adult-aided aid.

Table 2.1
Study States' Rates of Participation in TANF Case Types, 2010
(Grouped from High Coverage to Low Coverage)

Rate of Adult -Aided TANF per 1,000 Poor Children in Population	United States and Study States	Avg. State Percent NPC Child-Only in TANF Caseload	Average of State Participation Rates per 1,000 Poor Children In Population, Categorized by TANF Case Type			
			...in Adult - Aided TANF	... in IIP Child-Only TANF	... in SSI Child-Only TANF	... in NPC Child-Only TANF
Nationwide	United States	16.7%	139	27	18	28
High coverage: >200-460	Alaska, California, Iowa, Maine, New York, Oregon, Washington,	9.6%	281	42	30	28
Above-average coverage: >140- 200	Kansas, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New Mexico, Rhode Island, Vermont	13.2%	173	15	39	33
Below-average coverage: >70- 140	Connecticut, Indiana, Minnesota, Nevada, North Dakota, South Carolina, South Dakota, West Virginia, Wisconsin	25.6%	107	10	22	36
Low coverage: 3-70	Arizona, Florida, Georgia, Idaho, Illinois, North Carolina, Oklahoma, Texas, Utah, Wyoming	40.4%	34	7	9	20

Sources: TANF Administrators' Survey, GAO (2011) survey, focal states' administrative data, *TANF Ninth Report to Congress*. (U.S. Department of Health and Human Services , 2012).

IIP child-only aid availability follows the same rank-ordering as the availability of adult-aided TANF, with the upper rows reporting higher IIP per-capita rates than the lower rows. Participation in SSI child-only TANF diverges somewhat from the adult-aided pattern, in that the states in the second tier of adult-aided provision fund SSI child-only aid at double the national rate (39 vs. 18 per 1,000) of SSI provision, and at higher rates than states in the top tier.

The bottom row shows data for the 10 states with the smallest TANF programs per capita (with from 3 to 70 children in adult-aided TANF per 1,000 poor children); in these states, children are more likely to be in child-only than in adult-aided TANF. The average ratio of children in adult-aided TANF per 1,000 poor children in these states (34 per 1,000) is only one-eighth the

average ratio in the most generous states (281 per 1,000). Likewise, the ratio for participation in IIP child-only TANF in these states (7 per thousand) is at one-sixth the level in the most generous states (42 per thousand), and 9 children per 1,000 poor children are in SSI child-only TANF compared to 30 per thousand in the most generous states.

In contrast, the ratios of children in NPC child-only TANF relative to the population of poor children do not vary consistently across the tiers. The average ratio is only a little lower in the least generous states (20 per thousand poor children) than in the most generous states (28 per thousand poor children). States classified as having below-average rates of adult-aided TANF (the third tier) have on average 36 NPC child-only recipients to per 1,000 poor children in the population, a substantially higher rate than found among states in the top tier (which average 28 per thousand).

A strong correlation exists between the extent to which NPC cases dominate a TANF caseload and *low* levels of adult-aid TANF.²⁴ In the states in the top tier of the table, fewer than 10 percent of TANF cases are NPC child-only (see Figure 2.1). These states provide adult-aided aid at double the national rate and IIP and SSI child-only aid at high rates as well. On the other hand, the states in the bottom row of the table have, on average, two-fifths of their caseload in NPC cases. These states provide below-average rates of all types of coverage but are especially under-enrolled in adult-aided TANF, which is provided at one-quarter the national rate (at 34 rather than 139 per 1,000 poor children) and IIP child-only TANF (at 7 per 1,000 rather than 27).

The patterns of NPC child-only coverage are quite unlike patterns of receipt of other types of TANF, probably because in many states, NPC child-only TANF is chiefly used not to alleviate poverty or support self-sufficiency but to fund foster care placements (or placements that would be foster care if the child were not “diverted” out of care). Indeed, some states (including the focal state of Florida) have created TANF-funded programs specifically to aid

²⁴The share of a state’s caseload that is in NPC child-only aid is negatively correlated (Pearson $r = -0.65$) with the provision of adult-aided TANF among poor children in the state. This correlation is highly statistically significant.

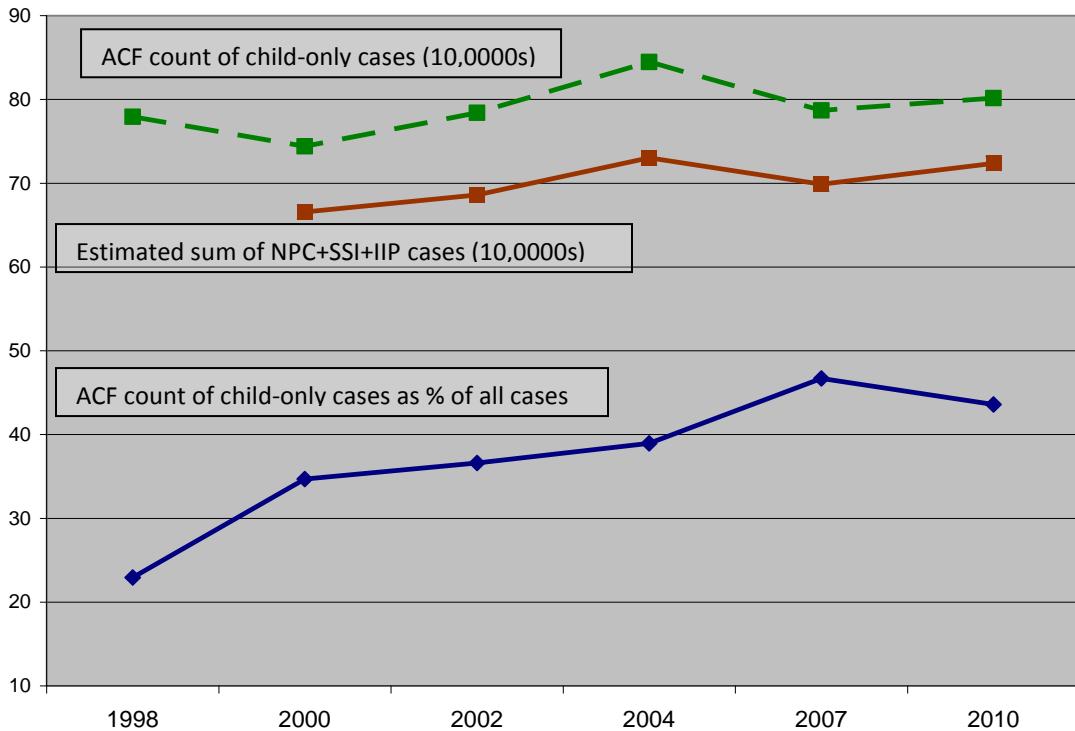
kinship caregivers of foster children who do not receive IV-E foster care funds.²⁵ As a result, NPC child-only caseloads in many states include a substantial number of current or former Child Welfare cases. The statistical correlation between large caseload shares of in NPC child-only cases and low per-capita receipt of adult-aided TANF suggests that states could be funding quasi-foster-care placements with NPC child-only TANF in lieu of a robust program of aid to adult-aided cases.

Child-Only Cases over Time: By Type, and across States

Although the share of TANF cases nationwide that are child-only is higher than it was a decade ago, the number of child-only cases has increased slowly and in some years not at all. In Figure 2.3 we report both the ACF child-only count and the more limited count of child-only cases used in this report, defined as the sum of NPC, SSI, and IIP child-only cases. The sum of NPC, IIP, and SSI-parent child-only cases has been quite stable at around 700,000 cases, with the “technical child-only” cases (California’s timed-out and sanctioned cases, sanctioned cases in others of the child-only sanction states, and some residual, smaller, categories of cases) making up the balance of the ACF counts of child-only cases.

²⁵ Florida uses NPC child-only aid to fund kinship caregiving for maltreated children through its Relative Caregiver Program.

Figure 2.3
**Number of Child-Only Cases and Child-Only as
Percent of Total TANF Caseload, 1998-2010**

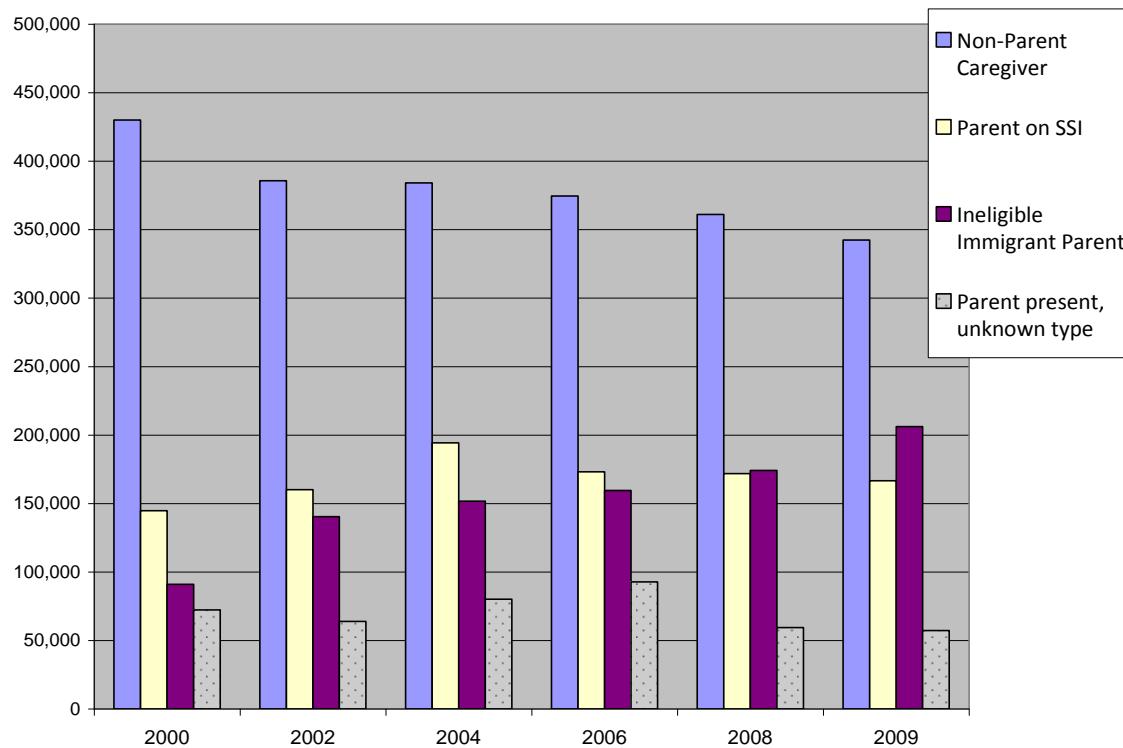


Source: ACF TANF Data website: <http://archive.acf.hhs.gov/programs/ofa/data-reports/index.htm> for the ACF caseload data and the estimate of the percent of all cases that are child-only cases. TANF Administrators' Survey, GAO (2011) survey, focal states' administrative data, *TANF Ninth Report to Congress*. (U.S. Department of Health and Human Services , 2012).

However, the makeup of child-only caseloads has been shifting away from NPC cases toward IIP cases (see Figure 2.4). While nonparent caregiver households have been the most numerous, their numbers and share of the child-only caseload have declined since 2000. We estimate that in 2010, they made up just under one-half (about 47%) of child-only cases. Offsetting the decline in NPC cases, IIP cases have increased over time so that by 2010, they were nearly one-third (30%) of the child-only caseload. While IIP cases were once concentrated in very few states (from 2000 through 2006, only 11 states reported more than 50 IIP cases), this is less true every year. By 2010, 35 of the 43 states that provided data to the GAO reported more than 50 IIP cases. Numbers of SSI-parent child-only cases have fluctuated, growing modestly

between 2000 and 2004, before declining slightly. Figure 2.4 makes clear that the apparent stability of the child-only caseload is due simply to the coincidence that as NPC cases declined, the number of IIP cases increased.²⁶

Figure 2.4
**Average Monthly Counts of Child-Only Cases by Type:
 NPC, SSI, IIP and “Parent-Present Unknown Type” of Child-Only Cases**



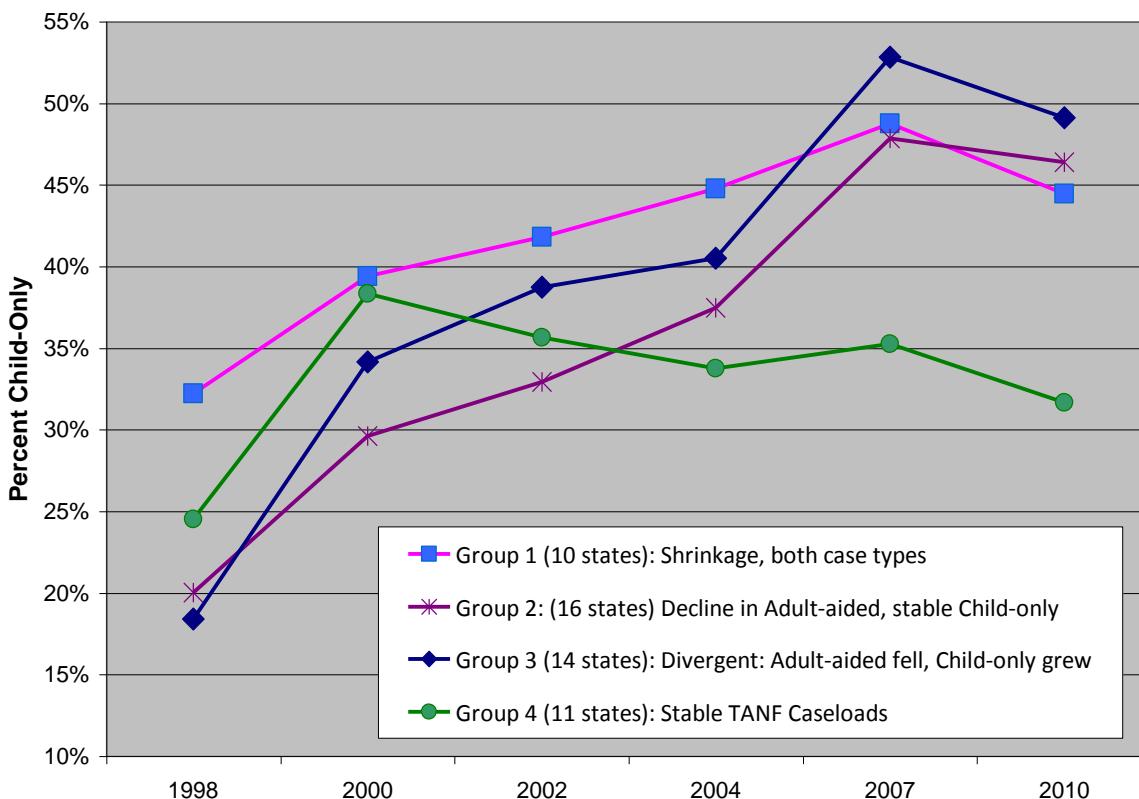
Source: Caseload counts from TANF Annual Reports to Congress, Appendixes to Chapter 10. U.S. DHHS, 2003, 2004, 2006, 2009, 2012.

The impacts of states' TANF policy choices on their TANF caseloads emerged during the pre-recessionary years, as Figure 2.5 reveals. States are grouped by changes in caseloads during the

²⁶ The category of child-only cases labeled “Parent present, unknown type” refers to cases that are child-only, not sanctioned or NPC child-only, and not classified by the reporting state as IIP or SSI child-only, although they could belong in those categories if appropriately identified. Some states report zero SSI and IIP child-only cases and report 100% of their parent-present child-only cases as “Unknown/Other type” (see, e.g., Appendix Table 10:12 in the *TANF Ninth Report to Congress*).

pre-recessionary period 2002–2007.²⁷ (Table 2.2 lists the states in each group). While nationally from 2002 to 2007 the child-only caseload is fairly stable and adult-aided cases fell during these years, this pattern applies to the TANF caseloads in only about one-third (16) of the states.²⁸

Figure 2.5
Caseload Change in States, Classified by Growth and Compositional Change, 2002-2007



Source: ACF TANF Data website: <http://archive.acf.hhs.gov/programs/ofa/data-reports/index.htm>

²⁷ These analyses of caseload changes use the federal (ACF) categories of adult-aided and child-only, which include sanctioned cases, California's timed-out, and a few other types of cases as well as NPC, SSI and IIP child-only cases. We set 2002 as the baseline as from that year forward the state-specific counts of child-only cases become increasingly complete.

²⁸ States are grouped by caseload changes through 2007, to distinguish the caseload responses to the recession (after 2007) from other kinds of changes.

In 10 states, reductions in adult-aided and child-only cases contributed to substantial declines in the total TANF caseloads (Group 1, “shrinkage, both case types”). In these states TANF caseloads averaged declines of 38 percent between 2000 and 2010. Because many of these states started the period with unusually large shares of their caseloads in child-only cases (averaging 39 percent in 2000), child-only proportions did not grow by much, averaging 45 percent of caseloads in 2010.

Mirroring the national pattern, adult-aided TANF caseloads in the 16 states in Group 2 (“decline in adult-aided, stable child-only”) fell by one-half (49%) during the boom period of 2002 to 2007. Child-only cases barely changed in these states (falling by 7%). Their TANF caseloads fell by 35 percent over the 2000–2010 decade and tilted heavily toward child-only cases.

Eighteen of the 26 states in Groups 1 and 2, the two groups with deep cuts in adult-aided caseloads, are study states. A comparison with Table 2.1 shows that two-thirds (12) of these 18 states are in the “low-coverage” or “below-average coverage” categories. Another 6 of the 11 study states in Group 3 also have “low” or “below-average” coverage. The slashing of adult-aided caseloads has led to unusually low rates of TANF receipt among poor children in many of these states. More unexpected is the finding that some states had reductions in adult-aided caseloads but nevertheless are in the “above-average” (four states) or even the “high coverage” group (two states).

In a constellation found in 14 states (Group 3, “divergent”), child-only cases increased while adult-aided cases fell substantially (by at least one-fifth). The increases in child-only caseloads (averaging 17%) offset declines, sometimes large ones, in adult-aided cases, leading to a small (8%) net loss between 2000 and 2010 in the average caseload for Group 3 states. The states that make up Group 3 are varied, and the sources of their gains in child-only cases are also quite varied.²⁹ In some states (California, New Mexico, and Washington in particular) sharp growth in IIP child-only cases added to the child-only counts. In a number of others (including

²⁹ These proposed explanations are tentative and offered only for study states, as the data on case composition by state over time are of variable completeness and reliability.

the study states of Florida, Idaho, Minnesota, New Hampshire, South Dakota, Utah, Vermont and Wisconsin, as well as Washington), NPC child-only cases increased, sometimes a little, and sometimes substantially. In California, New Hampshire, and Washington, SSI child-only coverage in 2010 was considerably above the national average.

Table 2.2

Changes in State Adult-Aided and Child-Only Caseloads, 2002-2007 and 2007-2010 by States, Grouped According to Patterns of Caseload Change

Caseload Change, 2000 to 2007	States in This Category	Average State TANF Caseload Change 2002-2007		Child-Only as % of Caseload (Average of State Values)		
		Avg. Change in Child- Only Cases	Avg. Change in Adult- Aided Cases	2002	2007	2010
Group 1: <i>Shrinkage, both case types.</i> Child-only fell by > 20% and adult-aided fell by >10%.	Arkansas, DC., Louisiana, Mississippi, Missouri, New Jersey, Nevada, North Carolina, North Dakota, Wyoming	-30%	-46%	42%	49%	45%
Group 2: <i>Decline in Adult-aided.</i> Child-only relatively stable (2007 at 81%-110% of 2002) and adult-aided fell by >20%.	Alaska, Connecticut, Delaware, Georgia, Illinois, Indiana, Maryland, Montana, Nebraska, New York, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Texas, West Virginia	-7%	-49%	33%	48%	46%
Group 3: <i>Divergent, with loss in adult-aided:</i> Child-only grew; adult-aided fell by >20%.	California, Florida, Hawaii, Idaho, Kentucky, Minnesota, New Hampshire, New Mexico, Ohio, South Dakota, Utah, Vermont, Washington, Wisconsin	17%	-38%	39%	53%	49%
Group 4: <i>Stable:</i> Adult-aided cases changed by <20% and child-only cases changed by <11%	Alabama, Arizona, Colorado, Iowa, Kansas, Maine, Massachusetts, Michigan, Oregon, Tennessee, Virginia	-4%	-0%	36%	35%	32%

Source: ACF TANF Data website: <http://archive.acf.hhs.gov/programs/ofa/data-reports/index.htm>

Note: Maine is the exception to the rule for Group 4, with a 24% drop in child-only cases and a 21% increase in adult-aided cases 2002-2007. Although adult-aided cases typically fell much more than child-only cases did, in Missouri and New Jersey child-only cases shrank more than adult-aided cases did.

Finally, 11 states (those in Group 4) bucked the national trend of increasing concentrations of child-only cases. In these “stable” states, the total TANF caseload in 2007 was within 10 percent of its 2002 level, and neither type of caseload changed by more than one-fifth. Group 4 states started the study period with as many child-only cases as did other states. Their adult-aided caseload did not shrink much or at all over the decade, and their child-only caseloads did not grow by much either, resulting in similar numbers in TANF in 2007 as in 2002. The share that was child-only declined from an average of 39 percent of caseload in 2000 to an average of 35 percent in 2007, and 32 percent in 2010.

The detailed data available for the study states within this last group, six of the eleven, show that four of these states (Iowa, Maine, Massachusetts and Oregon) are among the eight states with highest per capita TANF. The data also suggest that NPC child-only caseloads in many of these states fell, perhaps because states started to use other sources of funds (such as IV-E or Kin Guardianship).

We discuss in the next three chapters the policy choices that may have led to these caseload shifts and net gains in child-only caseloads. Trends in NPC and SSI child-only caseloads are likely to be the result of deliberate state policies. SSI child-only caseloads may have increased in response to specific programs adopted in some states or jurisdictions within states which educate recipients about SSI applications. NPC child-only caseloads are likely to be higher where fewer foster-care placements are supported through foster-care (IV-E) funding.

Child-Only and Adult-Aided Caseloads During and After the Recession

The data points for 2007 and 2010 in Figure 2.5 highlight how the recession affected TANF caseloads. The trend lines fell during the recession as most states’ caseloads shifted toward adult-aided cases, which grew by more (or fell less rapidly) than child-only caseloads did. Overall, TANF cases increased by 9 percent: adult-aided cases rose 15 percent, and child-only cases declined by 7 percent.

Remarkably, however, in more than one-third of states (18 states out of 51), adult-aided cases did *not* increase during the recession (2007-2010), despite soaring unemployment rates and increased child poverty. In four of these states adult-aided and child-only cases both fell, and by similar amounts, while in seven states child-only cases fell but adult-aided cases fell proportionately more so that these states' caseloads shifted toward child-only. In the remaining seven of the eighteen states, adult-aided caseloads shrank and child-only cases became more numerous during the recession.

In three states, both caseload types expanded, but child-only cases grew more. In all, in 17 of 51 states, a larger share of TANF cases were child-only in 2010 than in 2007, and, as just noted, in 18 states (most of them included in the aforementioned 17) TANF was supporting *fewer* adult-aided cases in 2010 than in 2007.

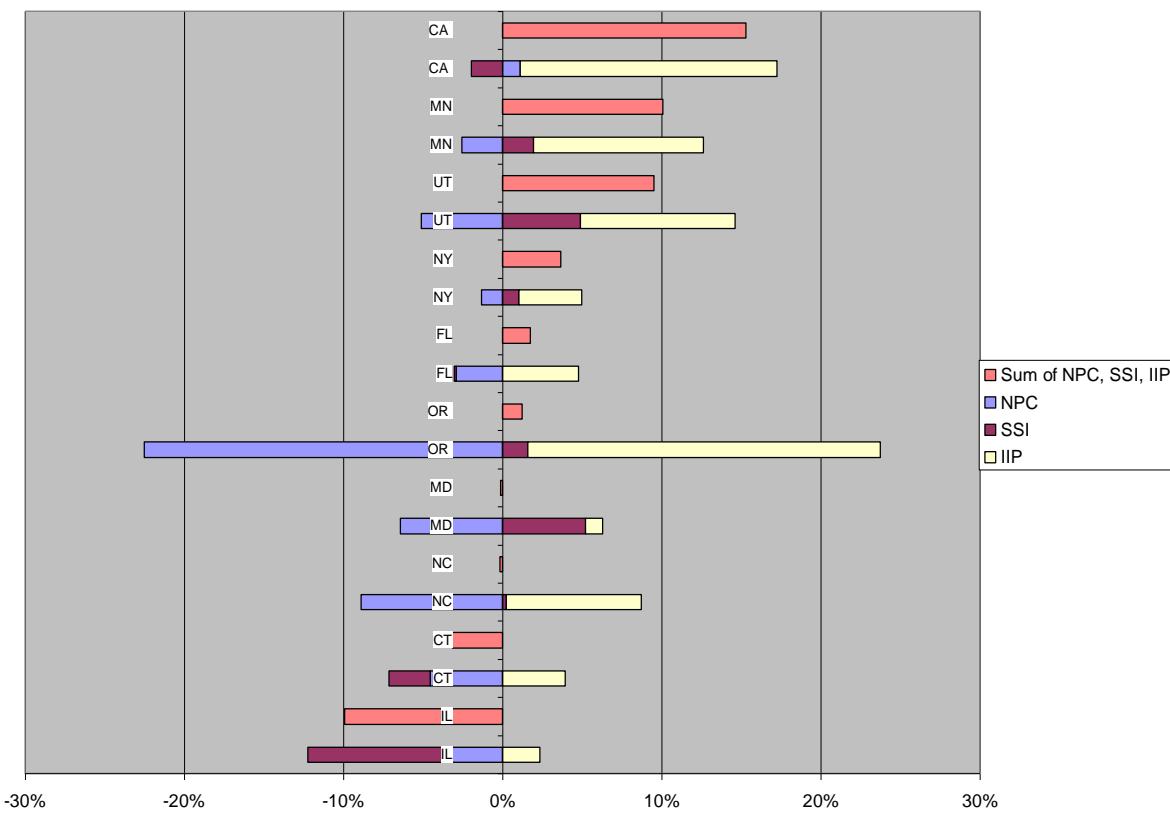
Figure 2.6 shows the changes in caseloads by case type for 2007 through 2010 that were reported for 10 of the study states in the TANF Administrators' Survey. Taken together, these states contain about one-half of child-only cases nationally. The data for each state appear twice, with the upper bar for each state showing by how much each state's child-only caseload (defined as the sum of NPC, SSI, and IIP cases) changed between 2007 and 2010. The second bar decomposes each state's change (or lack of change) in their child-only caseload into the share attributable to each of the three main case types. The four states at the top of the chart—California, Minnesota, Utah, and New York—saw their child-only caseloads grow by between 4 and 16 percent. In all four states, most of the growth was attributable to an increase in number of IIP cases. In three of the four states, growth would have been greater if NPC child-only cases had not declined. This reduction in Utah amounted to the equivalent of 6 percent of all child-only cases in the state. In Utah, SSI-parent child-only cases grew by the same amount that NPC child-only cases fell.

In the next four states—Florida, Oregon, Maryland, and North Carolina—the child-only caseload changed very little. In all four states, IIP child-only cases increased and NPC child-only cases

fell. In Maryland, SSI-parent child-only cases contributed 5 percent growth to child-only cases, but otherwise SSI-parent child-only cases remained stable.

Oregon provides a dramatic example of offsetting changes. The state reduced its NPC child-only caseload enormously, by a number equivalent to one-fifth (22%) of the state's child-only cases. However, on net, Oregon's child-only caseload gained only 2 percent because in the same period, IIP child-only TANF recipients increased by a number equivalent to 23% of all child-only cases.

Figure 2.6
**Change 2007-2010 in Child-Only Cases in Ten Study States,
As Percentage of the 2007 Child-Only Caseload**



Source: TANF Administrators' Survey

In Connecticut and Illinois child-only cases declined by 4 percent and 10 percent, respectively. Both states gained IIP child-only cases and lost SSI and NPC child-only cases.

IIP child-only caseloads increased during the recession in all 10 states, just as they did nationwide. A plausible explanation for the contrasting stability (even shrinkage) of NPC and SSI child-only caseloads during the recession is that the TANF participation of SSI-receiving parents and kin caregivers may be less affected by economic downturns. The TANF participation of NPC caregivers is not conditioned on low income, so they do not need to be out of work to qualify for TANF. Almost no SSI-receiving parents are in the workforce.

While the different child-only case types have composed varying percentages of the total child-only caseload over time, child-only families also differ in the amount of time they spend on TANF. The next section considers persistence on TANF for adult-aided and child-only cases.

Persistence on TANF among Adult-Aided and Child-Only Cases

One can expect that child-only cases, with no time limits, no sanctions, and no requirement (or, in most cases and case types, support) for a transition to employment, remain on aid longer than adult-aided cases, and indeed, previous research in California has found this to be true (Speigelman, Bos, and Ortiz, 2007). The present project's results from the four focal states also support this conclusion. From each aided case in 2005 (prior to the recession) and 2008 (during the recession) we record aid receipt 12, 24 and 60 months later for the youngest child in each case.³⁰ At each of these observation months, children who by then would have aged out of TANF were excluded from the numerator and denominator of the estimates. We also calculate the fraction of each group on aid 12 and 24 months prior to those dates.³¹

Figure 2.7 illustrates these contrasts (across state and across case types) in New York, which among the four focal states had the highest persistence on aid for adult-aided cases, and in Florida, which had the lowest. The chart shows the percent of youngest children in child-only and adult cases still on aid one, two, and five years later. (The percentages are calculated only

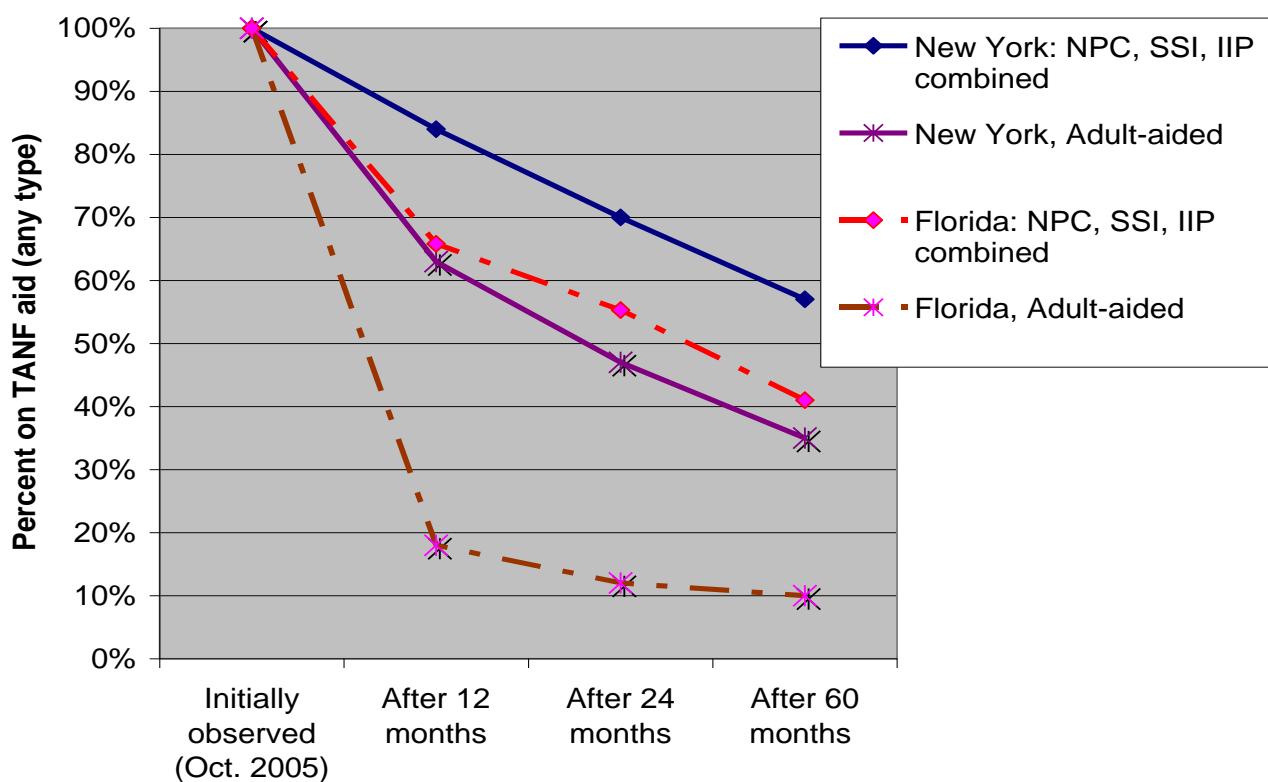
³⁰ The calculated rates of later aid receipt do not necessarily imply continuous TANF receipt.

³¹ In Florida, Illinois, and New York, each aided case in the state's entire caseload for 2005 and 2008, respectively, supplied a child for the analysis. In California we used the random samples of cases selected for the state's TANF Quality Control Sample for FY 2005 and FY 2008. See Box 2.1, Chapter 2, for the numbers in these samples.

for those children still age-eligible at each point.) In Florida (and also in Illinois), 90 percent of families receiving adult-aided TANF in October 2005, and about three-quarters of the 2008 cohorts, were off aid two years later. In contrast, New York and California provide TANF aid at a reduced level to timed-out families; in those states about one-half of the 2008 cohort of adult-aid recipients were off aid after two years and about one-half were still receiving assistance.

Figure 2.7

**Percent on TANF at 12, 24 and 60 Months after October 2005,
Child-Only (combined) and Adult-Aided Cases, in New York and Florida**



Source: Focal State data

Note: Aid receipt rates calculated for youngest children in a case. Only children in age ranges known to have been on aid in the indicated period are included in calculations.

The gaps in continuation rates between child-only and adult-aided cases are large in every state, as the data from New York and Florida illustrate. Child-only cases in New York were, after one year, 21 percentage points more likely to be still on aid than were adult-aided cases. In

Florida, where almost all adult-aided cases were off aid very quickly, child-only cases were 48 percentage points more likely than adult-aided cases to still be on aid after one year. After five years the gap between case types was 22 percentage points in New York and 31 points in Florida.

The next sets of figures (Figures 2.8, 2.9, 2.10) describe differences in persistence *among* child-only categories. The pair of charts in Figures 2.8 and 2.9 are, respectively, the proportions aided 12 months previously and the proportions on aid 12 months later for the October 2008 samples in the four focal states and the average of the four states. The conclusion that child-only cases exit much more slowly than adult-aided cases is confirmed for all four states, as shown in the comparison of the final set of bars (adult-aided) and the adjacent set (NPC, SSI, IIP combined, which reports persistence for all child-only cases of these types). Aid receipt 12 months later is much lower (by 18 to 45 points) among adult-aided cases than for the child-only case types. Looking back 12 months, aid receipt was similarly higher for child-only than for adult-aided cases.

New York differs from the other three states in that the three child-only case types have almost identical (and high) rates of persistence on aid. In New York, between 80 and 90 percent of all three child-only types were on aid a year later and had been on aid a year prior. In the other three states (California, Illinois and Florida), SSI-parent child-only cases are the most likely among all case types to remain on aid a year later and to have been on aid a year previously. The trajectories in SSI-parent child-only cases are quite similar across states, with 70 to 92 percent of SSI-parent child-only cases aided 12 months later, and similar proportions having been aided 12 months earlier.

Figure 2.8

Percent on Aid 12 Months Prior to October 2008, by State and Case Type

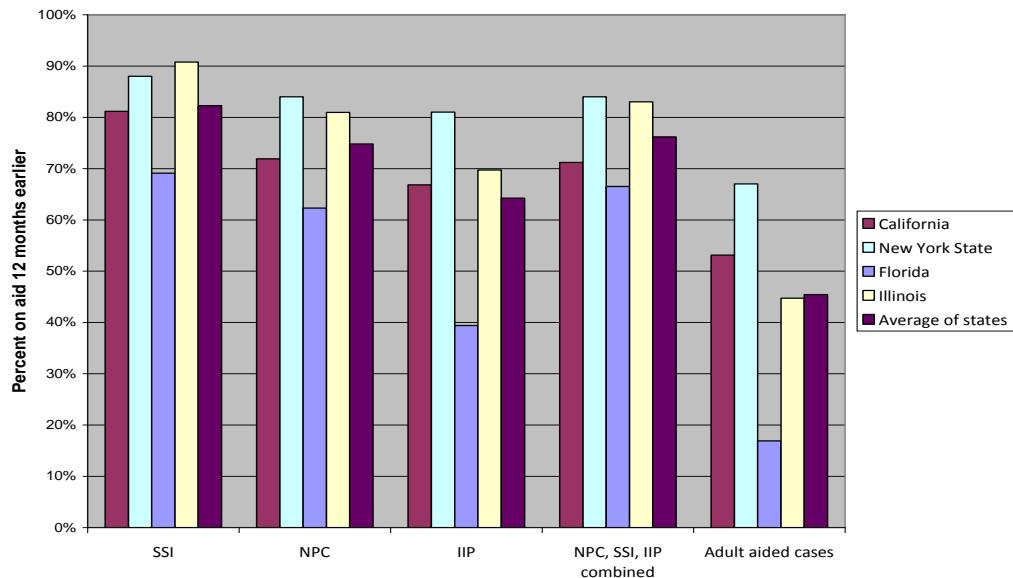
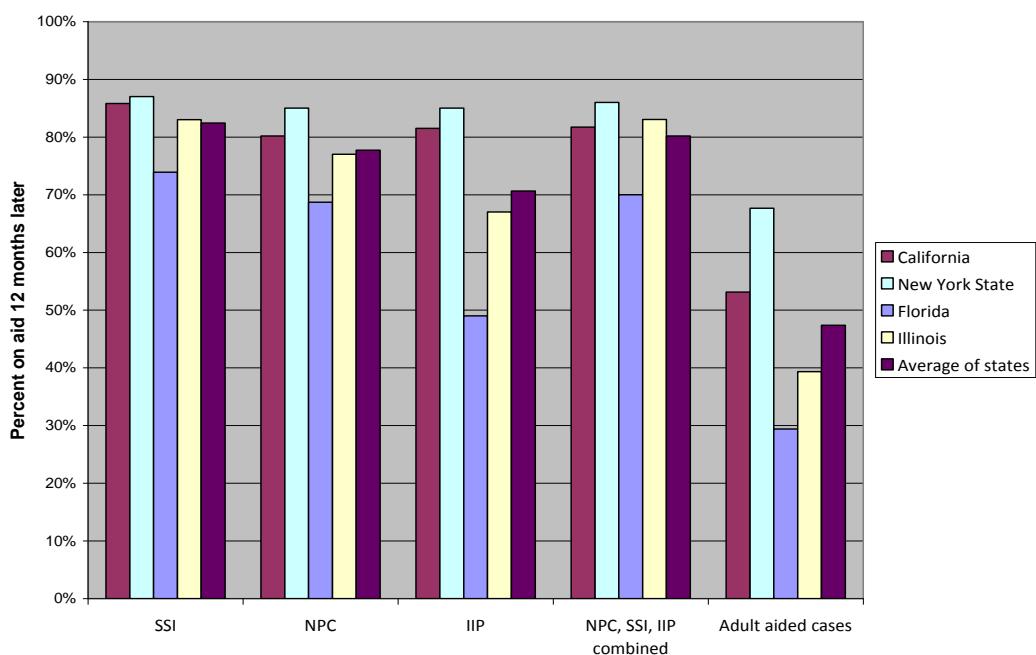


Figure 2.9

Percent on Aid at 12 Months after October 2008, by State and Case Type



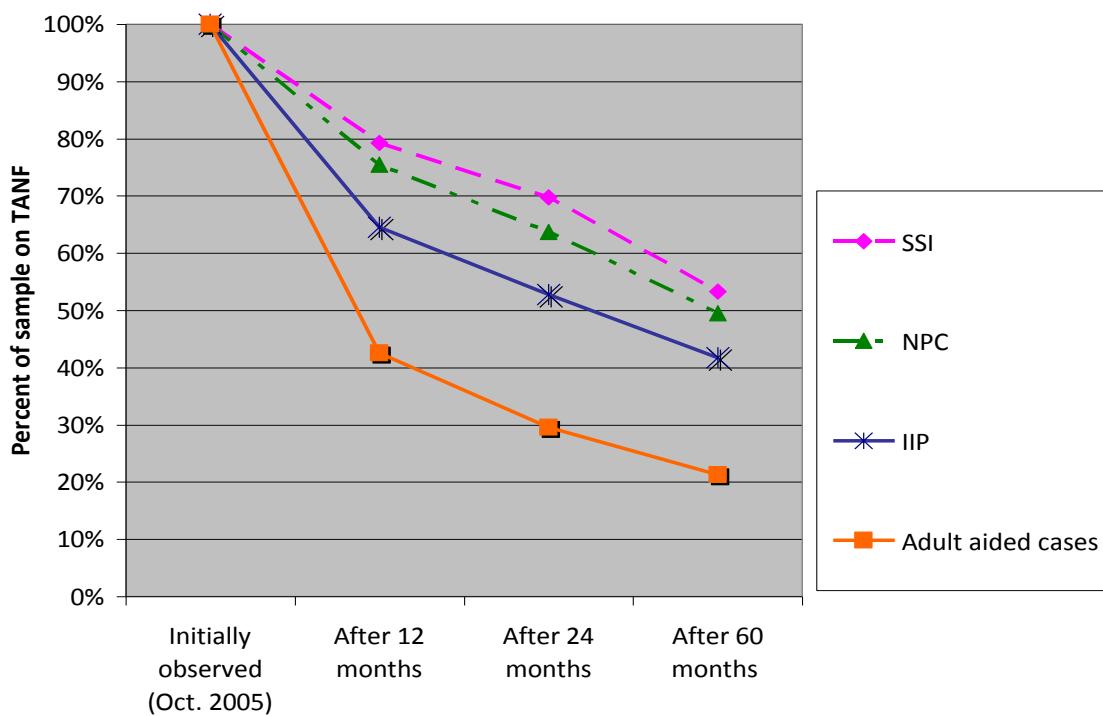
Source for Figures 2.8 and 2.9: Focal State data. Aid receipt rates calculated for youngest children in a case. Only children in age ranges to have been on aid in the indicated period are included in calculations.

Note: *NPC, SSI, IIP combined* treats these three types of child-only cases as a single group.

In Illinois and Florida, IIP child-only cases turn over more than NPC cases. In these two states, IIP cases are 10 to 20 percentage points more likely than NPC cases to be off aid after a year, and IIP cases are less likely than NPC child-only cases to have been on aid a year earlier. In California, however, IIP child-only cases turn over at a rate similar to the rate among NPC child-only cases, with about equal proportions still on aid a year later (or having been on aid a year earlier).

Figure 2.10 averages the data for the four states, reporting data from the 2005 caseloads, which permits a five-year observation window (whereas Figures 2.8 and 2.9 had data from the 2008 caseloads).

Figure 2.10
**Percent on TANF at 12, 24, and 60 Months after October 2005, by Case Type
 Averaged Across Focal States**



Source: Focal State data

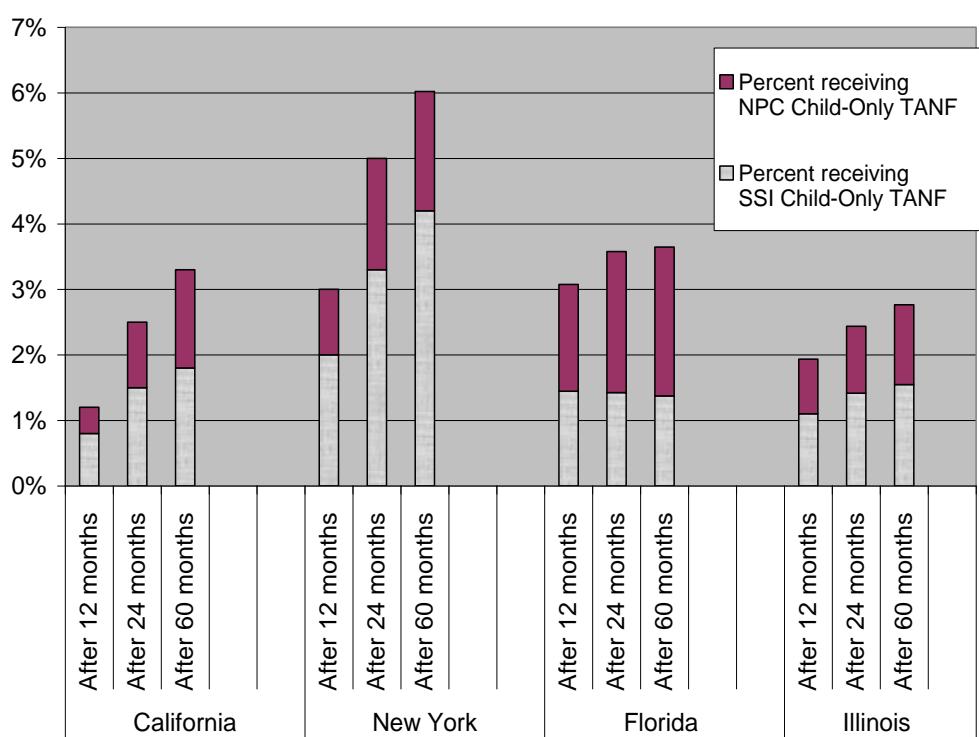
Note: Points are unweighted simple averages of focal states' rates of aid receipt at 12, 24 and 60 months after October 2005. Aid receipt rates calculated for youngest children in a case. Only children in age ranges to have been on aid in the indicated period are included in calculations. Note: SSI, NPC, and IIP refer to child-only cases.

The proportions of child-only cases still on aid after one year ranged from 64 percent of IIP cases to 79 percent of SSI cases. After five years, from 42 to 55 percent of the child-only cases were still on aid. Only 40 percent of adult-aided cases were still on aid after one year, and 20 percent after five years.

Transitions from Adult-Aided to Child-Only Case Types

Children can switch from an adult-aided case to a child-only case if they move from their parents' home to live with a relative, or if their parents qualify for SSI. The transitions to SSI are of particular policy interest. New York, which actively supports SSI advocacy for disabled TANF recipients, had higher rates of transitioning from adult-aided to SSI child-only aid than the other three states (See Figure 2.11).

Figure 2.11
**Rates of Transition from Adult TANF to Child-Only TANF
 Among Youngest Children in Adult-Aided Cases in 2005**



Source: Focal States data

About 2 percent of the New York children who in 2005 were in an adult-aided case were receiving SSI child-only aid a year later. After two years, about 3 percent had transitioned to SSI, and about 4 percent within five years. An additional 2 percent switched to NPC child-only cases.³²

In California, Illinois, and Florida, about 1 percent of the children who in 2005 were in an adult-aided case had SSI child-only aid a year or two later. In Florida, which uses NPC TANF to fund children who are placed by a court with kin, about 2 percent of children who had been in adult-aided cases were in NPC cases two years later. Many of these switches were probably court-ordered placements. In California and Illinois, transitions to NPC cases were rarer than in Florida, with just over 1 percent experiencing this transition within five years.

Transitions also occurred in the other direction, from child-only to adult-aided cases. In California about 6 percent of child-only cases (about one-tenth of all those who continued on aid) switched from child-only to adult-aided status, with most of the switching occurring within a year of first tracking the case. In New York, 4 percent of the 2008 child-only cases transitioned to adult-aided within two years, and 9 percent of the 2005 cases were adult-aided within five years. However, in contrast, in Florida and Illinois only 1 percent to 2 percent of child-only cases switched to adult-aided. Whether “switching” means that the child moved to a different household or that the household became identified as eligible for adult TANF aid is unknown. In New York, Florida and Illinois, for example, LPR parents can become part of an adult-aided case once they have attained 5 years legal residency in the United States (California aids LPR parents in adult-aided cases). Children in NPC cases could return to the parental home, and the SSI-receiving parents of SSI child-only children might lose their SSI.

Child-Only and Adult-Aided Case Exits from Aid during the Recession

During the recession and its aftermath (2007–2010), nationwide, TANF caseloads increased by 9 percent. The ACF caseload counts show adult-aided cases higher in 2010 than in 2007 by 18

³² Children whose families transitioned to sanctioned or (in California) timed-out status were considered to be still in an adult-aided rather than a child-only TANF case.

percent (and rising in a majority of states, as we saw in Table 2.2) and child-only cases higher by 2 percent.³³ Figure 2.6, which focused on 10 states, showed the restricted set of child-only caseloads (NPC, SSI and IIP) growing by more than 5 percent in three of the states, falling by more than 5 percent in one state, and changing relatively little in the remaining six states. In all, growth was about 2 percent. The key finding from that chart, however, is that in all ten states, IIP cases grew, in most, NPC cases fell, and SSI cases increased in some and fell in others.

How did rates of exits from TANF and enrollment in TANF change with the recession? We address this question using data from the four focal states only (Table 2.3). We expect that because persistence on aid was already high among SSI and NPC child-only cases even prior to 2007 and the need for aid among these families is not likely to have been much affected by the downturn, effects of the recession are likely to be modest. Effects are likely to be greater among adult-aided cases, although TANF time limits will still curtail families' spells on aid, except in states like California and New York (two of the focal states) that provide aid past the federal limit. The effects may be greatest among IIP child-only cases: families in which the parents turn to TANF when they cannot find work, and who do not (in most states) face time limits.

Table 2.3 presents four measures of how much the recession reduced TANF exit rates or increased TANF entry for each of the four major case types. The effect of the recession is estimated by comparing data for the 2005 caseload with data for the 2008 caseload. The first two measures (A and B) compare these recipients' persistence on aid 12 or 24 months later. Measure A starts with the proportion of the October 2008 caseload that was aided a year later and subtracts the one-year still-aided share of the October 2005 caseload. If the recession delayed exits from aid, the proportions of the 2008 group still aided a year later should be larger than the share of the 2005 group still on aid. Measure B is the same calculation for the

³³ According to the ACF, http://archive.acf.hhs.gov/programs/ofa/data-reports/caseload/caseload_recent.html, child-only cases in CY 2007 were 781,550; in 2010: 799,639. Adult-aided cases in 2007: 948,334; in 2010: 1,118,304. Counting California's timed-out cases as adult-aided moves about 45,200 cases from child-only to adult-aided in 2007, and an almost identical 49,400 in 2010. This adjustment does not change the estimates reported in the text.

shares still aided after 24 months. The second pair of measures look back to see what share of cases were aided 12 (Measure C) or 24 months (D) previously.³⁴ Measure C starts with the proportion of October 2005 cases that had been on aid 12 months earlier and subtracts the October 2008 proportion aided 12 months earlier; measure D repeats the measure for the 24-month period. The values for October 2008 should be smaller than those from 2005, because in a recession a larger share of cases will be new to aid, and a smaller share will have entered prior to the recession.

The A and B measures are each reported for four case types and four states. All of the 16 measures for A are greater than zero (suggesting fewer exits from aid at each time period), while among the B measures, 11 are greater than zero and five are less than zero. Restricting the counts to statistically significant results (which, because of the small sample sizes, excludes most of the results for California) yields 10 positive and no negative results for measure A, and 10 positive and one negative result for measure B. (The right-hand columns report the number of significant positive and negative values for each state for each case type.) Positive values also dominate the results for the C and D measures, which show eight positive and two negative statistically significant results for measure C and eleven positive and four negative statistically significant results for measure D.³⁵

IIP child-only cases, shown in the lower-left hand panel, show larger effects of the recession than do NPC and SSI child-only cases. Exit rates after 12 months (Measure A) for IIP child-only cases in California, New York, and Florida are all significantly lower for the 2008 caseload than the 2005 caseload. The percentage point changes in the 12-month exit rates for these states

³⁴ These look-back measures reflect entries to aid (which, if they increased, will drive down the share of cases who were aided a year previously). However, the effect of greater persistence on aid operates in the opposite direction: if persistence went up, more of the cases aided 12 months earlier would still be on aid in the observation month. We assume the first of these effects (more entries) outweighs the latter (persistence), in part because the reference dates for the 2008 look-back data (in October 2007 and 2006) precede the recession, which began in December 2007.

³⁵ Unemployment was already increasing throughout 2007 in California and Florida, while in New York and Illinois unemployment did not pick up much until mid-2008. Thus, by October 2007 (the 24-month observation for the 2005 cohort and the 12-month look-back for the 2008 cohort, captured in measures B and C) TANF recipients in California and Florida already faced a deteriorating labor market. Accordingly, measures A and D may be the most appropriate and consistent across states, but for completeness, we report all here.

(changes of 8, 3 and 11 percentage points respectively) correspond to proportionate reductions of 31 percent, 17 percent, and 18 percent, respectively, in the likelihood of an IIP child-only case leaving aid after 12 months. Large effects are also apparent at 24 months in Florida's and in Illinois's exit rates, with a moderate impact on exits among IIP child-only cases in New York.

Table 2.3
Recession-Linked Changes in TANF Exit Rates, by State and by Case Type

	Net difference between 2008 and 2005 caseloads in the % aided 1 year later (A) or 2 years later (B); Net difference between 2005 and 2008 caseloads in the look-back measures: the % aided 1 year prior (C) or 2 years prior (D)								Number of sig diffs: SSI		Number of sig diffs: NPC	
	SSI-parent child-only cases				NPC child-only cases							
	A	B	C	D	A	B	C	D	Pos.	Neg.	Pos.	Neg.
California	3%	-5%	-1%	-7%	1%	-8%	9%	-3%	0	1	1	1
NY State	3%	9%	1%	3%	2%	10%	1%	7%	4	0	4	0
Florida	6%	0%	9%	6%	6%	13%	6%	5%	3	0	4	0
Illinois	1%	-4%	-1%	5%	0%	10%	-4%	-6%	1	1	2	1
States Averaged	3%	0%	2%	2%	2%	6%	3%	1%				
	IIP child-only cases				Adult-aided cases				Sig diffs: IIP		Sig diffs: Adult-aid	
	A	B	C	D	A	B	C	D	Pos.	Neg.	Pos.	Neg.
California	8%	-1%	3%	15%	1%	-1%	3%	6%	2	0	1	0
NY State	3%	4%	-1%	-6%	5%	9%	6%	3%	2	2	4	0
Florida	11%	28%	15%	8%	11%	7%	13%	8%	4	0	4	0
Illinois	3%	22%	2%	6%	2%	14%	6%	-4%	2	0	3	1
States Averaged	6%	13%	5%	6%	5%	7%	7%	3%				

Source: Focal States Data. The estimates are from entire caseloads in New York, Florida, and Illinois and from samples in California (see Box 2.1: Note on Data).

Note: A value >0 means that, compared to the 2005 sample, the 2008 sample had larger % still on aid or a smaller % previously on aid.

Tests of significant differences between the 2005 cohort and the 2008 cohort in the proportions exited – Grey cells: Differences not sig. at p<0.05. Blue cells: Sig. at p<0.05. Orange cells: Sig. at p<0.001.

The summary row, reporting the percentage point differences in these measures between the 2005 and 2008 cohorts for the A ,B, C and D measures averaged across all four states, shows larger differences for IIP cases (respectively, 6, 13, 5 and 6 percentage points) than for those measures among NPC and SSI child-only cases. On three of the four averaged measures, the differences between the 2005 and 2008 cohorts were larger for IIP than for adult-aided cases.

While generalizations based on average cross-state values for IIP child-only and adult-aided cases apply reasonably accurately to each of the four states individually, there is no uniformity in SSI and NPC child-only cases. The data suggest that In California and Illinois, the recession had no or even negative impact on persistence among NPC and SSI cases. In these two states taken together, 9 of the 16 measures were negative (5 significantly so), indicating less persistence on aid during than before the recession, 4 were positive but non-significant, and only 3 were positive and significant. In Florida, NPC and SSI cases did show a recessionary effect. About 6 percentage points more SSI and NPC cases were still on aid after 12 months in the 2008 than the 2005 cohorts. The 24-month exit rates and the look-back measures also show differences between the 2005 and 2008 cohorts of NPC cases, although smaller ones than seen among cases. And in New York, the change in persistence is greater for NPC and SSI cases than for IIP cases.

In sum, in all states the recession reduced exits from aid – and, measures C and D suggest, increased TANF entries; and in all states except New York, the recessionary impacts were greater among IIP and adult-aided than among NPC and SSI child-only cases.

Within-State Variation in TANF Adult-Aided and Child-Only Caseloads

The rates at which families participate in TANF vary not only across the focal states, but within them. In general, TANF participation is higher in the largest cities than in other parts of the four states. Table 2.4 juxtaposes TANF caseload statistics for adult-aided and child-only cases against population counts.

With 26 percent of California's child population, Los Angeles is home to 28 percent of the children in adult-aided TANF, and, because of its large, unauthorized immigrant population, home to a larger share (34%) of children in child-only cases. The story is reversed, however, in Miami, which has 13 percent of Florida's children and a disproportionate number of children in adult-aided cases (21 percent of the state total) but only 11 percent of Florida's child-only TANF recipients.

Table 2.4
Share of Children in Metro Areas Receiving any TANF and Child-Only TANF, Compared with the Rest of the State

Site	Child Population	As a Share of the State Population	Children in Adult-Aided TANF	As Share of Children in Adult-Aided TANF	Children in Child-Only Cases	As Share of Children in Child-Only TANF
Los Angeles	2,401,000	26%	191,400	28%	141,400	34%
Not Los Angeles	6,903,000	74%	496,400	72%	275,900	66%
Miami-Dade	534,000	13%	7,900	21%	5,400	11%
Not Miami-Dade	3,465,000	87%	29,700	79%	43,000	89%
New York City	1,764,000	41%	155,400	62%	57,100	60%
Not New York City	2,547,000	59%	97,200	38%	38,300	40%
Cook County	1,231,000	39%	23,100	61%	16,100	59%
Not Cook County	1,893,000	61%	14,700	39%	10,900	41%

Source: Focal States data for caseload counts and counts of children receiving TANF.

2010 American Communities Survey, IPUMS website for child population counts.

Notes: The child-only TANF counts exclude timed-out (California) and sanctioned (California and New York) cases. Counts are rounded to the nearest 1,000.

In all four focal states (although not shown in the table), NPC-aided cases are more frequently found outside the central metro area than inside it, and IIP-aided cases are more often found in the metro area than in rural areas. In New York and Illinois the two effects net out. While from a within-state perspective the metro areas in these states (New York City and Cook County, respectively) have disproportionate shares of TANF cases, TANF is not concentrated in adult-aided or child-only cases. Two-fifths of New York's children live in New York City, which has

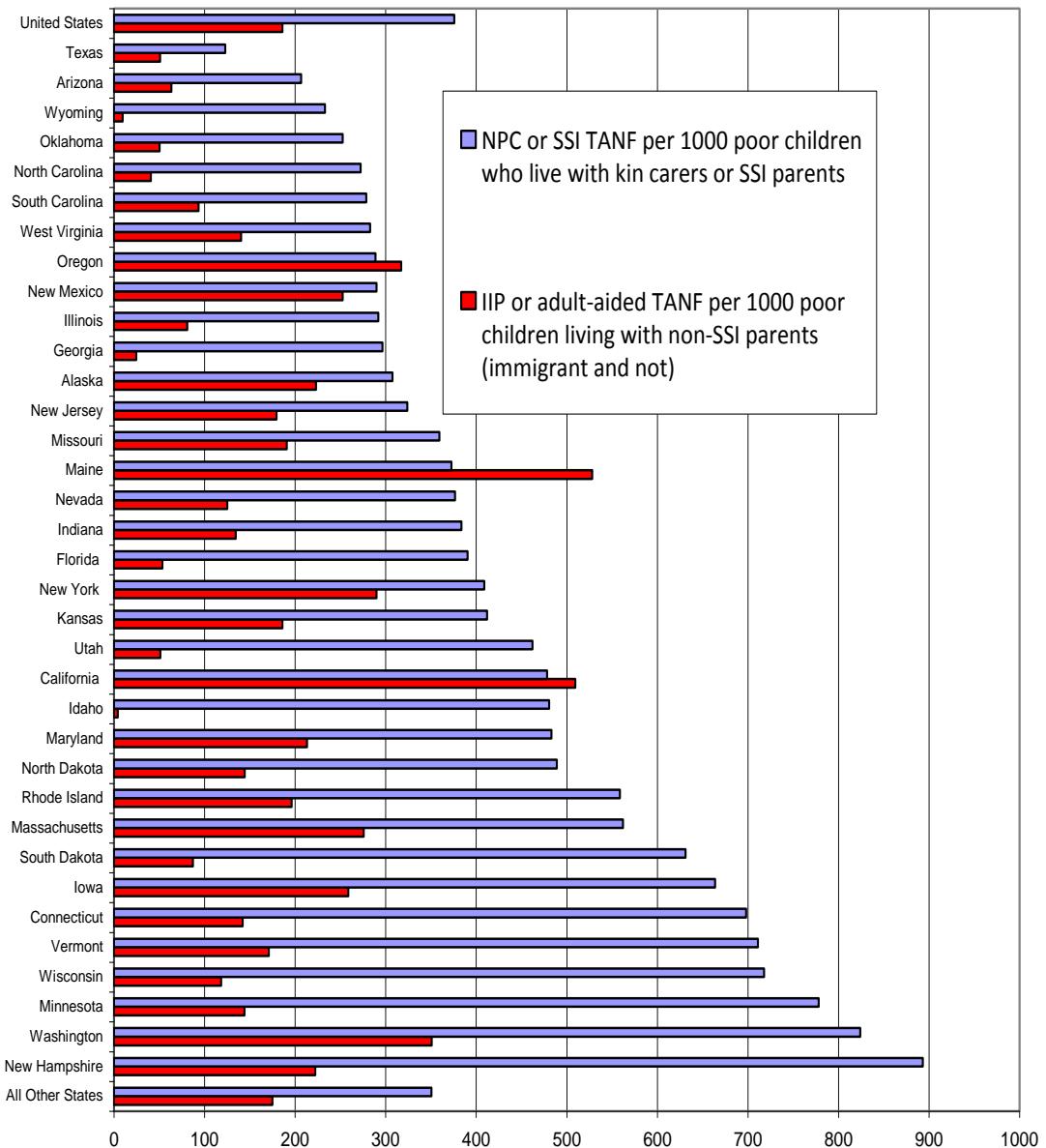
three-fifths of New York's adult-aided and child-only TANF recipients. Likewise, two-fifths of Illinois' children live in Cook County and the county has three-fifths of Illinois' TANF recipients.

TANF Take-Up by Case Type among Eligible Populations

Figure 2.12 reports state-specific estimates of TANF take-up. The chart reflects an analysis that divides the population into two groups based on their putative connections to the labor market: poor children eligible for NPC- and SSI-child-only TANF, and children eligible for IIP child-only or adult-aided TANF. We group IIP with adult TANF cases because in both types of cases, potentially employable parents are in the home.³⁶ We group together children potentially eligible for NPC aid and for SSI aid because these groups are not obviously connected to the labor market.

³⁶ We also group IIP with adult TANF cases in part because of data limitations. Data to estimate counts of SSI child-only TANF-eligible and NPC child-only TANF-eligible children at the state level are more available than data to estimate counts of IIP TANF-eligible children. The denominator for (IIP and adult-aided) can be calculated by subtraction. Logically the grouping also makes sense, as IIP cases are in many ways more similar to adult-aided than to NPC and SSI child-only cases.

Figure 2.12
TANF Cases per 1,000 Poor Children in Each Eligibility Category



Source: Study States data. The denominators -- children in poverty by family status (i.e., kin-care, SSI parent, or other) -- are calculated from the American Community Survey (2010) and authors' calculations (see Chapters 3 and 5).

Each jurisdiction is shown with two bars. The blue bar represents the ratio of the number of children with NPC or SSI child-only TANF to the number of *poor* children living with kin, or with

SSI-receiving parents. Each state's count of children eligible for NPC-/SSI-child-only is estimated from ACS data (see chapters 3 and 5 for methods). The numerator is the number of children in NPC or SSI child-only cases. This ratio is useful to the extent that the children in NPC child-only cases are, in fact, in poor households. Analyses presented in Chapter 3 using data on SNAP receipt suggest that many of them may not be. To correctly estimate the "reach" of NPC and SSI child-only aid among poor children, it is necessary to subtract from numerator and denominator the number of cases that are not poor. To the extent that TANF cash aid goes to non-poor NPC child-only households, the reach of NPC child-only TANF among *poor* kin-care homes is reduced and the program's anti-poverty "reach" is diluted.³⁷

The red bars are receipt rates among poor children ineligible for NPC or SSI child-only TANF. The denominator for a state is the number of poor children minus the children eligible for NPC or SSI child-only TANF. The numerator is children in adult-aided or IIP child-only TANF.

In a handful of states (Oregon, New Mexico, Alaska, Maine, New York, and California), children's receipt of adult-aided or IIP child-only TANF is comparable to the rate at which the state provides aid to poor children eligible for SSI or NPC child-only TANF. In every other state, the two measures are far apart, suggesting one of two conclusions. The first is that in these states, the share of poor SSI and NPC children enrolled in TANF is much larger than the proportion of poor children with employable parents receiving TANF. The alternative conclusion is that these states serve many non-poor children through NPC child-only TANF, while serving similar, and small, fractions of *poor* children eligible for all TANF case types.

³⁷ We are using the term "poor" to refer to children in households defined as poor by the standard federal definition of poverty. This is very restrictive measure. These children could be low income, even if not technically "in poverty", and, if placed by Child Protective Services, are likely to be need of other types of assistance. However, our focus here is on TANF's role in relieving poverty, and the absence of means testing dilutes the programs' anti-poverty effectiveness and makes it impossible to assess how effectively it is reaching *poor* kin-care homes.

Conclusion

The picture that opened the first chapter—of modest changes in the count of child-only cases nationwide while the adult-aided TANF caseload fell—turns out to be not just a simple, but an unfortunately simplistic, explanation for the growth of child-only cases as a share of TANF. The picture breaks down as soon as we take the perspective offered in Chapter 1, that the TANF caseload is most usefully considered as four different caseloads, each one responsive to distinct state policy, larger economic conditions, and demographic pressures.

With this view, it is clear that the child-only caseload was not, in reality, stable. Nationally, substantial growth in one of the constituent caseloads (IIP child-only) offset declines in another (NPC child-only). But variation across states is pronounced: In eight states, SSI-parent child-only cases are the most numerous child-only type; in six states, IIP child-only cases are; and in the majority of states, NPC child-only cases are greatest in number. The overall reach of TANF cases per 1,000 poor children ranges from fewer than 30 in one state to more than 500 in the states with the highest enrollments, nearly a twenty-fold difference. The result is that some states with large *shares* of their child-only caseloads in a specific aid type turn out to provide that type of aid at a low *rate* in the population. To illustrate: While one-third of Texas' TANF cases are IIP child-only cases, 20 out of every 1,000 poor children are in an IIP case; in Washington State three times as many poor children are in IIP child-only cases (66 per 1,000) although IIP cases account for a smaller share of TANF (13%).

Dividing TANF cases among the four major categories reveals rates of receipt that diverge widely, especially in take-up of *adult-aided* TANF. The prevalence of adult-aided TANF is three children per 1,000 poor children in Idaho and 8 per 1,000 in Wyoming, but 341 per 1,000 poor children in California and 459 per 1,000 in Maine. A state's having most of its TANF caseload in NPC child-only aid is associated with low coverage for parent-aided cases or, put differently, with dilution of the program's antipoverty reach.

Prior to the recession, the national pattern of declining adult-aided caseloads and roughly constant child-only caseloads applied to only 16 of the 51 states. Other patterns of change

included reductions in both case types but larger reductions in adult-aided cases; increases in child-only caseloads; and roughly stable caseloads child-only and adult-aided caseloads.

State and local policy shape the states' NPC and SSI child-only caseloads, and labor market trends have little impact on them. During the recession, SSI-parent child-only cases remained largely stable in number, and the national count of NPC child-only cases continued its decline. Policies in non-TANF domains are important influences on caseloads, including whether NPC child-only grants are an element of the state's child welfare program, and whether the state or localities within the state, allocate resources to support the SSI application and appeals process.

With the recession, adult-aided cases rose in more than one-half but—despite increased unemployment rates and child poverty—not all states, shifting the caseload balance in most states away from child-only cases. The size of the IIP child-only caseload is, however, responsive to economic trends as well as to state demographics. Along with adult-aided cases, IIP child-only caseloads also grew during the recession. Rates of exit from TANF, which are more rapid among IIP child-only and adult-aided cases than among NPC and SSI child-only cases, fell in the focal states for IIP and adult-aided during the recession, while on average the effects on TANF exits among NPC and SSI cases were small.

It is difficult to estimate the population-based take-up rates for the different types of TANF aid because NPC child-only TANF is not means-tested, and some of the children who receive NPC child-only TANF live in non-poor (even if, primarily, lower-income) households. If all NPC child-only recipients were poor, the data show that in almost every state, poor children eligible for NPC or SSI child-only TANF more often receive TANF assistance than do poor children living with non-disabled parents (who might be eligible for IIP child-only or adult-aided TANF).

Nationwide, poor children in kin care or with parents who receive SSI are twice as likely to receive TANF as poor children who potentially would be in IIP child-only or adult-aided to cases (376 per 1,000 poor children compared with 186 per 1,000) – again, if one assumes that children in NPC child-only homes are poor. If, as is more likely, many of them are not poor, and a significant portion of TANF assistance goes to children in homes that have incomes above the

poverty threshold, it follows that recipiency rates for potentially-eligible populations of *poor* children might be as low among NPC child-only cases as it is for other types of TANF cases.

Chapter 3: Non-Parent Caregiver TANF -- A Foster Care Substitute

Introduction

Non-parent caregiver (NPC) child-only cases are the second most common type of TANF case, outnumbering two-parent cases by a factor of four.³⁸ In at least six states, NPC child-only cases even outnumber one-parent cases.³⁹ In all, TANF grants (NPC child-only or adult-aided grants) support about one-fifth of the 2.6 million children living with relatives and apart from their parents. Nationwide, the numbers appear to have been trending down, slowly; there were about 20 percent fewer NPC child-only cases reported in the federal data systems in 2009 than in 2000.⁴⁰ With a modest growth (of 10%) in the number of kin-care families nationwide between 2000 and 2010, a significantly smaller share of kin-care families had NPC TANF in 2010 than in 2000.

³⁸ This statistic is from the Ninth TANF Report to Congress, and is skewed by the fact that in those data, 20 states report no two-parent cases in their TANF caseloads. In our data set, 20 states report their two-parent caseloads as well as NPC caseloads, and in 17 of the 20 states, NPC cases outnumber two-parent cases.

³⁹ All our sources of NPC caseload count data agree that in Florida, Georgia, Idaho, North Carolina, South Dakota, and Wyoming, NPC cases outnumber one-parent cases. One or more data sources indicate that this is also the case in West Virginia, Oklahoma, and Louisiana, but another data source is contradictory for these three states.

⁴⁰ Four states—Arizona, Colorado, Maryland and Montana—had missing data on NPC child-only cases in 2000. The calculation here uses for those states the percent in parent-present homes reported for 2002 to replace the 2000 data. No federal data are available for 2010.

However, in one-third of the states, caseloads trended in a direction contrary to the national pattern. In those states, NPC child-only TANF caseloads grew, substantially between 2002 and 2010. The national total declined only because more states lost NPC child-only cases than gained them. The first portion of this chapter fleshes out the details of the widening divergence, including descriptive information about caregivers and persistence on aid.⁴¹

The trends in NPC child-only TANF cannot be understood without recognizing that it functions explicitly as a source of support for children under child welfare agency supervision. That is, NPC child-only TANF provides a source of funds to support foster children, particularly children who are ineligible for federally subsidized IV-E funds, and children placed with kin not licensed as foster parents.⁴² Although data on this topic are scant, it is clear that the extent to which NPC child-only TANF has supported foster children in the past, and supports them now, varies widely across states.⁴³ The second section of the chapter delves into the relationships between child welfare policies and the NPC child-only caseload.

States' freedom to use NPC child-only grants for child welfare purposes coexists with their authority to restrict adult-aided TANF through time limits, sanctions, waiting periods, diversion, and so forth. We find that states' share of NPC cases among their TANF caseloads is significantly correlated with low participation among poor children of adult-aided TANF (Pearson $r = -0.65$). That is to say, states that have a large share of their caseload in NPC child-only TANF tend to provide TANF to relatively few parent-present families. States that have adopted stringent welfare-to-work policies may have also elected to use an unusually large

⁴¹ The divergence among states is evident in statistical analyses. In 2002, 18 percent of TANF cases were NPC child-only and the standard deviation across states of the NPC child-only share of the TANF caseload was 0.14; by 2010, 19 percent of cases were NPC child-only, and the standard deviation of that statistic across states was larger, at 0.18. The share that NPC cases were of all TANF was similar in 2009 as in 2002 but the numbers of cases fell.

⁴² Part E of Title IV of the Social Security Act "provides for Federal payments to the states for foster care maintenance and adoption assistance payments made on behalf of certain eligible children."

https://apps.chfs.ky.gov/pandp_process/title_iv-e.htm

⁴³ While we refer to this use of TANF "supporting foster children", some states (e.g., Florida) do not include in their foster care count many of the children who have been removed from their parental home and placed with kin. When those children are supported by TANF grants in the Relative Caregiver Program, they are considered "diverted" from foster care, not foster children. Other states (e.g., California) include such children in their foster care caseload.

portion of their TANF block grant for foster care purposes, driving up their NPC child-only caseloads. It is also possible that in the states where the requirements to receive adult-aided TANF are strict, some parents confronted by sanctions or time limits shifted responsibility for their children to kin caregivers and encouraged them to apply for TANF on the children's behalf.

The third section of the chapter uses survey data to paint a portrait of children in kin-care homes in the focal states, comparing NPC child-only TANF homes with all kin caregiving homes within the focal states. In Appendix 3, we extend the analysis nationally, investigating the prevalence and characteristics of families in which relatives are raising children. We highlight important differences between those families with grandparents but no parents and those with other kin but no parents, and we compare kin-care families with single-parent and two-parent households on dimensions such as income, language, disability status, and more. We raise the question of whether the needs of children in kin care would be better served if more kin-care families were enrolled in child-only TANF.⁴⁴ Our results suggest most kin-care children are doing about as well as most children living with parents, and most kin do not need TANF to support the children in their care.⁴⁵ In the final section of the chapter, we describe the services available to NPC child-only cases and policy changes in various states.

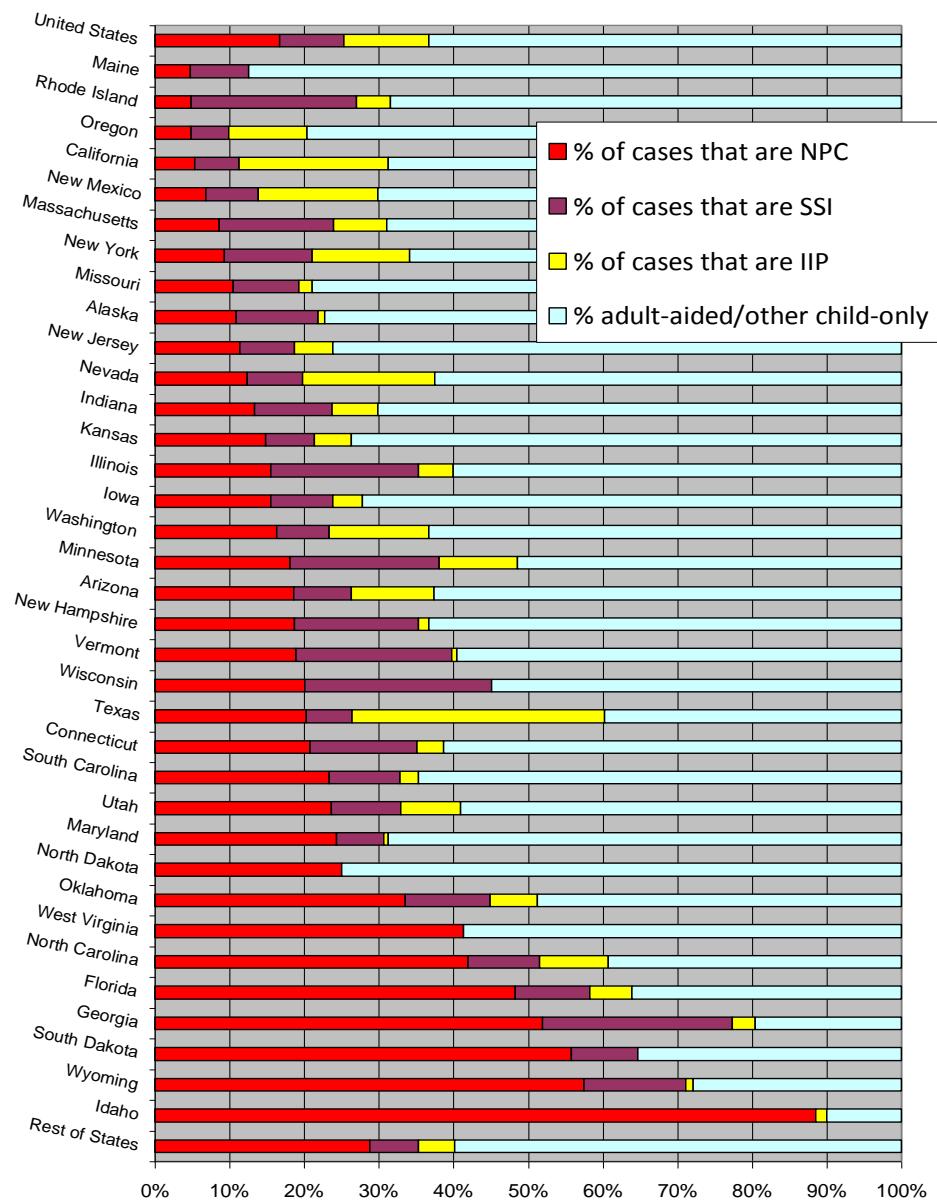
NPC Child-Only TANF across States and Over Time

Figure 3.1 shows the distribution of case types for the nation and the 35 study states. States are ranked by the share that NPC child-only cases are of all TANF cases.

⁴⁴ This suggestion appears in the literature. One publication notes that "Less than 12% of kinship families receive TANF support even though nearly 100 percent of the children in those families are eligible" (Stepping Up for Kids, Annie E. Casey Foundation, 2012). This statement may be read to suggest that more kin-care children would benefit from, TANF assistance, but it ignores the fact that two-thirds of kin caregivers have incomes above the federal poverty threshold.

⁴⁵ In addition to barriers such as stigma and the time required to enroll, the requirement that TANF agencies seek child support from absent parents is likely to deter TANF use among some kin-care families.

Figure 3.1
Child-Only Cases, By Type



Source: Survey state data from the TANF Administrators' Survey and the GAO (2011) survey.

At the low end, in Maine, only 5 percent of TANF cases are NPC child-only cases, while in West Virginia, North Carolina, Florida, Georgia, South Dakota, Wyoming, and Idaho (about one-quarter of the study states), NPC cases constitute more than 40 percent of TANF cases.

It is clear from Figure 3.1 that NPC child-only cases have a larger impact than IIP or SSI child-only cases on the overall share that child-only cases are in a state's TANF caseload. It is not surprising that the states with more NPC child-only cases have more child-only cases overall. In addition, as states' TANF caseloads become increasingly dominated by NPC child-only cases, adult-aided TANF in those states serves fewer and fewer poor children. Caseload counts underlying Figure 3.1 can be found in Appendix Exhibit 2.7.

Who Are the Caregivers?

National data to describe how TANF caregivers are related to the children they are caring for are not available. The ACS data on kin-care children nationally show that about three-fifths (60%) of kin caregivers are grandparents.⁴⁶ Aunts, uncles, and cousins make up one-third (33%) while 7 percent are older siblings.⁴⁷ Except for children in formal foster care and some older adolescents, children who are separated from their parents rarely live with unrelated adults.

In NPC child-only TANF cases in New York, Florida, and Illinois, grandparents are identified as the caregivers in 58 to 60 percent of cases (depending on the state). In California, the share of all children in kin care (aided and unaided) who live with grandparents is smaller (48%), perhaps because for many immigrant families, the grandparent generation resides outside the United States. (Detailed data are lacking on relationships within California's TANF cases).

⁴⁶ From authors' analyses of the American Community Survey (ACS), 2005-2010. The ACS is a large and nationally representative survey conducted annually by the Census Bureau as a complement to the decennial Census. A great benefit of the ACS is its size. Based on data about nearly 2 million individuals in 2010, the survey gives precise estimates even for quite rare groups such as children living with kin.

⁴⁷ In contrast to the general pattern, more than half of Latino kin-care children live with adults other than grandparents.

Persistence on Aid

Many children in NPC child-only TANF remain on aid for much of their childhood. Table 3.1 reports continuation rates on aid and aid histories for the youngest children in cases on aid in 2005 and 2008.⁴⁸ (Only children young enough or old enough to have been on aid at the relevant earlier or later times are included in the reported percentages.) Depending on the state, three-fifths to four-fifths (62% to 78%) of children on NPC child-only TANF in 2008 had been on aid two years earlier, and similar shares (63% to 78%) would still be on TANF two years later.⁴⁹ By way of contrast, among children in adult-aided TANF cases in 2008, about one-half were still on aid two years later in California (44%) and New York (56%), about one-quarter in Illinois (28%) and one-fifth in Florida (18%).

Table 3.1
Persistence on TANF among NPC Child-Only Cases

	California	New York	Florida	Illinois
Persistence on TANF				
% of youngest children in 2008 cohort on aid 2 years prior	64%	78%	62%	71%
% of youngest children in 2008 cohort on aid 2 years later	68%	78%	63%	68%
% of youngest children in 2005 cohort on aid 2 years later	70%	70%	59%	65%
% of youngest children in 2005 cohort on aid 5 years later	61%	59%	44%	44%
Estimated annual persistence rates that generate these 2- and 5-year persistence rates	83% to 90%	84% to 89%	79% to 85%	84% to 85%

Source: Focal state data

⁴⁸ These are from the same analyses that are reported in Chapter 2, Figures 2.7 through 2.11.

⁴⁹ The calculations for aid receipt two years prior were on children aged at least 2, those for aid receipt two years later used children under age 16, and those for aid receipt five years later used children under age 13. A child is in the numerator if s/he received any type of TANF. The youngest child in a case was followed. TANF data from 2006-2007 for seven California counties, estimating persistence on aid retrospectively, show patterns across case types that resemble the patterns reported here (Speiglman, Bos, and Ortiz, 2007).

Looking further forward, approximately half (44% in Illinois and Florida, 59% in New York and 61% in California) were still on aid five years after first observed on aid in 2005.⁵⁰ The bottom row of Table 3.1 reports estimated one-year rates of persistence (shown in ranges). Across the states, from 80 to 90 percent of NPC child-only children continue in TANF, almost always remaining in an NPC child-only case, from one year to the next.

These high continuation rates on NPC child-only TANF are relevant to assessing child well-being in these homes. When children are separated from their parents, it is very important to their welfare that they remain in a stable residence with their substitute caregiver. The continuing TANF payments are presumably helping relatives to continue to care for children, and thus are furthering the important goals of stability and permanency for children.

Trends over Time

As noted above, the total NPC child-only caseload is one-fifth smaller now than in 2000, but not everywhere: many states ended the decade having gained NPC child-only cases. In Table 3.2 we focus on changes from 2002 to 2010 in NPC child-only TANF caseloads, grouping states into three categories depending on the changes in their NPC child-only cases. In the top row are the “NPC-losers,” in which the NPC child-only caseload declined by more than 30 percent. Their NPC child-only caseloads in 2010 were, on average, less than half their levels in 2002. The second category, “NPC-Stayers,” is states whose NPC child-only caseloads in 2010 were between 70 and 105 percent of their 2002 levels. The third group is composed of “NPC-gainers”, where NPC child-only caseloads grew by 35 percent, on average (and by at least 5% in all of these states). At the top end of the range, Idaho’s NPC child-only caseload more than doubled.

⁵⁰ Children initially observed in NPC child-only cases sometimes appear in later years as part of adult-aided cases. One to 2 percent of NPC child-only children in Florida and Illinois, 4 percent in New York and 11 percent in California were apparently in adult-aided cases a year later. How many of these aid-category changes were enrollment in adult-aided TANF by the non-parent caregiver and how many reflected a child moving back to their parents’ home is unknown. (The high rate in California may also be due to classification error: a few, perhaps 5 percent, of the cases coded as NPC child-only cases might have been sanctioned adult-aided cases.)

Table 3.2
States Grouped by Change in NPC Child-Only Caseloads

Change in # of NPC Child-Only Cases: 2010 as % of 2002	Study States	Average % Change in # of NPC Child-Only Cases 2002-2010	Avg. of NPC Shares In State TANF Caseloads 2002	Avg. of NPC Shares in State TANF Caseloads 2010	# states in each Level of TANF "Reach" for Adult-Aided Children in 2010 (see Table 2.1)
NPC-losers: 2010 NPC #cases were <70% of 2002 #	Alaska, Arizona, California, Connecticut, Illinois, Maine, Maryland, Nevada, New Jersey, New Mexico, New York, Oklahoma, Oregon, Rhode Island, Texas	Fell, by 55% on average	25%	14%	5 "High" 4 "Above-Avg." 2 "Below-Avg." 4 "Low"
NPC-stayers: 2010 NPC #cases were 70% -105% of 2002 #	Georgia, Indiana, Iowa, Kansas, Massachusetts, Missouri, North Carolina, South Carolina, Wyoming	Fell, by 11% on average	24%	26%	1 "High" 3 "Above-Avg." 2 "Below-Avg." 3 "Low"
NPC-gainers: 2010 NPC #cases were >105% of 2002 #	Florida, Idaho, Minnesota, New Hampshire, North Dakota, South Dakota, Utah, Vermont, Washington, West Virginia, Wisconsin	Increased, by 35% on average	26%	34%	1 "High" 2 "Above-Avg." 5 "Below-Avg." 3 "Low"

Source: TANF Sixth Annual Report to Congress; Study states' caseload data from TANF Administrators' Survey and GAO (2011) survey, and, for data on "reach", Table 2.1. See individual states' TANF "reach" in Figure 2.2

The changes from 2002 to 2010 in states' NPC child-only caseloads account, at least arithmetically, for much of the current cross-state variation in NPC child-only caseloads. The states that lost the most NPC child-only cases by 2010 also had smaller shares of caseloads in NPC child-only (with the NPC child-only share falling to 14% from 20%). In contrast, states that

gained NPC child-only cases came to have approximately one-third (34%) of their TANF caseloads in NPC child-only cases.⁵¹

We saw earlier that share of a state's caseload that is currently in NPC child-only aid is strongly (negatively) and significantly correlated with the current rate of provision of adult-aided TANF among poor children in the state (Pearson $r = -0.65$). The final column of table 3.2 reports the number of states that in 2010 had, respectively, high, average, and low provision of adult-aided TANF among poor families, for each of the rows of the table. (The state coverage categories are those shown in Table 2.1 in Chapter 2). There is a strong correlation between whether states gained NPC child-only cases and whether adult-aided TANF is received by a relatively larger share of poor children than in the state. Nine (60%) of the 15 top-row states, those where NPC cases fell substantially – but only three (27%) of the eleven states that gained NPC child-only cases – provide adult-aided coverage at “Above Average” or “High” rates.

Flipping the data, we see that among the states in Table 3.2 that had High and Above-Average Coverage for adult-aided children, more than one-half (9 of 16) are states that experienced large reductions in their NPC child-only caseloads. Conversely, nearly one-half of the states (8 of 19) with Low and Below-Average TANF reach increased their NPC child-only caseloads. This pattern is not universal: some of the states in which NPC child-only caseloads expanded also have high levels of adult-aided TANF coverage for poor children, and some of the states with NPC child-only caseload declines lost adult-aided TANF cases and have low TANF coverage across the board.

In Table 3.3, we group states on the measure shown in the first column – whether they have small (0% to 14%), moderate (15% to 24%) and large (more than 25%) shares of their TANF caseloads in NPC child-only TANF – and , in the rest of the columns, offer a summary of the contrasts discussed this far, in terms of changes in NPC child-only caseloads, enrollment in NPC

⁵¹ Some of the states with large NPC child-only caseloads in 2010 already had large NPC caseloads in 2002. Georgia, North Carolina and Wyoming saw their NPC child-only caseloads decline (by about 24 percent on average), but because their adult-aided caseloads also fell, they ended the decade with more than 40 percent of cases NPC child-only.

child-only TANF by children in the population, and poor children's receipt of TANF in adult-aided cases (the final column). States with the smallest shares of their caseloads in NPC cases differ significantly from states with the largest shares on all these measures. States with larger NPC child-only shares typically increased their NPC child-only caseloads over the decade, while states in the other groups lost cases. The high-NPC child-only states provide NPC child-only aid at a higher rate in the population (0.8% vs. 0.4%) and at a higher rate among poor children with kin caregivers (with a ratio of 76 aided to 100 poor children with kin in the high-NPC states, vs. 50 to 100 in the low). Finally, they aid children in parent-present homes at a far lower rate (6% vs. 28%), than states that have low shares of their TANF caseloads in NPC child-only.

Table 3.3

Characteristics of States with Below-Average, Average, and Above-Average Shares of Their TANF Caseloads in NPC Child-Only Cases

Study States In Each Category	NPC Child-Only TANF Cases as Share of TANF Caseload	NPC Child-Only TANF as % of All TANF, Average Across States	NPC Growth or Decline: Change in NPC Child-Only Cases by 2010 as Percent of 2002 Cases	% of All Children That Have NPC Child-Only TANF	Ratio of Poor Children Living with Kin Caregivers to Count of Children That Have NPC Child-Only TANF	% of Poor Children Living With Non-Disabled Parents That Have Any TANF
United States (all states, 2009)	Range: 5%-89%	28%	Decline: -12%	0.7%	57:100	19%
AK, CA, IN, ME, MA, MO NV, NJ, NM, NY, OR, RI	0%- 14%	9%	Decline: -47%	0.4%	50:100	28%
AZ, CT, IL, IA, KS, MD, MN, NH, SC, TX, UT, VT, WA, WI	15%- 24%	19%	Decline: -5%	0.5%	103:100	18%
FL, GA, ID, NC, ND, OK, SD, WV, WY	>=25%	49%	Growth: +10%	0.8%	76:100	6%
P-value of differences between Lowest NPC-Share Group vs. Highest Group		***	***	***	*	***

Test of significance: * p<0.05; ** p<0.01; *** p<0.001. Each state's value is a single observation in the test.
Sources: Study State Data; TANF Ninth Report to Congress

The nationwide drop in NPC child-only caseloads that occurred in most, although not all, states, was not due to the policies that reduced adult-aided caseloads (e.g., diversion from aid, time limits, and sanctions), because these policies did not apply to NPC child-only cases. Other factors were in play. A full accounting of why NPC child-only caseloads decreased in some states and grew in others is far beyond the scope of this report. However, some insight can be gained from understanding the overlap between child-only TANF and child welfare caseloads, as we discuss in the following sections of this chapter.

The Intersection of TANF and Child Welfare

As we discuss in detail below, state spending on TANF cash assistance furthers the goals of the child welfare system by paying for foster care placements. The analysis of cash assistance receipt in this chapter complements other recent studies that document states' diminished spending on TANF cash assistance and the steadily larger shares of states' TANF block grant and MOE spending allocated to child welfare purposes (Schott, Pavetti, and Finch, 2012).⁵² Although only 30 percent of block grant and MOE funds went to purposes other than basic cash assistance when TANF was instituted, by 2011, that share had risen to 71 percent nationally and, in nine states, to more than 85 percent (Schott, Pavetti, and Finch, 2012). Spending on categories listed as "Authorized Under Prior Law" (which are mainly for child welfare purposes) rose from 9 to 17 percent of the block grant/MOE total, so that by 2009-2010, TANF block grant transfers to child welfare accounted for almost one in five of the federal dollars spent on child welfare services (Schott, Pavetti, and Finch, 2012; Hahn, Golden, and Stanczyk, 2012). Texas exemplifies the trend, having allocated only 23 percent of FY2010 TANF and MOE funds to basic cash aid and more than twice that amount – one-half of the TANF/MOE total –to child welfare purposes, thereby funding 30 percent of the child welfare agency's budget (GAO, 2011; Hahn et al., 2012).

⁵² This statement refers to the spending that Schott and colleagues call "Authorized Under Prior Law" or AUPL, noting that "The majority of spending in AUPL is for child welfare services." (pg. 15).

We identify various routes (shown in Figure 3.2) by which a child might be in kin care and receiving TANF. Irrespective of the route that leads to TANF, caregivers who have sufficiently low incomes and who are willing to comply with rules for adult-aided TANF can qualify for an adult-aided TANF grant for themselves and the children in their care. Extrapolating from data in the focus states, we estimate that about 2 percent of all kin-care homes (representing between 10 and 15 percent of TANF-aided kin-care homes) receive adult-aided instead of NPC child-only TANF.⁵³

Kin Caregiving with a TANF Grant, with No Current Child Welfare Involvement

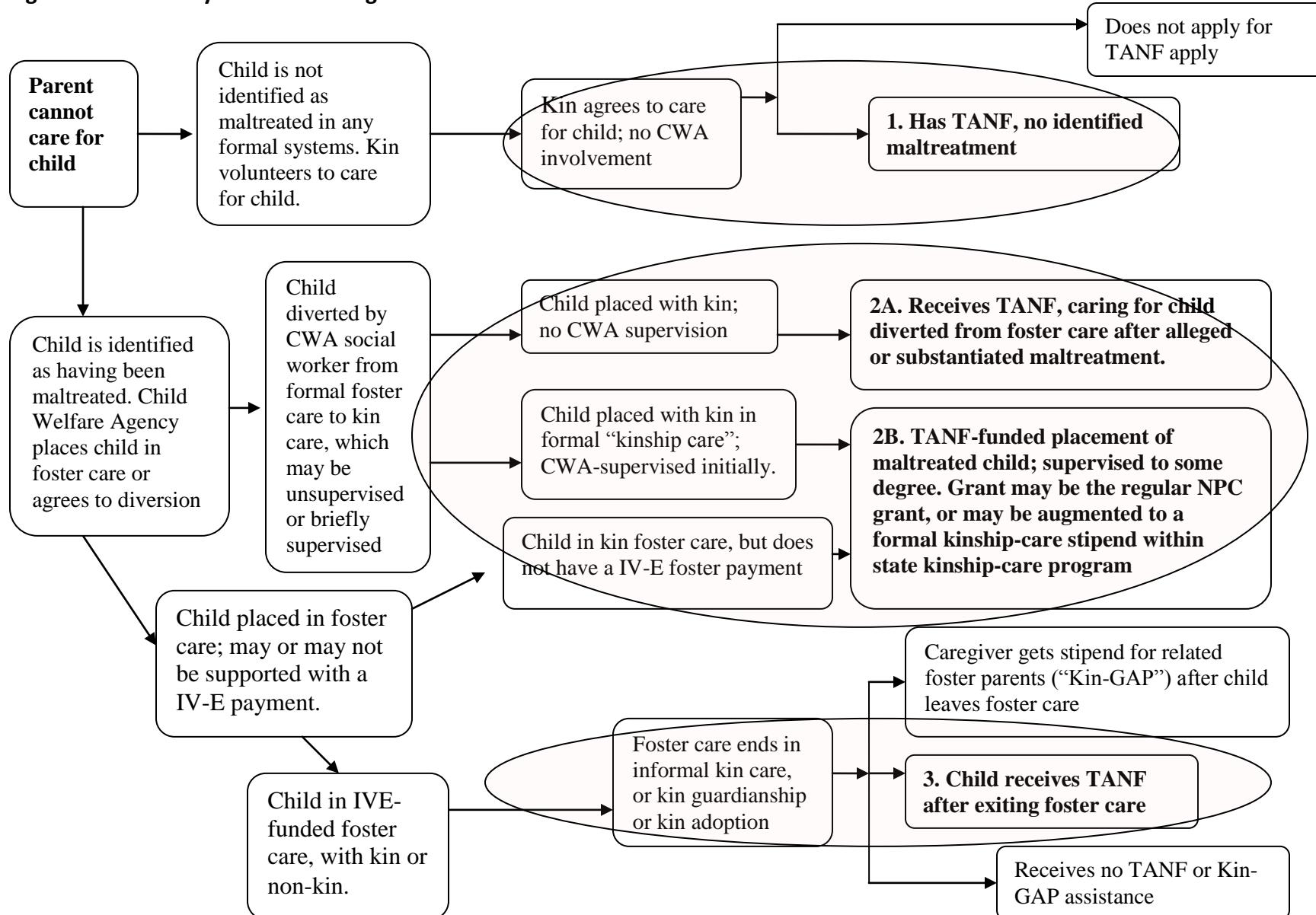
The first route to an NPC child-only case, an entrée initiated by caregivers without any involvement of a child welfare agency, appears at the top of Figure 3.2. The phrase “Parent cannot care for child” should be interpreted broadly. Some reasons may be logistical, and benign, arising from, for example, parents’ work-related travel, military assignment, or college attendance.⁵⁴ More stressful and unexpected reasons for parental absence and child abandonment include parents’ physical health crises, mental illness, addiction, incarceration, and even death (Gibbs et al., 2004). These challenges are more likely to trigger applications for TANF, and indeed research has shown that children in NPC child-only homes quite often have experienced maltreatment or family dysfunction.⁵⁵

⁵³ In some of the kin-care homes that receive adult-aided TANF, adults are caring for their own children as well as a relative child, which makes the homes “kin-care” from the perspective of the relative child but parent-child for everyone else in the case.

⁵⁴ Some discussions of NPC child-only TANF have failed to note this distinction, and have pointed to the relatively low share of kin-care children in TANF as evidence that NPC child-only TANF is under-utilized, as noted earlier. However, not all kin-care homes are needy, and not all separations from parents involve trauma.

⁵⁵ Gibbs and colleagues (2004) analyzed two nationally representative datasets and found children in kin caregiver TANF families worse off on measures of well-being than kin care families not on TANF, although better off than children in parent-aided TANF families. See also Anthony, Vu and Austin (2008) and Golden and Hawkins (2012) for reviews of other research literature documenting problems faced by kin-care families on TANF.

Figure 3.2: Pathways for a Kin Caregiver to Receive a TANF Grant



Gleeson and colleagues (2009), intending to understand the reasons for kin care among families not involved in the child welfare system, interviewed a group of low-income kin caregivers from the Chicago area. Most of these caregivers reported very serious problems in the children's parental homes, including abuse or neglect of children (32%), substance abuse, incarceration, parental illness and death. Although the researchers did not target a sample of TANF recipients, by virtue of being highly disadvantaged – nearly three in four (71%) had incomes below \$20,000 per year – these caregivers probably resemble NPC child-only TANF caregivers.⁵⁶

Kin Caretaking with a TANF Grant, Triggered by Child Welfare Involvement

The second and third sets of paths to NPC child-only TANF start with a maltreatment allegation that, having come to the attention of the local Child Welfare agency, is substantiated or likely to be substantiated. The middle path (the central bubble) corresponds to a kin caregiver who receives a child-only TANF grant for a maltreated child placed in her or his care by the child welfare agency or by a juvenile court. In some states (such as Florida), such a placement would be diversion from foster care and the caregiver could enroll in a TANF cash-assistance program specifically designed for relative caregivers. In other states the placement would be counted as foster care but supported with an NPC child-only TANF grant rather than a foster care payment.

It is likely that since 2000, a growing share of children who enter foster care or are diverted from foster care are supported by NPC child-only TANF.⁵⁷ We infer this from the fact that fewer foster children are supported through the main alternative to NPC TANF grants, namely, federally subsidized IV-E payments. The inflation-adjusted value of states' IV-E foster care

⁵⁶ Two-thirds were reliant on Social Security disability benefits or TANF. Compared to a random sample of kin caregivers nationwide, whose characteristics as reported in American Community Survey are shown and discussed in Appendix 3, Gleeson et al.'s respondents were more urban, more often Black (89%), more often grandmothers (65%) and raising more children on average (2.85 children each).

⁵⁷ The federal contribution to IV-E foster care payments is at the level of each state's Medicaid Medical Assistance Percentage (MMAP). Except for increases under the Recovery Act in FY2009 and FY2010, the minimum federal contribution from 2005 to 2011 was 50% and the maximum 74% to 77%, with the average federal contribution in 2011 60%. <http://www.statehealthfacts.org/comparetable.jsp?ind=184&cat=4>. A child's eligibility for a IV-E foster payment is based on a "look-back" rule: whether their parent(s) would have been eligible for AFDC in 1996.

maintenance payments fell by nearly 30 percent between 2004 and 2010.⁵⁸ By 2009, only about 40 percent nationwide of all foster parents received IV-E-supported foster care maintenance payments (GAO, 2011).⁵⁹

At the same time, children exit foster care faster than in the past and some of them return home (thus exiting NPC TANF) while others remain with or move in with kin caregivers, some of whom are eligible for Adoption Assistance or Kin-GAP (discussed below). Overall, therefore, NPC child-only TANF cases nationwide are fewer than in the past even as they have become more heavily used for diversion and for children entering foster care, and more widely used overall in some states.

Despite the federal subsidy for IV-E placements, states may not always maximize their efforts to draw down the federal contribution. States are permitted to pay less than the full foster-care (IV-E) rates to a relative caregiver who is unlicensed or partially licensed, even when a child is IV-E eligible. As foster care payments have become much more generous than TANF payments, the fiscal incentives for states to rely on TANF to support maltreated children have grown.⁶⁰ In 17 states the one-child TANF benefits as of 2010 were so low that they fell below 38 percent of

⁵⁸ For IV-E spending see Fig. 9 in http://www.childtrends.org/Files/Child_Trends-2012_06_20_FR_CaseyCWFinancing.pdf. The IV-E spending decline was linked both to a 21 percent drop in the number of foster children (<http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/afcars>) and to a reduction in IV-E funds paid for children who were in foster care. Foster care not funded by IV-E monies increased. See also, <http://www.casey.org/resources/publications/pdf/NeedForWaivers.pdf>, http://www.childtrends.org/Files/Child_Trends-2012_06_20_FR_CaseyCWFinancing.pdf, appendix C.

⁵⁹ Although states have the option to pay the full IV-E foster-care rate and draw down the federal subsidy for unlicensed or partially-licensed foster kin care for IV-E eligible children, but the GAO (2011) survey of states found only 11 states out of 51 do so..

⁶⁰ In the past decade, most states have raised foster payment rates, sometimes substantially. A comparison of 2004 and 2010 foster care rates in 39 states shows an average increase of 20%. Rates increased by more 40% in 8 states (and, in Indiana, Mississippi and North Dakota, approximately doubled), increased by 11 percent to 40 percent in 16 states, and held steady (increasing by up to 10% or falling by 5% or less) in 15 states. Meanwhile, In all but two states, the real (inflation-adjusted) value of TANF cash benefits have fallen since the onset of TANF. TANF Chart book, Center for Budget and Policy Priorities, 2011.

<http://www.cbpp.org/cms/index.cfm?fa=view&id=3566> . For foster care payments for 2010 are reported in Appendix III, GAO (2011). Rates for 2004 are from Basic Family Foster Care Maintenance Rates Survey: Summary of Findings, National Association of Public Child Welfare Administrators, http://www.childrensrights.org/wp-content/uploads/2008/06/foster_care_rate_survey_may_2007.pdf.

the foster care rate (with 38 percent representing the typical state share of an IV-E foster-care payment).⁶¹

In addition to payment differentials, other considerations may influence whether most children are supported with an IV-E-funded placement or a TANF-funded placement. Costs of case supervision and supportive services are lower for children diverted from formal foster care and into TANF-supported kinship care.⁶² In addition, trying to establish and document a foster child's IV-E eligibility is often time-consuming, requiring social worker time and attendant costs. Key informants indicated that some caregivers have reasons to prefer diversion over foster care, perhaps finding foster care supervision intrusive and licensing expensive and difficult (although in declaring this preference caregivers may not be fully aware of the financial and service-related benefits of foster care). Some states (among them Virginia and Florida) have vigorous diversion policies intended to reduce foster-care entries.⁶³ On the other side of the ledger, however, several states decline to divert maltreated children into unsupervised or minimally supervised kin-care arrangements because of the risks to children that such placements can sometimes present.⁶⁴

The result of these sometimes conflicting, sometimes overlapping, policy choices is a patchwork of state approaches to the use of NPC child-only TANF to fund placements. The picture is

⁶¹ The ratio of 38 percent is used because that is the average of states' shares of an IV-E payment (GAO, 2011). The states referred to here are Alabama, Arizona, Arkansas, Colorado, District of Columbia, Georgia, Indiana, Kansas, Kentucky, Louisiana, Mississippi, New Jersey, North Dakota, Oklahoma, Oregon, Tennessee and Texas. The average TANF payment in these states was \$147 for one child, with the average foster care payment rate four times as high, \$592. To know whether the one-child TANF payment in any given state is, in fact, less than the state's IV-E share requires knowing the MMAP for that state.

⁶² According to a 2007 nationwide survey of state child welfare agencies conducted by Child Trends, children under court supervision who are "voluntarily" (i.e., voluntarily on the part of the parent) placed with relative caregivers are, in 25 states, not routinely supervised once they are in relative care (Allen, DeVooght, and Geen, 2008).

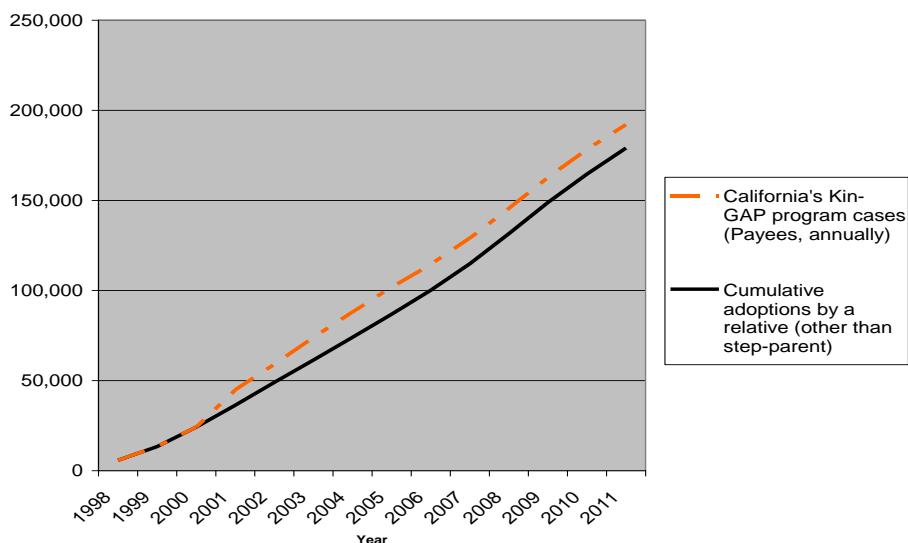
⁶³ Florida's RCP diversion program has already been mentioned. Virginia also uses diversion extensively, as a 2009 study by the Virginia Division of Family Services reported: three to four times as many children with substantiated maltreatment reports were placed with relatives or fictive kin as were placed in formal foster care. In most cases expressly to avoid foster-care placement, although in cases of financial hardship the placement would be approved as a foster care placement.

⁶⁴ According to the States Child Welfare Policy Database on the Casey family programs website, 38 states (including the three focal states of Florida, Illinois and New York) permit diversion of maltreated children to the care of relatives outside the foster care system, while 11 states (including California) prohibit it and 1 state has no set policy on the matter; <http://www.childwelfarepolicy.org/maps/single?id=1>

complicated still further by state variation in the options available for children when they leave foster care. This can be the third path to NPC child-only TANF (the bottom bubble).

Children who cannot return to their parents' care often find a permanent home with an adult relative, who may have been their foster parent all along, or who may be a new caregiver for the child following a foster placement with non-kin. These caregivers can be aided through NPC child-only TANF, or if they adopt, with a (more generous) Adoption Assistance stipend. Relative guardians can likewise receive a stipend if they are in one of the few states (including Illinois, California and New York) with a Kin-GAP program. Figure 3.3 sketches the number of former foster children who might have applied for NPC child-only TANF between 2000 and 2010 but instead were adopted and received Adoption Assistance funds, or had guardians who qualified for a Kin-GAP payment in California.

Figure 3.3
**Total Number of Adoptions of Children by Relatives
 and Count of Children in California's Kin-GAP Program, 1998-2011**



Sources: The AFCARS Report, #10 through 19 (Children's Bureau, 2006a, 2006b, 2006c, 2006d, 2008a, 2009a, 2009b, 2010a)

The expanded access to Adoption Assistance stipends for adopting parents provided under the ASFA legislation, as well as the incentives offered to states to increase adoptions, resulted in

tens of thousands of children adopted from foster care by relatives (DeVooght et al., 2011). Focusing on the period 2002–2010, 128,000 foster children were adopted by relatives, and each year after 2003 the guardians of approximately 12,000 California children have received Kin-GAP stipends. During this period, NPC child-only caseloads in 34 states fell by a combined total of 75,000 between 2002 and 2010. (In the other 23 states for which data were reported in the TANF Reports to Congress, NPC child-only caseloads rose by 28,000, for a net estimated decline of about 47,000 cases.) Each former foster child who was adopted or in Kin-GAP was a child who might have entered an NPC child-only TANF case after foster care but did not.⁶⁵

Rates of TANF Receipt and Foster Care among Kin-Caregiving Households

Table 3.4 shows the estimated percentages of children in TANF and kin foster care nationwide, in the focal states, the study states, and the non-study states. Some thought-provoking differences are evident in the table. For example, the jurisdiction with the lowest share of children who are living with kin who are enrolled in NPC TANF (Illinois, with 8 percent) also has the highest proportion of kin-care children who are foster children (6 percent). The jurisdiction with the highest share of kin-care children in NPC child-only TANF (the non-study states, with 27%) also has the smallest share in foster care (3%).

Notwithstanding the suggestion in these contrasts that foster care and TANF receipt might be negatively correlated, no such correlation is found across states because while in some states NPC child-only TANF grants are used *instead* of IV-E funds for foster children who are not IV-E eligible or are in unlicensed care, in other states, TANF grants *substitute for* foster care among children diverted from care. California and Florida, which both aim to place maltreated children with kin whenever possible, illustrate these two strategies.

⁶⁵ For purposes of caseload accounting, having children adopted from foster care instead of supported by child-only TANF will reduce the NPC child only caseload for as many years as the children would have been TANF recipients.

Table 3.4
TANF Participation and Kin Foster Care among Children in Relative Care

Percent of kin care children that are:	United States	California	New York	Florida	Illinois	31 Other Study States	16 Non-Study States
In NPC child-only TANF	18%	13%	15%	19%	8%	14%	27%
In adult-aided TANF case	2%*	6%*	5%	1%	3%	2%*	2%*
Not in a TANF case	80%	81%	80%	80%	90%	84%	71%
All children in kin care	100%	100%	100%	100%	100%	100%	100%
Kin-care children who are foster children	4%	4%	4%	5%	6%	4%	3%
Kin-care children who are not foster children	96%	96%	96%	95%	94%	96%	97%
All children in kin care	100%	100%	100%	100%	100%	100%	100%
% of kin-care children who are in foster care and aided through TANF	--	1%	--	--	--	--	--
% of kin-care children who are in TANF-funded kinship care, instead of, or following, foster care	--	--	--	11%	--	--	--

Sources: Children in NPC child-only TANF is from TANF Administrators' Study and GAO (2011).

*Extrapolated from the data for New York, Illinois and Florida

California requires that kin placements be licensed (and helps kin to become licensed), and strives to establish children's IV-E eligibility whenever possible, so most foster children in kin-care in California are supported through IV-E foster care payments.⁶⁶ Kin-placed children who are not IV-E eligible (and their caregivers) are shifted into TANF for financial assistance, although still offered "services only" foster care. A caregiver receives a one-child NPC child-only TANF grant for each child in her or his care (or an adult-aided grant, if the caregiver has very low income). Unlike California, Florida diverts from foster care many of the children who

⁶⁶ California has 35,100 foster children funded through the three main streams of IV-E, State-Only foster care, and NPC-TANF. Of these, 20,800 (59%) are IV-E funded, and 4,500 are in services-only foster care with a TANF grant. Thus, compared to the national average of 40% of foster children funded with IV-E payments, California's IV-E rate of 59% is high. (The calculation excludes data from Los Angeles and Alameda Counties, whose foster care systems operate under an IV-E waiver, the 3,000 children who are Emergency Assistance placements, and a few other small categories of foster care.) Data provided by a California Department of Social Services, Estimates Branch children's caseload specialist.

have been identified as maltreated, placing them with kin in the portion of TANF known as the Relative Caregiver Program (RCP). The RCP payment rate is considerably higher than Florida's regular TANF rate, and the program offers some initial supervision and supports, although far less than foster care. The program is unlike foster care in that caregivers may participate indefinitely, as long as they reapply each year.

As Table 3.4 shows, California's foster children make up 4%, and foster children in TANF make up 1%, of the children in California who are living with kin, which implies that TANF funds approximately one-quarter (1% of the 4%) of kin-care foster care in California. California's Kin-GAP funds (not through TANF) another 3% of California's kin-care children. Florida's RCP program can replace foster care and, like Kin-GAP, can be received for as long as the child is in the relative's home. More than one in ten (11%) of Florida's children living with kin are in RCP, and the number in RCP is more than double the number in foster care.

Looking at these data from the perspective of the TANF caseload, one sees that foster children are 8 percent of children in California's NPC child-only cases and one-half of one percent of all California's children in TANF, while RCP children are 58 percent of Florida's NPC child-only children and 20 percent of all children in TANF.⁶⁷ ⁶⁸

Setting aside the four focal states, the 31 remaining study states use TANF less often than the national average to support children in kin care. The child-only TANF programs in these states support 14 percent of all children living with kin (as compared to the national average of 18 percent.)⁶⁹ However, in the 16 non-study states NPC child-only TANF is used substantially more than the national average, with 29 percent of relative-care children enrolled in TANF. In these states, only 3 percent of the children in kinship care are identified as in foster care. It is

⁶⁷ The share of TANF children in RCP homes (20%) is smaller than the share of cases that are RCP (30%) because, like foster care cases, RCP cases are counted as one child per case.

⁶⁸ The estimates for Florida and for California use: focal state TANF data; foster-care counts reported in the Annie E. Casey Kids Count data center <http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?ind=6247>; and Kin-GAP caseloads reported in California's 2012 May Revise of the Governor's Budget (pg. 42). For details on these calculations please contact the first author.

⁶⁹ The averages for the 31-state and 18-state groups are calculated as if each group of states were a single unit with a single population. The reported rates are not averages of state rates.

possible that some, or many, of these states have programs similar to Florida's and divert maltreated children from foster care into TANF-supported kinship care without foster care supervision.⁷⁰ In these states, as in Florida and as in some of New York's counties (discussed below) the NPC caseload serves as a foster-care replacement.

New York City and other parts of New York State show contrasts like those between Florida and California (Table 3.5). (Although New York State outside New York City has 57 distinct social-service districts, for this analysis the 57 are combined to an imagined single jurisdiction, "rest of state.") As we see in the right-hand column of Table 3.5, New York City has, on a per-capita basis, nearly double the number of children living apart from parents as in the rest of state (47 per 1,000 children, rather than 28 per 1,000).⁷¹ However, New York City and the rest of state have similar total rates (per capita) of children living with kin who are receiving some type of payment, whether IV-E foster care funds or NPC child-only TANF: 7.9 per 1,000 with kin-care foster or NPC TANF aid in New York City and 7.6 per 1,000 in rest of state.

The differences between New York City and the rest of state lie in how the totals of 7.9 and 7.6 children per 1,000 are distributed between foster care and NPC child-only TANF. The rest of the state uses NPC child-only TANF two-and-a-half times as often as New York City does (6.2 vs. 2.5 cases per 1,000). When adult-aided relative-care cases are included, the rest of the state uses TANF for kin-care children 50 percent more often than New York City does, with 7.2 children per 1,000 in TANF and living with a relative in rest of state New York, compared to 4.9 children per 1,000 in New York City.⁷²

⁷⁰ One such state, Tennessee, has, like Florida, a TANF-funded Relative Caregiver program into which children are diverted from foster care, according to the GAO report (2011). Tennessee has a large share of its cases in NPC TANF, reporting 11,151 NPC child-only and 7,700 other child-only cases in the GAO survey for December 2010. The state is not among the Study States because the GAO survey numbers diverge markedly from the state's reported 12,636 entire child-only TANF caseload according to the ACF TANF data.

⁷¹ Foster care data are from New York's Office of Child and Family Services Performance Profiles website, http://www.ocfs.state.ny.us/main/cfsr/main_cfsr_data1.asp

⁷² In New York City, 3.0% of adult-aided case heads report the youngest child is their grandchild, 0.8% reports them as another kin relationship, and in 2.7% of cases the relationship is unknown. With relatively few NPC cases in New York City compared to other jurisdictions, adult-aided cases compose a substantial share of the kin- headed TANF cases. By way of contrast, Florida, Illinois, and New York outside New York City have between 1% and 2% of

Table 3.5

**Rates at Which Relative-Caregiver Families Receive TANF and Foster Care Aid, 2010
New York City and the Rest of New York State**

	TANF		IV-E Kin Foster Care	Kin Caregiver Receives TANF or IV-E Foster Care Funds	Children in Population Living with Kin (Supervised or Not, Aided or Not)
	In NPC TANF	In TANF, Not NPC			
Per thousand children in the population					
New York City	2.5	2.4	3.0	7.9	47.2
Rest of New York State	6.2	1.1	0.3	7.6	28.0
As a Percent of Children Living with Relatives					
New York City	5%	5%	6%	16%	100%
Rest of New York State	22%	4%	1%	27%	100%

Sources: American Community Survey, New York State foster care caseload data and focal state data.

On the other hand, New York City uses kinship foster care (paid at the foster care rate) at ten times the frequency of the rest of state. About 3 children per 1,000 in New York City, compared to 0.3 children in the rest of state, are in kin foster care. Total (kin plus non-kin) foster care rates are also considerably higher in New York City, even though maltreatment reports per capita are slightly lower in New York City than in the rest of state (data not shown).

The differences in NPC TANF and foster care rates between New York City and the rest of state are not explained by demography, economics or maltreatment rates. Quite the reverse: New York City has higher proportions of children living with kin and in poverty, which might predict higher TANF enrollment by relative caregivers, and it has a slightly lower frequency of reported child abuse, which should imply a smaller, not a greater, need for foster care.⁷³ One explanation for these differences, supported by interviews with key informants, is that New

adult-aided cases in which the youngest children are grandchildren of the case head, with a further 0.5% to 1% where the youngest children are siblings, cousins, nieces or nephews to case heads.

⁷³ Maltreatment reports are reported by New York's Office of Child and Family Services Performance Profiles website, http://www.ocfs.state.ny.us/main/cfsr/main_cfsr_data1.asp

York City typically places maltreated children in foster care (often kinship foster care), while social workers in rest of state often place children with kin caregivers instead of in formal foster care, and the kin caregivers are referred to NPC child-only TANF.

TANF is used to a greater extent by kin care families outside New York City (with 26% of them receiving child-only or adult-aided TANF) than by kin-care families in the city (where 10% are aided). In contrast, kinship foster care payments are received by 6 percent of New York City kin caregivers, but by virtually no kin caregivers (just 1%) outside New York City.

These case studies of New York and Florida, and anecdotal evidence from several other states, confirm that child welfare policies can substantially expand NPC caseloads. In jurisdictions that *divert* children from foster care when a kin caregiver is available, kin foster care caseloads are lower than they otherwise would be, and NPC TANF caseloads are relatively high. In jurisdictions that *place* children in *TANF-funded* kin foster care when they can find a kin caregiver, kin foster care caseloads and NPC TANF caseloads will both be relatively high.

Confusion can arise in data analysis when a state creates a kinship-care program funded with TANF dollars. Florida counts RCP children in the child-only TANF caseload, and the caseload counts reported for Florida are consistent across our data sources. However, Tennessee and Virginia, two other states with TANF-funded kinship-caregiver programs for children with child welfare involvement, reported substantially different child-only caseloads in the GAO survey and the ACF caseload reports, discrepancies that led the states to be omitted from the study states for this project.⁷⁴ These inconsistencies may reflect confusion as to whether children in TANF-funded foster care placements or in TANF-funded kinship-care diverted from foster care should be counted as TANF cash assistance recipients or as child welfare clients in a TANF-funded child welfare program.

⁷⁴ Virginia reported 154 NPC child-only and 5,323 other child-only cases in the GAO survey for December 2010, but a December 2010 child-only caseload of 11,828 appears in the ACF TANF data, a discrepancy of about 6,000 cases. Tennessee, on the other hand, reported 11,151 NPC child-only and 7,700 other child-only cases in the GAO survey for December 2010, and a December 2010 child-only caseload of 12,636 in the ACF TANF data. This discrepancy is also about 6,000 cases, but in the other direction.

Services and Requirements for NPC Child-Only TANF Cases

Services

Assessing how effectively maltreated children can be served with NPC child-only TANF grants rather than in IV-E foster care was the focus of the recent GAO report (2011), and we mainly rely on the GAO data, which were collected from 49 states, in describing the services available to NPC caregivers, while drawing on this project's TANF Administrators' Survey for information on services available for children in all types of child-only cases. The findings reported below for NPC child-only TANF families can be contrasted to the quite extensive services provided in most states for foster families (which can include TANF-funded families in programs such as California's "services only" TANF-funded foster care). For example, thirty-three states provide mental health services to foster families, while 45 states offer transportation assistance, and all provide case management (GAO, 2011).

The GAO researchers found that for NPC child-only cases, child care assistance was the service most widely available, with TANF agencies in 23 states offering child care assistance to nonparent caregivers, and 3 states offering respite care. In their analysis of individual-level TANF caseload data the researchers found that 6 percent of NPC child-only caregivers actually received childcare assistance. The GAO also found that, "Less than half of TANF agencies provide case management for TANF child-only cases, so in a majority of states, TANF agencies are unlikely to have ongoing contact with the caregiver after eligibility is determined" (GAO, 2011, p.23). A small handful of states offered NPC caregivers transportation assistance, clothing allowance, short-term cash aid, or legal assistance. Few states (7 of 35 in the TANF Administrators' Survey) offered mental health services beyond those offered by Medicaid.

Kinship care programs for caregivers of a court-placed child, like Florida's RCP, not only supplement with additional money the NPC child-only benefits but provide some services. Florida's answer on its website to the hypothetical question, "Can you get any services" [in RCP] is: "You are eligible for Medicaid, child care, flexible funds, family preservation and support services, and other available services a foster parent might get." However, key informants in

Florida suggested that aside from Medicaid availability, the provision or take-up of any of the other types of services is very low.

TANF Grants

A larger child-only grant payment in a state is associated (Pearson $r= 0.41$) with a higher share of relative-care children in NPC child-only TANF, as illustrated in Table 3.6. Among possible reasons for this association are greater use of TANF for foster care in states that pay higher benefits; more outreach to kin in states that pay higher benefits; and, on the part of caregivers, more interest in applying for a grant that is more generous.

Table 3.6

NPC Child-Only Grant Amounts and Average Take-Up Rates of NPC Child-Only TANF

Grant for One Child in an NPC child- only case	Study States That Offer This Level of Grant	NPC Child-Only TANF Participation among Relative Caregivers in Each State, Averaged Across States
\$80 – \$149	IL, IN, ME, MO, OK, SC, TX	11%
\$150 – \$249	AZ, FL, GA, IA, KS, NC, ND, NJ	19%
\$250 – \$399	CA, CT, ID, MN, MD, RI, UT, WA, WI, WV, WY	23%
\$400 – \$600	AK, MA, NH, NV, NY, SD, VT	23%

Note: Average NPC Participation is the average of states' ratios of children in NPC child-only TANF to children in relative care. Percentages rounded to integer. Florida's grant is reported as RCP payment, not the standard TANF benefit.

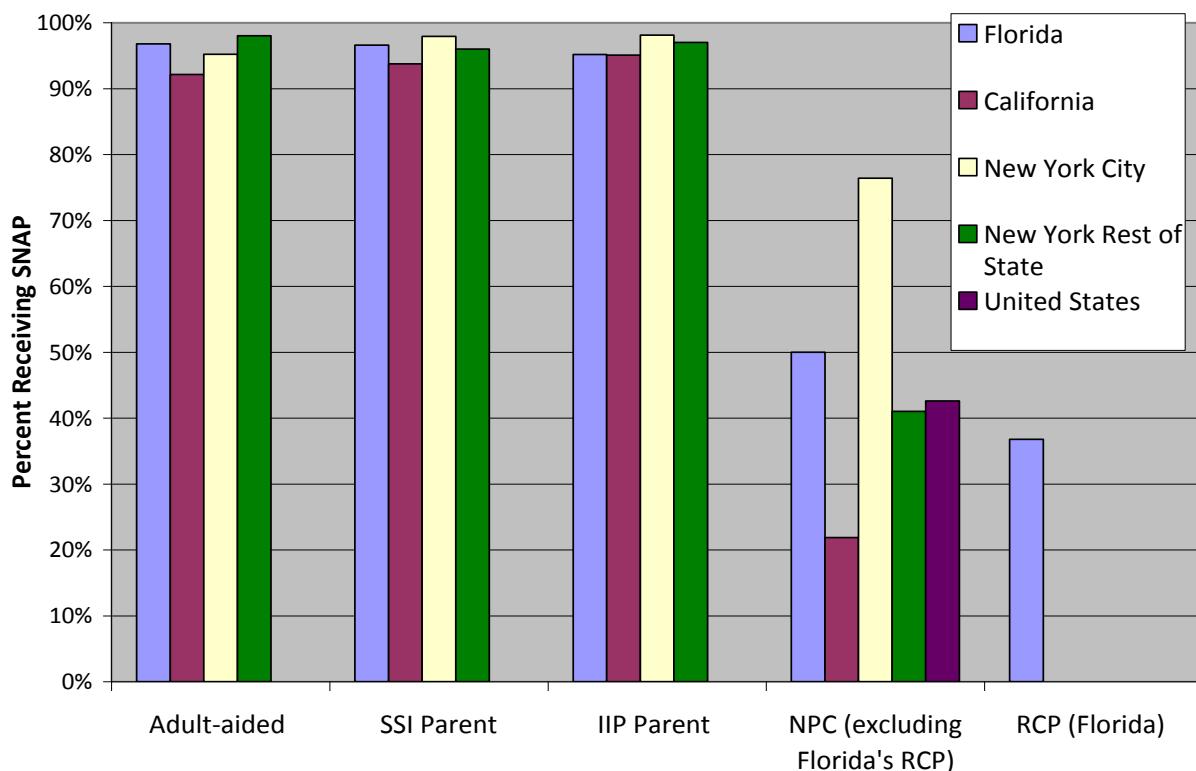
SNAP (Food Stamps) Enrollment

SNAP benefits and eligibility rules are uniform nationwide, and eligibility is based almost entirely on income, which is measured for the household. The participation of NPC child-only households in SNAP is, therefore, a useful, although not definitive, indicator of the incomes of NPC child-only caregivers. The nationally-representative estimates of poverty status from the ACS (Appendix 3) indicate that 33 percent of children in kin-care households are poor, a rate that provides useful context for the estimates we discuss below.

Virtually all TANF case types except NPC child-only cases routinely receive SNAP benefits because their incomes are low enough to qualify, as Figure 3.4 illustrates. However, fewer than half (40%) of NPC child-only cases nationwide receive SNAP benefits. In our focal research areas enrollment rates range widely – in California barely one-fifth (21%) of NPC kin caregivers are enrolled, while in New York City as many as three-quarters (75%) are. In the rest of New York State 40 percent are enrolled, while in Florida, 50 percent of NPC child-only cases that are not RCP and 37 percent of RCP cases are in SNAP.

Figure 3.4

SNAP Enrollment by TANF Case Types in California, Florida, New York, and United States, 2009–2010



Sources: Focal state data; GAO (2011).

These findings raise the question: Does the much lower participation of NPC child-only households indicate that a large number of *eligible* kin-caregiving households are not applying for SNAP, or that many kin-care households have incomes too high to qualify for SNAP? Indirect evidence suggests the latter.

Nationwide, SNAP participation is about 72 percent, which means that 28 percent of families eligible for SNAP do not enroll. Four-fifths of the eligible individuals who do not enroll have incomes above poverty and are eligible for relatively small benefit amounts (Leftin, Eslami and

Strayer, 2012), and as a result the “benefit receipt rate” is 92 percent.⁷⁵⁷⁶ If all NPC caretaker families were SNAP eligible and participated in SNAP at the nationally typical rate, 72 percent of them would be in SNAP; if they participated at the rate typical of households with children, 89 percent would be in SNAP; and 62 percent would be enrolled if they participated at the rate typical of eligible households with children that are not single-parent or married-couple households. The actual SNAP enrollment rate for NPC child-only TANF households is lower than any of these values, suggesting that many NPC child-only households are not SNAP eligible.⁷⁷

To clarify this point and derive plausible estimates of the share of NPC households eligible for SNAP, let us consider four scenarios consistent with the observed 40 percent SNAP participation rate.

- a. Possibly, 55 percent of NPC child-only TANF households are SNAP-eligible and participate at the nationwide rate of 72 percent (72% of 55% is 40%), while 45 percent have incomes too high for SNAP participation.
- b. An enrollment rate of 40 percent would also be observed if only 45 percent – a minority – of NPC child-only TANF homes were SNAP-eligible and participated at the 89 percent rate typical of families with children (89% of 45% is 40%).
- c. 65 percent of NPC child-only homes could be SNAP-eligible if they participated in SNAP at the 62 percent rate found among households with “multiple adults and children” (62% of 65% is 40%).
- d. Perhaps 50 percent of NPC child-only TANF homes are SNAP eligible, divided among 40 percent who are poor and participate at the 92 percent rate typical of poor families and 10 percent who are SNAP-eligible but not poor and participate at the 29 percent

⁷⁵ These data and the rest cited in this paragraph are from Leftin, Eslami and Strayer (2012), a publication of the U.S. Department of Agriculture that reports trends nationwide and for subgroups in SNAP participation.

⁷⁶ The benefit receipt rate is the ratio of the value of benefits claimed divided by the value of benefits that could be claimed if all eligible individuals participated. The benefit receipt rate of 92% and the household participation rate of 72% mean that the 72% who enroll receive 92% of the total benefits available to everyone eligible, while the 28% of eligible households who fail to enroll would receive only 8% of the total benefits.

⁷⁷ The high SNAP receipt rates among IIP and SSI child-only cases imply both that (virtually) all SSI and IIP cases are income-eligible for SNAP and that TANF staff and TANF enrollment processes facilitate their enrollment in SNAP. The fact that SNAP enrollment is so high for the other types of child-only TANF suggests that, at least when children first go onto NPC child-only TANF, they are likely to be assessed for SNAP eligibility.

rate typical of the non-poor eligible population. The remaining 50 percent are SNAP-ineligible. This distribution, too, would generate a 40 percent enrollment rate.

In short, the observed 40 percent SNAP enrollment rate of NPC child-only TANF homes suggest that many, perhaps most, children in NPC child-only TANF are homes with incomes above the poverty threshold. The preceding scenarios posit that between 45 and 60 percent have incomes sufficiently low for SNAP eligibility, which in turn are generally higher than poverty thresholds. The final scenario posits a poverty rate of 40 percent among NPC child-only households and 10 percent who are not poor but SNAP-eligible. Extrapolating from the final scenario, we conclude that while many NPC TANF households are poor, others are not poor but within the (relatively low) level of income for SNAP eligibility, and a substantial fraction are not SNAP-eligible.⁷⁸

These data suggest a way to refine our estimates of participation in NPC child-only TANF by kin-care families. In Table 3.3 we reported that 57 children received NPC child-only TANF for every 100 poor children living in kin care. The last of the (hypothetical but plausible) scenarios outlined above suggested that 40 percent of kin-care children might be in poor households, which would translate into 23 children per 100 poor kin-care children (40% of 57) enrolled in child-only TANF, and not, as the initial estimate suggested, 57 per hundred poor children. If these estimates are even moderately close to reality, the implication is that NPC child-only TANF is not well-targeted to poor children in kin-care homes, serving instead many non-poor children in kin-care homes who may (or may not) be low income, but are not technically poor.

Emerging Restrictions

Some states are introducing a means test for NPC child-only TANF cases. In July 2010, Arizona created two tracks for NPC child-only TANF recipients, one for unlicensed (non-foster-parent) kin caring for children in the legal custody of the Arizona Department of Economic Security, the

⁷⁸ Table H.1 of Leftin, Eslami and Strayer (2012) reports the SNAP net income screener in April-September 2009 for a three-person household as income below \$1,467 monthly, after a standard deduction of \$144 and an excess shelter deduction of, at most, \$446 have been subtracted.

other, means-tested and time-limited, for kin-care children who are not wards of the state. Children who are wards of the state may receive TANF without a time limit and regardless of household income, but NPC child-only cases not involved with the child welfare or juvenile justice systems face a 36-month time limit and the restriction that the caretaker's income may not exceed 130 percent of the current federal poverty level.⁷⁹ Nevada and Oregon also consider the incomes of caregivers in benefit and eligibility calculations, and North Carolina indicated that it is considering income restrictions, work requirements, and time limits for NPC caretakers.

No other states that responded to the TANF Administrators' Survey indicated that they imposed time limits, work requirements or income-eligibility provisions on NPC child-only cases. However, the GAO (2011) report indicated that respondents to their survey of state administrators indicated that child-only cases are subject to time limits in Connecticut, North Dakota, and Tennessee and noted that, according to state officials in Washington State, the state legislature authorized the TANF agency to begin means-testing child-only applicants to help address the state's budget shortfall.

Characteristics of Families in Which Relatives Are Raising Children

To contextualize the portrait of relative care TANF households that emerges from the TANF administrative data for the focal states data, we also report on the characteristics of kin-care families (TANF recipients and not) in the focal states as recorded in the 2006-2010 American Community Survey (2010 ACS).

In Appendix 3 we move beyond the focal states to provide a national view of children in kin care, again using the ACS. The appendix reports on trends in caregiving rates over time, and the characteristics of children and relative caregivers. A striking finding (see Appendix Exhibit

⁷⁹ Caregivers whose incomes fall below this eligibility threshold do not have their incomes included in the grant budget calculation to determine their TANF Cash Assistance child-only grant amount.

3.2) is that about 6 percent of children in grandparent-care homes have a severe cognitive or ambulatory difficulty, about three times as many (proportionately) as in two-parent homes, and half as many again as are living with a single parent or another kind of relative caregiver (4%).⁸⁰ Grandparents may step in when parents are unable to meet the challenges of raising a disabled child. It is also possible that some children's health problems are the result of parental abuse or neglect.

The summary conclusions of those national analyses, which combine data on income, disability, health insurance coverage, and linguistic isolation, show 27 percent of kin caregivers with incomes above 250% of the poverty threshold, although some of them (about one-tenth – 3 percentage points – of the 27 percent) lack health insurance for the child in their care.

Another, larger, group of kin-care families (38% of the total) have incomes between 100% and 250% of the poverty threshold, a range that may include many families whose incomes are insufficient for their needs although they are not technically poor. One in five of these families has an uninsured child, or is linguistically isolated.

The most disadvantaged group of kin caregivers, almost as numerous (36%), confronts multiple hurdles. This group includes the 6 percent with seriously disabled child, and the one-third (33%) of kin caregivers who are poor. In addition, some are linguistically isolated or have an uninsured child. Adequate income supports would help this group, as income below the poverty threshold is the sole identified problem for two-thirds (24% of the 36%) of this group.

This summary looks only at families' material circumstances and does not describe the other needs of the children in these homes. Some (perhaps many) have experienced disrupted family life, neglectful or abusive parenting, or other types of family dysfunction. Although the ACS data do not describe the backgrounds of children in kin-care homes, nor indicate who is enrolled in TANF, research by other scholars has documented that children in TANF-supported

⁸⁰ These differences are all statistically significant, as the sample sizes are very large: 76,896 children surveyed in grandparent-care homes, 47,226 in relative-care homes, 2.3 million in two-parent homes and 975,933 in one-parent homes.

homes are those most likely to have experienced serious problems of neglect, abuse, and family dysfunction (Gleeson et al., 2009).

To return to our focus on child-only TANF households, Table 3.7 describes TANF NPC families in the focal states, contrasting them to the population of kin-care families in those states.

Relationship to Caregiver

The NPC child-only TANF caseloads in New York and Illinois are significantly more likely to be headed by grandparents (respectively, 68 and 73 percent headed by grandparents) and less likely to be headed by other kinds of relatives, than are kin-care homes not receiving TANF. However, in Florida, the NPC child-only caregivers (who, of course, include many participants in the RCP program) have the same relationship distribution as kin caregivers in general.

Other Characteristics: Numbers of Children, Ages

NPC child-only cases have fewer children per case than other child-only cases; in Florida and California, and probably in other states as well, the NPC child-only cases that are used for foster care always have exactly one child in them, even if siblings are placed together. The results of this policy are clear for Florida, which, because it has so many children with child welfare cases, has an average case size of fewer than 1.1 children per NPC case. The average age of caregivers is, in three of the four states, above 50. Children in NPC child-only TANF cases are aged 9 or 10, on average, older than typical kin-care children by about a year (except in Florida).

Table 3.7
Characteristics of TANF Recipients and Relative Caregivers' Homes

	California		New York		Florida		Illinois	
	NPC Child- Only TANF	All Kin Care- Giving						
Relationship to Caregiver								
% Grandchild	-	48	68	58	61	60	73	60
% Niece/Nephew/ Sibling /Other	-	52	32	42	39	40	26	40
Average Age of Caregiver	52.6	-	56.8	-	51.9	-	46.2	-
Number of children in case	1.5	-	1.5	-	1.1	-	1.7	-
Ages of Children								
Average age of children in case	9.5		9.8		8.9		9.6	
Average age of kin-care children		8.6		8.7		9.0		8.5
Ethnicity								
% White	35	14	40	22	32	25	41	30
% Black	15	10	37	34	56	45	46	40
% Hispanic/Latino	48	64	13	36	9	25	10	23
% All other	3	12	10	8	3	5	2	7
Number in ACS Sample (n)		16,648		6,362		7,490		4,840
Largest 95% CI (for an estimated proportion of 50%)		+ - 0.8%		+ - 1.2%		+ - 1.1%		+ - 1.4%

Source: 2006-2010 American Community Survey and focal state administrative data

Ethnicity and Language

The populations of NPC TANF caregivers in these states (see Table 3.7) are ethnically different from non-TANF kin caregivers: in all four focal states, TANF-recipient caregivers are more often white, more often black, and less often Latino or “other” than non-TANF relative caregivers in the state. As the table shows, between 32 and 41 percent of TANF-aided kin caregivers in the focal states are white, although the share white among *all* kin caregivers in the focal states ranges from 14 to 32 percent. The average percentage-point gaps between TANF and all kin caregivers are, in the proportion white, 14 percentage points, and in the proportion black, 6 points.

California offers the most striking example of the low enrollment of Latino kin caregivers in child-only TANF relative to their presence in the kin-care population: Latino caregivers are more than four times as numerous as whites in the population (64% versus 14% of all kin caregivers) but among NPC child-only TANF caregivers, the shares of whites and Latinos are fairly comparable (35% versus 48%). In Florida, the disproportionality works to obscure the fact that in the population, kin caregivers are equally likely to be white or Latino. Among TANF-aided kin caregivers, whites are three times as numerous as Latinos (32% versus 9%). These differentials may reflect a lower use of NPC TANF for kinship foster care among Latino families.⁸¹

Conclusions

Non-parent caregiver cases are the most numerous of the three categories of child-only cases, although not in every state. They are as few as 5 percent of TANF cases in Maine and as many as a remarkable 89 percent of TANF cases in Idaho. The proportion of children in relative-care homes who receive TANF also ranges widely from 1 in 20 (5%) of kin-caregiver homes in Texas to nearly 1 in 2 (49%) in West Virginia. Most states have virtually identical eligibility policies for NPC child-only cases, imposing no means testing or time limits. Where TANF grants are more generous, a larger fraction of kin caregivers are aided.

Kin-care households arrive at the TANF office via two distinct routes, one independent of a child's referral to a child welfare agency, and the other triggered by current or previous child welfare involvement. The first route is straightforward: A caregiver decides to take in a relative child and turns to TANF for assistance. The second route is more complicated. A child whom a child welfare agency has identified as maltreated and placed with a relative is usually supported with an NPC child-only TANF grant if the child is not eligible for an IV-E foster-care payment.

⁸¹Some of the discrepancies in these rates could be due to the comparison of ethnicities that are recorded in the administrative TANF data with the self-reported ethnicities in the ACS. Sometimes, TANF staff might identify a recipient as white when she might call herself Hispanic. However, classification differences seem an unlikely explanation for differences these large.

States vary in whether they count such placements as part of their foster care caseload or as having been diverted from foster care. Even children who are eligible under federal rules for IV-E payments (or who might be found to be eligible if social workers inquired) are often supported through TANF, if they have been placed with a kin caregiver who is not fully licensed as a foster parent. NPC child-only TANF is also a source of support for kin caregivers who take in a child exiting from foster care.

Some kin caregivers are sufficiently poor to themselves qualify for adult-aided TANF and, if they are willing to meet the work requirements and other obligations placed on adult-aided cases, choose to enroll for adult aid. A small number receive SSI, which in this project would categorize the child-only TANF grant as SSI-parent child-only cases. Including these groups expands the count of TANF-aided children with relative caregivers by about 12 percent nationwide, and by a larger fraction in jurisdictions with relatively generous adult-aided TANF benefits.

Children in NPC child-only TANF may remain on aid for many years; in the focal states approximately one-half (44% in Illinois and Florida, 59% in New York, and 61% in California) were receiving aid five years after first observed on aid in 2005. This persistence, and the fact that few children switch from child-only cases to adult-aid cases or vice-versa, suggest that most NPC child-only children remain with their relative caregiver and do not often change homes.

Nationally, the ratio of children in NPC child-only TANF to the number of poor children living with kin is nearly three times the ratio of TANF receipt among poor children living with their parents, and in many states this ratio greatly exceeds three-to-one. As discussed in Chapter 1 (Figure 1.3), only a handful of states, notably Maine, California, and Oregon, have designed their policies so that TANF aids poor children in different types of families at roughly equal rates.

Our data provide no evidence that parents have moved their children to live with kin in order to gain access to TANF benefits. However, neither can the possibility of these strategic responses

be ruled out. The strong correlation of the lower availability of adult-aided TANF with larger shares of the caseload in NPC child-only TANF is consistent with such behavior. The correlation may also be attributable to states' own policy choices. Were a state's cash assistance budget fixed, the larger the NPC child-only TANF caseload, the less funding would be available for poor children with parents. If, as has been the case in most states over the past decade, the state's budget for cash assistance is shrinking, even more pressure is placed on aid for parent-present families when the NPC child-only TANF caseload grows. In this sense, states in designing their TANF programs, must trade off aid to parent-present families against aid to kin-care families.

Chapter 4: Ineligible Immigrant Parent Cases

Introduction

Parents who are income-eligible for TANF but are ineligible based on their immigration status may apply for a TANF grant on behalf of their U.S.-born citizen children. Such families, with benefits-eligible children but ineligible parents, have been termed “mixed status” families. In the context of TANF, they are ineligible immigrant parent (IIP) child-only cases, constituting 13 percent of the national TANF caseload.

Immigrant parents are ineligible for TANF aid if they are not authorized to reside in the United States. In many states, lawful permanent residents (LPRs)⁸² with fewer than five years’ residence in the U.S. are also, ineligible for TANF aid. The citizen children of both types of parents, however, may receive child-only TANF.⁸³

⁸² A lawful permanent resident (LPR), also known as “Permanent Resident Alien,” “Resident Alien Permit Holder,” and “Green Card Holder”, is neither “unauthorized” nor “undocumented,” but, rather, a non-citizen legally permitted to reside permanently in the U.S. See <http://www.uscis.gov/portal/site/uscis/menuitem.5af9bb95919f35e66f614176543f6d1a/?vgnextoid=070695c4f635f010VgnVCM1000000ecd190aRCRD&vgnextchannel=b328194d3e88d010VgnVCM10000048f3d6a1RCRD>.

This chapter does not discuss several small categories of non-LPR immigrants (refugees, asylees, Cuban/Haitian entrants, certain victims of domestic violence and human trafficking, active duty military, veterans, and others) among which groups parents and children may be TANF eligible.

⁸³ For a child to be in an IIP child-only case her parent(s), whether one or two, must (both) be immigrants ineligible for TANF in that state. A child who has a TANF-eligible parent would be in an adult-aided case. We discuss below

This chapter provides an overview of policies and trends in the IIP child-only caseload nationwide, among the 35 study states, and in the focal states for this project (California, New York, Florida, and Illinois).⁸⁴ We begin with an overview of IIP child-only caseloads across the study states. We review states' eligibility policies for IIP child-only aid and estimate caseload participation rates; summarize state policies on time limits, means testing, and work requirements; and report key informants' thoughts on the match of services to needs for families in IIP child-only cases. Then follow analyses of persistence on aid before and during the recent recession, a review of the characteristics of IIP child-only cases, and our conclusions.

As the data in the chapter will show, IIP child-only cases are more like adult-aided TANF cases than they are like other child-only cases (NPC or SSI). Similar to most adult-aided TANF cases, children in IIP child-only cases live with one or both parents who, distinct from parents in SSI child-only cases, are generally able to work. Indeed, parents of children with IIP child-only aid often do work, although they do not have access to any federally-funded work supports or other services and, unless they are LPRs, lack legal authorization to work.

The number of IIP child-only cases has been growing over the last decade. In 2000, IIP child-only cases composed 14 percent of the monthly child-only caseload, a share that by 2009 had grown to about 25 percent of the child-only caseload (representing 13% of the total TANF caseload).⁸⁵ Part of this increase may be a rebound from a drop in welfare participation among citizen children of immigrant parents after passage of PRWORA in 1996 and introduction of TANF (for details, see Borjas, 2011; Capps, et al., 2005; Capps et al., 2009; Fix and Passel, 1999; Tumlin and Zimmerman, no date; Zimmerman and Tumlin, 1999, Speiglman et al., 2012).

states' options in specifying which immigrants are (in) eligible for TANF aid in that state. See also National Immigration Law Center (2002), 8 U.S.C. §1612(b), and Fix and Passel (1999).

⁸⁴ We count among "states" the District of Columbia.

⁸⁵ An estimate of changes in the IIP child-only caseload as a percentage of TANF cases for 2000 can be inferred from data in U.S. Department of Health and Human Services, Fourth TANF Annual Report to Congress (2002), and for 2009 by Golden and Hawkins (2012). These numbers are higher than those reported in the GAO study of child-only cases (United States GAO, 2011). However, in the GAO study, the status of 24 percent of caregivers in 2000, and of 12 percent in 2008 was unknown, while the estimates provided here do not have any cases of unknown status.

IIP child-only cases are concentrated geographically, the result of immigration patterns, state and local TANF policies and organizational practices, and broader state policies affecting immigrants. Just three states—California, New York, and Washington—accounted for 67 percent of all IIP child-only cases in 2010 (GAO, 2011), yet these states had only 31 percent of the nation’s unauthorized immigrant population (Passel and Cohn, 2011).⁸⁶ The remaining 47 states and the District of Columbia accounted for 70 percent of unauthorized immigrants but only 33 percent of the nation’s IIP child-only cases. Later in this chapter, we explore possible reasons for the apparently low TANF take-up in so many jurisdictions. The disparities in take-up rates for IIP child-only TANF across states and localities might arise from differences in state policy, in the desirability or accessibility of TANF aid to families potentially eligible for IIP child-only TANF, or in community norms that influence take-up of IIP child-only TANF aid.⁸⁷

State Policy Options for Provision of IIP Child-Only TANF

While unauthorized immigrant parents may not receive TANF, and Legal Permanent Residents (of any age) with more than five years of U.S. legal residency are eligible for TANF on the same basis as citizens, LPR parents within five years of arrival are not eligible for federally-funded TANF but are eligible for state-funded TANF in some states. We group states on the basis of how they treat LPR parents.

⁸⁶ The estimated counts of unauthorized immigrants are used as proxy indicators of the number of citizen children born to ineligible immigrant parents.

⁸⁷ Explaining site differences in frequency of receipt of in-kind benefits such as Medicaid and food stamps in their Three-City Study, Cherlin et al. (nd:5-6) write, “We suspect that factors related to the social organization of the immigrant communities and to public support for providing benefits to immigrants may explain the city-to-city variation we found.”

Policy Type 1

One-third of the states provide TANF aid to LPR adults with less than five years of residency. As federal TANF block-grant funds may not be spent on LPR adults within the federal five-year ban, these states use state funds to serve families of federally ineligible LPR adults (GAO, 2001). Hence, in Type 1 states (except for New York, discussed below), IIP child-only caseloads consist almost entirely of cases supporting U.S. citizen children of unauthorized immigrant parents.⁸⁸ LPR parents and their children are aided in adult-aided cases.

New York is an atypical Type 1 state. Like Type 2 states, it places citizen children of LPR parents who are within the five-year aid ban in IIP child-only cases, but unlike Type 2 states, it aids the LPR parents under the state-funded, TANF-like “safety net” assistance program.⁸⁹

Policy Type 2

The other two-thirds of the states follow the lead of federal law and exclude from TANF adults and children who are LPRs within the five-year bar. In these states, IIP child-only cases include the citizen children of LPR adults within the five-year ban as well as the citizen children of unauthorized immigrants.⁹⁰ Table 4.1 shows the distinctions between Type 1 and Type 2 states.

⁸⁸ Even in Type 1 states, IIP child-only caseloads may include a few children of parents in other categories of temporary legal immigrants, such as Temporary Protected Status, who are ineligible even for state-funded assistance in adult-aided cases.

⁸⁹ The children of LPR adults are estimated to be fewer than 2 percent of New York City’s IIP child-only caseload and an even smaller share of cases in the rest of the state. A New York family with an LPR parent, no citizen children and one or more LPR children would constitute only an adult-aided case.

⁹⁰ In several Type 2 states an exception is made for otherwise ineligible LPR parents who have experienced domestic violence, who are then included in the assistance unit and form adult-aided cases (National Center for Children in Poverty, 2012; National Immigration Law Center, 2011).

Table 4.1
Distinctions between Type 1 and Type 2 States

Policy Issue	State Policy Type	
	Type 1	Type 2
How states classify LPR cases where adults are within the five-year ban	Adult-aided cases	IIP child-only cases
Where state serves citizen children of unauthorized parents	IIP child-only cases	IIP child-only cases

No data exist on the number of citizen children in families headed by LPR parents within the five-year bar on aid. However, estimates based on the counts of people who obtained LPR status suggest that there are relatively few cases nationwide and fewer still in Type 2 states, which are the only states where these children would be aided with child-only rather than adult-aided TANF. Nationally, more than 5 million people received LPR status between 2004 and 2008.⁹¹ Many of them were spouses and parents of citizens, children, and individuals too old to have children.⁹² Subtracting them from the total and applying plausible childbearing rates to the number remaining suggests that in Type 2 states perhaps 140,000 citizen children were born to LPR parents in the five-year window from 2004 to 2008. This is a small number compared to the estimated 4 million citizen children of unauthorized parents living in the United States in 2008.

Participation Rates in IIP Child-Only TANF

Across the study states, IIP child-only caseloads (Table 4.2) and ratios of IIP child-only cases to the count of unauthorized immigrants (Table 4.3) vary widely. (The ratio measure is an approximate indicator of whether participation in IIP child-only TANF by eligible families with

⁹¹ See: U.S. Department of Homeland Security, “Yearbook of Immigration Statistics: 2011. Legal Permanent Residents,” Table 4: Persons Obtaining Legal Permanent Resident Status by State or Territory of Residence: Fiscal Years 2002 to 2011, available at www.dhs.gov/files/statistics/publications/LPR11.shtm

⁹² See Passel and Cohn (2011). Examination of data on persons obtaining LPR status, referenced in Table 4.4, reveals that about 1.9 million of the 5 million new LPRs were spouses or parents of U.S. citizens, and about 2 million were children or over age 50, none of whom would have children eligible for IIP child-only aid.

citizen children is likely to be high or low in a state.)⁹³ Table 4.2 reports numbers of IIP child-only cases for those study states that reported more than 1,000 cases, and combines data for study states that reported fewer cases. To put these numbers into context, the table also reports study states' shares of the nation's IIP child-only cases, of all TANF cases, and of all unauthorized immigrants. Table 4.3 extends this with information about states' one-child grant amounts, states' ratios of IIP child-only cases to counts of unauthorized immigrants (in 1,000s), and, in the right-hand column, each state's IIP ratio relative to the national ratio of 19 IIP child-only cases per 1,000 unauthorized immigrants. States with relative ratios greater than 1:1 (unity) have more IIP child-only cases than one would predict from their counts of unauthorized immigrants.

California has the largest number of IIP child-only cases (115,570) as well as, the most IIP child-only cases per 1,000 unauthorized immigrants estimated to be in the state (45). While New York has the second largest number of IIP child-only cases, Washington and New Mexico, both with 41 IIP child-only cases per 1,000 unauthorized immigrants, surpass New York's ratio (32). Among study states, Minnesota (30), Oregon (21), and Massachusetts (23) (a Type-2 state) also have larger IIP child-only caseloads than predicted by their shares of unauthorized immigrants.

Together, the Type 1 states have between 72 percent and 82 percent of IIP child-only cases, about 55 percent of TANF cases, and about 41 percent of unauthorized immigrants (Table 4.2). They have approximately 36 IIP child-only cases per 1,000 unauthorized immigrants, approximately double the ratio for the nation as a whole.

⁹³ Take-up of IIP child-only aid among eligible citizen children cannot be estimated due to lack of data on the number of citizen children and the number who are in poverty or who are income-eligible for TANF.

Table 4.2

**2010 IIP Child-only Cases, All TANF Cases, and Unauthorized Immigrants across Study States
Grouped by State's TANF Treatment of LPR Parents: Type 1 or Type 2**

Study States	IIP Child-Only Cases		% of 1.9 Million U.S. TANF Cases	% of 11.2 Million Unauthorized Immigrants in U.S.
	Number	%		
United States (total)	217,000	100.0%	100.0%	100.0%
States with IIP child-only cases not reported	20,700	9.6%	27.7%	11.3%
Type 1 states (18 states): LPRs within the 5-year ban eligible for state-funded TANF, in adult-aided cases (except New York: see note). IIP child-only aid is for citizen children of unauthorized immigrants.				
California	115,570	53.3%	30.7%	22.8%
New York	19,909	9.2%	8.2%	5.6%
Washington	9,447	4.4%	3.6%	2.1%
New Mexico	3,472	1.6%	1.1%	0.8%
Oregon	3,278	1.5%	1.6%	1.4%
Minnesota	2,588	1.2%	1.3%	0.8%
Type 1 states with IIP child-only counts <1,000: Connecticut, Maryland, Rhode Island, Utah, Vermont, Wisconsin, Wyoming	1,716	0.8%	4.3%	5.8%
Type 1 states with IIP child-only case counts not reported: Hawaii, Nebraska, Pennsylvania	Fewer than 20,700	Less than 9.6%	3.8%	2.2%
All Type 1 states	155,980 to 176,680	>=71.9%, <=81.5%	54.6%	41.4%
Type 2 states (33 states): LPRs not eligible for state-funded benefits if <5 years since immigrating. Their citizen children are in IIP child-only cases, as are citizen children of unauthorized immigrants.				
Texas	16,846	7.8%	2.7%	14.7%
Massachusetts	3,729	1.7%	2.7%	1.4%
Florida	3,332	1.5%	3.0%	7.4%
North Carolina	2,494	1.1%	1.3%	2.9%
Arizona	2,185	1.0%	1.5%	3.6%
Nevada	2,129	1.0%	0.6%	1.7%
New Jersey	1,949	0.9%	1.8%	4.9%
Indiana	1,915	0.9%	1.8%	1.0%
Illinois	1,581	0.7%	1.2%	4.7%
Type 2 states with IIP child-only <1,000: Alaska, Georgia, Idaho, Iowa, Kansas, Maine, Missouri, New Hampshire, Oklahoma, South Carolina	4,120	1.9%	7.9%	7.2%
Type 2 states -counts of IIP child-only cases not reported: states not listed elsewhere in table	Fewer than 20,700	Less than 9.6%	20.9%	10.8%
All Type 2 states	40,280 to 60,980	>=18.5%, <=28.1%	45.4%	60.4%

Sources: Study State Data. IIP child-only caseloads reported if greater than 1,000 cases. The Type 1 & 2 classification is from the National Center for Children in Poverty (2012) and National Immigration Law Center (2011). Unauthorized immigrant data from Passel and Cohn (2011). Column totals do not equal 100% owing to the estimation procedure.

Table 4.3

Study States' Ratios of IIP Child-Only Cases to Number of Unauthorized Immigrants, 2010

Study States	One-Child Grant for IIP Case (\$)	Number of IIP Cases	Number of Unauthorized Immigrants	IIP Cases per 1000 Unauth. Immigrants	Relative Ratio: State Ratio to National Ratio
United States (total)		217,000	11,200,000	19	1:1
Type 1 States					
California	382*	115,570	2,550,000	45	2.3:1
New York	587*	19,909	625,000	32	1.6:1
Washington	305	9,447	230,000	41	2.1:1
New Mexico	266	3,472	85,000	41	2.1:1
Oregon	228	3,278	160,000	21	1.1:1
Minnesota	250	2,588	85,000	30	1.6:1
Type 1 states with IIP counts<1000: Connecticut, Maryland, Rhode Island, Utah, Vermont, Wisconsin, Wyoming	Range 0 - 503 Median 297	1,716	645,000	3	0.1:1
Type 1 states not reporting IIP child-only cases: Hawaii, Nebraska, Pennsylvania	Range 205 - 450 Median 222	Under 20,700	245,000	Under 84 estimate 13	Under 4.4:1 estimate 0.7:1
All Type 1 states	Median 297	166,500	4,625,000	Midpoint: 36	Midpoint: 1.9:1
Type 2 States					
Texas	89	16,846	1,650,000	10	0.5:1
Massachusetts	428	3,729	160,000	23	1.2:1
Florida	180	3,332	825,000	4	0.2:1
North Carolina	181	2,494	325,000	8	0.4:1
Arizona	164	2,185	400,000	6	0.3:1
Nevada	253	2,129	190,000	11	0.6:1
New Jersey	162	1,949	550,000	4	0.2:1
Indiana	139	1,915	110,000	17	0.9:1
Illinois	117	1,581	525,000	3	0.2:1
Type 2 states with IIP counts <1000: Alaska, Georgia, Idaho, Iowa, Kansas, Missouri, New Hampshire, Oklahoma, S. Carolina	Range 87 - 539 Median 183	4,120	810,000	5	0.3:1
Type 2 states not reporting IIP child-only cases: states not listed elsewhere in table	Range 81 – 575 Median 165	Under 20,700	1,215,000	Under 17 estimate 14	Under 0.9:1 estimate 0.7:1
All Type 2 states	Median 165	50,500	6,760,000	Midpoint: 7	Midpoint: 0.4:1

Note: Grants in California and New York vary by location of county in the state.

Sources: Study State Data, GAO (2011) and TANF Administrators' Survey (see Chapter 2.) IIP child-only caseloads reported for individual states only if they have more than 1,000 cases. Unauthorized immigrant data from Passel & Cohn (2011).

One might expect that Type 2 states would have relatively larger IIP child-only caseloads because (unlike Type 1 states) these caseloads include children of LPR parents as well as children of unauthorized immigrant parents. Yet this is not the case. Type 2 states have fewer IIP child-only cases than expected based on their shares of the nation's TANF cases and numbers of unauthorized immigrants. Together, they have 60% of all unauthorized immigrants, but only between 19% and 28% of the nation's IIP child-only cases. These translate to seven IIP child-only cases per 1,000 unauthorized immigrants, one-fifth the ratio estimated for Type 1 states. Generally, Type 2 states have more restrictive TANF programs than Type 1 states, as the smaller grant amounts reported in Table 4.3 suggest.

Among Type 2 states, Texas has the largest number of unauthorized immigrants, with 14.7% of the country's unauthorized population, and the most IIP child-only cases among Type 2 states, amounting to 8% of IIP child-only cases nationwide.

IIP Child-Only Cases as a Percent of Unauthorized Families with Citizen Children

Estimates of participation in IIP child-only TANF by mixed-status IIP-eligible families are possible only for the focal states (Table 4.4). Counts of families with citizen children and unauthorized parents in 2008 for each of the focal states (column 1) serve as the denominators, while IIP child-only caseload counts provide the numerators (column 3) for the estimated participation rates (column 4).

In 2008, in California and New York, about 20 in 100 families with citizen children of unauthorized parents received TANF cash assistance, whereas in Florida and Illinois, the figure was fewer than 2 in 100 families.⁹⁴ The ten-fold gap in estimated participation between California and New York, on the one hand, and Florida and Illinois, on the other, mirrors the ten-fold gap in IIP child-only caseloads per 1,000 unauthorized immigrants shown in Table 4.3. However, Table 4.4 shows citizen children of ineligible immigrant parents in California and in

⁹⁴ These statistics suggest that the simple 1999 division of the states into four groups according to "availability of state safety nets to immigrants" (Zimmerman and Tumlin, 1999), in which California and Illinois appear together in the "most available" group and Florida and New York share spaces in the "somewhat available" group, may not adequately describe the situation with regard to child-only cash assistance.

New York enrolling in child-only TANF at similar rates (about 20 per 100), although the ratios relative to each state's undocumented population (shown in Table 4.3) differ.

Table 4.4

**IIP Child-Only Cases as Percent of Unauthorized Immigrant Families with Citizen Children,
Focal States, 2008 Data**

Geography	Number of Families with Unauthorized Immigrant Parent(s) and At Least One U.S.-Born Child under 18, 2008 Estimates*		IIP Cases in Four Focal States, October 2008**	IIP Cases per 100 Unauthorized Families
	Number	% of U.S. Total		
California	461,000	25.4	91,576	19.9
New York	87,000	4.8	17,761	20.4
Florida	114,000	6.3	1,746	1.5
Illinois	87,000	4.8	1,197	1.4
Subtotal, Focal States	749,000	41.3	112,280	15.0
United States	1,815,000		217,000	12.0

* Source: Migration Policy Institute analysis of data from March 2008 U.S. Current Population Survey, annual demographic and economic supplement, augmented with assignments of legal status to noncitizens by Jeffrey Passel at Pew Hispanic Center, May 2, 2012.

** Source: Project administrative data

Further delineation of state take-up rates of IIP child-only aid would incorporate information about poverty among children eligible for IIP child-only aid. Nationwide, one-third (33%) of citizen children of unauthorized parents were estimated to be in poverty in 2008 (Passel, 2011). Assuming that the national poverty rate applies in the focal states, we estimate that in all the focal states, but particularly in California, Florida and Illinois, children of TANF-ineligible immigrant parents are a substantial share of all poor children. California, for example, was home to one-quarter (25.4%) of the country's "mixed-status" families in 2008 (Table 4.4), or about 1 million children in such families. They represented over 10 percent of all children in

California. If about one-third of these families were poor, then they would have composed nearly 20 percent of California's poor children.⁹⁵

Florida is estimated to have 6.3 percent of the nation's mixed-status families, Illinois, 4.8 percent, and New York, 4.8 percent (Table 4.4). Applying the same reasoning as in California, we deduce that citizen children of unauthorized immigrants represent some 14 percent of Florida's poor children, 12 percent of poor children in Illinois, and 8 percent of New York's poor children.

In rough correspondence to their presence among California and New York's poverty populations, children in IIP child-only cases are 20 percent of California's TANF caseload (see Appendix Exhibit 4.1). They are nearly 14 percent of New York's TANF caseload. However, IIP child-only cases are only 5 percent of TANF in Illinois and 6 percent in Florida.

Caseloads across and within States

Figure 4.1 orders the 35 study states by the shares that IIP child-only cases are of TANF caseloads. The shares of states' TANF caseloads that are IIP child-only cases range from zero (states with no IIP child-only cases) to one-third, in Texas. Texas has such a large IIP child-only presence in its TANF caseload because, while IIP child-only cases are underrepresented relative to the state's unauthorized population (note the relative ratio of 0.5 to 1 in Table 4.3), adult-aided cases are even more substantially underrepresented relative to the needy population. (Texas has 2.7% of the nation's TANF cases but 11% of the nation's poor children.)

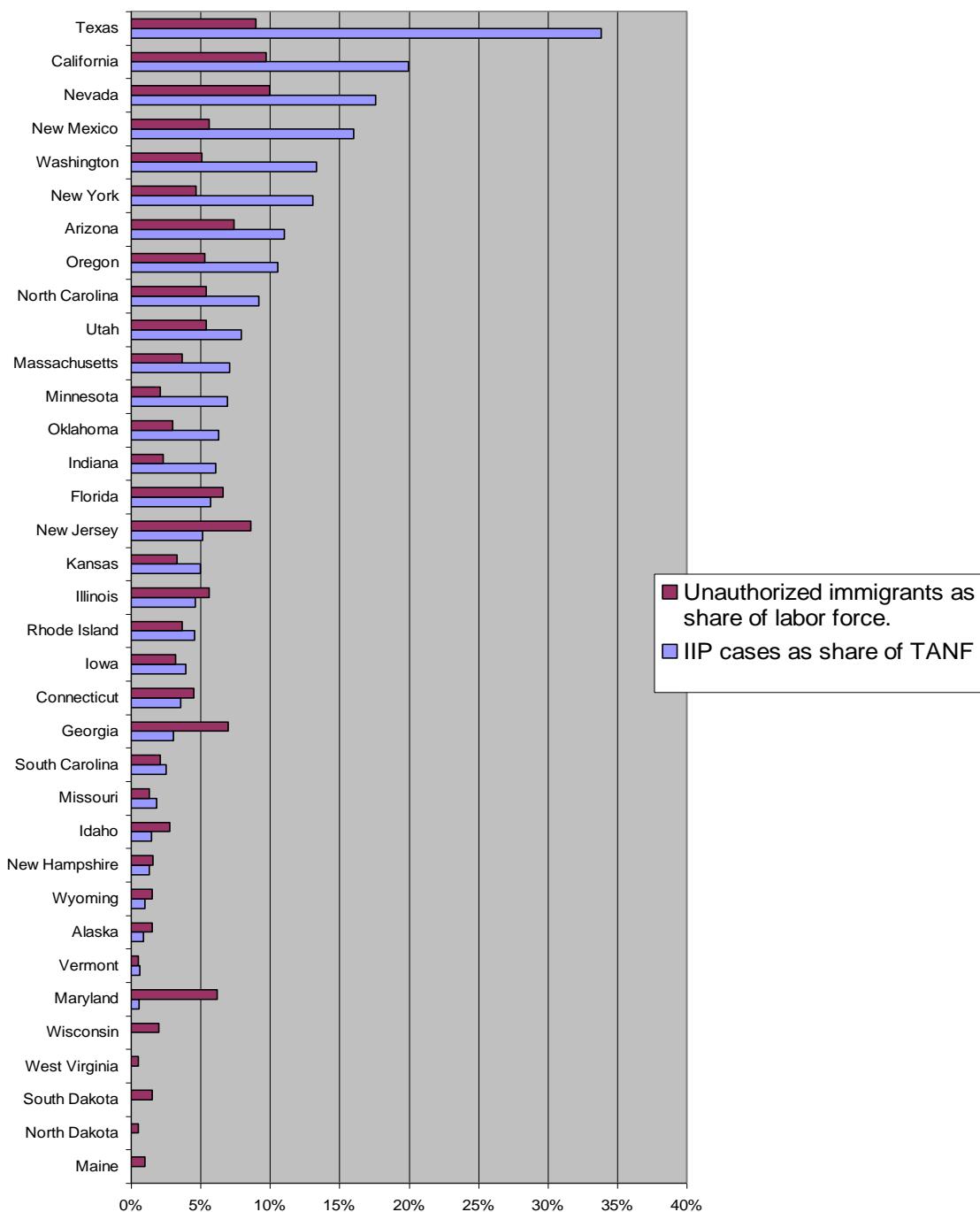
For each state, Figure 4.1 juxtaposes the share that IIP child-only cases are in TANF, and the presence of unauthorized immigrants in the state's labor force.⁹⁶

⁹⁵ California has about 1,750,000 poor children in 2008, and an estimated 333,000 poor citizen children in mixed-status families (33% of 1 million); they were 19% of all poor children.

⁹⁶ Labor force data are from Passel and Cohn, 2011. The share that immigrants are of a labor force is a better comparison than the share in the population, because labor force corresponds to the age range of parents of potential TANF recipients.

Figure 4.1

Study States' IIP Child-Only Cases as Shares of TANF vs. Unauthorized Workers as Shares of Labor Force



Source: Study states' data from GAO (2011) and TANF Administrators' Survey

Across states, the two measures are correlated, albeit weakly. In more than half of the 17 states where IIP child-only cases are at least 5 percent of the TANF caseload, unauthorized residents exceed 5 percent of the state's labor force. In contrast, in most of the 18 states where IIP child-only cases make up less than 5 percent of TANF cases, unauthorized residents are also less than 5 percent of the state's labor force (Figure 4.1.)

However, there is no correlation of policy type with the demographic measures in the chart. Among the states in which IIP child-only cases are relatively large shares of TANF (the states in the upper one-half of the table) we find seven Type 1 states, and the 18 states in the lower one-half of the table also include seven Type 1 states. While the Type 1-Type 2 distinction, which is based on TANF eligibility rules, may reflect the broad policy stances of states towards immigrants, these attitudes are apparently not correlated with the number of immigrants in the state and in the state's TANF caseload.

Within-State Differences in IIP Child-Only Cases as a Share of TANF

The four focal states show substantial differences between the main metro area and the rest of the state in the shares of the caseload that are IIP child-only cases. These comparisons are particularly striking in New York and in California, where we also report the contrast between Los Angeles and neighboring Riverside County. Los Angeles County has 28 percent of its TANF cases in IIP child-only cases. In Riverside County, a large county with a mixed agricultural and suburban economy, IIP child-only cases are only 18 percent of TANF cases, a fraction that is similar to the 16 percent share that IIP cases are in the rest of the state (see Appendix Exhibit 4.1). This substantial difference between Los Angeles and Riverside does not reflect similarly large demographic differences: for example, in 2010, one-third of poor parents in Los Angeles County were adults who immigrated in the preceding 15 years, while in Riverside, recent immigrants were a similar share, about one-quarter, of poor parents.⁹⁷ Perhaps more of the immigrants are unauthorized in Los Angeles than in Riverside County, or perhaps unauthorized immigrants feel safer applying for child-only TANF in Los Angeles than in Riverside County. (Los

⁹⁷ Authors' analysis of American Community Survey data.

Angeles does have the largest concentration of unauthorized immigrants of any metropolitan area in the country (Fortuny et al., 2007)). Whatever the reasons, the difference between these adjacent counties in the salience of their IIP child-only caseloads is striking.

In New York City, the share of the TANF caseload that IIP child-only cases constitute is five times the share IIP cases are in the rest of New York State.⁹⁸ Florida likewise displays a sharp contrast between the largest metro area (Miami, where 12% of TANF cases are IIP child-only) and the rest of the state (where 3% are IIP child-only). Illinois has a small IIP child-only caseload overall as a share of TANF, and Cook County (the metro area) and the rest of the state have the same prevalence of IIP child-only cases in TANF.

Trends over Time: The Link to Unemployment in the Recent Recession

A single-year snapshot of IIP child-only caseloads misses how dynamic is the TANF participation of these families. During and since the recession, IIP child-only and adult-aided caseloads rose more than NPC and SSI child-only caseloads, as one would expect if TANF serves as an anti-cyclical stabilizer for incomes for working families, immigrant or not.⁹⁹ Figure 4.2 explores changes in IIP child-only caseloads and other TANF case types from 2007 to 2010 for states that reported longitudinal data in the TANF Administrators' Survey and that had at least 100 NPC child-only cases in both 2007 and 2010.

Study States

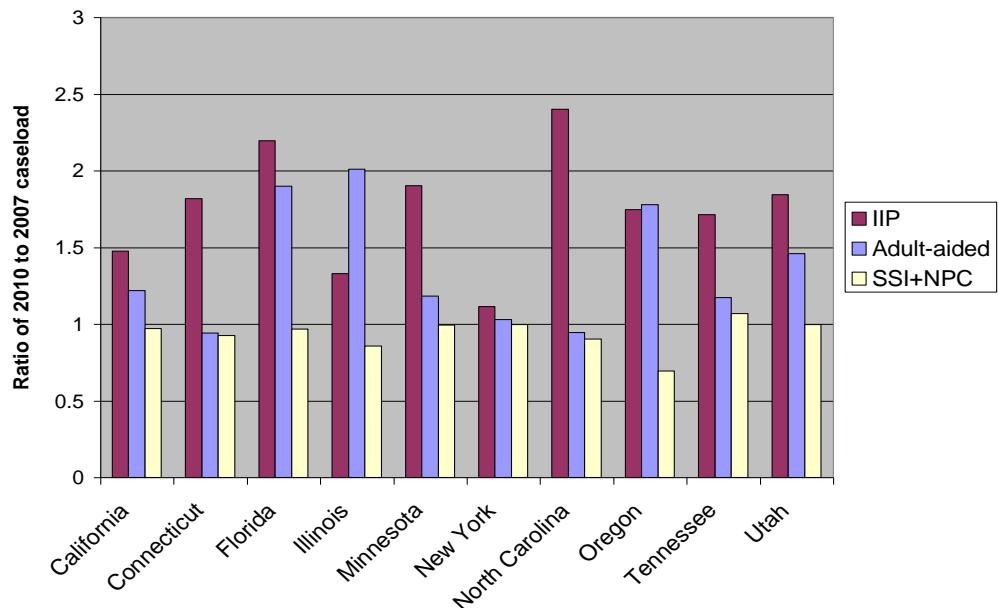
Figure 4.2 reports changes in IIP child-only, other major types of child-only (SSI, NPC), and adult-aided (including sanctioned and timed-out) TANF caseloads from 2007 to 2010, with the bars showing the ratio of the 2010 to the 2007 caseload. With IIP case ratios exceeding 1.0 in

⁹⁸ Unauthorized immigrants make up 6% of the New York City metropolitan area population versus 3% of the state's population. For the Miami-Dade metropolitan area unauthorized immigrants are 10% of the population; for the State of Florida, 5% (Fortuny et al., 2007). The difference is 5% for Chicago metro; 2% for Illinois.

⁹⁹ Indeed, Congress expanded TANF's anti-cyclical role through September 2010 with the TANF Emergency Contingency Fund (Schott and Pavetti, 2011).

every state studied, it is apparent that IIP child-only caseloads were higher in 2010 than in 2007. The adult-aided TANF caseloads in 2010 were likewise higher than the 2007 caseloads in 8 of the 10 states shown. In sharp contrast, SSI child-only and NPC child-only cases (taken together) were essentially unchanged or fell in all but one of the states shown.

Figure 4.2
Ratio of 2010 Caseload to 2007 Caseloads: IIP, Other Child-Only, and Adult-TANF Caseloads



Source: TANF Administrators' Survey

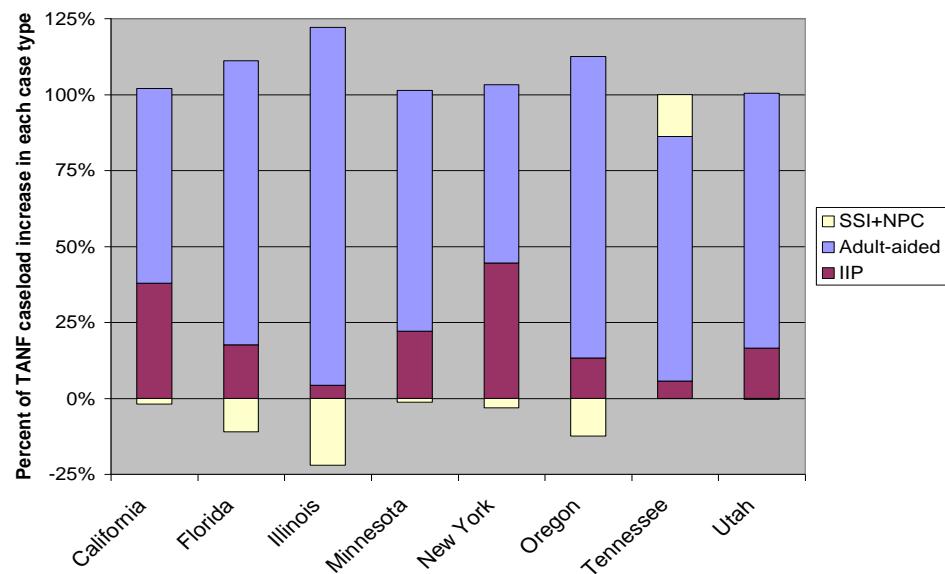
Figure 4.3 decomposes the TANF caseload gain in the eight states that had TANF case increases to show separately the gains among adult-aided, IIP, and NPC/SSI child-only caseloads. In states other than California and New York, almost all the TANF caseload gains were due to increased enrollment of adult-aided cases. In California and New York, although most of the caseload gain was in adult-aided cases, additional IIP child-only cases accounted for more than 25 percent of total caseload increases.

In short, from 2007 to 2010, IIP child-only cases and adult-aided cases grew as unemployment worsened, with the increases in IIP child-only cases often outpacing, in proportionate although not absolute terms, the gains in adult-aided cases. Overall, states added many more adult-

aided cases than IIP child-only cases to their TANF caseloads, as IIP child-only cases are only a small fraction of most states' caseloads.

Figure 4.3

Contribution of IIP Child-Only, Adult-Aided and SSI/NPC Child-Only Cases to TANF Caseload Gain, 2007-2010



Source: TANF Administrators' Survey

Note: Bars total 100% for each state.

Focal States

Appendix Exhibits 4.2 through 4.5 provide a detailed look at the caseloads between October 2005 and October 2010 in the four focal states by case types, tracking caseload changes against the unemployment rates in the four states.¹⁰⁰ In California (Appendix Exhibit 4.2), unemployment began to rise in early 2007, nearly a year before the official onset of the recession; the unemployment rate ultimately soared to 140 percent of its initial level of 5.0 percent. As unemployment rose between April 2007 and October 2010, California's IIP child-only caseload expanded by 26 percent. The adult-aided caseloads grew even more: the single-

¹⁰⁰ Note that these figures utilize y-axes with various scales.

parent caseload increased by 56 percent, and the two-parent TANF caseload by 70 percent. In contrast, California's NPC and SSI child-only TANF cases declined by 8 percent between April 2007 and October 2010.

The story in New York State is interestingly different (see Appendix Exhibit 4.3). Perhaps because joblessness grew less steeply in New York than in other focal states, with the unemployment rate rising from 4.8 to 8.1 percent in the 2005 – 2010 period, TANF caseloads increased much less than elsewhere. The IIP child-only caseload (13% of all TANF cases) grew from October 2007 to October 2010, but only by about 11 percent, a slightly higher fraction than the growth of single-parent cases (7%). The only substantial gains were in the two-parent caseload, which grew by about 70%, from a low base.¹⁰¹ The mild rise in IIP child-only cases over the period tracks gains in single- and two-parent aided cases, and contrasts with the decline in other child-only cases.

Florida had enjoyed a boom economy through mid-2007 and was hit especially hard by the collapsing housing market. From mid-2007, the unemployment rate more than tripled from an enviable low 3.5 percent to 11.1 percent (Appendix Exhibit 4.4.) Tracking the seven percentage point rise in the unemployment rate, Florida's adult-aided caseload nearly doubled, and the IIP child-only caseload *more* than doubled (growing by 132%). This was the largest proportionate gain in IIP child-only cases among the four focal states. Florida's gains in adult-aided and IIP child-only cases were proportionately so large because at the start of the recession very few families were in these segments of the TANF caseload. Despite the substantial proportionate increases after 2007, by 2010 IIP child-only cases were still only 6 percent, and adult-aided cases one-third, of Florida's TANF cases. Over this period, Florida's SSI child-only TANF caseload barely changed and its NPC child-only cases, which dominate the state's caseload, fell by 4 percent.

¹⁰¹ An analysis of Survey of Income and Program Participation (SIPP) data finds it was married-couple families "that saw an increase in their overall TANF participation rate" between 2006 and 2009 (Irving 2011:23). However, different methods applied at the state-level yield different results. A New York TANF caseload study found a substantial response to the recession among single-parent cases and two-parent cases and moderate effects among child-only cases outside New York City but little impact within New York City (Barnes nd).

In Illinois as in Florida, adult-aided cases and IIP child-only cases fell sharply from 2005 until the recession hit. Illinois' unemployment rate began to rise in mid-2008, increasing during the recession from 5.0 to 9.3 percent (Appendix Exhibit 4.5). From October 2007 to October 2010, Illinois' adult-aided caseload approximately doubled, as it did in Florida, and the IIP child-only caseload also increased, by one-third. Over the 2005–2010 period, other child-only cases declined by 25 percent (31 percent for SSI child-only cases; 17 percent for NPC child-only cases). Once again, the IIP child-only caseload pattern mirrors that of adult-aided cases and goes in the opposite direction to the changes seen in the other types of child-only cases.

The conclusion to draw from these analyses is that in all four focal states, TANF provided countercyclical support during the recession for IIP child-only and adult-aided cases, case types where the adults are engaged in the labor market and TANF receipt is (mostly) income-conditioned.¹⁰² Likewise, in other states for which we have data we observe adult-aided and IIP child-only caseloads increasing from 2007 to 2010.

State Policies for IIP Child-Only Aid Recipients

Time Limits, Means Testing and Work Requirements

Almost all states in the TANF Administrators' Survey report that parents' incomes are taken into consideration in determining children's eligibility for IIP child-only TANF aid (Table 4.5). About one-third of the 33 states for which information is available also have time limits for IIP child-only cases. In these two respects, policies for IIP child-only cases are unlike policies for SSI and NPC child-only cases. Type 1 states responding to the survey tend to be slightly more restrictive than Type 2 states in their policies toward parents of children in IIP child-only cases, more often imposing time limits and means tests. Among the ten Type 1 states in the survey, four impose time limits, compared with 6 of 23 Type 2 states, and all Type 1 states require means tests for IIP child-only benefits compared with 19 of 23 Type 2 states (Table 4.5).

¹⁰² Regression analyses of data from multiple states support the conclusion that IIP child-only and adult-aid TANF caseloads expanded when unemployment went up, while SSI and NPC child-only caseloads did not.

Table 4.5
State Policies for IIP Child-Only Cases: Time Limits, Means Tests, and Work Requirements among 33 States

	IIP Case: Parent Is Unauthorized Immigrant		IIP Case: Parent Is LPR Immigrant Within 5-Year Bar	
	# of States	% of States	# of States	% of States
Type 1 States: IIP child-only cases include only children of unauthorized adults; children of LPR adults are with their parents in adult-aided cases (10 states of 16 nationwide)				
Cases subject to time limits	4	40%	--	--
Parent income considered in determining eligibility for child-only payments	10	100%	--	--
Parent subject to work requirements	2	20%	--	--
Type 2 States: IIP child-only cases include children of both unauthorized and LPR adults (23 states of 35 nationwide; 3 not reporting on authorized immigrants)				
Cases subject to time limits	6	29%	7 (of 20)	35%
Parent income considered in determining eligibility for child-only payments	19	83%	17 (of 20)	85%
Parent subject to work requirements	1	5%	3 (of 20)	15%
All States (33 states reporting)				
Cases subject to time limits	10	30%	--	--
Parent income considered in determining eligibility for child-only payments	29	88%	--	--
Parent subject to work requirements	3	9%	--	--

Source: TANF Administrators' Survey.

Recognizing that LPR parents may legally work, three Type 2 states (Massachusetts, Michigan, and Tennessee) impose work requirements for (unaided) LPR parents in IIP child-only cases.

Michigan has work requirements for parents of children in IIP child-only cases, as do two Type 1 states (Utah and Hawaii).

IIP Child-only TANF Grants

Most of the 30 states that reported grant amounts in the survey offer the same maximum grant for IIP child-only cases as for NPC or SSI child-only cases with the same number of children. In

four states, maximum IIP child-only grants averaged about 25 percent less than the grants offered to comparable SSI and NPC child-only cases, while in two states IIP child-only grants were higher than grants to other types of child-only cases.

Participation in TANF is higher in states that pay more generous grants. Among the study states with sufficient numbers of IIP cases to be listed individually in Table 4.3, the five states with participation ratios of at least 30 IIP child-only cases per 1,000 unauthorized residents all offer at least \$250 per month as the maximum grant for a single-child IIP child-only case. The six states with much lower participation ratios of 10 or fewer per 1,000, provide less than \$185 per month.

Services Available for and Used by Children and Parents in IIP Child-Only Cases: Focal States

During the detailed key informant interviews, TANF agency staff in the focal states did not identify any special efforts to address the needs of IIP child-only cases, beyond those necessary to meet the needs of the non-English-speaking population generally. Spanish-speaking eligibility staff are available, as are translated materials and interpretation services.^{103 104}

In New York State (and especially, according to one informant, in New York City) all cash assistance cases are subject to home visits from an eligibility verification investigator.¹⁰⁵ When asked whether home visits might deter immigrant parents from signing up for TANF for their children, officials in New York City thought not. They described the sense of trust that the TANF system enjoys in the immigrant community given the policies that prohibit TANF officials from

¹⁰³ Perreira et al. (2012) describes challenges presented by increased need for bilingual and bicultural staff in the course of recession, when funds are lacking to employ new staff to support intake needs.

¹⁰⁴ Interviewees in California, New York, and Florida confirmed the availability of these resources, which we presume are found in Illinois as well. In Florida, key informants described a system whereby in 90 percent of cases TANF applications are initiated on-line. This structure presumably makes TANF benefits less accessible for persons lacking computer literacy or on-line access. However, staff in Florida point out that this system also expands access to TANF for many, by making it more convenient, available 24/7, and less costly in terms of time spent in travel and appointments.

¹⁰⁵ In California and Florida these questions did not arise, as home visits are conducted only when the TANF agency has a concern about possible fraud or child maltreatment.

disclosing immigration status to the federal government (City of New York, 2003).¹⁰⁶ Confidentiality provisions for information about immigration status collected as part of a TANF application exist in the other focal states as well. Nevertheless, respondents acknowledged that a general anxiety about risk of deportation might deter parents from applying for TANF benefits for their citizen children.¹⁰⁷ Respondents also surmised that some families might not apply out of fear that their poor-quality housing or crowded living conditions could trigger a child welfare report.

In certain locales, strong immigrant networks and organizations disseminate information about available services and provide assistance with applications. Immigrants residing in communities where such cultural networks are lacking may be at a substantial disadvantage for learning about TANF and gaining comfort in making application on behalf of their children.¹⁰⁸

Services Available to and Used by IIP Children and Parents in Study States

Relatively few services funded with TANF, MOE, or SSP dollars are available to children or adults in IIP child-only cases, a striking contrast to the array of work-support services offered, in theory at least, to adults in adult-aided cases. For each service listed in Table 4.6, one-fifth or fewer of states reported that service provided in any part of the state to parents in IIP child-only TANF cases, whether funded through TANF, MOE, or SSP dollars. In Type 2 states, it is likely that reported services were offered to LPR parents only. No states reported pending

¹⁰⁶ This policy exists in the context of an Interagency Notice (Social Security Administration and Departments of Health and Human Services, Labor, Housing and Urban Development, Immigration and Naturalization Service, and Justice) published in the Federal Register that provides guidance for compliance with PRWORA, clarifying that “a government entity ‘knows’ that an immigrant is present illegally only when the entity’s finding or conclusion of unlawful presence is made as part of a formal determination subject to administrative review and is supported by a determination of the INS or the Executive Office of Immigration Review, such as a Final Order of Deportation” (United States Department of Agriculture, 2003). See “Responsibility of Certain Entities To Notify the Immigration and Naturalization Service of Any Alien Who the Entity ‘Knows’ Is Not Lawfully Present in the United States,” 65 FR 58301, September 2000. <http://www.gpo.gov/fdsys/pkg/FR-2000-09-28/pdf/00-24894.pdf>.

¹⁰⁷ See reports that some agencies request Social Security numbers from non-applicant parents, thereby – whether inadvertently or not – discouraging applications (Perreira et al., 2012).

¹⁰⁸ Perreira et al. (2012) notes that immigrants not part of large social networks, especially those recently arrived in the United States, would have a particularly difficult time learning about the availability of public benefits. See also the discussion of these issues in Cherlin et al. (nd).

changes to legislation or a pending budget change that would affect services to IIP child-only cases.

Table 4.6

Percent of States Reporting Assistance Either Directly or through Contracts to Parents in Child-Only Cases in All or Part of the State

States Responding	Type of Child-Only Case		
	NPC 32 states	SSI 32 states	IIP 31 states
Type of Assistance			
Short-term, nonrecurring cash benefit as diversion from TANF	25.0%	18.8%	6.5%
Case management: initial or ongoing risk assessment	25.0%	18.8%	19.4%
Medicaid/health insurance for parent/caregiver (if not otherwise eligible)	3.1%	6.3%	0.0%
Mental health and/or substance abuse services for parent/caregiver other than through Medicaid	18.8%	12.5%	12.9%
Other mental health services (e.g. crisis counseling/family mediation/support groups)	28.1%	18.8%	19.4%
Clothing/supplies/furniture allowance(s)	21.9%	12.5%	6.5%
Transportation subsidies for parent/caregiver	9.4%	9.4%	9.7%
Employment services/education/training for parent/caregiver	12.5%	9.4%	9.7%

Source: TANF Administrators' Survey

Because TANF childcare is considered a work support for adults, TANF-based childcare is not available to ineligible immigrant parents. However, in states where TANF block grant funds are used to supplement the Child Care and Development Block Grant, the child's status as a citizen can serve as the basis for eligibility for childcare funded through the CCDBG. Less available than childcare are allowances for clothing, supplies, and furniture, which are available to children statewide in 26 percent of states (data not shown). Referrals to special services are available statewide in 22 percent of states.

Understanding that states engage in little, if any, outreach for TANF, we nevertheless inquired about any outreach efforts to inform IIP child-only parents about availability of TANF cash assistance for children. While 26 of 33 states (70%) responded that no outreach is conducted, five states (15%), only one a Type 1 state, reported the TANF agency conducts outreach

statewide or at least in the more populous areas, although in several states the outreach involved passive strategies such as posting information.¹⁰⁹ In no case did it appear that the outreach program was directed at IIP child-only cases in particular. Only one state noted a planned expansion of outreach.

Nevertheless, SNAP outreach or access to Medicaid benefits may result in a link to TANF assistance. We heard about integrated application procedures, and requirements that staff offer enrollment in other benefit programs for which a client appears to be eligible.

Survey participants in 22 states responded to the question, “In your state, what are the major unmet needs of parents and children in IIP child-only cases?” (Table 4.7). During in-person interviews we asked a similar question of informants in focal states. Because IIP child-only caseload is not involved in welfare-to-work activities and ineligible parents have no access to federally supported services, most key informants considered access to child-only TANF benefits for immigrants a relatively uninteresting issue and had few comments about families’ needs. Likewise, survey respondents offered few specifics about IIP child-only families’ needs, with respondents from five states replying that needs were unknown. Suggestions of needs from survey respondents in the other 17 states included: access to more substantial benefits; work and work supports; childcare and other parenting supports; healthcare, case management, and other services; and education (see Table 4.7). Key informants interviewed in the focal states speculated that families might be experiencing economic hardships and be living in crowded housing.¹¹⁰

¹⁰⁹ We note that in more than one site where key informant interviews were conducted, TANF staff emphasized that although no “TANF” outreach takes place, outreach takes place for the SNAP program, which should,” as one informant put it, be “touching the non-citizen household and educating them about services they can apply for.”

¹¹⁰ California and Florida respondents mentioned that the only data routinely collected about children in IIP child-only cases are whether the children meet state TANF requirements for school attendance and immunizations. Immigrant children are four times as likely as those in native-born families to live in housing that is overcrowded (Hernandez et al., 2008).

Table 4.7

Major Unmet Needs of Parents and Children in IIP Child-Only Cases (22 States Responding)

Unmet Need Type	Number of States Mentioning
Unknown	5
Jobs or job training for parents or supports to secure work	4
Access to parenting supports	3
Childcare as respite or support rather than employment-related	3
Basic needs, nutritional assistance, or housing	3
Voluntary case management or more intensive case management	2
Increased benefit amount	2
ESL or education for parents	2
Parent nonemergency Medicaid	2
Intensive home-based counseling or access to mental health and	2
Assistance with a path to lawful residence followed by assistance	1
Financial and other assistance for ineligible household members	1

Source: TANF Administrators' Survey

Persistence on Aid: Findings from Focal State Administrative Data

As we saw in Chapter 2, turnover, referring both to departures from and entries to TANF, is higher for the adult-aided than the child-only caseload, and it is also higher for IIP child-only cases than for other types of child-only cases. Table 4.8 illustrates the point for recipients in the focal states who received TANF in October 2008.¹¹¹

¹¹¹ Follow-back and follow-forward analyses look at the status of the youngest child in the household, screened out from denominators if too young for the look back or too old for a particular look forward. The five-year look-forward, for example, is calculated on children age 12 and under, who would not yet be 18 five years later.

Table 4.8
Transitions in Cash Assistance, 2008 Cohort

	Percent Who Had Begun Receiving TANF within the Prior Two Years			Percent Who Left TANF within the Next Two Years		
	IIP	NPC or SSI	Adult TANF	IIP	NPC or SSI	Adult TANF
California	43	24	59	33	31	56
New York	24	20	39	25	22	44
Florida	64	44	88	59	41	81
Illinois	46	26	67	44	29	72
New York City	23	16	35	25	22	43
Cook County	44	22	64	42	27	71

Source: Project administrative data

Except for in New York, IIP child-only cases were substantially more likely than other child-only cases to have entered TANF within the past two years. This high share of new arrivals reflects both the overall growth of the caseload and the responsiveness of the caseload to the recession: families turned to TANF when the economy worsened. IIP child-only cases were also more likely than other child-only cases to leave aid within two years. The differences among child-only case types were small (2 and 3 percentage points, respectively) in New York and California, the two states with large IIP child-only caseloads, and substantial (18 and 15 percentage points, respectively) in Florida and Illinois.

Adult-aided TANF cases were much more likely to have joined the TANF rolls within the past two years and to leave within the next two years than were any of the three child-only types.

Comparing the persistence on aid among the 2005 and 2009 cohorts of IIP child-only and adult-aided cases, the effects of the recession are evident in every state except in California (see Table 4.9).¹¹² In New York, 29 percent of the 2005 cohort of IIP child-only cases but only 25

¹¹² In contrast, NPC and SSI child-only cases show the reverse effect in California and very small effects in Illinois, reflecting how unresponsive these groups of TANF recipients are to changes in the labor market.

percent of the 2008 cohort left TANF within two years, a 4-percentage-point difference. The recession-linked drop-offs in exit rates for IIP child-only cases were even greater in Florida and Illinois: 14 and 11 percentage points, respectively.¹¹³

Table 4.9
Departures from TANF within Two Years for Those on Aid in 2005 or 2008

	Percent Who Left TANF within Two Years					
	On IIP aid in 2005	On IIP aid in 2008	NPC or SSI aid in 2005	NPC or SSI aid in 2008	Adult TANF aid in 2005	Adult TANF aid in 2008
California	32	33	25	31	60	56
New York	29	25	31	22	53	44
Florida	73	59	45	41	88	81
Illinois	55	44	31	29	86	72
New York City	28	25	26	22	47	43
Cook County	54	42	28	27	85	71

Source: Project administrative data

Characteristics of IIP Child-Only Cases Compared with Other Case Types

Immigrant-parent child-only TANF cases typically include more children than adult-aided TANF or other child-only cases. IIP child-only cases in the focal states average from 1.9 to 2.3 children per case, or from about 15 to 36 percent more children per case than, respectively, the averages in SSI and NPC child-only cases (see Table 4.10).

¹¹³ Another indicator of the recession effect is that a smaller percent of the 2008 cohort was on aid in 2006 compared to the percent of the 2005 cohort receiving assistance in 2003 (data not shown).

Table 4.10
Average Number of Children in Assistance Units, October 2010

Site	SSI	NPC	IIP	Total Aided Adult
California	1.8	1.5	2.1	1.8
Florida	1.7	1.6	1.9	1.8
Illinois	1.9	1.5	2.3	1.8
New York	1.8	1.5	2.0	2.1

Source: Project administrative data

Table 4.11
Number of Persons in an Assistance Unit and Household, California; October 2010

	Type of Child-Only Case		Adult-Aided
	NPC or SSI	IIP	
In Assistance Unit:			
Average number of children	1.6	2.1	1.8
Average number of adults	0	0	1.2
Total (average)	1.6	2.1	3.0
In Household:			
Average number of children	1.7	2.4	1.8
Average number of adults	1.1	1.4	1.2
Total (average)	2.8	3.8	3.0
Average number not in assistance unit	1.2	1.7	0

Source: Project administrative data

Child-only IIP households (and assistance units) include more people of all ages than do the households of other case types (Table 4.11), at least in California (the only focal state providing such data). The households of IIP child-only cases include an average of 2.4 children, of whom, on average, only 2.1 are aided. Some of the children in families that receive IIP child-only aid

do not qualify for TANF because of citizenship or LPR status, and children may be excluded due to “family cap” rules.¹¹⁴

Compared with other child-only and adult-aided TANF cases, IIP child-only households more often include two parents. IIP child-only households in California include on average 1.4 adults (who are, of course, unaided), the largest number across the case types. The net result of these differences is that (on average) 1.7 people in an IIP child-only household are not in the assistance unit and not counted in the grant calculation (Table 4.11).

Data from the focal states indicate that IIP child-only households are younger than other types of child-only households, but older than adult-aided cases. Most parents of children in IIP child-only cases are in their early to mid-30s. SSI-receiving parents in child-only cases are, on average, 5 to 10 years older, and NPC caregivers are older still (see Appendix Exhibit 4.6). However, the parents in adult-aided TANF cases are, on average, in their late 20s or early 30s; that is, two to five years younger than IIP child-only parents. In Illinois, on average, an adult receiving TANF is six to eight years younger than an IIP parent in a child-only case.

Children in IIP child-only cases are typically between ages 5 and 8, and in three of the four states they are similar in age to children in adult-aided TANF cases (see Appendix Exhibit 4.7). In contrast, the average ages of children in SSI and NPC child-only cases are four to five years older. The age differences are most apparent in the age distributions of the youngest children in the families. Youngest children in IIP child-only cases are typically about 5 years old and in adult-aided cases younger still, while in other child-only cases youngest children are on average age 9 or 10. Appendix Exhibit 4.8 reports the average age for the youngest child in three focal states, while data for California are in Appendix Exhibit 4.9.

¹¹⁴ In states with family cap policies (such as California and Florida), children in IIP child-only and adult-aided cases (and, in some states, in SSI child-only cases) who were born more than 10 months after their parents’ date of application for cash assistance are ineligible for cash assistance.

Household incomes also vary across case types. In California, the IIP child-only caseload most closely resembles the adult-aided TANF caseload in mean household earned income, with earnings that far surpass those of SSI and NPC households (see Table 4.12).¹¹⁵

Table 4.12
Mean Household Monthly Earned Income and Cash Assistance, California, October 2010

	Type of Child-Only Case			
	SSI	NPC	IIP	Adult aided Cases
Average Earned Monthly Income in assistance unit (AU)	\$21	\$74	\$203	\$228
TANF grant amount for AU	\$479	\$475	\$455	\$564
SSI Benefit	\$874	--	--	--
Sum of rows 1-3	\$1,374	\$549	\$658	\$792
Average number of children in AU	1.8	1.5	2.1	1.8
Average number of unaided children in household	0.1	0	0.3	0
Average number of adults in household	1.1	1.0	1.4	1.2
Average number of people in household	3.0	2.5	3.8	3.0
Average number not in AU	1.2	1.0	1.7	0
Income per household member	\$456	\$220	\$173	\$264

Source: Project administrative data

Notes: Other than the TANF grant amount, unearned income is not recorded, except for the SSI benefit in SSI cases. It is likely that some, perhaps many, NPC cases have unearned income. The California SSI benefit includes a “cash-out” in lieu of the SSI recipient’s SNAP benefit. NPC, SSI, and IIP parent/caregivers may receive SNAP benefits for the (citizen) children in their care. These benefit amounts are not included in the table.

The average incomes in IIP child-only households (i.e., the sum of cash aid and reported earnings) are lower than in adult-aided households and IIP child-only incomes support more people than the incomes in adult-aided homes. On a per capita basis, IIP child-only household

¹¹⁵ Unlike the earnings of adult-aided cases, the reported earnings of IIP households are rarely validated with checks against the state Unemployment Insurance records. Consequently, the household earnings reported in the table may have been less accurately recorded for IIP child-only cases than for adult-aided cases.

incomes average \$173 per member, compared to an average of \$264 per household member in adult-aided cases. When noncash benefits such as SNAP, Medicaid, housing subsidies, and childcare assistance – all of which are almost entirely unavailable to unauthorized immigrant parents and children – are taken into account, the differences in per-capita resources between IIP child-only cases and other case types are likely to be greater still.

Discussion and Conclusion

Perhaps the most striking findings of this chapter have to do with the wide variations in participation in IIP child-only TANF across states. We find enrollment in IIP child-only TANF among mixed-status families to be 13 times higher in New York and California than in Florida and Illinois. Looking across all 35 study states, in Type 1 states (in which LPR parents with less than five years of residency may, together with their children, enroll in adult-aided TANF) the midpoint estimate for the ratio of IIP child-only caseloads to the count of unauthorized residents is about five times greater than the midpoint estimated ratio in Type 2 states.

Unlike take-up rates for adult-aided cases, states' IIP child-only take-up rates are not associated with their time limit or sanctioning policies, as these policies do not, in general, apply to IIP child-only cases. IIP child-only participation rates and ratios do vary with grant levels and TANF income-eligibility thresholds; for example, the relatively meager grant sizes in Florida and Illinois result in fewer members of the immigrant population being eligible for TANF, and probably limit the attractiveness of TANF as well. However, differences in grant levels do not go far in explaining the extremely wide variation in IIP child-only caseloads, both in absolute terms and relative to states' unauthorized populations. State differences in other policy areas, especially law enforcement and other policies towards immigrants, are likely to be part of the explanation for these caseload differences.

The IIP child-only caseload expanded during the prolonged unemployment of the recession, as did single- and two-adult caseloads. The recession also appears to have contributed to families' remaining on IIP child-only aid longer than in previous years, and to their seeking assistance earlier in their children's lives. In sharp contrast, the SSI and NPC child-only caseloads did not grow during the recession. Thus, IIP child-only caseload trends and dynamics more closely match the patterns for adult-aided than other child-only cases.

Children in IIP child-only (and other) TANF families live in poverty, most of them, in fact, in deep poverty. Risks associated with sub-poverty existence are augmented for children in immigrant families. Several dimensions of poverty-level immigrant life have been identified as risks for children's development and future success.¹¹⁶ Citizen and LPR children of immigrant noncitizen parents are not only often poor, but are likely to lack health insurance and access to health care, and face educational and other difficulties. Certainly the children constitute a very vulnerable group, albeit a group for whom their parents have a strong motivation to better their living conditions.

While TANF and other benefits available to children in IIP child-only cases may ameliorate some of the challenges these families face, most of the parents are trapped in the underground labor market. TANF child-only policies and state practices do not always comport with parents' desires to support their children and themselves. Whether within TANF or elsewhere, few resources are available to promote parental employment and raise the children's standard of living.

In fact, little is known about the well-being of children in IIP child-only cases, nor about their and their parents' needs. This lack of information and, perhaps, a lack of attention to the

¹¹⁶ Concerning immigrants, several dimensions of poverty-level immigrant life have been identified as risks for children's development and future success. Poor parental working conditions, threat of parental deportation, low levels of health coverage and other benefits and less use of center-based childcare are potentially harmful and can lead to parental stress, isolation, and, sometimes, compromised parenting. These factors contribute to children's disadvantage, harming early cognitive development, hindering school readiness, compromising health, and limiting future civic engagement and productivity (Capps et al., 2004; Jimenez 2011; Suarez-Orozco et al., 2011; Yoshikawa, 2011).

service needs of these children and families will certainly not help improve their lives. Rather, it seems likely to jeopardize the well-being of these children, their families, and their communities.

In the immediate future, expanding TANF take-up among citizen children, which will afford them Medicaid coverage and SNAP benefits as well, is a crucial step for supporting child well-being.¹¹⁷ Taking a longer view, until federal immigration policy is adjusted to accommodate the participation of low-income immigrants in the U.S. economy and to support work efforts of parents associated with IIP child-only cases, TANF will continue to be a vital, if under-utilized and under-resourced, safety net for the citizen children of these families.¹¹⁸

¹¹⁷ Yoshikawa (2011:60) makes it clear that take-up is central. He writes that while the citizen children of ineligible immigrants are eligible for a wide range of benefits and programs that could enhance their development, including TANF, “children in the first years of life cannot walk into government offices or community agencies and enroll themselves. Parents are powerful gatekeepers to these resources, and when they are afraid of receiving government help, their children cannot benefit.”

¹¹⁸ Yoshikawa (2011:59) argues that “The undocumented are also not eligible for federally funded programs that would provide them with job skills and education or with work-based tax credits to lift them out of poverty.”

CHAPTER 5: Supplemental Security Income Child-Only Cases

Introduction

The Supplemental Security Income (SSI) program provides cash aid to low-income aged, blind and disabled people. In 2010, 4.6 million working-age (age 18–64) blind or disabled adults received SSI, as did 1.2 million children and youth (age 0–17) and 2 million people over age 65.¹¹⁹ About 17 percent of working-age SSI recipients are parents,¹²⁰ and we estimate that three-fourths of these parents (about 580,000 families) are either single, or married to other SSI recipients, making their children potentially eligible for TANF.¹²¹ About 163,000 households, or 28 percent, of these SSI-receiving parents receive TANF aid for their children.

¹¹⁹Virtually all (98.4%) of the working-age adults live in their own or others' homes in the community, and are not in institutions. However, 34% of recipients have a representative payee who receives the SSI payment on their behalf. These statistics and others in this section are, unless otherwise noted, from two publications of the Social Security Administration: the SSI Annual Statistical Report, 2010, and the Annual Statistical Supplement to the Social Security Bulletin, 2011. Analyses later in this chapter are based on the 98.4% of recipients who are living in households, a total of 4,557,000 recipients.

¹²⁰These estimates are based on analyses of the 2007 and 2010 American Community Survey (ACS) using methods discussed later in this chapter.

¹²¹Children who have married parents of whom (only) one is on SSI are not eligible for SSI child-only TANF. Our estimated counts of children eligible for child-only TANF exclude them. We estimate that in 9 to 14% of these families, children receive enough child support (which is offset against TANF benefits) to reduce the TANF payment to zero. This calculation is as follows: Among TANF-eligible families, 93% are single parents and could receive child support. Current Population Survey data from 2000 through 2007 indicate about 20% of never-married parents and about 30% of formerly-married mothers receive any child support (Kim, 2009). About equal numbers of unmarried disabled parents are never-married and formerly-married (authors' analyses of 2005-2007 ACS). Thus,

This chapter uses data from TANF databases and the American Community Survey (ACS) to report on the needs of children and parents in SSI families and the role that TANF plays (or could play) in their household economies. Opening sections describe the SSI program and eligibility criteria and the prevalence of various qualifying disabling conditions among SSI recipients. We then move on to consider the overlap between the SSI and TANF programs, including rates of SSI eligibility among TANF recipients, the economics of combining TANF and SSI benefits, and the pathways through which SSI-parent child-only TANF cases form.¹²² Using data from the 2007 and 2010 ACS, we estimate rates of marriage and parenthood among SSI recipients and calculate the number of children of SSI-receiving parents eligible for child-only TANF that are not receiving benefits nationally and across states. As TANF-to-SI transitions are an important source of TANF child-only cases, we consider TANF caseload dynamics and state policies and programs that influence these transition rates. Finally, we discuss the work-related and parenting challenges associated with disability, and the fit between SSI and TANF child-only programs.

Eligibility for SSI

For a working-age applicant to qualify for SSI, the individual must demonstrate a work-disabling health limitation. As defined in the Social Security legislation, a work-disabling health limitation is a mental or physical impairment that prevents the individual from engaging in Substantial Gainful Activity (SGA), or that is expected to result in death within the next 12 months. SGA is

between 20% and 30% of SSI-receiving single parents may receive any child support. Median child support paid to those who receive it is \$280 per month (http://www.cnpp.usda.gov/Publications/CRC/crc_2004.pdf) an amount that is less than the median state two-child TANF payment of \$316, but more than the median payment for one child. From this information, we estimate that one-half of the 20 to 30% of the 93% of TANF-eligible SSI-receiving parents receive enough child support to bring the TANF benefit to zero. These are 9 to 14% of all TANF-eligible SSI children.

¹²² We refer to TANF child-only cases with an SSI-receiving parent in the home as SSI child-only TANF cases. Four our analyses, child-only cases with nonparent caretakers are classified as NPC child-only cases even if the caregiver receives SSI.

(generally) defined as earning \$1,000 or more per month for a period of at least 12 months (Social Security Administration, 2011). This definition of disability applies across all 50 states.¹²³

Recipients must have limited income (see box #1) and few or no resources: asset limits are \$2,000 per individual adult and \$3,000 per couple.¹²⁴ Finally, with exceptions for some refugees and asylees, a recipient must also be a U.S. citizen or a legal permanent resident who has been in the country for at least five years.

The federal SSI benefit in 2012 is \$698 per month for an eligible individual living in his or her own household, and \$1,048 for a couple in which both spouses are SSI-eligible. The corresponding amounts for 2013 will be increasing to \$710 and \$1,066. Twenty-two states provide (typically modest) financial supplements to the federal benefit.¹²⁵

Most working-age SSI recipients (about 60%) have no formally recorded income other than SSI. About 31 percent receive Supplemental Security Disability Income (SSDI) or Social Security survivors' benefits.¹²⁶ As SSI is a "program of last resort", SSI payments are reduced if an individual has other sources of income. Unearned income such as SSDI reduces the SSI benefit dollar-for-dollar after an initial \$20 disregard, so SSI recipients who also have SSDI or Social Security have essentially the same income (receiving on net only \$20 more per month) as if they only received SSI.

¹²³ States utilize uniform criteria in determining SSI eligibility. Nationally, the disabilities that fit those criteria have changed over time. For instance, people who were disabled due to alcoholism or drug addiction were eligible for benefits prior to January 1, 1997, but have not been eligible since then unless qualifying under some other disabling condition. See *Contemporary Drug Problems* 30 (1-2), 2003, for details.

¹²⁴ Some items are excludable from the resource limits: the adult or couple's primary residence, personal effects such as wedding rings, burial plots and burial insurance, and one vehicle. Almost any other item or asset that can potentially be converted to income qualifies as a resource to be counted against the resource limit.

¹²⁵ Different benefit amounts may be paid for institutionalized recipients, and some states supplement only the benefits for institutionalized recipients. Benefits have increased gradually over time; for example, benefits increased 3.6% in of 2012 over the payment levels of 2009-2011 (which had not changed in that time.)

¹²⁶ SSDI pays disability benefits based on employment earnings. Most (more than two-thirds) of SSI recipients have no recorded earnings histories and so do not qualify for any SSDI.

Box 5.1

BENEFITS BOX #1: How poor must one be to qualify for SSI?

The SSI benefit is reduced to zero when the recipient's "countable income" equals or exceeds the value of the benefit, \$698 in states that do not pay a supplement (\$1,048 if a couple). "Countable income" consists of earnings, income from non-employment sources such as Social Security, unemployment benefits or gifts from family members, and free food or shelter. The initial disregards are \$20 for all types of income, and an additional \$65 from any earnings. After that, unearned income counts dollar-for-dollar against the SSI payment, earnings count at the rate of 50 cents on the dollar, and free food and shelter count dollar-for-dollar up to the value of one-third of the SSI benefit plus \$20.

When an SSI eligible individual lives with an ineligible spouse, a living allowance of \$350 for the spouse is subtracted from income as part of the eligibility calculation. The spouse's earned and unearned income, as well as the income of the disabled individual, are offset against the SSI benefit, and at the same rates. If there are children in the household, an additional \$350 per child is added to the living allowance and subtracted from income when determining the level of the SSI benefit. However, the child allowance only applies when there is an ineligible spouse in the household.

Income received by an SSI recipient's children, such as a TANF benefit, does not count against the SSI benefit. Similarly, any earnings or other income of other members of the household with whom the recipient does not share income do not count against the SSI benefit.

The Bottom Line:

An individual with a disability (with or without children) remains SSI-eligible if he or she:

- receives no more than \$718 in unearned income and has no other income.
- earns no more than \$1,481 and has no other income.

An individual with a disability who lives with an ineligible spouse remains SSI-eligible if:

- between them, the couple receives no more than \$1,068 and they have no other income.
- between them, the couple earns no more than \$1,831 and they have no other income.

An individual with a disability who lives with an ineligible spouse and one child remains SSI-eligible if:

- between them, the couple receives no more than \$1,418 and they have no other income.
- between them, the couple earns no more than \$2,181 and they have no other income.

Only 5 percent of recipients have earnings, a proportion that rises to nearly 10 percent among younger recipients (those aged 18 to 40). The first \$65 (\$85 if the individual has no income other than earnings) of any monthly-earned income plus one-half of remaining earnings are excluded for SSI benefit computation purposes.

Applicants for SSI are increasingly working-age (age 18-64) adults; by 2010, this age group composed about 73 percent of all SSI applicants and 70 percent of new awards. Sixty-nine percent of all the 2010 applications for SSI were denied, a fraction that has grown steadily since 2000.¹²⁷ Many recipients receive an SSI award only after they appeal the initial denial. Although the Social Security Administration states that the average length of time for an SSI decision is three to five months, the process can take considerably longer if appeals are required.

Disabling Conditions among SSI Recipients

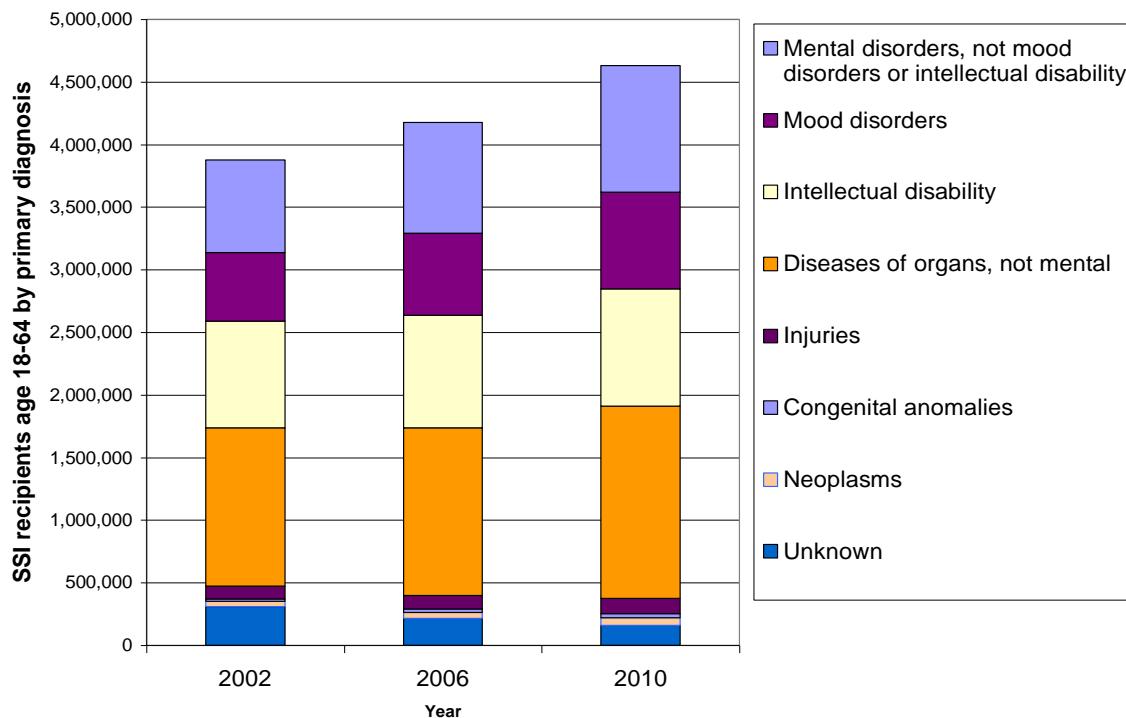
The working-age adult SSI caseload has grown in recent years (Figure 5.1), reaching 4.6 million in 2010. Most of the expansion has been among adults whose qualifying diagnosis is a disabling mental disorder; their numbers rose 38 percent from 2002 to 2010 to a count of 1.8 million (a number that does not include intellectual disabilities). Nearly two out of five (39 percent) working-age adult SSI recipients in 2010 qualified for SSI because of a disabling mental disorder. Seventeen percent (about 770,000 individuals) qualified on the basis of a mood disorder, and 22 percent because of some other type of mental disorder¹²⁸. Only intellectual disability, the

¹²⁷ According to the Social Security Administration, an applicant can be denied if: (1) the impairment is judged non-severe or is not expected to persist for 12 months; (2) he or she is able to perform his/her usual type or another type of work; or (3) he or she provides insufficient medical evidence, fails to cooperate or fails to follow prescribed treatment. Applicants who do not persist in pursuing their claim may also be denied. SSI Annual Statistical Report, 2010. Social Security Administration.

¹²⁸ The identified conditions of mental disorders other than mood disorder were (in descending numbers) schizophrenia and other psychotic disorders; unclassified mental disorders; childhood and adolescent mental disorders, not classified; developmental disorders; autism; and organic mental disorders.

primary diagnosis of 20 percent of the caseload (935,000 adults), was more common than mood disorder among working-age adult SSI recipients.

Figure 5.1
Types of Disabling Conditions among SSI Recipients Age 18-64; 2002, 2006, 2010



Source: SSI Annual Statistical Reports: 2002, Table 26; 2006, Table 23; 2010, Tables 34, 35 and 36.

Note: The 2006 data for mood disorders recorded separately from other mental disorders (excluding intellectual disability) are available for recipients under age 64, but not for adults and children separately; we applied the 2010 proportions that were children to the 2006 data. In 2002, mood disorders were not separately distinguished. In both 2006 and 2010, 43% of adult mental disorders (excluding intellectual disability) were mood disorders, so we estimated the same proportion in 2002.

SSI Eligibility among TANF Recipients

TANF serves a substantial number of parents with serious work-limiting health problems (U.S. Department of Health and Human Services (nd); Acs and Loprest, 2007; Loprest and Maag 2009). Loprest and Maag estimated several measures of disability among TANF recipients from National Health Interview Survey data, including limitations in movement (difficulties with

specific physical activities); mental or emotional problems; sensory limitations in seeing or hearing; cognitive limitations in remembering; and limitations in ability to carry out social activities. They found more than a quarter (27%) of TANF recipients reported that one or more of these physical, mental, or emotional problems kept them from working or limited the kind or amount of work they could do. Using a more restrictive composite measure of disability (having self-care limitations or limitations in routine activities), they identified roughly ten percent of TANF recipients and Food Stamp (now SNAP) recipients as disabled.¹²⁹

The NHIS interview did not record enough income and asset information about respondents to estimate how many would have qualified for SSI had they applied. However, using Survey of Income and Program Participation (SIPP) data, Dwyer and colleagues (2003) found that 3 million working-age people not on SSI met medical, income and resource criteria for SSI. At the time (1992), there were 2.9 million working-age SSI recipients.¹³⁰ With slightly more SSI-eligible adults *not* enrolled in SSI as were enrolled, the implication is that SSI was assisting only about one-half of the adults who, on the basis of disability and low income, would have qualified for SSI had they applied.

Dwyer et al. found the SIPP questions about health conditions limiting work to be highly predictive of SSI eligibility. Only 11 percent of the entire population of adults age 18-64 and not on SSI reported any health limitations to work, but three-fourths of applicants to SSI who were approved for SSI answered “yes” to one of these questions, as did two-thirds of the group identified through the researchers’ model to be SSI-eligible although they had not applied for SSI. Overall, 2.9 percent of adults would have met medical criteria for SSI. One can extrapolate from these findings to estimate SSI eligibility rates for the TANF population. In the general population, Dwyer and colleagues found the number of working-age adults with reported work-

¹²⁹ They report that more than one-tenth of TANF and SNAP recipients have emotional/mental problems that scored above the cut-off on a commonly used scale of serious psychological distress associated with unspecified serious mental illness.

¹³⁰ Dwyer and colleagues matched self-reported health and income information in the 1992 Survey of Income and Program Participation (SIPP) to SSI administrative records in order to simulate the SSI approval process and assess the extent to which working-age disabled individuals who would meet SSI eligibility criteria were, in fact, receiving SSI benefits.

limiting health conditions who were not on SSI to be higher than the number estimated to be SSI-eligible and not enrolled, by a factor of nearly 4 (technically, 3.7). Dividing by the factor 3.7 the estimated share of TANF recipients who have work-limiting health problems, one would infer that about 7 percent of TANF recipients meet medical criteria for SSI.

However, it is neither quick nor simple for low-income parents to qualify for SSI, as interviews with 108 SSI-receiving parents with children on child-only TANF confirm (Sogar, 2012).¹³¹ All the interviewed parents began receiving SSI as adults and had been on SSI for an average of 8.2 years, with receipt ranging from less than one year to 27 years. The majority of parents (65 percent) were approved for SSI on their first application. One in four, however, reapplied or appealed denials three or four times before they were approved. The average amount of time before approval was 16 months, although there was a large range. The shortest time to approval was one month for an applicant who was hospitalized following a suicide attempt; the longest was nearly 10 years.

Eighty-three of the 108 parents, or 81 percent, received TANF as adult-aided cases prior to qualifying for SSI. Of these, 23 percent learned about the SSI program through a TANF social worker or other agency staff. More than three-fourths received help with the SSI application, most often from an attorney, a doctor or a therapist (see Appendix Exhibit 5.1). Those respondents who were helped by an attorney applied more times on average than those who were helped by other sources. This finding most likely reflects the fact that many applicants do not contact an attorney until they have been repeatedly denied, paying the attorney a percentage of “back pay” once approved. Interview respondents reported paying one-third to one-half of their SSI back pay for legal aid.¹³²

¹³¹ These respondents, interviewed as part of an ongoing research project into parenting with a disability, were randomly selected from child-only TANF rolls in two northern California counties.

¹³² Client reports of very high fees may be incorrect. SSI policy limits attorney fees to the lesser of 25 percent of the past-due benefits, or \$6,000 if the fee agreement was approved on or after June 22, 2009, or a smaller capped amount where the fee agreement was approved prior to June 22, 2009.

Recognizing the barriers to qualifying for SSI that TANF recipients with disabilities face, as well as its benefits to the families and, potentially, to state TANF budgets, some states and the federal government are exploring ways to increase transition rates. These strategies are discussed later in the chapter.

The Economics of Combining TANF and SSI

Unlike adult-aided TANF, SSI benefits in conjunction with child-only TANF can assure long-term support for disabled parents and their children. In addition, a single parent's SSI benefit combined with the TANF child-only grant is higher—in most states, by several hundred dollars—than the comparable adult-aided TANF benefit for that family (Speiglman et al., 2010; Wiseman, 2011). Averaging across states, the sum of the combined benefits available in 2010 to an SSI-receiving parent with two children on child-only TANF were greater by \$608 than the adult-aided TANF grant would be for that family.¹³³

While the SSI benefit that is calculated for a recipient with an SSI-ineligible spouse includes more generous disregards from income than the benefit calculation for a single individual with or without children, there is no supplement to the SSI benefit per se for having dependent children (or an adult dependent). However, at least two states have adopted dependent-support policies within SSI. Iowa provides a supplement of \$344 for the dependents of an SSI recipient, which increases the value of the SSI benefit by 37 percent and is available to all applicants who have one or more financially dependent relatives living with them.¹³⁴ Through its SSI Caretaker Supplement program, Wisconsin provides a parent receiving SSI with \$250 per month for the first eligible child and an additional \$150 per month for subsequent children.

¹³³ The value of \$608 is the difference, averaged across states, between the average maximum state TANF benefit (\$439) and the average maximum SSI+TANF benefit (\$1,047). The comparable gap in 2008 between SSI plus TANF and TANF adult-aided for a three-person family, weighted by each state's number of poor families with related children, was \$584 (Wiseman, 2011).

¹³⁴ Description of Iowa's State Supplementary Assistance available at:
<http://www.ime.state.ia.us/docs/StateSuppMemberServicesInfo.pdf>

Box 5.2

BENEFITS BOX #2: How much do dual-benefit families get in different states?

The maximum possible SSI and child-only TANF grants for single parents with two children in the fifty states and the District of Columbia in 2010 are shown in Appendix Exhibit 5.2.

In 2010, twenty-one states supplemented the federal SSI benefit of \$674 by an average of \$42. These states typically had above-average TANF benefits as well, paying a two-child TANF benefit that on average was \$429 more than the national average for a two-child TANF benefit. In these states, the SSI benefit plus the maximum TANF child-only benefit averaged \$1,142. In the high-cost, high-benefit states of California, New York and Alaska, the sum of the SSI benefit plus TANF for two children could exceed \$1,400.

Twenty-nine states and the District of Columbia paid, in 2010, the federal SSI benefit of \$674, and did not provide a supplement. In these states, the average two-child TANF child-only benefit was \$282, and the average sum of SSI and TANF was \$954.

“Family cap” policies, which deny TANF benefits to children born or conceived while the parent received TANF, also lead to different benefits for otherwise similar families. In 2010, 17 states had family cap policies and in some of those states children conceived while a parent was on TANF remained excluded from child-only TANF benefits if the parent transitioned to SSI.

One-quarter of states provided combined benefits of less than \$871 per month for one disabled parent and his/her two children. At that level, the family’s income would be equivalent to 57 percent of the 2010 Federal Poverty Threshold, or \$10,464 annually.

Combining Employment with TANF or SSI Receipt

Despite the prospect of receiving more money under SSI than TANF, TANF recipients are at times reluctant to apply for SSI. Their ambivalence is echoed in claims made by some advocates and policymakers that it is not always in a TANF recipient's best interests to apply for SSI.

Among the concerns are:

- In trying to qualify for SSI, applicants lose opportunities to develop workplace skills, employment experience, and job contacts they will need if their SSI application is denied.
- Qualifying for SSI confers on individuals the stigmatized identity of "disabled."
- Because of the design of the SSI program, transferring to SSI condemns individuals with disabilities to a life without employment, even if their disabilities do not, in fact, make them entirely unemployable.

While the first two points warrant consideration, the last is a (possibly widespread) misperception. Although at the point when individuals qualify for SSI they are disabled, the design of the SSI program incorporates a recognition that, eventually, many people are able to work again.¹³⁵ SSI's Ticket to Work program entitles SSI and SSDI recipients to career counseling, job placement, and other services from their state's vocational rehabilitation agency or employment network.¹³⁶ The other services provided vary depending on the state, the agency, and the individual's own return-to-work plan, but can include transportation, childcare and workplace accommodation assistance.¹³⁷

While both TANF and Ticket to Work provide employment services and supports, the length of time these are available to clients differs substantially. TANF programs are based on the presumption that individuals will achieve employment self-sufficiency within the duration of the state's TANF time limit. In contrast, Ticket to Work services are available to SSI recipients

¹³⁵ <http://www.ssa.gov/pubs/10060.html>

¹³⁶ <http://www.gao.gov/products/GAO-11-324>

¹³⁷ SSI recipients may be able to count the cost of childcare as a work-related expense and exclude that cost from their countable income, allowing them to receive a higher SSI benefit: <http://www.gao.gov/products/GAO-11-324>

without a formally-defined time limit. A worry sometimes expressed is that entering the Ticket to Work program and ultimately leaving SSI would be a risky move for an SSI recipient who had a chronic, if variable, health condition that could in the future render the person once again disabled. However, the economic vulnerability facing a former TANF recipient whose health worsens is greater than for someone who leaves SSI, because of the federal lifetime limit to TANF benefits. In addition, the higher SSI benefit combined with different “disregard” rates for earnings mean that SSI recipients are able to maintain SSI eligibility at higher levels of earnings than is possible for TANF recipients.¹³⁸ Earnings of \$1,481 monthly render a single parent of two children ineligible for SSI.¹³⁹ In contrast, the average state phases out TANF three-person benefits at earnings of \$908.¹⁴⁰

In sum, SSI appears to be more work-friendly at the same time that it is more generous than TANF. SSI provides higher and more stable income, more generous work incentives, and, through Ticket to Work, access to more comprehensive work support services than do most states’ TANF programs.¹⁴¹

Rates of Enrollment in Child-Only TANF among Children of SSI-Receiving Parents

In order to estimate take-up of child-only TANF among eligible children, it is first necessary to estimate the number of SSI recipients with children.¹⁴² We do this using data on parenting

¹³⁸ This is despite the fact that, while earnings reduce an SSI benefit by 50 cents on the dollar after an initial disregard of \$85, some states’ policies are more liberal. States’ TANF programs have widely varying disregard policies, with most disregarding between 25 cents and 70 cents of each dollar earned. Some states have no initial disregards; most offer between \$90 and \$250.

¹³⁹ The calculation is: Subtract the initial earnings disregard; divide by (1 minus the disregarded %). For SSI benefits, the initial disregard is of \$85, and the disregarded % is 50%. We assume that all income other than the SSI benefit is earned; there is no unearned income.

¹⁴⁰ Authors’ calculations of the maximum possible earnings in each state, based on information about disregards and maximum benefits in Tables II.A.1 and II.A.4 of the Welfare Rules Databook (Kassabian et al., 201). Where a state has multiple benefit disregards, the policy that applied at the longest duration of receipt was used.

¹⁴¹ At the same time, a substantial critique of the current SSI program exists. For a recent opinion piece on SSI as a program that traps individuals in poverty, see Turkewitz and Linderman (2012). See also the work coming out of the Mathematica Center for Studying Disability Policy; for example, Stapleton and Livermore (2011).

¹⁴² Official reports from the Social Security Administration have no data on this topic.

among low-income adult respondents to the ACS who are disabled, and who report receiving SSI income.¹⁴³ Parenting rates are estimated for three disabled groups in this poverty level sample: (1) adults reporting a disability that “makes it hard for them to work” (Sample A), who are 24 percent of the low-income sample;¹⁴⁴ (2) adults who report receiving some SSI income, but less than \$11,000 annually (Sample B), who are 10 percent of the low-income sample;¹⁴⁵ and (3) adults who meet both these criteria (Sample C).¹⁴⁶ Men and women’s disability rates using these measures were virtually indistinguishable from each other in this low-income sample.

The first two samples are distinct, although to some extent the second is a subset of the first. Approximately one-third (35%) of disabled recipients reported receiving SSI that was less than \$11,000, while 82 percent of the SSI recipients said they had a work-limiting disability. Table 5.1 reports estimated parenting rates by age-sex group applied to the official SSI counts of recipients (counts that are available by the age groups shown in the table). The estimate of parenthood among SSI adults is 19.2 percent for sample A, 16.7 percent for Sample B, and 17.1 percent for Sample C.

¹⁴³ The method includes adults in the ACS age 18–64 with earnings below \$4,000 (or no earnings), and family income below 100 percent of poverty. Family income below 100% of poverty is equivalent to a monthly income of \$1,250 for a single parent with one child and \$1,460 if two children. Typical monthly income for an SSI recipient with a TANF grant will be below this amount. It is important to note, however, that the estimated rates are very similar even among samples that are less poor, including adults with incomes up to 250% of poverty and earnings up to \$18,000. Five years of the ACS provides large samples with small margins of error; results using recent one-year samples only are similar.

¹⁴⁴ An arguably more relevant disability question is one last used in the 1990 Census: “Does the person have a disability that prevented work?” Estimates of parenthood relying on that question, with adjustments for inflation on the income and earnings cut-offs, are similar to the results shown here.

¹⁴⁵ As already noted, more adults age 18–64 in the ACS report receiving “Supplemental Security Income” (5.3 million) than are officially recorded as SSI recipients (4.6 million). Some report receiving very large sums from SSI, far more than SSI benefits could amount to, and others have (annualized) earnings or family incomes far higher than the eligibility thresholds for SSI. Thus, counts of SSI recipients are over-inclusive (including individuals who may, for example, receive SSDI, not SSI), while also likely to be incomplete (in that some SSI recipients fail to report the income). The income restriction in the sample (in poverty, earnings below \$4,000) correspond broadly to the eligibility rules for SSI, and Sample A’s restriction of SSI income below \$11,000 reflects that SSI benefits were below \$866 per month for almost all states in the study period.

¹⁴⁶ Because the disability question was asked only through 2007 and not after that date, the data for Sample B are from the ACS of 2005–2010 and for A and C, which use the disability question, from the ACS for 2005–2007.

Table 5.1
Percent of SSI Recipients, Age 18-64, Who Are Living with Own Minor Children

	Parenting Rates Estimated for Three Samples, All Adults Age 18-64 With Own Earnings <\$4,000; Income <100% of Poverty		
	Sample A Work-limiting Disability	Sample B SSI income <\$11,000	Sample C Disability and SSI Income <\$11,000
Parenting rates among all SSI recipients age 18-64	19.2%	16.7%	17.1%
Parenting rates among all female SSI recipients 18-64	24.4%	22.5%	22.5%
Parenting among recipient women by age group:			
Age 18-29	40.7%	39.8%	39.3%
Age 30-39	56.9%	53.3%	52.1%
Age 40-49	30.8%	26.3%	27.6%
Age 50-59	7.2%	6.6%	6.4%
Age 60-64	1.1%	1.2%	1.1%
Parenting rates among all male SSI recipients 18-64	12.9%	9.7%	10.6%
Parenting among recipient men by age group:			
Age 18-29	13.4%	9.9%	10.9%
Age 30-39	10.5%	8.6%	9.5%
Age 40-49	24.0%	17.7%	18.5%
Age 50-59	18.2%	12.9%	13.6%
Age 60-64	8.4%	6.3%	7.1%
ACS sample: Men (n)	51,480	37,129	15,306
ACS sample: Women (n)	62,646	55,620	23,349
ACS samples used	2005-2007	2005-2010	2005-2007

Sources: SSI Caseload Data by sex and age from the Statistical Supplement to the Social Security Bulletin, 2011 Table 7.E3; parenting rates estimated by the authors from the ACS.

Note: The reported average parenting rates (all men, all women and all adults) are weighted averages, calculated by applying parenting rates shown in the table to the actual recipient counts in age-sex groups in the SSI caseload.

The table incorporates adjustments for two-parent households. We estimate that 15 percent of working-age SSI adults are married¹⁴⁷ and one-third (34%) of these married recipients have

¹⁴⁷ The rate is estimated from Sample C in the ACS. DeCesaro and Hemmeter (2008), using Social Security numbers to match respondents' self-reports of SSI income to official SSI records for 2000, found 20 percent of SSI recipients

spouses who also receive SSI.¹⁴⁸ We adjust the rates in Table 5.1 to not duplicate children of two SSI-receiving adults married to each other who live in a single household..

TANF Child-Only Participation among SSI-Receiving Parents

Using the parenting rates calculate from Samples A, B, and C, Table 5.2 estimates the fractions of SSI recipients who have children eligible for child-only TANF. We estimate that 13 to 14 percent of adult recipients have children who would receive child-only TANF if they applied.¹⁴⁹ We use the lower end of the range, the estimate of 13 percent, as a conservative estimate of the share of the 4.6 million working-age SSI recipients nationwide who are parents. This estimate corresponds to that from Sample C, the sample that includes individuals who reported both disability and SSI income in the ACS. Using the 13 percent statistic, we estimate that there are 580,000 SSI-parent households: 540,000 SSI-aided single parents and 40,000 dual-SSI parenting couples.

to be married. Children living with one parent who receives SSI and another who does not are not eligible for child-only TANF; their family must apply for adult-aided TANF.

¹⁴⁸ Sources: In 2010, among the 5.49 million adults who receive SSI for disability or blindness, about 84% (4.61 million adults) are under age 65: 15% of them married amounts to 691,740 married SSI recipients. In that year, 139,432 couples were recorded as dual-recipient couples, with both partners receiving SSI for reasons of disability or blindness (Annual Statistical Supplement to the Social Security Bulletin, 2011, Table 7.C2). We apply the 84% statistic to estimate the number of disabled/blind dual-receipt couples with one spouse or both under age 65: this translates to 117,122 dual-recipient couples or 234,244 individuals, who are about 34% of the estimated 691,740 married working-age recipients. For caseloads, see SSI Annual Statistical Report, 2010, Table 5. (These numbers are approximations. The SSI Annual Statistical Report, 2010, Table 12, reports 7 percent more dual-recipient couples than does the Annual Statistical Supplement (279,500 vs. 261,448). The latter reports a total of 872,000 married SSI recipients of all ages. It is not clear how the Annual Statistical Supplement Table 7.C2 counts couples in which one receives SSI for reasons of disability and the other for being over age 65.

¹⁴⁹ These estimates of TANF eligibility need to be adjusted downward to remove the few children – fewer than one in ten – who receive so much child support that the TANF benefit is reduced to zero.

Table 5.2
**Prevalence of Children that Should Qualify for TANF Child-Only Grants
Among SSI Recipients Age 18-64**

		Estimated with Three Samples, of adults age 18-64 Who Have No Earnings or Earnings<\$4,000, Income <100% of Poverty; Excluding Those Married with Children Whose Spouse Is Not on SSI		
	Sample A Disabled	Sample B SSI Income <\$11,000	Sample C Disabled and SSI Income <\$11,000	
All	13.6%	12.7%	13.0%	
Women	19.7%	19.4%	19.3%	
Men	5.9%	4.3%	5.1%	

Sources: SSI caseload data by sex and age from the Statistical Supplement to the Social Security Bulletin, 2011 Table 7.E3; parenting rates estimated by the authors from the ACS. See notes to Table 5.1.

The estimated caseload of 163,000 SSI child-only TANF cases (see Chapter 2) represents 28 percent of the estimated 580,000 families with SSI-receiving parents and TANF-eligible children. This leaves 417,000 families (72 percent of SSI-recipient parenting individuals or couples) not enrolled in child-only TANF.¹⁵⁰

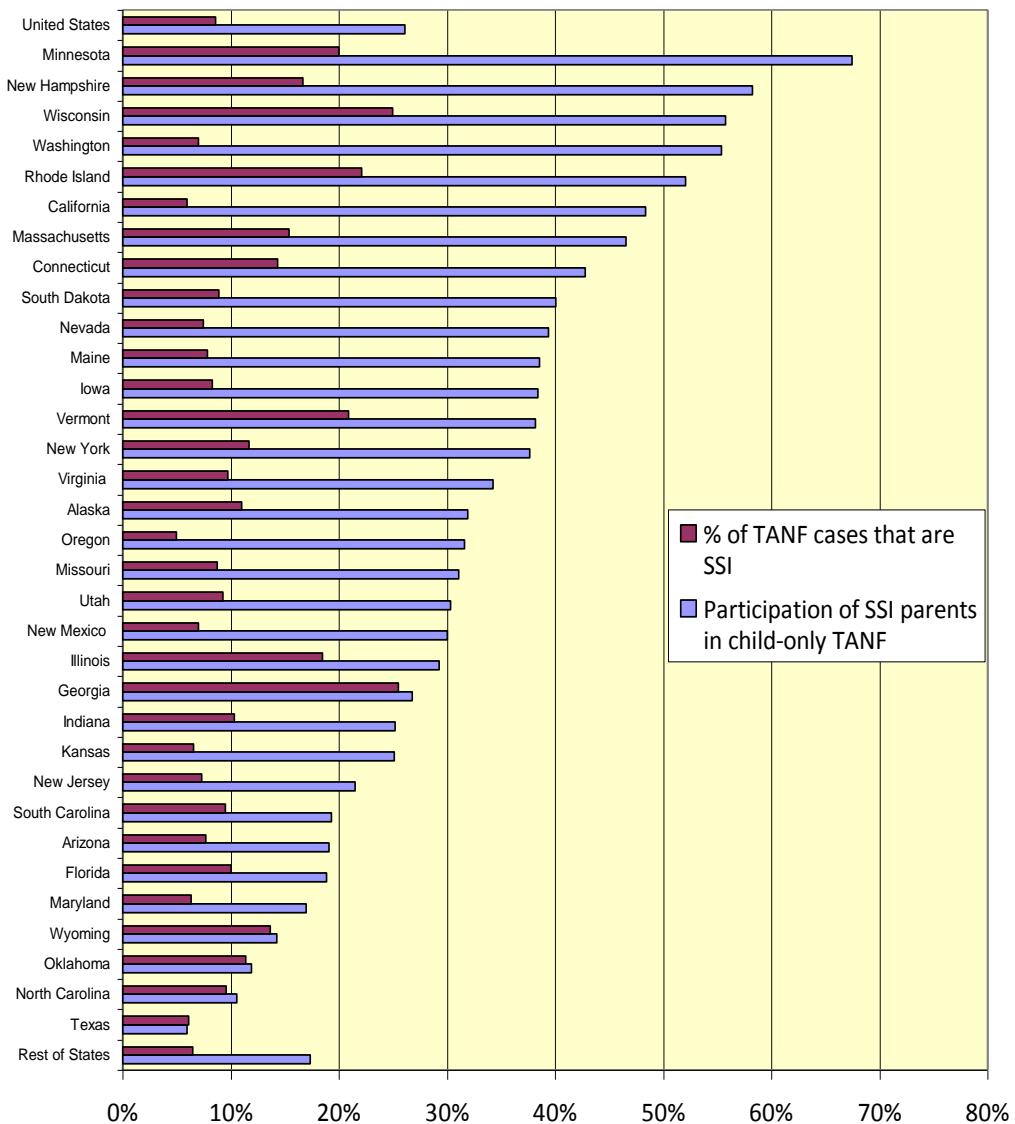
Take-up of SSI child-only TANF varies quite widely across states (Figure 5.2). In the eight states with the highest rates of participation in SSI child-only TANF (Minnesota, New Hampshire, Wisconsin, Washington, Rhode Island, California, Massachusetts, and Connecticut), more than 40 percent of SSI-aided parents receive TANF for their children. In the eight states near the bottom, fewer than one-fifth of SSI-aided parents have children in TANF.

Figure 5.2 also shows the share SSI-parent child-only cases constitute of TANF cases for each state.

¹⁵⁰ Some (an estimated 9% to 14%) of the non-TANF children might not be eligible for TANF because they receive substantial child support from their absent parent that would offset TANF aid and reduce it to zero.

Figure 5.2

**The Share of TANF Cases That Are SSI-Parent Child-Only Cases vs.
The Share That SSI-Parent Child-Only Cases Are of SSI Families with Children**



Sources: Study state data, excluding West Virginia, Idaho and North Dakota, which reported no SSI-parent child-only cases; but including Virginia, which is not a study state but had good SSI child-only data. Participation of SSI-receiving parents in child-only TANF is estimated as discussed in the text.

TANF Caseload Dynamics: Transitions to SSI among TANF Recipients

The research (discussed above) on health problems among TANF populations and the rate of under-enrollment in SSI suggest that perhaps 7 percent of TANF recipients meet medical criteria for SSI, and, because they are TANF-eligible, are also within the income and resource cut-offs for SSI. Research on transitions to SSI receipt among TANF recipients, however, shows far fewer than 7 percent of TANF recipients transitioning from TANF to SSI in a year, or even within several years. Wamhoff and Wiseman (2005) estimate that in 2003 about 0.4 percent (4.3 per 1,000) of adult TANF recipients nationwide received an SSI award. This transition rate, while low, is triple their estimate for 1991. Recipients with disabilities are a larger share of TANF caseloads than they were of AFDC.¹⁵¹

Other state-specific surveys of welfare leavers show higher, but still low, rates of SSI receipt among former welfare recipients. Wood and Rangarajan (2003) found 3.5 percent of New Jersey respondents who received welfare in 1997-1998 reported SSI receipt by 2002. Loprest (2003), using data from the National Survey of America's Families (NSAF), found that 3.8 percent of former welfare recipients were receiving SSI within a four-year window. A study of SSI applications among a sample of long-term welfare recipients in Michigan reported that 8 percent were approved for SSI during a six-year window (Schmidt and Danziger, 2009).¹⁵²

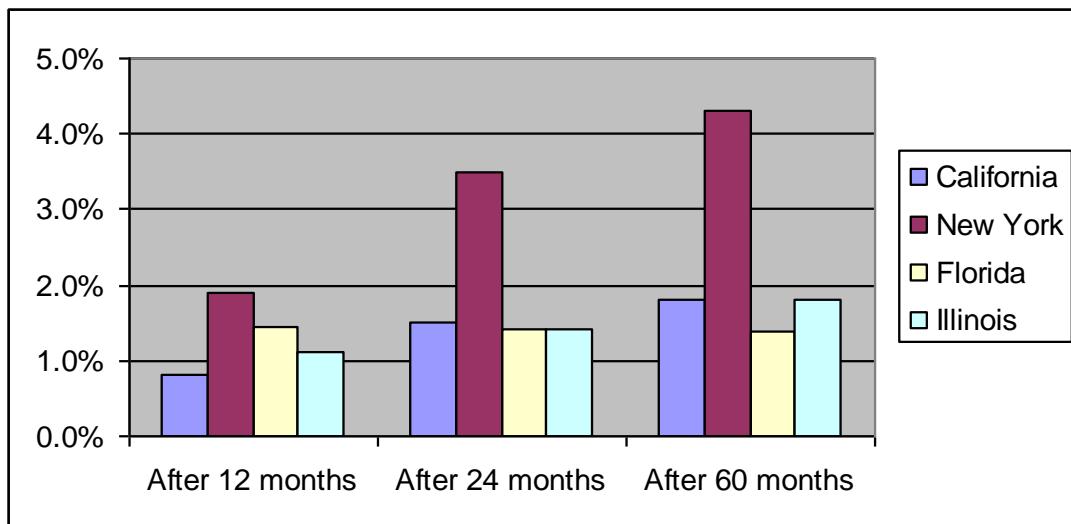
The data for the focal states studied in this project yield estimates of transition rates (for children) from an adult-aided TANF case to an SSI-child-only TANF case in the same orders of magnitude of other researchers, ranging from about 1 percent within one year to a maximum of 4 percent after five years (see Figure 5.3).

¹⁵¹ The transition rate was higher in 2003 mainly because the denominator (the adult TANF caseload) was smaller, having fallen by nearly 75 percent since 1991. The number of SSI awards also fell between 1991 and 2003, but the drop was far smaller proportionately: a 25 percent decline, from 6,800 to 5,100.

¹⁵² The estimate of 8 percent was calculated by the present authors from data reported by Schmidt and Danziger (2009): 29 percent of their sample of women applied for SSI at some point during the six-year study window and 27 percent of them were approved for SSI, for an approval rate of 8 percent.

Figure 5.3

**Proportion of Youngest Children in SSI Child-Only TANF in Subsequent Years
among Cases on Adult-Aided TANF in 2005 in Focal States**



Note: Administrative Data samples from Focal States. Transitions to SSI child-only are calculated for youngest children in a cross-section of cases in adult-aided cases in 2005. Children who would have been too old to receive TANF (i.e., age 18 or older) in at an observation point were excluded from the sample for that point. Children whose families transitioned to child-only sanctioned or (in California) timed-out status were considered to be still receiving adult TANF.

In California, Florida and Illinois, about one percent of children initially in adult-aided TANF cases were on SSI child-only TANF after 12 months, and only a few more (a total of 1.5%) were on SSI child-only at the two-year and five-year marks.¹⁵³ Transition rates of families from TANF to SSI were substantially higher in New York, however. New York has made it a priority to help TANF recipients with disabilities qualify for SSI. About 2 percent of children were in SSI child-only after one year, 3.5 percent after two years, and 4.2 percent after five years.

¹⁵³ These calculations, based on data about children, underestimate the rate at which adult TANF recipients transitioned to SSI in these states. Once a transitioning woman's child was too old for TANF, the child would not have been found in the TANF caseload. The longer the period studied, the more severe the underestimation.

State Policies That Increase Transitions from TANF to SSI

Adult-Aided TANF and SSI Child-Only Caseloads

The withering of the adult-aided TANF caseload in some states raises concerns for disabled parents' access to SSI and their children's use of child-only TANF. A smaller adult-aided caseload equates to fewer adults able to transition from TANF to SSI and fewer children of SSI-receiving parents transferring from adult-aided to child-only TANF.

However, transitions from TANF to SSI, even at a very low rate, can cumulate to provide a substantial share of all SSI child-only TANF cases in a state. As an example, assume that out of nearly 1 million adults enrolled nationwide in single-parent TANF programs, 0.7 percent of these adults transition to SSI each year. With reasonable assumptions about the rate at which these parents enroll their children in child-only TANF, and bearing in mind that these children are likely to remain on TANF for many years, a 0.7 percent transition rate would imply that about one-quarter (24%) of the SSI-parent child-only cases had originated in a TANF-to-SI transition.¹⁵⁴

Table 5.3 illustrates that, among the study states, the share of low-income families enrolled in adult-aided TANF is positively correlated with the share of SSI-receiving parents who enroll their children in child-only TANF.¹⁵⁵ States that have relatively large adult-aided caseloads will generate a larger number of TANF-to-SI transfers, and a high rate of TANF-to-SI transitions will boost that number still further. For example, New York's large share of TANF cases in adult-aided cases (two-thirds) and the state's relatively high annual TANF-to-SI transition rate of about 2 percent, lead to about two-fifths (38%) of the children of SSI-receiving parents enrolled

¹⁵⁴ The assumptions about exits are that after one year 20% of children have aged out or left TANF for other reasons, and 15 percent exit annually thereafter; also that all are gone from child-only TANF after 15 years. In a steady state, this will lead to 40,000 SSI TANF child-only cases, out of the SSI child-only caseload of 163,000. The estimated rate of 0.7 percent was chosen as the midpoint between the typical transition rate in the focal states (1%) and the Wamhoff-Wiseman estimate from 2003 (0.4%).

¹⁵⁵ When TANF enrollment among poor single-parent families (excluding SSI families) is correlated with TANF enrollment of children of SSI-receiving parents, the correlation (R^2) is a statistically significant 0.22.

in child-only TANF. In addition, a simulation suggests that 60 percent of New York's SSI child-only TANF cases originated with a TANF-to-SSI transfer.

New York represents a state with a high TANF-to-SSI transfer rate, many adult-aided TANF cases and above-average enrollment of SSI-recipients' children in SSI child-only TANF. In contrast, Florida's TANF program primarily aids households eligible for child-only aid; child-only cases compose 64 percent of Florida's TANF caseload. The result is that, in Florida, only 19 percent of children of SSI-recipient parents are in child-only TANF, one-half the share found in New York. A simulation suggests that only 23 percent of Florida's child-only enrollments are attributable to a TANF–SSI transfers, compared to 60 percent of New York's. Finally, Illinois, an intermediate case with a transfer rate of 1.2 percent and an adult-aid caseload of 61 percent of the TANF total, has a nationally typical SSI child-only enrollment rate of 29 percent.

Table 5.3
**Correlation across States of Rates of Adult-Aided TANF per Capita
and Participation Rates in SSI Child-Only TANF**

	Study States	Average values across states	
		Enrollment in IIP or Adult-Aided TANF per 1,000 Poor Children with Parents, Excluding Children Eligible for or Enrolled in SSI Child-Only TANF	Enrollment in SSI Child-Only TANF per 1,000 SSI-Parent TANF-Eligible Families
Low rate of TANF participation among poor children, excepting NPC/SSI eligibles and enrollees. Rate/1000: 10- 89	Arizona, Florida, Georgia, Wyoming, Illinois, North Carolina, Oklahoma, South Dakota, Texas, Utah	52	219
Moderate rate of TANF participation among poor children, excepting NPC/SSI eligibles and enrollees. Rate/1000: 90- 190	Connecticut, Indiana, Kansas, Missouri, Minnesota, Nevada, New Jersey, South Carolina, Vermont, Wisconsin	149	386
High rate of TANF participation among poor children, excepting NPC/SSI eligibles and enrollees. Rate/1000: 191-530	Alaska, California, Iowa, Maine, Maryland, Massachusetts, New Hampshire, New Mexico, New York, Oregon, Rhode Island, Washington	303	427
All Categories	Study States that had SSI data	176	342

Source: Study state data, excluding West Virginia, Idaho and North Dakota, which reported no SSI-parent child-only cases.

The pattern just described for the focal states holds across the study states: In the ten states where TANF participation rates for poor children in non-SSI, parent-present families are below 9 percent, on average, 219 per thousand SSI-receiving parents enroll their children in TANF. At the other end of the spectrum, in the 12 states with 19% or more of their poor, non-SSI, single-parent families receiving TANF, enrollment of SSI-parent children is twice as high (427 per 1,000 or 43 percent) (see Table 5.3).

Targeted Programs to Support TANF-to-SSI Transitions

Data from the TANF Administrators' Survey allow us to identify eight states with specific policies (legal advocacy or assistance, transitional cash aid, or both) to support TANF-to-SSI transitions, while fifteen responding states reported no such policies, and other states did not reply to the question. Some responding states are part of the TANF/SSI Disability Transition Project, an innovative research and intervention project sponsored by the Social Security Administration and the Administration for Children and Families. Participating jurisdictions have implemented pilot program interventions to help TANF recipients who may be disabled move toward employment when possible, make informed decisions about applying to SSI, and submit appropriately complete and documented applications for SSI if appropriate, thereby improving outcomes and reducing administrative costs.

There are striking differences between states with and without policies to support the SSI-TANF transition. States with policies to support transitions to SSI have, on average, higher participation rates in SSI child-only TANF among children of SSI-receiving parents (Table 5.4). Not surprisingly, these states also rate higher on a different measure of access to child-only TANF, namely, the prevalence of "dual-enrolled" families (in which the parent is on SSI and the child on TANF) among poor single-parent families. These higher rates of SSI child-only enrollments in the states that have policies to support transitions are not attributable to the processes discussed in the preceding section, which highlighted the importance of adult-aided TANF caseloads as a source of child-only enrollments. As we see in the right-hand column of Table 5.4, states with policies to support SSI transitions have more children in SSI child-only cases even though their rate of adult-aided cases (182 per 1,000 poor children) is smaller than in states that do not have supportive transfer policies (195 per 1,000).

Table 5.4

**Participation Rates in SSI Child-Only TANF, Dual Enrollment and Adult-Aided/IIP TANF,
By Whether State Supports TANF-to-SSI Transitions**

	States	Average Values Across States		
		Dual-Enrolled Families (SSI for Adult, +TANF Child-Only) per 1,000 Poor Single-Parent Families (with Parents Age 18-64)	Participation in SSI Child-Only TANF per 1,000 SSI-Parent TANF-Eligible Families	Participation in IIP or Adult-Aided TANF per 1,000 Poor Children with Parents
State policies to support TANF-to-SSI transitions	Alaska, Illinois, Minnesota, New Hampshire, New York, Oregon, Utah Wisconsin	54	407	182
No state policies to support TANF-to-SSI transitions	Arizona, California, Connecticut, Florida, Indiana, Iowa, Maine, Maryland, Massachusetts, Nevada, New Mexico, North Carolina, Oklahoma, South Carolina, Wyoming	40	322	195
No information reported	All other study states	48	327	147
All Categories	All study states	46	344	176

Source: Study States caseload data; ACS counts of poor children and poor single parents by state

State Child-Only TANF Policies for Children of SSI-Receiving Parents

Means Testing, Work Requirements and Other State SSI Child-Only Policies

The survey of state TANF directors yielded no reports of time limits or work requirements currently imposed on SSI child-only TANF cases, although two states are considering one or the other of these policies. One state, Michigan, reported requiring parents in SSI child-only TANF cases to complete “Family Self-Sufficiency Plans,” including plans for activities related to child well-being, such as taking children to doctors’ appointments or reading to them.

Eight states—Alaska, Arizona, New Hampshire, New Mexico, North Carolina, Oregon, Utah, and Virginia—reported imposing a means test for SSI cases seeking TANF child-only benefits. These survey respondents were not explicitly asked whether SSI income is excluded from the income calculation, but our understanding is that it is excluded almost everywhere. An exception may be New Hampshire, which adopted legislation in July 2011 to count both earned and unearned income (presumably including SSI income) and resources in determining TANF eligibility. In Minnesota a proposal to count some or a portion of the parent's SSI benefit against the child's assistance – a policy that had been in effect prior to February 2008 – was considered legislatively but not adopted. Arizona changed its eligibility threshold for child-only SSI and NPC cases in 2010; incomes now cannot exceed the federal poverty level.

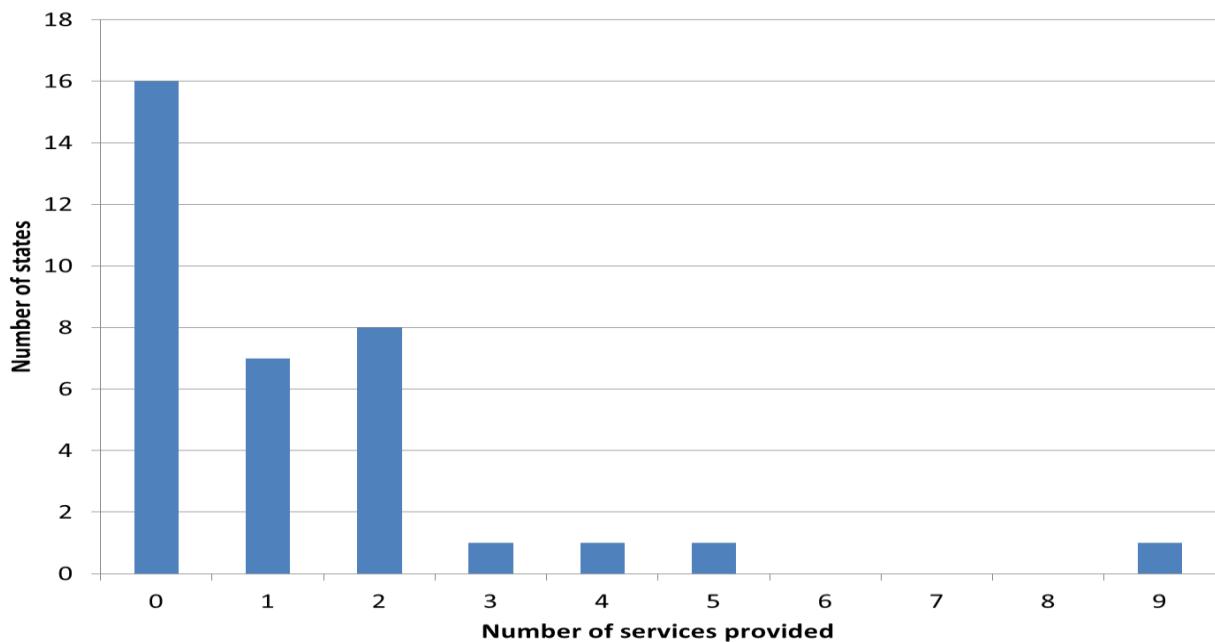
A state policy to exempt from the TANF budget calculation *only* SSI income and not other types of income could lead to (presumably unintended) inequities between equally disabled and needy families. A recipient with no other income would receive the full SSI grant, which under this policy would be disregarded in setting the TANF benefit. However, a recipient with other income would already have had her SSI grant reduced through the SSI benefit determination process (discussed below). To reduce the TANF grant as well for the same reason penalizes the recipient twice and results in differences in total income between equally disabled and equally needy individuals within the same state.¹⁵⁶

State-Provided Services

Unlike NPC cases, SSI child-only TANF cases have not been a particular focus of attention for supportive services, at least according to responses to the TANF Administrators' Survey. The survey indicates that nearly one-half of the states surveyed (46%) do not provide any services to SSI-receiving parents, while most that do provide services offer only one or two services. (see Figure 5.4).

¹⁵⁶ For example: Recipient Marilee receives the standard federal SSI grant of \$698 and has no other income. This SSI grant is not counted in TANF budget calculations, and so she receives the maximum TANF grant for which her child is eligible; imagine this to be \$300, for a total income of \$998. Recipient Josie has an income from rental property of \$200 per month. Her SSI income is reduced by \$180 to \$518. Because her TANF income is also reduced due to the unearned \$200, Josie's income from all sources is substantially less than Marilee's income.

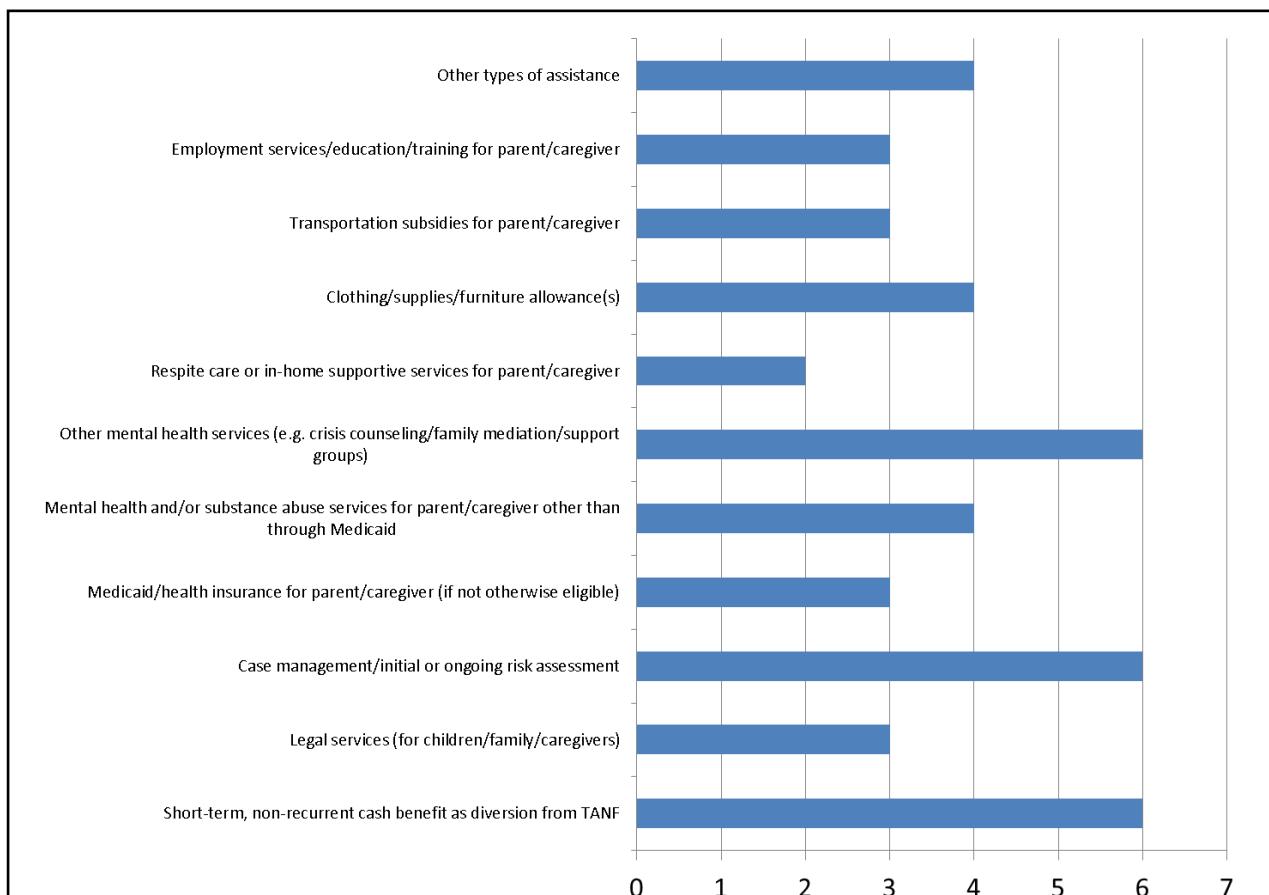
Figure 5.4
Number of States Providing Services to Parents in SSI Child-Only TANF Cases



Source: TANF Administrators' Survey

Figure 5.5 displays the services reported by state TANF directors. Recurrent cash aid, case management and mental health services were the most common services provided across states. Services that a previous research study suggests would be of high value to SSI-receiving parents and their children include high-quality childcare, housing assistance, and consistent mental health services (Speigelman et al., 2010). The TANF Administrators' Survey indicates that these services are provided by very few states, with no states reporting childcare or housing services offered to SSI child-only families.

Figure 5.5
Number of States Providing Services to Parents in SSI Child-Only TANF Cases by Service Type



Source: TANF Administrators' Survey

As we found in analyzing the participation data for other types of child-only grants, states that offer more generous child-only benefits have higher SSI child-only TANF participation rates (Table 5.5). Participation is considerably higher (40% vs. 25%) in states with one-child SSI child-only TANF grants above \$250 than in states with smaller TANF grants. Above the \$250 threshold, higher grant amounts do not necessarily generate higher levels of participation, as the bottom two rows of Table 5.5 indicate: states in the most generous category of grants do not have higher enrollments than states in the second-to-top category.

Table 5.5
Grant Amounts and Average Take-Up Rates

Range of Grants for One Child in a child-only TANF SSI Case	Study States That Offer This Level of Grant	Average of State Percentages of TANF Child-Only Enrollment among Children Of SSI Parents	SSI Child-Only Cases per 1,000 Poor Single Parents Age 18-64, Averaged Across States
\$80 –\$149	IL, IN, ME, MO, OK, SC, TX	23%	22
\$150 –\$249	AZ, FL, GA, IA, KS, NC, NJ, OR, WI, VA	28%	22
\$250 –\$349	CA, MN, NM, RI, UT, WA, WV, WY	42%	38
\$350 –\$600	AK, CT, MA, MD, NH, NV, NY, SD, VT	39%	46

SSI-Receiving Parent Characteristics

Data from the four focal states permit comparisons of SSI and adult-aided TANF recipients along demographic lines (see Table 5.6).

Race-Ethnicity

The race/ethnic distributions of SSI child-only and adult-aided cases differed significantly in all four focal states, although in Illinois the differences were substantively small. In all four states the proportions white, and in three states the proportions African-American, were higher in SSI child-only than adult-aided cases. In California and Florida, SSI-parent child-only cases were less likely than adult-aided cases to be Latino (in California, much less likely), while in New York SSI child-only cases were less likely to be African-American, and in Illinois they were less likely to be other/missing race.

Table 5.6
Characteristics of SSI Child-Only Recipients and Adult-Aided Recipients

2010 characteristics	SSI Child-Only Cases				Adult-aided Cases			
	California	New York	Florida	Illinois	California	New York	Florida	Illinois
Averages:								
# children in case	1.8	1.8	1.7	1.9	1.8	2.1	1.8	2.0
Age of primary adult	42.5	40.2	36.4	39.4	30.9	33.6	30.5	26.8
Average age of children	10.7	10.5	8.3	9.3	4.8	7.6	4.6	4.7
Average age of youngest child	-	9.2	6.7	5.5	-	5.5	3.1	2.5
Average age of oldest child	-	12.2	9.3	11.2	-	9.3	5.7	5.4
Ethnicity								
% white	29	25	24	17	26	17	18	16
% African American	28	37	52	72	21	44	51	69
% Hispanic	32	32	21	8	46	32	24	8
% Other	12	3	4	1	8	4	7	2
% Missing	-	3	-	2	-	3	-	4
Subsequent use of TANF among youngest children in cases on aid in 2008								
On TANF 12 months later	86%	87%	74%	83%	53%	68%	29%	39%
On TANF 24 months later	73%	79%	65%	74%	44%	56%	19%	28%
Subsequent Use of TANF among cases on aid in 2005								
On TANF 12 months later	83%	84%	68%	82%	52%	63%	18%	52%
On TANF 24 months later	78%	70%	59%	72%	40%	47%	12%	40%
On TANF 60 months later	58%	59%	45%	51%	28%	35%	10%	28%

Source: Project administrative data.

Note: Persistence on aid is calculated only among children young enough to still be on aid at the subsequent date.

TANF exits that occur because youngest children turn 18 are excluded from numerators and denominators in calculating the rates reported here.

Age and Family Composition

In all four focal states, the average number of children is similar between adult-aided and SSI child-only TANF families. However, children in SSI-receiving parent child-only TANF cases are generally three to five years older than children in adult-aided cases; correspondingly, SSI child-only TANF parents are older than parents in adult-aided cases by between 6 and 13 years. The

older average age of SSI child-only parents reflects the fact that SSI recipients are older than the average adult in the population, as the probability of disability increases with age.

Duration on Aid

SSI families remain on TANF aid much longer than do families receiving adult-aided TANF, which helps account for the older average ages of adults and children in SSI child-only cases. Time limits can push adult-aided cases off aid before adults move into middle age and while children are still in elementary school. For example, among cases on aid in 2008 in Florida and Illinois, the proportion of SSI-receiving parents still receiving TANF benefits 24 months later was 46 percentage points higher than it was for adult-aided cases. The gap between the two-year TANF continuation rates for SSI and adult-aided cases was 29 percentage points in California and 23 points in New York. Moreover, a far higher proportion of the children in SSI-parent child-only cases were also on aid two years *earlier*, compared to children in adult-aided cases (data not shown).

The greater time on aid among SSI-parent child-only cases is likely due both to the parents' inability to earn their way off TANF and to the public policies that permit children to remain on TANF aid without a time limit and without sanctions.

Challenges Facing SSI-Receiving Parent Cases

Challenges Facing Adults with Disabilities

Recent research studies have identified problems related to disability that can seriously impair the quality of life of individuals with disabilities and perhaps their children's lives as well, particularly if the family has very low income. A 2010 Kessler Foundation survey found that those with disabilities reported a higher rate of problems on key well-being indicators, including

higher poverty, lower education, less access to healthcare, and more difficulty with transportation, among other problems.¹⁵⁷

Material Hardship and Unmet Needs

Interviews with SSI child-only TANF parents in San Francisco found a high rate of hunger and other material hardships (Speiglman et al., 2010). Asked about material hardships during the prior year, more than 70 percent reported problems such as being unable to pay rent, pay utility bills, or provide enough food for their families. Hunger and other hardships appeared to be concentrated in the families with the most disabilities.

These findings clarify that although SSI benefits provide dual-enrolled families with more income than families on adult-aided TANF receive, the additional income does not prevent serious problems of food insufficiency and financial stress that jeopardize parents' ability to provide for their families' basic needs. Parents with a disability likely confront additional costs and barriers to meeting vital needs. They may need routinely to pay out-of-pocket for doctor visits, therapy sessions, or medication. If their disability imposes mobility limitations, they may also be unable to gain access to services in the community, or incur costs for transportation. They may need assistive technology, expenses not as regularly incurred by nondisabled individuals. Such costs can further increase their risk of material hardship (Rose, Parish, and Yoo, 2009).

Our survey of state TANF directors investigated unmet needs of SSI-parent child-only cases. The most common unmet need identified was childcare, followed by healthcare. Other identified unmet needs included respite care, housing, funds for child's educational expenses and transportation.

¹⁵⁷ Kessler Foundation, NOC Survey, 2010. <http://www.2010disabilitysurveys.org/octsurvey/pdfs/surveyresults.pdf>

Parenting Challenges

Parental disability might affect parenting through a number of routes. We highlight challenges that may be relevant to SSI-receiving parents who suffer the triple burdens of poverty, work incapacity, and disability.

Even facing these challenges, most parents receiving SSI rise to the occasion and are effective parents, able to meet their children's emotional and physical needs despite the difficulties. Nevertheless, it is important to acknowledge that disability can have implications for parenting, especially when a family must manage on a very limited income. Disability may disrupt parents' capacities to care physically for their children and to engage in the emotive and cognitive tasks of parenting (Evans, Shipton, and Keenan, 2005; Kahng et al., 2008; Oyserman et al., 2005). Research with mothers in chronic pain found that mothers who experienced higher levels of pain were less able to fulfill fundamental caregiving responsibilities (Evans et al., 2005). Parents who suffer from physical disabilities such as severe mobility problems may be unable to complete basic caregiving tasks such as diaper changing or meal preparation unless they are provided with (or can purchase) assistive devices or household help. Maternal depression has been linked to an increased risk that children's physical needs will not be met (Lovejoy et al., 2000), while poor parental mental health is associated with increased use of corporal punishment (Chung et al., 2004; Strayhorn and Weidman, 1988).

Disability can disrupt parent-child communication and threaten the development of a strong emotive bond between parents and children. Parents experiencing extreme pain, severe depression, delusion or other severe incapacitation might be irritable or unable to negotiate limits and may respond to their children's needs or wants with aggression. Physical disability can limit the expression of physical affection between parents and children. The absence of a strong emotional bond manifests itself in disengaged parenting and low parental warmth, which in turn are associated with child maltreatment and poor child emotional health (Brown et al., 1998; Davidov and Grusec, 2006).

These difficulties also have implications for parents' capacity to effectively guide and supervise their children. Parents with a disability may lack confidence in their parenting skills and believe they do not have enough authority with their children. Low parenting self-efficacy is linked to problematic parenting, including an increased risk for child abuse and neglect (Slack et al., 2011; Stith et al., 2009). From interviews with parents who are physically disabled, Mazur (2008) concluded that physical limitations were associated with weaker parenting self-efficacy. Psychological vulnerability also matters: parents who feel stigmatized by others because of their disability—a common experience for disabled individuals (Kocher, 1994; Mazur, 2008; Oyserman et al., 2005; Wilson and Crowe, 2009)—may question their own abilities to parent successfully.

In sum, the key tasks of parenting, such as discipline, as well as parenting self-efficacy and stress management (Azar, Lauretti, and Loding, 1998; Benjet, Azar, and Kuersten-Hogan, 2003) may be threatened not only by the nature of the parents' disability but also the context in which it occurs. The poverty and material hardship that accompany disability for many SSI-receiving parents may intensify the demands of parenting by both increasing the difficulty parents have completing basic parenting tasks and decreasing access to resources.

Greater access to supports such as childcare and affordable, well-maintained and safe housing may foster stronger caregiving among SSI child-only TANF parents, leading to better outcomes for their children. Many states do fund a range of supports for people with severe disabilities, often including personal care services, housecleaning, meal preparation and transportation. Through the In-Home Supportive Services program in California, for example, individuals with disabilities are given the support they need to live independently in the community. Care providers are hired to assist *the individual with the disability*, however, and are thus restricted – perhaps by training, skill, and certainly by regulation – in the level of service they can provide to nondisabled infants and children in the household.

Conclusion

Cash assistance from SSI is available as a last-resort source of income to working-age adults who have no other resources. About 13 percent of these adults are parents, and their children are eligible for child-only TANF. However, only about one-quarter (28 percent) of eligible SSI-receiving parents enroll their children in child-only TANF. Cross-state differences in enrollments are substantial; some states have more than one-half of children of SSI-receiving parents enrolled in child-only TANF, while even more enroll fewer than 20 percent (Figure 5.2).

The research presented in this chapter reveals that more low-income parents are eligible for SSI than are enrolled. The metric of dual enrollment, of parents in SSI and children in child-only TANF, captures several processes in one number: SSI enrollments, TANF-to-SI transitions, and TANF take-up. While nationwide 17 percent of poor, single adults age 18–64 receive SSI¹⁵⁸ and 11.7 percent of poor, single parents receive SSI,¹⁵⁹ fewer than 3.5 percent of poor single parents are dual enrolled, receiving SSI for themselves and TANF for their children.¹⁶⁰ The cross-state variation on this measure is greater than for any of the other measures reported, with dual enrollment among single parents fifteen times more prevalent in the most-enrolled state (at 11%) than in the least-enrolled state (0.7%).

Adult-aided TANF is an important route to dual enrollment for parents with disabilities.¹⁶¹ The size of the adult-aided caseload affects the SSI child-only caseload through the mechanism of TANF-to-SI transfers. The greater the “reach” of TANF among adult-aided families and the more families enrolled in adult-aided TANF, the larger the pool of adults who might transfer to SSI. In addition, the fraction of adult-aided cases that transfer to SSI also varies across states and affects the SSI child-only caseload. With more than one-quarter of TANF recipients

¹⁵⁸ SSI recipients age 18-64 (4.6 million) divided by # of adults age 18-64 in poverty (27 million, in 2010 ACS).

¹⁵⁹ Single-parent SSI recipients (540,000) divided by # of poor single parents age 18-64 (4.6 million, in 2010 ACS).

¹⁶⁰ Dual-enrolled single-parent SSI recipients (fewer than 163,000, as that total includes some couples) divided by # of poor single parents age 18-64 (4.6 million, in 2010 ACS).

¹⁶¹ The correlation (R^2) between TANF enrollment among poor parent-child families and dual enrollment among all single parents age 18-64 in a state is 0.25. The association is not universal. For example, Illinois has relatively high single-parent enrollment in SSI and utilization of child-only SSI TANF despite its low adult-aided TANF rate, probably because of specific efforts to support SSI enrollment among adult TANF recipients.

reporting severe health problems that limit work, the estimates discussed above suggest that as many as 7 percent of adult TANF recipients might qualify for SSI. Actual rates of transfer from TANF to SSI are far lower than one would expect based on this hypothesized eligibility rate. Estimates of the transition rate range from 0.4 percent annually (nationally, in 2003) to 2 percent annually and 4 percent over five years (in New York).

TANF parents with a disability can be deterred from applying to SSI by the lengthy, often multistep, application process. Among the four focal states, New York has the highest transfer rate, reflecting the fact that New York has made support of SSI applications among TANF clients a priority. The states that reported support for TANF-to-SSI transitions in the TANF Administrators' Survey have both a larger fraction of all single-parent families dual enrolled in SSI and TANF, and a larger percentage of the children of SSI parents enrolled in child-only TANF.

A low TANF-to-SSI transition rate in a state with relatively few adult-aided cases or where most families exit quite rapidly from TANF leaves many parents with disabilities raising their children with neither TANF nor SSI aid. Once parents leave TANF because of sanctions or time limits, they are unlikely to find help in applying for SSI, and – even if they found their way to SSI benefits for themselves – the children would, in many states, no longer be TANF-eligible. If parents with disabilities remain on TANF rather than transition to SSI, they become part of the state TANF caseload, which is expected to benefit from jobs training and placement. Improving local agencies' strategies to identify SSI-eligible parents and guide them in presenting successful applications to SSI would help connect these families to needed services and ongoing income support while at the same time permitting the TANF agency to focus its welfare-to-work resources more successfully.

Once adults are on SSI and their children are on TANF, the families remain on TANF aid for longer than any other type of TANF case. This may reflect the combination of parents' ill health as well as state policy: SSI-receiving parents have minimal ability to work their way off assistance, the structure of SSI benefits discourages employment, and their children do not face a TANF time limit.

The SSI/TANF combination does provide families with more income than they would receive in an adult-aided TANF case, although in almost all states the combination of SSI and TANF still leaves families below the poverty threshold.¹⁶² While the federal government has undertaken to put a floor beneath the incomes of disabled adults, it has not done so for their children. In a dozen states, a three-person, dual-enrolled family receives less than \$900 per month in cash assistance, while in another dozen states, that same family would receive more than \$1,200 in aid. Most dual-enrolled families report insufficient income and economic hardships. SSI-receiving parents are not generally able to augment their cash aid with earnings, and they may face costs not routinely incurred by nondisabled parents such as for transportation, nonprescription medication or assistive technology. The negative health and behavioral effects on children of growing up in poverty have been well documented. Greater state services for SSI-receiving parent families, such as quality childcare and housing assistance, may help to negate the effects of poverty and material hardship for these families.

The low fraction of children of SSI-receiving parents that are enrolled in TANF is cause for concern, as these families typically face many difficulties that additional income could help mitigate. It is plausible that SSI-receiving parents who have never been on TANF may not know of the child-only benefit. This would be consistent with our findings that states with more parents transitioning from TANF to SSI have higher child-only TANF participation. When asked about outreach to SSI-receiving parents, informants in the focal states suggested that most SSI-receiving parents are well aware of TANF availability. However, these informants' perspectives may be limited primarily to families that make the transition from TANF. TANF agencies might consider finding ways to advertise the availability of child-only benefits to SSI adults, particularly single women who are of parenting age.

¹⁶² In all but two states, the sum of the SSI benefit plus the TANF grant for two children remains below the poverty threshold, and in some states it is barely above one-half of the poverty threshold. States with low TANF grants tend also not to supplement the SSI benefit, so that in 22 states, including populous states like Texas, North Carolina and Florida, a three-person family solely reliant on a one-parent SSI grant and TANF for two children would find their income falling between one-half and two-thirds of the poverty threshold.

Children of SSI-receiving parents are a small but unusually vulnerable group of children. Increasing their enrollment in child-only TANF through outreach and, where possible, automated enrollment from other support programs such as Medicaid and SNAP could be helpful. The large numbers (an estimated 72 percent) who are not enrolled in TANF at all and the low benefits paid in many states highlight the disadvantages of the current bifurcated system for these children. Policymakers interested in protecting the well-being of these children might wish to consider instituting a federally guaranteed minimum benefit level through TANF or SSI for these children, supported by automatic enrollment.

CHAPTER 6:

Developing the Policy Agenda for TANF Child-Only Cases

Introduction

Over the fifteen years of its existence, TANF has transformed public assistance in the United States and the number of adult-aided cases has fallen sharply. Yet at least for the past 13 years, the number of child-only cases nationwide has remained relatively stable. Child-only cases now represent over 40 percent of the TANF caseload – four times their share during the last years of the AFDC program, yet this transformation in the TANF caseload occurred in the absence of change to national policy.

The apparent stability of the child-only caseload is deceptive; the caseload numbers only appear flat because the label “child-only” combines case types that, for policy and accounting purposes, should be treated separately. The three large child-only case types – non-parent caregiver (NPC), ineligible immigrant parent (IIP) and SSI-recipient parent (SSI) – are dissimilar demographically and address entirely different policy goals. In this report, we argue that each type should be tracked and analyzed separately. Cases that are child-only at state option, such as sanction cases in the few states that still have partial-grant sanctions, might be separately

tracked within individual states or counties, but we argue that nationally, they are best counted as adult-aided.

Viewing the TANF caseload as composed of four types – adult-aided (including sanctioned and other rare child-only types), NPC child-only, IIP child-only and SSI child-only – reveals substantial variation across states and over time. States have increasingly diverged in the make-up of their TANF caseloads: although in 30 states child-only cases are 30 to 49 percent of TANF cases, in 9 states less than 30 percent, in 7 states they are from 50 to 69 percent, and in 5 states they are at least 70 percent. Typically but far from universally, NPC child-only cases are the largest category of child-only case; the share that NPC child-only cases are of the TANF caseload ranges across the states from 5 percent to 89 percent. In some states, SSI-parent child-only cases are the plurality, and in still others IIP child-only cases lead.

In most states (and nationally), child-only caseloads have over the past decade become less dominated by NPC child-only cases, but in a few states NPC child-only caseloads have grown. IIP child-only caseloads have increased in many states and nationwide, although some states still have virtually no IIP child-only cases. Only SSI caseloads have remained relatively unchanged in most states.

Much of this report has been devoted to teasing out the pressures that form state TANF caseloads. The counts of adult-aided cases in a state are determined by its TANF policies. The recession led to larger adult-aided caseloads in many states, but not all. More SSI child-only cases are found in states that have larger adult-aided caseloads and that aim to identify disabled parents and support them in applying for SSI. NPC child-only aid is heavily used in some states as a foster care substitute. IIP caseloads reflect the number of unauthorized immigrants in a state as well as state policies towards immigrants. Across all case types, caseloads are larger in states that pay higher TANF benefits.

Federal law offers states substantial flexibility in designing child-only policies, but little comprehensive planning with respect to how the different portions of the TANF caseload affect each other is evident. States' piecemeal policies concerning child-only cases affect, directly or

indirectly, the well-being of a state's children and families. Below are reflections and concluding thoughts on each type of child only case.

Non-Parental Caregiver Cases

TANF NPC cases are the most numerous of the three categories of child-only cases both nationwide and in 21 of the 35 states with reliable caseload data. TANF child-only cash assistance remains almost universally available to NPC kin-care families without means testing (although absent parents are supposed to pay child support to the state). NPC child-only grants aided about one-fifth (18%) of the 2.6 million children living with kin in 2010. While many NPC child-only families are poor, SNAP enrollment data, as well as data on kin caregivers in the American Community Survey, suggests that a majority may have incomes above the poverty threshold (and above the SNAP eligibility threshold). However, a small number of kin caregivers receive adult-aided TANF, reflecting their extreme poverty and their willingness to meet the requirements of adult-aided TANF.

We identify three routes that lead to kin-care families receiving TANF. A kin caregiver may apply for TANF aid without any involvement of the local child welfare agency or juvenile court or any formal finding of child maltreatment. Alternatively, a social worker or juvenile court judge may place a child with a history of or risk for maltreatment with kin who thereby become eligible for TANF NPC assistance. In some states this placement would be counted as formal foster care, but in others (such as Florida), it would be considered a diversion from foster care. In some states (including, again, Florida) NPC child-only payments for these placements are higher than the regular TANF payment, and are calculated on a per-capita basis (i.e., two siblings in a relative's home are each funded with a one-child TANF grant). Finally, a child's exit from foster care supervision to a permanent living arrangement with a relative (who might be the same person who provided foster care) constitutes the third route to NPC child-only receipt.

While no solid data exist on how many children arrive in an NPC child-only case by each of these routes, it seems likely that the child-welfare-related arrangements are the most common. With federally-subsidized IV-E payments supporting fewer than half of all foster children, NPC

child-only TANF appears to be helping to fill a growing gap in child welfare funding. Some states are converting their NPC child-only TANF cash assistance into kinship-foster-care (or quasi-foster-care, if children are diverted from foster care) programs.¹⁶³ These programs pay caregivers at lower rates than in foster care and offer fewer services and minimal supervision. Further research is needed to determine whether foster care placements (or diversions from foster care) explain why NPC child-only caseloads in some states grew between 2002 and 2010, while falling in most other states.

A reduction in the number of NPC child-only recipients who are former foster children is the most likely explanation for the drop in NPC cases nationwide, and in most states. Between 2002 and 2010, 128,000 foster children were adopted by relatives – as individuals and state agencies responded to the adoption incentives in the 1997 Adoption and Safe Families Act – and became eligible for Adoption Assistance support rather than NPC child-only aid (for which they would not be eligible, once adopted.) More recently, the 2008 Fostering Connections to Success and Increasing Adoptions Act created a federal Kin-GAP assistance subsidy for qualified kinship guardians of former foster children. Kin-GAP grants for qualified guardians, offered in California, Illinois, New York and other states, supplant (and improve upon) NPC child-only TANF grants.

About one-fifth of children in relative care homes receive TANF (either NPC child-only or adult-aided TANF), a share that is at least three times the share of children in parent-present homes that receives adult-aided or IIP child-only TANF. NPC child-only TANF is not targeted to poor children, and, indeed, with fewer than half of NPC child-only households enrolled in SNAP (the figure is 42 percent, nationwide), we conclude that many of the children in NPC child-only TANF are not poor. Past research on NPC child-only kin-care families has suggested that many of them face substantial child-rearing challenges, including constrained finances. Nevertheless, it seems clear that they are not as economically disadvantaged as adult-aided TANF recipients,

¹⁶³ Florida's program is of this type. Two other states, which may have programs similar to Florida's, were excluded from the data analysis because they reported very different caseload counts in different data systems, apparently because there was not a consistent understanding of whether the children in these programs should be considered as receiving TANF, or not.

and that many parent-present families who do not have access to TANF are poorer than many kin-care households who receive NPC child-only TANF. In addition, NPC child-only cases typically receive aid much longer than do adult-aided cases.

The child-welfare route to NPC child-only TANF, however, implies that while caregivers may not be as financially desperate as adult-aided TANF families, they may have a greater need for a range of behavioral-health, physical-health, and psycho-social services to assist the children in their care, as well as respite care for themselves. Some, perhaps many, of the children placed by child welfare services in NPC child-only settings have been severely neglected, physically abused or victimized by molestation and sexual assault. Successfully caring for them requires for resources and supports different from (and much more expensive than) those provided by a small TANF cash grant.

Yet, in sharp contrast to the rich array of Child Welfare-funded services provided to foster parents, few TANF-based services are available to NPC child-only families. Some states with NPC TANF kinship care programs are trying to fill this gap with support groups and limited services for kin caregivers, but these are typically fewer in number and less substantial than the assistance available to foster care families.

Indeed, most NPC child-only households have no ongoing contact at all with public agencies, because TANF staff are unlikely to have ongoing contact with the caregiver once the child's eligibility for assistance is determined, and once children are diverted from or released from foster care the child welfare agency has (in most situations) similarly little contact.

In some states, very few kin-care children are aided in TANF, while in other states, nearly half are. In fact, across the study states the percentage of kin-care children enrolled in TANF ranges from 5 percent to 49 percent. The rate of participation in TANF among a state's kin-care children is not driven by the number of relative caregivers in a state, but it is higher in states that pay more generous TANF benefits. Because in some states NPC child-only TANF is a way to pay for foster care while in other states it replaces foster care for maltreated children, there is

no correlation across states between foster care caseloads and the size of the NCP TANF child-only caseload.

Just as some states permitted a growing share of their TANF cash assistance caseload to aid children in the child welfare system, many shifted more of their non-cash-assistance spending from their TANF block grants and MOE funds towards child welfare services. More specifically, a larger share of state spending was allocated to “authorized under prior law” (AUPL) non-cash-assistance purposes. AUPL spending is directed chiefly to child-welfare related uses, and in 2010, 12 states — 8 more states than in 2001—allocated in excess of 35 percent of their total TANF/MOE funding to AUPL spending (Schott, Pavetti and Finch, 2012.)¹⁶⁴

As larger shares of TANF/MOE spending are devoted to AUPL purposes and, in some states, more of the cash assistance caseload is in NPC child-only cases, TANF plays less and less of a role in alleviating poverty, including poverty among poor kin-care homes. The fact that only 42 percent of NPC child-only homes receive SNAP benefits implies that perhaps only 24 percent of children in *poor* kin-care homes are enrolled in TANF. This statistic is comparable to – although higher than – the estimated 19 percent of poor children with non-disabled parents who receive adult-aided or IIP child-only TANF. The data also imply that many non-poor children receive NPC child-only grants, and their inclusion in TANF dilutes – substantially, in some states –TANF’s anti-poverty effectiveness.

Rather, the children who are not poor but receive NPC child-only TANF because of their histories of abuse or neglect may need, far more than a small cash grant, the kinds of expensive and complex health and psycho-social services available (at least in some states) to foster children¹⁶⁵. The nationwide reduction in IV-E funded foster care raises serious concerns as to how adequately the needs of maltreated children in non-parental care are being met.

¹⁶⁴ Wide variation exists across states in non-cash-assistance spending, as in cash assistance expenditures. Ten states allocated less than 5 percent of TANF/MOE spending to AUPL non-cash-aid purposes.

¹⁶⁵ The analyses of ACS (2010) data discussed in Chapter 3 show that 6 percent of the children in grandparental care have a serious disability.

Providing relative caregivers with TANF aid instead of IV-E stipends might be a case of robbing Peter to pay Paul, despite Paul's needing services and support more than money.

Ineligible Immigrant Parent Cases

The number of IIP child-only cases has grown over the last decade, reaching about 25 percent of the child-only caseload in 2009. The national caseload is heavily concentrated in a few states. Most of the children aided with IIP child-only grants are citizen children of unauthorized immigrants. Although more than half of the states also place in child-only cases the citizen children of authorized LPRs within the five year bar on federal benefits, these children make up a very small share of children with IIP child-only aid.

In terms of the number of children in assistance units and the presence of employable parents in the home, IIP child-only cases are more similar to adult-aided TANF cases than to other child-only cases. Like adult-aided cases, IIP child-only cases face means tests in almost all states, but unlike adult-aided cases, they do not face time limits on aid (again, in most states). Further, IIP child-only caseload trends and dynamics match more closely the trends among adult-aided cases than the trends among NPC and SSI child-only cases. Adults in both types of cases are expected to work, often do work, and turn to TANF when the economy worsens. During and since the recession, the number of IIP child-only cases rose in many states, while NPC and SSI-parent child-only caseloads did not.

In general, IIP child-only TANF does not fund supports for parental work, so unless parents can leave children unsupervised or pay for child care themselves, parents' work opportunities may be limited by lack of child care. Perhaps because parents find it harder to work their way off TANF, or perhaps because these families are not subject to time limits, children in IIP child-only cases remain on aid longer than families receiving adult-aided TANF, although for much less time than children in NPC and SSI-parent child-only cases.

Participation rates in IIP child-only TANF vary greatly across states. Among focal states our estimates for 2008 (the most recent year with estimates of counts of children in mixed-status families) suggest that in California and New York about 20 in 100 potentially eligible families

received TANF cash assistance, while in Florida and Illinois, the rate was fewer than 2 in 100 families. Across states, the number of children on IIP child-only cases – or the share that IIP child-only cases were in the TANF caseload – was only weakly correlated with the presence of unauthorized immigrants in the state’s labor force. As was true of kin caregivers’ enrollment in NPC child-only TANF, enrollment of IIP families in TANF was more likely in states with more generous grant levels.

Across the states, relatively few services funded with TANF, MOE, or SSP dollars are available to children in, or adults associated with, IIP child-only cases, and TANF administrators report little knowledge of IIP family needs.

The children in these cases are potentially quite vulnerable, residing in households with very low per-person incomes and many more residents than are aided (technically) by TANF grants. Other research has shown that citizen children of unauthorized immigrant parents suffer broad, negative effects of poverty, social (and legal) exclusion, and linguistic disadvantage, including, for example, specific effects in terms of education outcomes and literacy. For these families’ opportunities to markedly improve, comprehensive immigration reform may be necessary. IIP child-only TANF is a partial safety net, although an important stop-gap, until immigration law is overhauled, or reformed to support the work efforts of immigrants with citizen children.

SSI-receiving Parent Cases

SSI-receiving parents – and their children – suffer the triple burden of parental poverty, work incapacity, and disability. With parents having minimal ability to work their way off TANF (or SSI) assistance, duration on TANF is much longer than among families receiving adult-aided or IIP child-only TANF. Receiving benefits from both SSI (for the adult) and TANF (for the child) results in more money for the family, but – except in two states – not enough income to lift the family out of poverty. With parents unable to bring in additional funds through employment because of their disabilities, most families are unlikely to see any increase in their incomes for many years, if ever.

One path to the joint receipt of SSI benefits and child-only TANF assistance starts with an adult – we will assume a woman – whose learns about child-only TANF when she is already an SSI recipient and already a parent. We know of no previous research that has estimated how many SSI recipients are parents; we calculate that 13 percent of working-age SSI recipients are parents of children who would qualify for TANF. The second path to a family's joint SSI and TANF enrollment passes first through the parent's participation in TANF intake, training, case management, or work participation before the parent is identified as disabled and, ultimately, enrolled in SSI. The child transfers from adult-aided to child-only TANF.

In combination, SSI and child-only TANF provide important supports, but many families who would be eligible for both programs do not participate fully, or at all. Only about one-quarter (28%) of the children eligible for SSI child-only aid are enrolled in TANF. In addition, a substantial number of disabled low-income parents, some receiving TANF and many not, would qualify for SSI if they applied. Data from the four focal states and the findings of other researchers indicate that most states' transfer rates from TANF to SSI are far lower, based on the prevalence of parental disability, than might be achieved through skillful efforts to identify potential SSI recipients and help in SSI applications. Such strategies are minimal to non-existent across most of the country, although successful programs are found in some states.

Efforts to help disabled TANF recipients qualify for SSI are necessary as TANF cannot meet the needs of disabled-parent families. Policy researchers (notably Blank and Kovak, 2008) have proposed that TANF be augmented with a program to support parents who face multiple barriers to employment, including mental and physical health problems. Blank and Kovak's proposal for a Temporary and Partial Work Waiver Program to assist disconnected single mothers who face multiple barriers to securing and sustaining employment but do not meet the stringent SSI requirements, is broader than – but could complement if not encompass – efforts to support transitions to SSI for disabled parents. An intermediate step towards their proposal would be to institutionalize supports for TANF-to-SSI transitions. Identification of SSI-eligible TANF recipients and provision of guidance to help them submit successful applications for SSI would promote their remaining connected to needed services and income support.

Even were a state's TANF program to adopt strategies aimed at raising the TANF-to-SSI transition rate, the likelihood of a disabled parent being identified as potentially SSI eligible and making a successful SSI application would depend on the availability of adult-aided TANF for parent-present families. In states where aided-adult cases are few relative to the population of impoverished parents, the lifetime limit for aid is short and recipients stay on aid only briefly, many disabled parents will not even enter TANF. Those who enroll may not remain on aid long enough to be identified as disabled, let alone to successfully apply for SSI. Indeed, in states with short time limits it is likely that many parents with unidentified disabilities have already exhausted their TANF time limit. Once separated from the TANF program, a disabled parent loses a potential source of help in applying for SSI.

SSI-parent child-only TANF cases are not a particular focus of attention for supportive services. This is despite evidence that these families would benefit from high-quality child care, housing assistance, and consistent mental health services. TANF administrators report needs also in the areas of health care, respite care, funds for children's educational expenses, and transportation. Greater state services for SSI-receiving parent families may help to negate effects of poverty and material hardships for these families.

All the issues we have identified in our analyses of SSI-parent child-only TANF – low enrollment in TANF of children by SSI-receiving parents, low enrollment of disabled parents in SSI, and the difficulty of providing appropriate supportive services for SSI recipients in a work-focused program such as TANF – point to the need to rethink how best to aid disabled parents and their children. The challenges that families face reveal a gaping hole in the fragmented Safety Net: disabled families, who may suffer mobility, cognitive, and behavioral-health challenges, are expected to successfully apply for and remain enrolled in three distinct programs (SSI, SNAP and TANF), solely in order to receive basic income support. In addition, while SSI assures a minimal grant level nationwide, TANF benefits vary widely from state to state. As a strategy to assure at least a minimum level of support for the children of disabled parents, amending the SSI program to include support for dependent minors is a reform that should be seriously considered.

Conclusion

We conclude as we began this chapter, by emphasizing that policy changes to TANF must address child-only cases. A first step is to pay explicit attention to each of the four TANF caseloads, separately. Parents in IIP child-only and adult-aided cases have (potentially, at least) ties to the labor market, and they need help in their efforts towards self-sufficiency, but the former group face substantial employment barriers beyond those experienced by parents in adult-aided cases. SSI-receiving parent child-only cases and NPC child-only cases are not well served by the time limits and work requirements at the heart of TANF. Cash aid to the first group simply provides minimal income support to children of disabled parents, while much of the aid to the other group serves either to pay (inadequately, in most states) for foster care or to replace foster care.

Reviewing the findings of the report, we offer five broad conclusions.

First, policymakers should no longer lump all forms of child-only cases together. Each caseload presents distinct policy challenges.

Second, if goals of providing child-only TANF include the protection of vulnerable children in mixed-status immigrant families, and assuring a minimum standard of living to children of disabled parents, those goals are not being successfully met.

- Nationally, only 28 percent of SSI-receiving parents with children under 18 participate in child-only TANF. The low child-only TANF grants provided in many states are probably not sufficient for the childrearing challenges that face disabled parents.
- In many states, very few of the citizen children eligible for child-only IIP TANF participate in TANF.

A better strategy is needed to make sure that SSI-receiving-parent and IIP families understand their eligibility for the TANF program and are assisted in receiving benefits for which they qualify. Despite a traditional aversion to marketing TANF, TANF agencies may need to find ways to inform these potentially eligible families about the availability of child-only benefits or,

more directly, to pursue automatic enrollment of eligible children in TANF – for example, as identified in SNAP or Medicaid programs.

Third, although data are almost entirely unavailable on how many children with NPC child-only benefits are foster children, it appears likely that NPC child-only aid is used heavily as a foster-care substitute. There appears to be no clinical explanation, only budgetary reasons, why children in these cases, who have histories of maltreatment, are denied access to the services and resources available through foster care. Furthermore, as many judges have noted in mandating increases to foster care rates, the payments that states make to support maltreated children in out-of-home care should bear some defensible relationship to the actual cost of raising children; TANF benefits are not calculated on this basis, but rather, fall far short.

If children in NPC child-only cases have experienced maltreatment (and are continuing to live with kin who are connected to the parents who maltreated them) they should be part of the child welfare system, with supervision and support.

Fourth, in all three types of child-only cases, children remain on aid – and, presumably, in poverty – longer than do children in typical aided adult cases. The negative effects of growing up in poverty for children have been well documented and long-term poverty has proven to be particularly worrisome. Children in SSI-parent cases, in particular, may require more income and services than available through TANF, and children in poverty-level homes who receive NPC child-only TANF may also need additional income. Policy makers interested in protecting the well-being of these children might consider a federally-guaranteed minimum level of services or support for them.

Finally, our research suggests that under the TANF fixed-block-grant program the expansion of NPC caseloads may be at the expense of the provision of benefits to children in parent-present, adult-aided families. States with large shares of their TANF caseload in NPC child-only cases tend to aid adult-aided families at unusually low rates. In some states, TANF is transforming into a source of funds for child welfare services and placements, thereby diluting its anti-

poverty reach. Advancing these purposes is at the expense of helping very poor parents with substantial employment barriers care for their children and progress to self-sufficiency.

As long as state legislatures and state agencies continue to have almost complete control over all aspects of the child-only portions of TANF, it is likely that TANF programs and caseloads in some, perhaps many, states will be increasingly out of balance with respect to central TANF purposes of fostering family self-sufficiency and helping families ensure that their children's needs are met.¹⁶⁶ Strengthening the TANF program as a whole will require sustained attention to the needs of the children in each of the four case types, analysis of the interactions among the four caseloads, judicious reconsideration of the latitude given to states in spending federal dollars, and a determined refocusing on the central TANF program goals.

¹⁶⁶ In fact, the self-sufficiency concept is inappropriate for SSI-parent child-only cases and many, though perhaps not the majority of, NPC child-only cases.

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Appendix 1: Project Key Informants

Exhibit 1.1

Project Key Informants

State of California

Stan	Cagle	California Department of Social Services
Pete	Cervinka	California Department of Social Services
Damien	Ladd	California Department of Social Services
Will	Lightbourne	California Department of Social Services
Jessica	Lopez	California Department of Social Services
Charr Lee	Metsker	California Department of Social Services
Haunani	Pakaki	California Department of Social Services
Masha	Patton	California Department of Social Services
Marc	Wilson	California Department of Social Services

Los Angeles County, California

Deon	Arline	Department of Public Social Services
Susanna	Caldwell	Department of Public Social Services
Barbara	Facher	The Alliance for Children's Rights
Marianthi	Haleplidis	Department of Public Social Services
Lara	Holtzman	The Alliance for Children's Rights
Charlotte	Lee	Department of Public Social Services
Ripsime	Menedjian	Department of Public Social Services
Veronica	Morales	Department of Public Social Services
Norhan	Pirim	Department of Public Social Services
Carmen	Ruiz	Department of Public Social Services
Maricar	Trinidad	Department of Public Social Services
Beth	Tsoulas	Public Counsel
Dawn	Wheeler	Department of Public Social Services

Riverside County, California

Veronica	Castro	Department of Public Social Services
Anne	Chicoine	Riverside County Department of Mental Health
Tammy	Childress	Department of Public Social Services
Harry	Freedman	First 5 Riverside
Rosemary	Jiron	Department of Public Social Services
Richard	Nasluchacz	Department of Public Social Services
Zayda	Patton	Department of Public Social Services
Woodie	Rucker-Hughes	Riverside Unified School District
Robert M.	Sanchez	Department of Public Social Services
Ronald	Stuart	Department of Public Social Services
Sheri	Studebaker	Department of Public Social Services
David	Terrell	Department of Public Social Services
Israel	Vasquez	Department of Public Social Services

Stanislaus County, California

Christine E.	Applegate	Community Services Agency
Nancy	Aranda	Community Services Agency
Leticia	Ayala	Community Services Agency
Rubi	Carrillo	Community Services Agency
Ed	Cuellar	Community Services Agency
Nenita	Dean	Community Services Agency
Mario	Dejesus	Community Services Agency
Patrice	Dietrich	Community Services Agency
Bergen	Filgas	Community Services Agency
Rosa	Flores	Community Services Agency
Evelyn	Genn	Community Services Agency
Kathy	Harwell	Community Services Agency
Linda	Hernandez	Community Services Agency
Angela	Jameson	Community Services Agency
Irene	Lopez	Community Services Agency
Teresa	Magana-Griffiths	Community Services Agency
Shareen	Singh	Community Services Agency
Jacqueline	Trujillo	Community Services Agency
Keira	Vink	Community Services Agency
Sandra	Williams	Community Services Agency

State of Florida		
Darran	Duchene	Department of Children and Families
Stephanie L.	Gehres	Agency for Workforce Innovation
Elizabeth	Gentry	Department of Children and Families
Pat	Hall	Department of Children and Families
Grenda	Henry	Department of Children and Families
Mary Anne	Hoffman	Department of Children and Families
Cindy	Huddleston	Florida Legal Services, Inc.
Linda D.	Johns	Department of Children and Families
Nathan	Lewis	Department of Children and Families
Eileen	Schilling	Department of Children and Families

New York City		
Martha Elizabeth	Boomer	Administration for Children's Services
Emira Habiby	Browne	Center for the Integration and Advancement of New Americans
Matthew	Brune	Human Resources Administration
Tim	Casey	Legal Momentum
Armando	Del Moral	Human Resources Administration
Kinsey	Dinan	Human Resources Administration
Kathleen	Kelleher	The Legal Aid Society
Anne	Montesano	Human Resources Administration
Kavita	Pawria	Human Resources Administration
Bich Ha	Pham	Federation of Protestant Welfare Agencies
Patricia M.	Smith	Human Resources Administration
Ken	Stephens	The Legal Aid Society

State of New York		
Susan	Antos	Empire Justice Center
Jeff	Barnes	Office of Temporary and Disability Assistance
Dave	Dlugolecki	Office of Temporary and Disability Assistance
Jeff	Gaskell	Office of Temporary and Disability Assistance
Kim	Heroth	Office of Temporary and Disability Assistance
Mark	Lewis	Office of Children and Family Services
Michelle	Rafael	Office of Children and Family Services
Russell	Sykes	Office of Temporary and Disability Assistance
Jerry	Wallace	Advocacy, Education & Thought Leadership for Children and Kinship Families
Barbara	Weiner	Empire Justice Center

Note: This table lists only the names of key informants who consented to having their names appear in the project report.

Appendix 2: Data and Methods

Data for this report are drawn from multiple sources. This appendix describes the types of data used, where they came from and how they were adapted for the study. For further detail, please contact the first study author.

The TANF Administrators' Survey

We conducted a nationwide on-line survey of state TANF administrators or their designees to gather information on state policies and practices. Questions asked about: time limits, work requirements, and means tests for each type of child-only case; informational outreach efforts to potentially eligible groups; availability of non-cash services for children and for caregivers/parents; and grant amounts. Other topics included caseloads by child-only type from 2006 through 2010, possible policy and services changes, and clients' unmet needs. A copy of the survey instrument appears as Appendix 6.

Thirty-five states responded to the survey, providing answers to virtually all the questions about policies and grant amounts.¹⁶⁷ Only the questions about caseloads were incomplete. In many cases it appeared that respondents lacked the data needed to complete data requests concerning break-out of their caseloads into types of child-only cases over time.

¹⁶⁷ These states account for 81% of TANF families in December 2010. US Department of Health and Human Services, Administration for Children and Families, TANF & SSP: Total Number of Families, Fiscal and Calendar Year 2011. http://www.acf.hhs.gov/programs/ofa/data-reports/caseload/2011/2011_family_tanssp.htm

The survey became available beginning August 24, 2011. States initiated their responses through December 21, 2011, and made edits through January 19, 2012. We did not conduct independent validation studies of responses, but where responses appeared incomplete or in disagreement internally, email and phone contact was attempted to gain further information. Where relevant, we updated states' responses into early 2012.

Key Informant Interviews

In the four focal states, 136 individuals participated in 47 key informant interview sessions. These interviews were designed to provide a broad policy picture of the four jurisdictions, to understand states in the context of national policy variations, and to gain specific information to help with interpretation of administrative data.

Interviews took place during a ten-month period beginning April 2011, as shown in Exhibit 2.1.

Exhibit 2.1
Dates of Key Informant Interviews

State	First interview	Final interview
California	August 8, 2011	February 17, 2012
New York	April 24, 2011	May 20, 2011
Florida	April 28, 2011	May 25, 2011
Illinois	May 15, 2011	June 17, 2011

Key informant interview topics included:

- How access to child-only TANF assistance is organized in the state/county/city;
- The prevalence and distribution of child-only cases;
- Whether, how, and for whom case management or other services are provided by public and/or private agencies for members of child-only households;
- Needs among members of child-only households;
- Challenges of child-only case administration at the state, county, and city level; and

- Anticipated changes in numbers and types of child-only cases and associated program or policy planning.

Interview participants included TANF program administrators, managers, supervisors, and line staff at state, county, and city levels as well as selected program managers, advocates, and others working at community-based, nongovernmental organizations serving individuals in child-only cases or those potentially in need of such assistance (see Exhibit 2.2). In two cases, one in New York City and one in New York State, project collaborators also served as key informants.

Exhibit 2.2
Current Employment Affiliation of Key Informants

Employment affiliation	Number of respondents
TANF agency or agency supervising the TANF agency	81
Child welfare agency	14
Advocacy or policy, attorney	10
Migrant, immigrant, or refugee program	6
Advocacy or policy, social worker or other	4
Aging services or in-home supportive services	4
Early learning, child care, or K-12 program	3
Combinations, other program (homeless services, mental health services, Medicaid, SNAP, human resources), or affiliation not revealed	14
Total	136

Half (23) of the sessions were conducted on a one-on-one basis, while 24 group interviews ranged in size from 2 to 13 participants, with an average of 5.6 participants. In most sessions where there was more than one participant, a graduate student typed a record of the conversation as a project principal facilitated the exchange. Sessions ranged in length from 30 minutes to 2 hours. All sessions were based on the same interview guide, although each interview developed independently depending on the expertise of the persons participating as well as the facilitator's extent of knowledge at the time the interview took place. For example,

in later interviews within a particular state or county, the number of questions might be limited and/or made more pointed in order to clarify information heard previously.

At each interview site in California, New York, and Florida, a key contact person at the TANF agency assisted in arranging interviews with TANF agency officials and, in some cases, in facilitating contact with individuals associated with other organizations. While project principals provided guidance as to the types of persons with whom they would like to meet and a summary of the proposed topics of conversation, at most sites project principals were not familiar enough with organizational personnel to suggest names of specific individuals. TANF host agencies were very generous with their time and availability of key staff. The number of sessions and number of interview participants (summarized in Exhibit 2.3) were functions of many factors, including staff availability, size of jurisdiction, and project personnel and travel resources. Jurisdictions elected whether or not to include staff members with overlapping expertise. In 16 cases the same individual participated in two interviews; in three cases, in three interviews. Thus, 136 individuals filled 155 interview slots.

In almost all cases, a one-on-one session resulted from scheduling challenges or the fact that the name of an additional resource person arose during or after the group interview at an interview site. There were a very few instances in which a senior official felt that her/his presence might inhibit conversation with staff members and suggested a one-to-one interview for her/himself. Such suggestions were implemented.

Exhibit 2.3

Distribution of interview sessions and number of key informants

State	Geo-political focus of interview	Number of interview sessions	Number of key informants, unduplicated
New York			
	New York City	9	20
	New York State	4	10
Florida		6	16
Illinois		4	5
California			
	Stanislaus County	4	35
	Riverside County	10	21
	Los Angeles County	8	17
	California State	2	12
Total		47	136

Note. Distinctions between state and county/city are not always meaningful. Officials working for county/city agencies function under – and at times comment on – state law, and the same individual engaged in advocacy may work at both local and state levels.

In addition to conducting wide-ranging interviews with key informants, on a number of occasions we consulted with topical experts from organizations with national perspectives, such as Center on Budget and Policy Priorities, Center on Law and Social Policy, National Immigration Law Center, and Migration Policy Institute, on particular legal or policy questions. In some cases, key informants transformed into experts for such consultations. These did not constitute interviews – often exchanges took place by email or were limited to very short phone calls.

Caseload counts

Calculations of caseload counts across states and at points in time are central to many of the findings in the report. The 2010 TANF child-only caseload counts for the 35 study states were derived from child-only caseloads by type reported in the TANF Administrators' Survey and from child-only caseloads by type reported in the GAO (2011) study on child-only TANF.

Aggregated child-only and adult-aided caseload counts were from the Administration for Children and Families (ACF) website.¹⁶⁸

The counts of child-only cases by type for 2007-2010 are from the TANF Administrators' Survey. However, the analyses of NPC child-only caseloads (only) by state for the period 2002-2009 for all states and the data on national caseloads over time drew on caseload data reported in the TANF Fifth, Sixth, Seventh, Eighth and Ninth Reports to Congress.

Other sources of data analyzed for this report include: the American Community Survey, which provided data to describe the households of children living with kin and to estimate rates of parenthood among SSI recipients; the Annie E. Casey Kids Count Database reports of counts of children in kin and non-kin foster care based on the Adoption and Foster Care Analysis and Reporting System (AFCARS) data; counts of adoptions out of foster care from AFCARS reports (The Children's Bureau, 2006a, 2006b, 2006c, 2006d, 2008, 2009a, 2009b) and estimates for the population of citizen children of ineligible immigrant parents from the Migration Policy Institute.

Caseload Counts and Characteristics from the Focal States

The TANF Administrators' Survey gathered data on child-only caseload counts as of December 31 (or the average monthly caseload during December) for the years 2006-2010. More detailed information was requested from analysts with access to individual-level case information in the focal states. Characteristics and counts were gathered for eight different types of cases:

- Child-only case types: NPC; SSI; IIP; Felon parent; Sanctioned (if recorded as child-only); child-only-type-not-classified;
- Timed-out cases (California and New York);
- Adult-aided cases: One-parent and Two-parent.

¹⁶⁸ http://www.acf.hhs.gov/programs/ofa/data-reports/caseload/caseload_current.htm

Counts of cases by type are recorded semi-annually (in April and October) in the five years 2005-2010. The case counts for New York, Florida and Illinois are the caseloads in those exact months.¹⁶⁹

The estimates for caseload counts for California were developed in two stages. The first stage takes numbers of one-parent, two-parent, Safety Net (timed-out), and child-only cases as reported in the state CalWORKs CA 237 Cash Grant Caseload Movement Report data system.¹⁷⁰ These are actual caseload numbers. The study data are for caseloads in the months of April and October, for each year 2005-2010.

The second stage used data from the (weighted) TANF Quality Control (TANF QC) sample, which provides not only case-type for each case record but other data on case characteristics. Linking the QC sample back to the statewide MEDS data permits estimates of cases' persistence on aid. Exhibit 2.4 reports sample sizes for the child-only case types in the QC sample.

Using the QC data in conjunction with the CA 237 caseload data we estimate counts of child-only cases by type over time, from the fraction each child-only case type is among all child-only cases in the (weighted) TANF Quality Control (TANF QC) sample. The child-only number from the CA 237 Caseload report is divided into the subgroups (NPC, IIP, SSI-Recipient-Parent, and Other child only /unknown), based on the weighted share that these types are in the total number of child-only cases in the QC report.

The QC samples for FY 2005 and FY 2008 provided information about case characteristics and persistence on aid. Accordingly, these estimates have errors associated with them. In 2009-10 the QC sample had 2,210 adult-aided and sanction cases: 257 timed-out cases and 1,030 child-only cases, distributed across case types as shown in Exhibit 1.5.

¹⁶⁹ Analyses of New York City data were conducted by Kinsey Dinan, New York City's Human Resources Administration; of New York State data by Jeff Barnes, New York State Office of Temporary and Disability Assistance; of Florida data by Jon Stiles, UCDATA, University of California, Berkeley; of Illinois data by John Dilts of Chapin Hall Center for Children, University of Chicago.

¹⁷⁰ Analyses of California data were by Eva Seto, UCDATA, University of California Berkeley, aided by Paul Smilanick of the California Department of Social Services Research Branch. The CalWORKs CA 237 Cash Grant Caseload Movement Reports are at <http://www.cdss.ca.gov/research/PG281.htm>

Exhibit 2.4
California's Child-Only Category Caseload Estimates

QC Samples for FY 2009-2010	QC sample, by case type	Weighted percent that each type is of all child-only cases (per QC data)	CalWORKS CA-237 caseload data statewide, Oct 2010	Analysis Data: Estimated counts by case type, October 2010
NPC cases	172	16.7%		30,663
SSI cases	141	13.7%		34,714
IIP cases	605	58.7%		115,570
All other child-only cases	112	10.9%		13,269
Total child-only cases (NPC, SSI, IIP, All Other child-only cases)	1,030	100%	194,215	194,215

A set of demographic characteristics (with reference, where relevant, to the youngest child in each case) were recorded for all case types as of October 2005, October 2008 and October 2010. All cases on aid in these months were used to calculate values for New York, Florida, and Illinois. In California, the six months of QC files that pertained to, respectively, July-December 2005, July-December 2008, and July-December 2010 were used to generate estimates of caseloads. The fiscal-year annual files were used to generate data on case characteristics and persistence on aid.

Characteristics reported across all four states include: average numbers of children in case; average ages of children in case and of adult case head; and average TANF grant for case. Characteristics reported by three states are: ethnicity of reference child; relationship of reference child to case head; average SNAP benefit for case; and average age of youngest and oldest child in case. Characteristics reported by one or two states are: average earnings for case (available for California and Illinois); average earnings for household (available for California). These data are reported in the relevant points in the report. Further detail and documentation are available by request from the authors.

Estimates of 2010 TANF Caseloads by Child-Only Type for 35 Study States

The TANF Administrators' Survey and the 2011 GAO survey both requested that states report their December 2011 TANF child-only and adult-aided caseloads by type of case. These data, along with the data from the four focal states, combine to create the set of data used in this report to describe the 35 study states.

Ten states did not report disaggregated data in either survey: Alabama, Arkansas, Delaware, Hawaii, Kentucky, Mississippi, Montana, Nebraska, Ohio, and Pennsylvania. A further six jurisdictions' data were not usable because the survey-reported child-only caseloads differed by more than 30 percent from the child-only caseloads reported by the ACF for December 2010 (Exhibit 2.5)¹⁷¹. Two of these six excluded states make heavy use of NPC child-only TANF to support children who have been under Child Welfare supervision. Virginia indicated virtually no NPC cases in either the TANF Administrators' Survey (0 cases) or the GAO survey (154 cases). Yet informants noted "several thousand" NPC child-only cases used as kin-foster care, and this suggestion is consistent with the ACF-reported child-only count of about 6,000 more cases than in the survey reports. The GAO report (2011: pg 26) indicates that Tennessee also uses TANF to "provide ... an additional payment to supplement the TANF child-only payment... [to] eligible relatives caring for children who were determined at risk of entering state custody." About 6,000 more child-only cases are reported for Tennessee in ACF data than in either of the surveys. The data discrepancies in both of these states suggest there is confusion among state officials as to whether TANF-funded kinship foster care should be counted as a NPC child-only TANF case or not.

Louisiana's data are puzzling in that the counts of each case type furnished for the TANF Administrators' Survey added up to a child-only caseload of nearly 3,000, and an adult-aided caseload of nearly 7,800. The GAO survey did not disaggregate child-only cases by type but reported an overall count of about 7,600 child-only cases and another 4,000 adult-aided cases,

¹⁷¹ The child-only caseload reported for California in the ACF data had time-limit cases removed prior to this check.

numbers that are mirrored in ACF data. It appears that the child-only and adult-aided case counts are reversed in at least one of the data sources, but which is correct is not known to us.

Michigan's data are also perplexing. Both the TANF Administrators' and GAO surveys report about 12,000 SSI-parent child-only cases and about 1,700 sanction cases. The TANF Administrators' Survey has no other child-only information. The GAO survey reports about 12,600 NPC child-only cases and about 2,300 IIP child-only cases, but a total of only 18,341 child-only cases, even though the sum of NPC, SSI and IIP child-only cases amounts to about 26,900 cases. While the notes to the table acknowledge that cases may be counted in more than one way, it seems implausible to us that 40% of cases should qualify for two distinct child-only categories. Finally, in Colorado and the District of Columbia, we note substantial discrepancies in child-only totals between GAO and ACF data.

Exhibit 2.5

The Six States that Reported Data by Case Type But Were Excluded From Data Analysis Because Of Conflicting Data

	Reason for exclusion from study states	TANF Administrators' Survey (NPC, SSI, IIP)	GAO Survey (NPC, SSI, IIP)	ACF data (child only)
Colorado	GAO Survey Child-Only total is >30% different from ACF data	No response	4,658	3,427
District of Columbia	GAO Survey Child-Only total is >30% different from ACF data	No response	3,074	2,261
Louisiana	TANF Administrator Survey reports 822 NPC; 1,981 SSI; 29 IIP cases. Not consistent with other data sources.	2,832	7,609 (not reported by type)	7,099
Michigan		Incomplete response	26,366 sum of NPC, SSI, IIP	17,214
Tennessee	Survey Child-Only total is >30% different from ACF data	19,447	18,755	12,825
Virginia		6,141	5,477	11,828

Sources: TANF Administrators' Survey, GAO survey (2011) and ACF Caseload Data

The 35 study states account for 74 percent of children on TANF and 75 percent of the U.S. population. Their child-only caseloads appear in Exhibits 2.6 and 2.7. The administrative data provided the caseload counts for the four focal states - California, Florida, Illinois, and New York. Survey data provided caseload counts in other states. If case counts appeared in both the TANF Administrators' Survey and the GAO survey, values were averaged.

The child-only totals are largely consistent with the ACF child-only counts for December 2010, differing by, on average, 6 percent (in absolute value). For the ten states with child-only counts by case type reported in both surveys, the disaggregated data are also quite consistent. In 8 out of the 10 states, the summed counts of NPC, SSI and IIP child-only cases in the two surveys were within 10 percent of each other (and in most states closer than that.) The numbers for Wyoming and Minnesota were less close: a 13 percent difference in Minnesota, and a larger difference for Wyoming, where the total count was small.¹⁷²

¹⁷² West Virginia reported the number of NPC cases but not the number of SSI cases, and reported zero for IIP cases. The number of reported NPC cases exceeded the ACF caseload total. North Dakota did not report numbers of IIP or SSI cases, but as the ACF number for child-only cases exceeded the reported NPC count, we allocated the difference between the NPC cases and the ACF total child-only case count between SSI (95%) and IIP (5%).

Exhibit 2.6

Comparisons of Counts of NPC Plus SSI Plus IIP Cases; Comparisons of Child-Only Counts

State	Reports of NPC, SSI, IIP Caseloads		Reports Of Total Child-Only Cases	
	(A)TANF Administrators' Survey (NPC, SSI, IIP) Where cells are split, the Admin Data are in the left hand cell.	(B) GAO Survey (NPC, SSI, IIP)	Average of Reports of All Child Only (avg of (A)/TANF Admin. Survey and (B)/GAO Survey).	ACF Child-Only: this includes NPC, SSI, IIP, felon, other, missing (& excludes CA, NY sanction, CA timed-out)
Alaska	793	820	932	988
Arizona	8,119 (all Child Only; same as GAO total.)	7,393	8,119	7,912
California*	180,946	196,341	193,875	197,920 (excl Timed Out and Sanctioned) 195,891*
Connecticut	7,397	7,049	7,229	6,962
Florida	37,199	37,470	37,114	38,310 39,954
Georgia	--	16,510	16,458	16,676
Idaho	--	2,163	2,163	1,617
Illinois	13,659	13,684	15,008	15,245 14,869
Indiana	--	9,355	9,547	9,683
Iowa	reported NPC only, # similar to GAO NPC	5,029	5,454	5,611
Kansas	--	4,047	4,183	4,194
Maine**	--	1,874	2,879	2,549
Maryland	8,395	8,245	8,818	8,223
Massachusetts	--	16,290	18,642	17,743
Minnesota	11,278	12,718	11,409	10,937
Missouri	--	9,039	9,781	8,852
Nevada	--	4,520	4,833	4,791
New Hampshire	2,314	2,314	2,482	2,502
New Jersey	--	9,024	9,474	9,533
New York	51,917	51,917	55,001	56,201 60,013
North Carolina	16,425	16,425	16,760	16,771
North Dakota	--	497 (only NPC reported)	497	721
Oklahoma	--	4,748	4,759	5,272
Rhode Island	--	2,240	2,258	2,255
South Carolina	--	6,899	7,273	7,278
South Dakota	--	2,139 (only NPC, SSI reported)	2,179	2,170
Texas	--	29,962	31,996	35,210
Utah	2,836	2,846	2,841	2,897
Vermont	--	1,329	1,329	1,314
Washington	--	25,251	25,251	25,406
West Virginia	4,931 (all Child Only)	4,907 (only NPC reported)	4,919	4,847
Wisconsin	--	11,404	11,404	12,163
Wyoming	205 (all Child Only)	298	246	215

* California ACF value is calculated as (259,303 minus estimated other/timed-out of 63,412)=195,891

** The ACF child-only total for Maine appears to include Maine's 'sanctioned cases'

Exhibit 2.7
Caseload Counts used in Analyses

State	Averages of TANF Administrators' Survey data (A) and GAO survey data (B) data if both exist for December 2010					
	NPC cases	SSI cases	IIP cases	All Child Only (average of (A),(B))	All TANF cases (average of (A),(B))	
Alaska	387	394	31	932	3,573	3,572
Arizona	3,685	1,523	2,185	8,119	19,790	19,366
California	36,984	34,519	123,603	246,270 (excludes Timed Out)	582,057	601,286
CA Admin data*	30,663	34,714	115,570	246,270 (excludes Timed Out)	582,057	601,286
Connecticut	3,870	2,675	669	7,229	18,637	16,750
Florida	28,318	5,639	3,335	38,310	57,730	58,144
FL Admin data*	28,083	5,784	3,332	38,310	57,730	58,144
Georgia	10,638	5,222	630	16,458	20,499	20,686
Idaho	2,127	0	36	2,163	2,404	1,848
Illinois	5,569	6,914	1,864	15,245	36,500	27,177
IL Admin data*	5,317	6,761	1,581	15,245	36,500	27,177
Indiana	4,197	3,243	1,915	9,547	31,325	31,461
Iowa	2,817	1,496	716	5,454	18,085	21,037
Kansas	2,278	1,005	764	4,183	15,362	15,647
Maine	707	1,167	0	2,879	14,861	15,435
Maryland	6,547	1,698	150	8,818	26,859	26,160
Massachusetts	4,493	8,068	3,729	18,642	52,463	51,179
Minnesota	4,471	4,939	2,588	11,409	37,290	24,726
Missouri	4,505	3,739	795	9,781	42,828	39,617
Nevada	1,491	900	2,129	4,833	12,073	11,066
New Hampshire	1,181	1,051	82	2,482	6,313	6,168
New Jersey	4,311	2,764	1,949	9,474	37,847	35,153
New Mexico	1,488	1,521	3,472	7,265	21,664	21,664
New York	14,192	17,816	19,909	56,201	137,865	158,133
NY Admin data*	14,192	17,816	19,909	53,314	152,279	158,133
North Carolina	11,344	2,587	2,494	16,760	27,056	23,639
North Dakota	497	0	0	497	1,988	1,931
Oklahoma	3,105	1,057	586	4,759	9,273	9,472
Oregon	1,510	1,547	3,278	7,349	31,059	33,123
Rhode Island	344	1,572	324	2,258	7,105	6,778
South Carolina	4,548	1,857	494	7,273	19,523	19,038
South Dakota	1,844	295	0	2,179	3,307	3,290
Texas	10,074	3,042	16,846	31,996	49,753	52,972
Utah	1,640	645	551	2,841	6,927	6,811
Vermont	638	704	21	1,329	3,371	3,335
Washington	11,550	4,978	9,447	25,251	70,759	69,805
West Virginia	4,907	na	0	4,919	11,876	10,676
Wisconsin	5,174	6,417	0	11,404	25,717	25,270
Wyoming	235	56	4	246	409	312

TANF caseload data were collected over time for 14 states in the TANF Administrators' Survey and used in Chapter 1 in analyses of caseload change from 2007-2010.¹⁷³ Estimates of the number of child-only case types nationally were estimated from published counts of child-only cases in HHS Reports to Congress (U.S. DHHS 1998, 2000, 2003, 2004, 2006, 2009, 2012).

Contextual Demographic Data

Throughout the report we provide estimates of:

- TANF receipt among all children;
- TANF among poor children;
- TANF among poor and all children living with kin;
- TANF among poor and all children living with adults; and
- TANF among poor and all children with living either with kin or with parent on SSI

With the exception of estimates of children of ineligible immigrant parents, the data for these denominators are from the American Community Survey for 2010 (and, where relevant, for earlier years.) The American Community Survey is a rolling survey of a random sample of approximately one in one hundred U.S. households. The data were accessed at the IPUMS website using the Analyze Data Online SDA tool.

We take counts of foster children (excluding group care) from the AFCARS system, then we retrieve from the U.S. Census (or, more precisely, the American Community Survey) the number of children in out-of-home care, calculated as the sum of children with grandparents, with other kin, or identified by a householder as a foster child. Subtracting the official foster-care counts from the sum of out-of-home care yields the count of children in relative care not in the foster care system.

¹⁷³ Data for Tennessee were retained in that analysis because consistency with ACF data and estimates of child-only as a share of TANF totals were not central to that analysis.

Appendix 3: Describing Kin Caregivers

Prevalence and Characteristics of Families where Relatives are Raising Children

This Appendix pursues analyses not discussed in Chapter 3. To provide a nationally representative look at relative-care households, we draw on data from the 2006-2010 American Community Survey (ACS), TANF administrative data from this study's focal states, and relevant studies by other researchers to compare NPC child-only homes to all U.S. kin-care homes. We consider trends in caregiving rates over time, characteristics of children and relative caregivers, as well as the general well-being of children in kin-care homes.

Prevalence of Kin Caregiving

Fewer than 4 percent of children are being raised by relatives, with the share of children living with kin remaining quite steady since 2000. Poverty hardly changes the likelihood of being raised by relatives; among poor children, 5 percent are with kin and apart from parents. Some states, for sure, have more kin-care families and others fewer, but in no state do we find more than 7 percent of children in kin-care families.¹⁷⁴ These statistics are in contrast to the distribution of TANF cases: nationwide, nearly one-fifth (19%) of TANF cases are NPC child-only cases or adult-aided kin-care cases.

¹⁷⁴ Alabama, Arkansas, Delaware, Hawaii, Louisiana and Mississippi are the states with the largest fractions of children in kin care. Poor children more often are in kin-care homes, but even in those states, nowhere are more than 10 percent of *poor* children in kin-care homes.

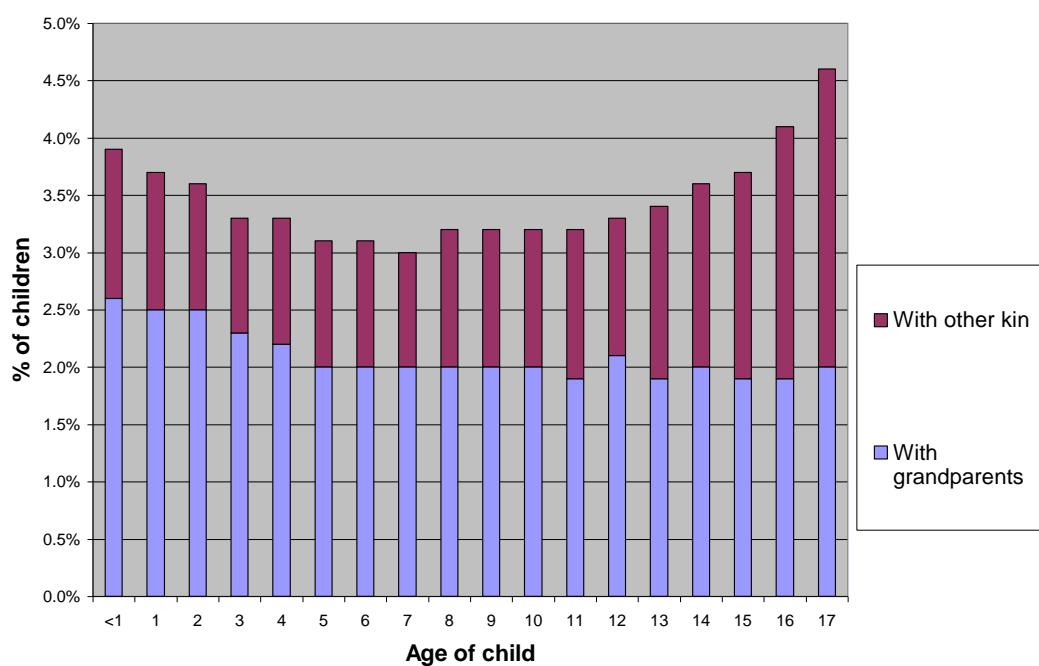
Kin care is often a temporary arrangement, and three times more children ever experience it than point-in-time estimates indicate: nearly one in ten children (and one in five African American children) will spend at least three consecutive months living with kin apart from parents during their childhood.¹⁷⁵

Ages of Children

Infants, toddlers, and teenagers are the age groups most likely to live apart from parents, an age pattern that suggests the range of reasons behind kinship care (see Exhibit 3.1). The parents of infants may themselves be very young and not ready for the responsibility of parenthood, a common reason for grandparents to step in. Meanwhile, teenagers live with kin to acquire education, look for work, or simply spread their wings.

Exhibit 3.1

Percentages of Children Living with Grandparents or Other Kin, by Age of Child, United States, 2010



Source: Authors' analyses of the 2010 American Community Survey

¹⁷⁵ Analyses for the Annie E. Casey Foundation of National Longitudinal Study of Youth (NLSY) data by Richard Bavier. Cited in footnote 10 in "Stepping Up for Kids: What government and communities should support kinship families". Annie E. Casey Foundation, Baltimore. 2012.

Characteristics

Although a typical kin caregiver is sometimes described as disadvantaged and the children in her care very vulnerable, nationally representative data from the American Community Survey reveal a heterogeneous group of families. Exhibit 3.1 presents data from the American Community Survey comparing kin care families to single-parent and two-parent homes, and dividing kin care families into grandparent caregivers and other-kin caregivers. Exhibit 3.2 replicates and expands a Chapter 3 table examining characteristics of NPC child-only TANF homes and relative-caregiver homes.

Mirroring the ethnic patterns, one-fifth (21%) of the children in other-relative-care homes speak Spanish at home, and one in ten (10%) other-relative-care (and 7% of all kin-care) children are in “linguistically isolated” homes (Exhibit 3.1).¹⁷⁶

Geography

The Census classifies households by whether they are in a major metropolitan area or not, and, if they are, whether they are in a central city, in the suburban ring, or unclassifiable. Two-parent families are more often living in suburbs (36%) than other settings, while grandparents and single parents are less likely to live in suburbs (23% and 28%, respectively; Exhibit 3.2). Grandparent kin caregivers are more likely than other family heads to live outside metro areas (22%).

Older people raising grandchildren may move to rural areas, especially once they have some financial support (TANF or foster care, perhaps along with Social Security), or because they need inexpensive space (bedrooms, a yard) to raise children more than they need access to an urban labor market. Equally, children may have been moved to live with kin in rural areas, seeking to escape concentrated poverty, neighborhood violence, poor schools, and the environmental health risks associated with inner cities. Finally, formerly-rural parents might have left a rural area for city-based work or education and left their children behind with kin.

¹⁷⁶ This Census Bureau classification applies to homes in which either no person age 14+ speaks only English at home, or no person age 14+ who speaks a language other than English at home speaks English "Very well".

The over-representation of grandparent-headed homes in rural areas intersects with another difference: higher TANF take-up rates outside a state's major metro area. We juxtapose the share of a state's TANF NPC child-only caseload in the largest metro area in the state with the fractions of each state's children in kin care living in those metro areas. The discrepancies are greatest in New York, where more than three-quarters (78%) of the state's NPC child-only cases are found among the kin-care families who live outside New York City and comprise 45 percent of the state's relative-care families (Exhibit 3.3). In California, 30 percent of relative-care children are in Los Angeles County, but the county has only 12 percent of California's NPC child-only cases; leaving 88 percent of California's NPC child-only TANF cases among the 70 percent of relative caregivers who are outside of Los Angeles. Less dramatic but similar patterns occur in Illinois and Florida. Higher NPC child-only TANF take-up among rural populations is also evident across states, as we discuss in the chapter section on the factors that shape NPC child-only caseloads.

Exhibit 3.2

Characteristics of Relative Caregiver Homes and Parent-Present Homes

Child Characteristics	Child with kin, no parents	With Grand- parent(s), no parents	With other kin, no parents	Single parent	Two-parent household
Population represented (1,000s)	2,579	1,550	1,029	23,941	46,823
Ethnicity and Language					
% White	32	36	25	40	62
% Black	30	32	27	26	7
% Native American	2	2	1	1	<1
% Mexican Origin	21	17	28	18	15
% All other Hispanic	8	7	9	9	6
% Asian-Pac-Islander or Mixed	7	6	9	7	9
% Speak Spanish at home	12	8	21	12	11
% Linguistically Isolated	7	4	10	7	6
Geography					
% In central city	20	19	22	18	12
% Suburbs (not central city)	25	23	28	28	36
% Metro area, central city status unknown	30	29	31	31	31
% Rural (not metro area)	19	22	14	15	15
% Metro-area status unknown	7	8	5	7	7
Health					
% Child has severe cognitive disability	5	6	4	4	2
% Child has severe ambulatory disability	0.8	0.8	0.6	0.5	0.4
% Neither type of disability	94	94	95	96	98
% Child has no health insurance	13	10	17	9	7
% Child has Medicaid	64	67	59	56	23
% Child has private insurance / Medicare / CHAMPUS / other	23	23	24	35	70
Economic Status					
% Not in poverty	67	67	68	59	89
% 51-100 of poverty	19	20	18	20	8
% <=50 of poverty	13	13	13	22	3
Average family income (\$)	\$50,381	\$47,548	\$54,652	\$36,263	\$94,113
% Child gets SNAP/ Food Stamps	39	38	39	44	13
Number in ACS Sample (n)	23,950	15,242	8,708	198,773	446,318

Source: Authors' analyses of the 2010 American Community Survey

Note: A difference of 1.5 percentage points between grandparent and other- kin households is always statistically significant at p<.05 in a pairwise contrast. A difference of 0.7 percentage points between relative-care and single-parent households is always statistically significant at p<.05 in a pairwise contrast. The rates of severe ambulatory disability are significantly different between grandparent-care and single-parent households, but not significantly different between grandparent-care and other-kin households.

Exhibit 3.3
Characteristics of TANF Recipients and Relative Caregiver Homes

	California		New York		Florida		Illinois	
	NPC child- only TANF	All Kin care- giving						
Relationship to Caregiver								
% Grandchild	-	48	68	58	61	60	73	60
% Niece/Nephew/ Sibling /Other	-	52	32	42	39	40	26	40
Average Age of Caregiver	52.6	-	56.8	-	51.9	-	46.2	-
Number of children in case	1.5	-	1.5	-	1.1	-	1.7	-
Ages of Children								
Average age of children in case	9.5		9.8		8.9		9.6	
Average age of kin-care children		8.6		8.7		9.0		8.5
Ethnicity								
% White	35	14	40	22	32	25	41	30
% Black	15	10	37	34	56	45	46	40
% Hispanic/Latino	48	64	13	36	9	25	10	23
% All other	3	12	10	8	3	5	2	7
Major Metro Area								
% in state's largest metro area	12	30	22	55	4	7	49	57
% not in largest metro area	88	70	78	45	96	93	51	43
TANF take-up among kin caregivers								
% in NPC child-only TANF	-	13	-	15	-	19	-	8
% with SNAP	22	29	-	43	50	40	-	40
Number in ACS Sample (n)		16,648		6,362		7,490		4,840

Source: 2006-2010 American Community Survey and TANF administrative data used in this project.

Health

Prior research has firmly established that children in kin care have more health problems than their counterparts in parent-present homes.¹⁷⁷ Research has also shown that a disabled child

¹⁷⁷Analysis of the 1997/1999 NSAF, for example, found children in kinship care significantly more likely to have fair or poor (as opposed to good or excellent) health, and to suffer from limiting conditions or physical or mental impairments (Kortenkamp and Macomber, 2002).

can disrupt a marriage (Mauldon, 1992), and may disrupt parent-child bonds as well. The data in Exhibit 3.2 show grandparent caregivers are half as likely as single parents and two to three times as likely as coupled parents to be raising a child with a severe cognitive or ambulatory difficulty. Children with other-relative caregivers or in single-parent homes also are more often disabled than are children in two-parent homes. Kin may step in when parents are unable to meet the challenges of raising a disabled child. It is also possible that some children's health problems are the result of parental abuse or neglect.

To further complicate matters for kin caregivers, children in kin-caregiver homes are more likely than other children to lack health insurance.¹⁷⁸ These insurance gaps are large, especially for children in other-relative homes, who are twice as likely as parented children to be uninsured (17% compared to 8%). Poverty is not the immediate cause: the percentage of kin-care children without insurance (13%) is the same in poor and in non-poor homes [not displayed].

Even when children are insured, most of the time the coverage is through Medicaid, which in many states does not contract with enough providers to supply important types of medical services, especially dental care and mental health care.

Economic status

Kin-care homes are poor at three times the rate of two-parent families (33% compared to 11%) but, with average annual incomes of about \$50,000, are better off financially than single-parent homes (Exhibit 3.2). Single-mother families are especially poor, with nearly half of them below poverty; these are often the families that turn to kin caregivers for help. Children with kin caregivers participate in SNAP a little less than children with single parents, but three times as much as those in two-parent homes.

¹⁷⁸ Gibbs and colleagues (2004) also found, using the Survey of Income and Program Participation, that children in kin care (and not in TANF) were more often uninsured than children living with parents.

Combining characteristics: How many are faring well or poorly?

In Exhibit 3.4 characteristics that could indicate problems for kin caregivers – low income, linguistic isolation for non-English speakers, lack of health insurance coverage for children, and children’s disability – are analyzed together using data from the American Community Survey.

Families whose incomes exceed 250% of the poverty threshold (nearly \$50,000 for a family of three) are in the top panel, and, in the top row, children have health insurance, are not disabled, and are not linguistically isolated. Half (56%) of two-parent families enjoy these circumstances, while 20% of single-parent families and 23% of relative-caregiver families do.

The second and third rows of the top panel show 3% of relative-caregiver children in this panel lacking health insurance, and 1% linguistically isolated, despite higher income. As noted above, lack of health insurance is more common for kin-care children than parented children, whatever their income level.

The middle panel reports the percentages of families in each category that have incomes between 100 and 250 percent of poverty. Many of the uninsured children are here; among the 38 percent of kin-care children in this group, 7 percent (nearly one-fifth) are uninsured.¹⁷⁹ Ten percent are linguistically isolated.

The bottom panel reports the count of families with incomes below the poverty threshold, and adds to this group (in the penultimate row), raising a child with a serious disability, which is a challenge no matter how much money a family has. Summarizing the bottom four rows, one-third (36%) of relative-care families are poor or have a seriously disabled child. Many fewer two-parent families face these challenges (12%), while more (43%) single parents do.

¹⁷⁹ 5% are uninsured and not linguistically isolated and (not shown) 2% are uninsured and linguistically isolated.

Exhibit 3.4
Characteristics of Relative Caregiver Homes: Combining Different Attributes

Child Characteristics	Child with kin, no parents	Single parent	Two- parent household
Income > 250% of poverty; Insured; Not linguistically isolated; Not disabled	23%	20%	56%
Income > 250% of poverty; Uninsured; not linguistically isolated; Not disabled	3%	1%	2%
Income > 250% of poverty; Linguistically isolated; Not disabled	1%	1%	1%
Income 100-250% of poverty; Insured; Not linguistically isolated; Not disabled	30%	30%	22%
Income 100-250% of poverty; Uninsured; Not linguistically isolated; Not disabled	5%	4%	3%
Income 100-250% of poverty; Linguistically isolated; Not disabled	3%	2%	3%
Income < 100% of poverty; Insured; Not linguistically isolated; Not disabled	24%	32%	7%
Income < 100% of poverty; Uninsured; not linguistically isolated; Not disabled	3%	3%	1%
Income < 100% of poverty; Linguistically isolated; Not disabled	3%	4%	2%
Child significantly disabled	6%	4%	2%
Number in ACS Sample (n)	23,950	198,773	446,318
Column total	100%	100%	100%

Source: 2010 American Community Survey

The kin caregivers represented in the bottom panel, who comprise more than one-third of the total, are struggling to transcend multiple hurdles: poverty, children's disability, lack of insurance and linguistic isolation. Adequate income supports would help them, as low income is the sole identified problem for two-thirds (24% of the 36%) of this group.

Appendix 4: Supplemental Data for Chapter 4

Exhibit 4.1

Distribution of Cash Assistance and Child-Only Cases, by Type, October 2010

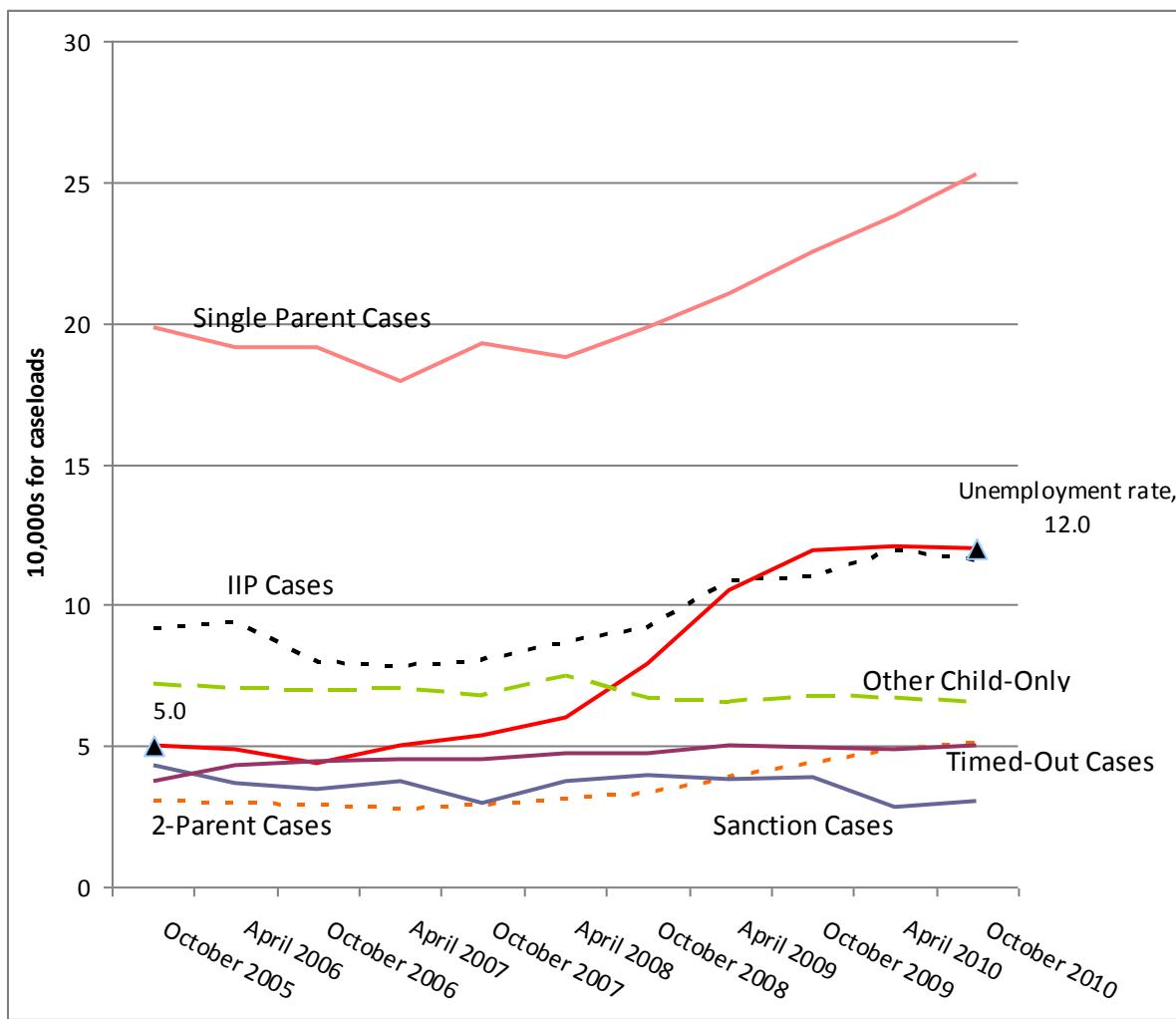
SITE	DISTRIBUTION OF ALL TANF/CASH ASSISTANCE CASES					DISTRIBUTION OF CHILD-ONLY TANF/CASH ASSISTANCE CASES			
	TANF / Cash Assistance Total N	SSI %	NPC %	IIP %	Adult-aided %	Child-Only Total N	SSI %	NPC %	IIP %
California	578,364	6	5	20	69	180,620	19	17	65
Los Angeles Cnty	174,622	5	2	28	65	61,736	13	6	80
Rest of California	370,503	7	7	16	71	118,892	23	23	55
Riverside County	33,239	4	8	18	71	9,893	13	27	59
New York	152,279	12	9	13	66	51,715	34	28	38
New York City	93,071	10	4	19	67	31,076	31	11	58
Rest of NY State	59,208	14	18	3	66	20,213	33	14	54
Florida	58,174	10	48	6	34	37,410	15	76	9
Miami	8,331	12	20	12	56	3,631	29	45	27
Rest of Florida	38,173	12	61	3	24	33,434	15	80	4
Illinois	34,212	20	16	5	60	13,621	49	40	12
Cook County	21,012	20	12	5	62	7,890	54	32	14
Rest of Illinois	13,200	32	23	5	41	5,945	53	39	9

Source: Project administrative data

* Totals may not equal 100 because of rounding

Exhibit 4.2

TANF Caseload and Unemployment Rate Trends in California, 2005–2010

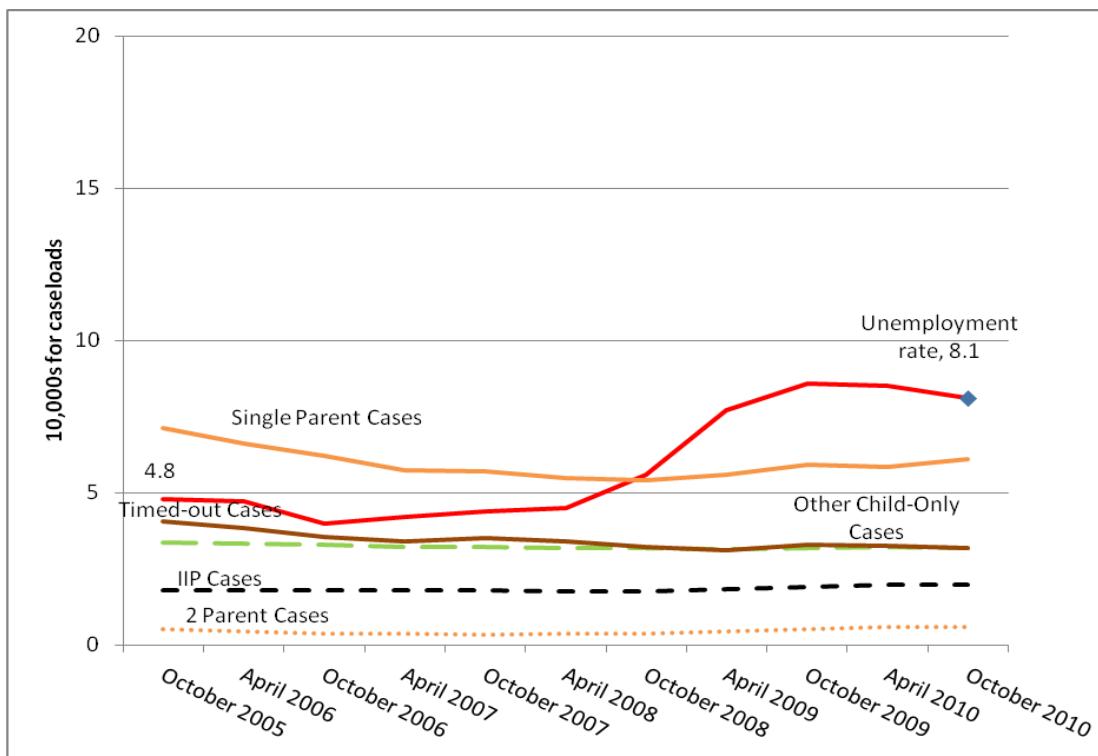


Source: Project administrative data.

Note: Unemployment data not seasonally adjusted. "Other Child-Only Cases" includes SSI and NPC. Although not discussed in this report, since they represent substantial caseloads we include Time-Out and Sanction Cases in this graph.

Exhibit 4.3

TANF Caseload and Unemployment Rate Trends in New York, 2005–2010

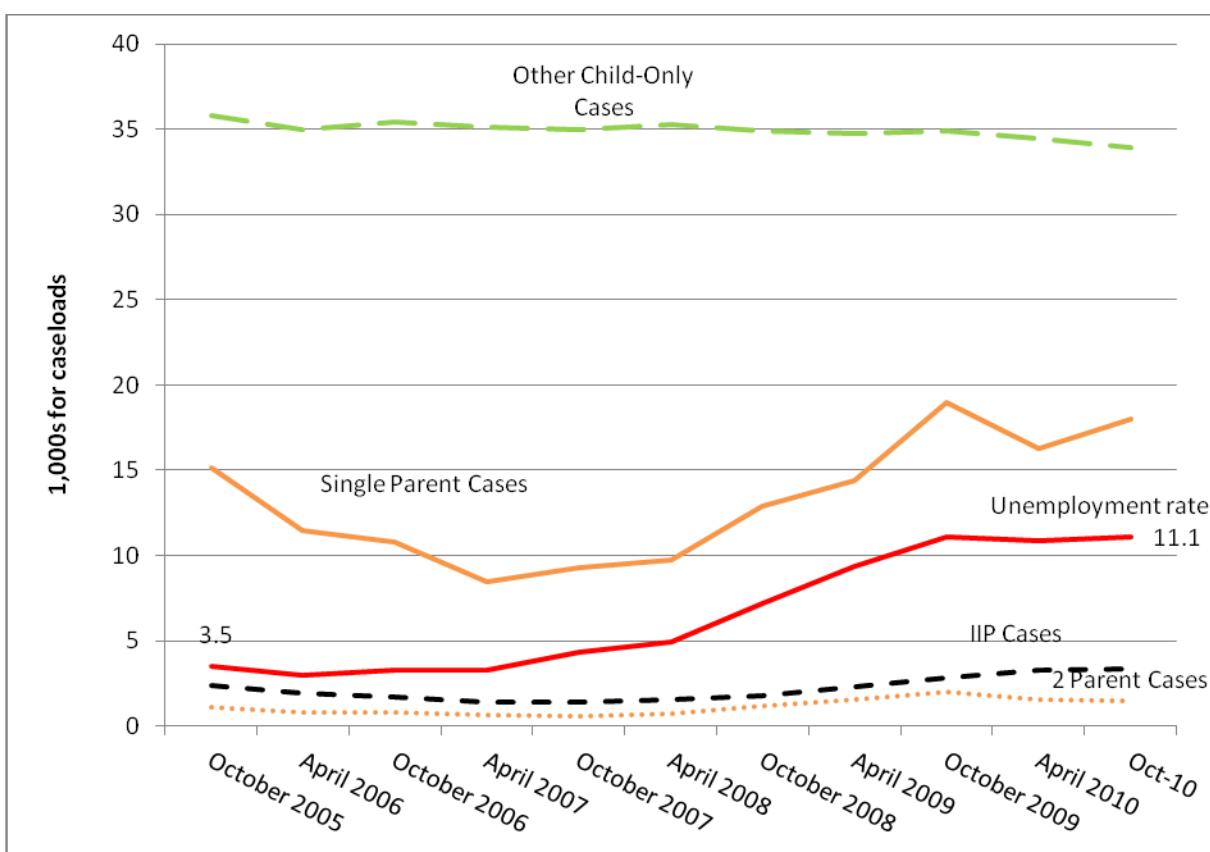


Source: Project administrative data.

Notes: Unemployment data not seasonally adjusted. “Other Child-Only Cases” includes SSI and NPC. Although not discussed in this report, since they represent substantial caseloads we include Time-Out Cases in this graph.

Exhibit 4.4

TANF Caseload and Unemployment Rate Trends in Florida, 2005–2010

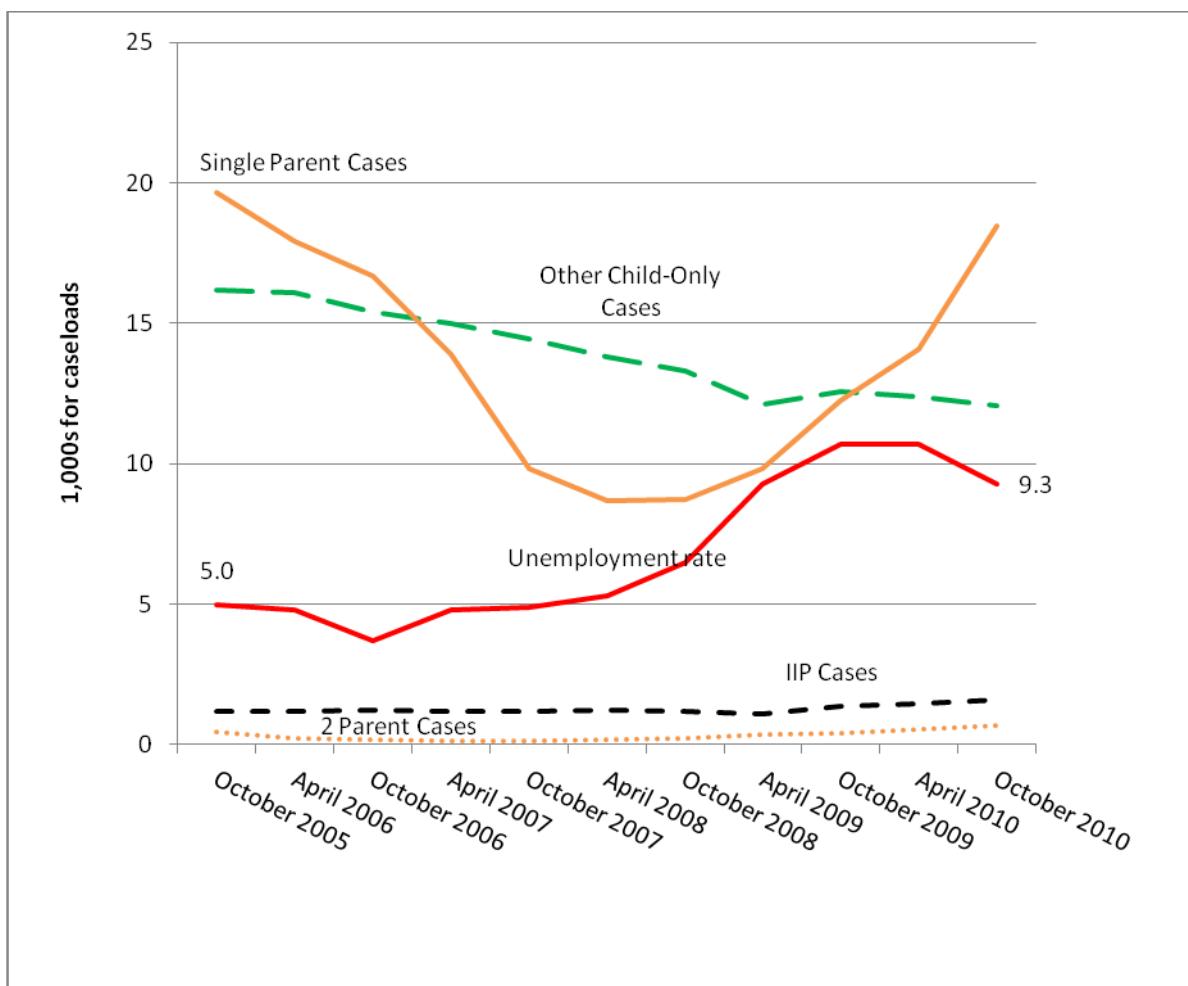


Source: Project administrative data.

Note: Unemployment data not seasonally adjusted. "Other Child-Only Cases" includes SSI and NPC.

Exhibit 4.5

TANF Caseload and Unemployment Rate Trends in Illinois, 2005–2010



Source: Project administrative data.

Note: Y-axis is per 1,000 cases, unlike the graphs for the other focal states. Unemployment data not seasonally adjusted. "Other Child-Only Cases" includes SSI and NPC. Not included are up to 150 timed-out single parent cases per time period.

Exhibit 4.6

Average Age of Parents or Caregivers of Aided Children, October 2010

Site	SSI	NPC	IIP	Aided Adult
California	42.5	52.6	33.3	30.9
New York	40.2	53.0	35.2	33.6
Florida	36.4	51.9	32.8	30.5
Illinois	39.4	51.6	33.9	26.8
New York City	42.0	56.8	35.4	35.2
Cook County	39.8	51.9	34.4	26.6

Source: Project administrative data

Exhibit 4.7

Average Age of Children in Assistance Units, October 2010

Site	SSI	NPC	IIP	Aided Adult
California	10.7	9.5	5.1	4.8
New York	10.5	9.8	7.7	7.6
Florida	8.3	8.9	4.6	4.6
Illinois	9.3	9.6	7.6	4.7
New York City	11.3	11.2	7.8	8.2
Cook County	9.4	10.0	7.7	4.7

Source: Project administrative data

Exhibit 4.8

Average Age of Youngest Child in Household, October 2010

Site	SSI	NPC	IIP	Aided Adult
New York	9.2	9.2	5.9	5.5
Florida	8.3	8.3	4.6	4.6
Illinois	8.2	8.9	5.5	2.5
New York City	10.0	10.7	6.1	6.3
Cook County	8.2	9.3	5.6	2.5

Source: Project administrative data

Exhibit 4.9

Distribution of Age of Youngest Child in Assistance Units, California, October 2010

	SSI (%)	NPC (%)	IIP (%)	Aided adult (%)
Youngest child age 0–5	22	26	63	69
Youngest child age 6–11	28	35	25	17
Youngest child age 12–17	51	39	13	14

Source: Project administrative data

Appendix 5: Supplemental Data for Chapter 5

Exhibit 5.1

Source of Help, Average Number of Application Attempts and Average Time to Approval for SSI Parents

Source of Help	Number of Interview Respondents Helped	Average Number of Application Attempts	Average Time to Approval
Doctor/Therapist	21 (19%)	1.5	12.4 months
Attorney	22 (20%)	2.5	23.6 months
TANF Social Worker	6 (6%)	1.5	15.2 months
Other Agency Social Worker*	17 (16%)	1.9	17.6 months
Friend/Family Member	18 (17%)	1.3	15.4 months
Did Not Receive Help	24 (22%)	1.2	10.0 months

Source: Sogar (2012)

*Note: Social workers from other agencies were most frequently working at agencies serving the homeless in the community.

Exhibit 5.2

**Maximum Possible SSI & Child-only TANF Grants for Single Parents with 2 Children
in the 50 States and District of Columbia in 2010**

	Difference between maximum TANF and combined maximum SSI +TANF benefits for 3-person family	Maximum monthly benefit for family of three with no income, 2010	SSI child-only benefit, 2 children, 2010	SSI benefit for single person living independently, no other income, 2010	State has Family Cap policy?	Maximum TANF+SSI combined grants for single parent with two children, 2010	
						No child excluded by family cap	One child excluded by family cap
Alabama	\$649	\$215	\$190	\$674	No	\$864	\$864
Alaska	\$667	\$923	\$554	\$1,036	No	\$1,590	\$1,590
Arizona	\$616	\$278	\$220	\$674	Yes	\$894	\$838
Arkansas	\$632	\$204	\$162	\$674	Yes	\$836	\$755
California	\$630	\$776	\$561	\$845	Yes	\$1,406	\$1,190
Colorado	\$506	\$462	\$269	\$699	No	\$968	\$968
Connecticut	\$752	\$560	\$470	\$842	Yes	\$1,312	\$1,196
Delaware	\$594	\$416	\$336	\$674	Yes	\$1,010	\$944
Dist of Columbia	\$516	\$428	\$270	\$674	No	\$944	\$944
Florida	\$612	\$303	\$241	\$674	Yes	\$915	\$885
Georgia	\$629	\$280	\$235	\$674	Yes	\$909	\$829
Hawaii	\$671	\$610	\$607	\$674	No	\$1,281	\$1,281
Idaho	\$727	\$309	\$309	\$727	No ¹	\$1,036	\$1,036
Illinois	\$453	\$432	\$221	\$674	No	\$885	\$885
Indiana	\$584	\$288	\$198	\$674	Yes	\$872	\$813
Iowa	Unknown	\$426	\$361	\$674/ \$1,018	No	Unknown	Unknown
Kansas	\$529	\$429	\$284	\$674	No	\$958	\$958
Kentucky	\$637	\$262	\$225	\$674	No	\$899	\$899
Louisiana	\$622	\$240	\$188	\$674	No	\$862	\$862
Maine	\$462	\$485	\$263	\$684	No	\$947	\$947
Maryland	\$683	\$574	\$583	\$674	No	\$1,257	\$1,257
Massachusetts	\$686	\$633	\$531	\$788	Yes	\$1,319	\$1,216
Michigan	\$470	\$492	\$274	\$688	No	\$962	\$962
Minnesota	\$640	\$532	\$437	\$735	Yes	\$1,172	\$985
Mississippi	\$650	\$170	\$146	\$674	Yes	\$820	\$784
Missouri	\$616	\$292	\$234	\$674	No	\$908	\$908
Montana	\$571	\$504	\$401	\$674	No	\$1,075	\$1,075
Nebraska	\$608	\$364	\$293	\$679	No	\$972	\$972
Nevada	\$609	\$383	\$318	\$674	No	\$992	\$992
New Hampshire	\$619	\$675	\$606	\$688	No	\$1,294	\$1,294
New Jersey	\$603	\$424	\$322	\$705	Yes	\$1,027	\$867
New Mexico	\$584	\$447	\$357	\$674	No	\$1,031	\$1,031
New York	\$727	\$753	\$719	\$761	No	\$1,480	\$1,480
North Carolina	\$638	\$272	\$236	\$674	Yes	\$910	\$855
North Dakota	\$435	\$477	\$238	\$674	Yes	\$912	\$837
Ohio	\$595	\$434	\$355	\$674	No	\$1,029	\$1,029
Oklahoma	\$595	\$292	\$171	\$716	No	\$887	\$887

	Difference between maximum TANF and combined maximum SSI +TANF benefits for 3-person family	Maximum monthly benefit for family of three with no income, 2010	SSI child-only benefit, 2 children, 2010	SSI benefit for single person living independently, no other income, 2010	State has Family Cap policy?	Maximum TANF+SSI combined grants for single parent with two children, 2010	
						No child excluded by family cap	One child excluded by family cap
Oregon	\$494	\$528	\$348	\$674	No	\$1,022	\$1,022
Pennsylvania	\$609	\$403	\$316	\$696	No	\$1,012	\$1,012
Rhode Island	\$609	\$554	\$449	\$714	No	\$1,163	\$1,163
South Carolina	\$576	\$270	\$172	\$674	Yes	\$846	\$802
South Dakota	\$762	\$555	\$628	\$689	No	\$1,317	\$1,317
Tennessee	\$681	\$185	\$192	\$674	Yes	\$866	\$814
Texas	\$542	\$260	\$128	\$674	No	\$802	\$802
Utah	\$599	\$474	\$399	\$674	No	\$1,073	\$1,073
Vermont	\$691	\$640	\$605	\$726	No	\$1,331	\$1,331
Virginia	\$677	\$320	\$323	\$674	Yes	\$997	\$916
Washington	\$543	\$562	\$385	\$720	No	\$1,105	\$1,105
West Virginia	\$635	\$340	\$301	\$674	No	\$975	\$975
Wisconsin	\$485	\$673	\$400	\$758	No	\$1,158	\$1,158
Wyoming	\$666	\$561	\$528	\$699	No	\$1,227	\$1,227
Unweighted average across states	\$608	\$439	\$344	\$703		\$1,047	\$1,017

Sources: TANF benefits from GAO (2011), except Nevada, where we used the response to the TANF Administrator's Survey. SSI state payments from:

http://www.socialsecurity.gov/policy/docs/progdesc/ssi_st_asst/2011/ssi_st_asst2011.pdf.

Family Cap rules from Welfare Rules Databook (Kassabian, 2011).

1. Idaho does not have a family cap policy, but pays a flat benefit maximum regardless of number of children. Additionally, Idaho includes the SSI recipient's SSI income for purposes of calculating the value of the children's child-only TANF benefit, thereby making most if not all SSI parent families ineligible for child-only TANF (citation to be determined; reference to be added). According to the GAO (2011) report, at the end of 2010 Idaho had no SSI child-only cases.
2. Illinois and Oregon do provide State supplementation, but only for state-approved allowances given for individual needs (which are not specified in the Databook.)
3. Iowa provides a grant of \$1,018 monthly to recipients who have someone financially dependent on them (as defined by Iowa Department of Social Services) living in the same home, whether a parent, child, adult child or ineligible spouse.

Exhibit 5.3
Indicators of Well-Being between People with and without Disabilities

Issue	Indicator	People With Disabilities	People Without Disabilities
Employment	Works either full- or part-time (ages 18-64)	21%	59%
Poverty	Annual household income of \$15,000 or less	34%	15%
Education	Has not graduated from high school	17%	11%
Health care	Did not get needed health care on at least one occasion in the past year	19%	10%
Transportation	Inadequate transportation considered a problem	34%	16%
Access to mental health services	Did not get help from mental health professional on at least one occasion in the past year	7%	3%
Financial situation	Struggling to get by or living paycheck to paycheck	58%	34%
Satisfaction with life	Very satisfied with life in general	34%	61%

Source: Kessler Foundation/National Organization on Disabilities 2010 Survey of Americans with Disabilities. Kessler Foundation/NOD Survey, 2010. Retrieved from: <http://www.2010disabilitysurveys.org/pdfs/surveysummary.pdf>

Note: For the purposes of this survey, a person was defined as disabled if she/he: (1) had a health problem limiting work, school, housework or other activities; (2) reported having a physical or emotional/mental health disability or severe problems with vision or hearing; or (3) considered him/herself to be disabled or reported that others would consider him/her disabled.

Appendix 6: TANF Administrators' Survey

Welcome to the 2011 National TANF Child-only Case Survey!

TANF "welfare-to-work" cases with an aided adult receive much attention. Meanwhile, little is known about TANF "child-only" cases, which have become close to half of TANF cases nationwide. With your help, this survey will collect important new information on child-only cases in all 50 states. This includes information on child-only case policies, caseloads, services, and challenges.

The findings from this survey will be integrated into reports from the larger project, "TANF Child-only Case Characteristics, Dynamics, and Context," that relies on TANF administrative data and key informant interviews from four states, as well as responses to this survey. The survey results – and the larger project – will inform you and policymakers nationally of practices, needs, and challenges across states and may assist you and other officials in your work with the TANF population.

The survey research team includes the Child and Family Policy Institute of California, Chapin Hall at the University of Chicago, and the Goldman School of Public Policy, University of California, Berkeley, with funding support from the U.S. Department of Health and Human Services.

Informed Consent

Before you start the survey, we want to make sure you are fully informed about how the survey responses will be used and your rights as a participant in this research.

This survey is collecting facts about state TANF policies. The survey is voluntary. You may choose not to take the survey or to skip questions you do not want to answer. In project reports and presentations, the researchers intend to list the names of states participating in the survey. Information on policies in specific states or regions may be reported in publications.

You as an individual will not be identified (whether by name or by position) in any reports or publications. We ask for your name and contact information, however, should we need to reach you for clarification about your responses. The completed surveys will be stored in a secure location and deleted five years after the study is completed.

If you have any questions or concerns about your rights as a research participant, contact the Chapin Hall/Social Service Administration IRB office by phone at (773) 702-0402, by mail at 969 E. 60th Street, University of Chicago, Chicago, IL 60637 or by email at abg@uchicago.edu.

Instructions

Below are basic instructions for taking the survey. You may find it helpful to print this page before starting the survey.

1. This is an online survey. Please do not mail your response.
2. You do not have to complete the survey all at once. If you wish to take a break, click "Exit this survey" in the upper right corner of the screen. Later, go back to the link in the invitation email you received and resume where you left off.
3. You can modify answers and go back to questions you skipped. To change or fill in your answer to a previous question, click the "Prev" button on the bottom of the screen until you get to the screen with the question you want to change.
4. Depending on your answers to some questions, you may automatically skip past follow-up questions. Therefore, don't worry if the question numbers do not appear in sequence.

5. GAO survey: Some of the question items were covered in a survey distributed by the U.S. Government Accountability Office a few months ago that focused on non-parent caregiver child-only cases and the child welfare system. While our survey concerns non-parental caregiver child-only cases, it is not limited to that group. Some of the questions are similar, so it may be helpful to refer to the answers you provided on the GAO survey.

Study contacts

If you have inquiries about specific questions or the overall survey, please contact:

Richard Speiglman at the Child and Family Policy Institute of California

richard.speiglman@cfpic.org

510-419-0456



or

Robert Ek at NASTA

REk@aphsa.org

202-682-0100 x 235.

Contact information

1. What state is your agency in?

	States
Select state from menu	6

2. Contact Information

(We are asking for contact information in case we need to clarify responses. Contact information will not be shared or published.)

What is the name of the respondent, the person responsible for responses to this survey?

Respondent's agency:

Respondent's current position:

Respondent's phone number:

Respondent's email address?

State versus county program operation

3. Which of these best describes your state TANF agency?

State administered, state operated

State administered, county operated

Other

Identifying the TANF child-only case types in your state

4. Please identify the types of child-only cases you have in your state. (Select all that apply.) Descriptions of some of these case types are found below this question.

- Non-Parent Caregiver (NPC) cases
- Supplemental Security Income (SSI) cases
- Ineligible Immigrant Parent (IIP) cases
- Felon or fleeing felon cases
- Sanctioned cases
- Time-limited cases

Please list any other types of TANF child-only cases in your state

Child-only case type descriptions

Non-Parent Caregiver (NPC) cases: relatives or friends receive a TANF grant for the children in their care, without applying for assistance for themselves.

Supplemental Security Income (SSI) cases: parents receive SSI and hence are ineligible to receive TANF assistance for themselves but have children with a TANF grant.

Ineligible Immigrant Parent (IIP) cases: parents do not qualify for aid because of their immigration status but have children with a TANF grant.

Sanctioned cases: the TANF grant is converted from an adult-aided grant to a child-only grant because the adult fails to meet program requirements.

Time-limited cases: upon reaching the time limit, only the adults are terminated off cash assistance while cash assistance, typically from state funds, continues for the children.

5. How does your state handle cash assistance for immigrant parents of children eligible for TANF cash assistance if the parents are authorized to be in the United States but are within the five-year federal bar on cash assistance?

State funds provide cash assistance to the parents, thereby making these cases aided-adult TANF cases.

No cash assistance is provided to the parents, thereby making these cases child-only TANF cases.

Other Please explain below
Other (please explain)

6. How does your state record the number of cases of each type?

	Our state does not have this type of child-only case	Counted in statewide database of TANF/cash aid cases	State total is aggregated up from county information	Statewide total estimated from a random sample of cases systems (e.g., Quality Control sample)	Not formally counted
Non-parental caregiver (NPC) cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Security Income (SSI) cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ineligible immigrant parent (IIP) cases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanctioned cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timed-out cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felon cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other type of child-only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions for states that do not have all case types

This survey will focus on three major types of TANF child-only cases: non-parent caregiver (NPC), Supplemental Security Income (SSI), and ineligible immigrant parents (IIP) TANF child-only cases. Most states have each of these case types, but not all do.

If your state does not have one of the three case types, skip questions that pertain to that case type. For example, if your state does not have ineligible immigrant parent (IIP) cases, skip the questions that focus specifically on IIP cases.

Policies on time limits, work requirements, and means testing: NPC cases

7. How does your state treat non-parentcaregiver(NPC) child-only cases with regard to time limits, work requirements, and the caregiver's income? (Check one answer for each.)

	Yes	No	Don't know
These cases are subject to time limits	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-parent caregivers are subject to work requirements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
The income of the non-parent caregiver is considered in determining eligibility for child-only payments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

8. Is your state considering applying time limits, work requirements, or means tests to non-parent caregiver (NPC) child-only cases? Changes under consideration could include pending or enacted legislation, bills currently in the legislature, and/or changes in the governor's budget.

	Yes	No	Not applicable (policies already in place)	Don't know
Time limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Means test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please describe policy changes concerning non-parentalcaregiver(NPC) cases that have been implemented within the last five years. These changes could include other areas in addition to time limits, work requirements, and means testing.

5

Policies on time limits, work requirements, and means testing: SSI cases

10. How does your state treat SSI child-only cases with regard to time limits, work requirements, and the caregiver's income? (Check one answer for each.)

	Yes	No	Don't know
These cases are subject to time limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSI parents are subject to work requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The income of the SSI parent (excluding the SSI benefit) is considered in determining eligibility for child-only payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Is your state considering applying time limits, work requirements, or means tests to SSI child-only cases? Changes under consideration could include pending or enacted legislation, bills currently in the legislature, and/or changes in the governor's budget.

	Yes	No	Not applicable (policies already in place)	Don't know
Time limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Means test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Please describe policy changes concerning Supplemental Security Income (SSI) cases that have been implemented within the last five years. These changes could include other areas in addition to time limits, work requirements, and means testing.

5

6

Policies on time limits, work requirements, and means testing: IIP cases

13. When the parents are not authorized to be in the United States (are undocumented), how does your state treat ineligible immigrant parent (IIP) child-only cases with regard to time limits, work requirements, and the caregiver's income? (Check one answer per row.)

	Yes	No	Don't know
These cases are subject to time limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
These ineligible immigrant parents are subject to work requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The incomes of these ineligible immigrant parent are considered in determining eligibility for child-only payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. When the parents are authorized to be in the United States (are documented) but are within the five-year federal bar, how does your state treat ineligibleimmigrantparent(IIP) child-only cases with regard to time limits, work requirements, and the caregiver's income? (Check one answer per row.)

	Yes	No	Don't know
These cases are subject to time limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
These ineligible immigrant parents are subject to work requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The incomes of these ineligible immigrant parent are considered in determining eligibility for child-only payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not applicable, please indicate so below.			

15. Is your state considering applying time limits, work requirements, or means tests to ineligible immigrant parent (IIP) child-only cases? Changes under consideration could include pending or enacted legislation, bills currently in the legislature, and/or changes in the governor's budget.

	Yes	No	Not applicable (policies already in place)	Don't know
Time limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Means test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain if any changes under consideration apply to parents authorized to be in the United States but within the five-year federal bar versus those lacking documentation.

5

6

16. Please describe policy changes concerning ineligibleimmigrantparent(IIP) cases that have been implemented within the last five years. These changes could include other areas in addition to time limits, work requirements, and means testing.

5

6

Time limit cases

17. If a child-only case is created by time limits, how do you categorize that case?

- Child-only TANF case
- Separate State Program case
- Other

Recent policy changes and legal action

18. Have any of the policy changes in the last five years you identified been the result of a lawsuit or court decision (for example, brought on behalf of an affected group)?

Yes (Please specify below)

No

There have been no changes.

Don't know

If you answered Yes, please specify.

6

19. For NPC, SSI, and IIP cases, does the state determine what services are available through the TANF program, or do the counties determine what types of services are available through the TANF program in your state? (Please check one.)

State determines available services

Counties determine available services

State determines some services and counties determine others, or varies by child-only case group (Please describe below)

Don't know

If you checked "State determines some services and counties determine others, or varies by child-only group," please describe.

6

20. For children in TANF child-only cases, do workers in your state's local assistance offices provide (either directly or through TANF/MOE/SSP- funded contracts with other organizations) any of the following types of assistance in all or part of the state? (Please check one answer for each type of assistance.)

	Available statewide	Available to at least half of child-only TANF recipients in the state	Available to less than half of child-only TANF recipients in the state	Is not available anywhere in the state	Don't know if service is available to children in as part of the TANF child-only program
Mental health services other than through Medicaid	<input checked="" type="checkbox"/>				
Clothing/supplies/furniture allowance(s)					
Child care subsidies to help caregivers of aided children					
Education supports (e.g. computers, field trip costs, tutoring, band instruments)					
Assessment of children in NPC cases for need for referral to special services					
Assessment of children in SSI parent cases for need for referral to special services					
Assessment of children in IIP cases for need for referral to special services					
Transportation subsidies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Independent living/life skills programs/support groups/peer groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other types of assistance (Please specify below.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

If you checked "Other types of assistance", please specify.

	5
	6

21. Do workers in your state's local assistance offices provide (either directly or through TANF/MOE/SSP-funded contracts with other organizations) any of the following assistance to caregivers in TANF/NPC child-only cases in all or part of the state? (Please check one answer for each type of assistance.)

	Available statewide to NPC caregivers	Available to at least half of NPC caregivers in the state	Available to less than half of NPC caregivers in the state	Not available to NPC caregivers anywhere in the state as part of the TANF program	Don't know if service is available to NPC caregivers in the state
Short-term, non-recurrent cash benefit as diversion from TANF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services (for children/family/caregivers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case management/initial or ongoing risk assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid/health insurance for parent/caregiver (if not otherwise eligible)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health and/or substance abuse services for parent/caregiver other than through Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other mental health services (e.g. crisis counseling/family mediation/support groups)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kin caregiver or grandparent navigator or advocacy services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite care or in-home supportive services for parent/caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothing/supplies/furniture allowance(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation subsidies for parent/caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment services/education/training for parent/caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other types of assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other types of assistance are provided, please specify the types of assistance.

5
6

22. Do workers in your state's local assistance offices provide (either directly or through TANF/MOE/SSP-funded contracts with other organizations) any of the following assistance to parents in TANF SSI child-only cases in all or part of the state? (Please check one answer for each type of assistance.)

Available statewide to SSI child-only parents	Available to at least half of SSI child-only parents in the state	Available to less than half of SSI child-only parents in the state	Not available to SSI child-only parents anywhere in the state as part of the TANF program	Don't know if service is available to SSI child- only parents in the state
Short-term, non-recurrent cash benefit as diversion from TANF	<input checked="" type="checkbox"/>			
Legal services (for children/family/caregivers)				
Case management/initial or ongoing risk assessment				
Medicaid/health insurance for parent/caregiver (if not otherwise eligible)				
Mental health and/or substance abuse services for parent/caregiver other than through Medicaid				
Other mental health services (e.g. crisis counseling/family mediation/support groups)				
Respite care or in-home supportive services for parent/caregiver				
Clothing/supplies/furniture allowance(s)				
Transportation subsidies for parent/caregiver				
Employment services/education/training for parent/caregiver				
Other types of assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If other types of assistance are provided, please specify the types of assistance.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

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23. Do workers in your state's local assistance offices provide (either directly or through TANF/MOE/SSP-funded contracts with other organizations) any of the following assistance to parents in TANF/IIP child-only cases in all or part of the state? (Please check one answer for each type of assistance.)

	Available statewide to IIP parents	Available to at least half of IIP parents in the state	Available to less than half of IIP parents in the state	Not available to IIP parents anywhere in the state as part of the TANF program	Don't know if service is available to IIP parents in the state
Short-term, non-recurrent cash benefit as diversion from TANF	<input checked="" type="checkbox"/>				
Legal services (for children/family/caregivers)					
Case management/initial or ongoing risk assessment					
Medicaid/health insurance for parent/caregiver (if not otherwise eligible)					
Mental health and/or substance abuse services for parent/caregiver other than through Medicaid					
Other mental health services (e.g. crisis counseling/family mediation/support groups)					
Clothing/supplies/furniture allowance(s)					
Transportation subsidies for parent/caregiver					
Employment services/education/training for parent/caregiver					
Other types of assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

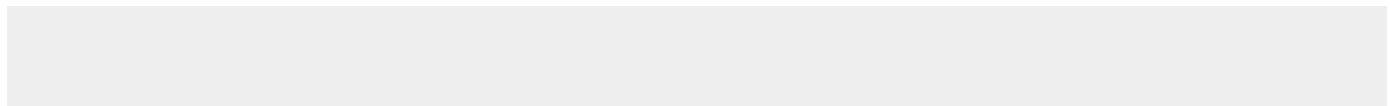
If other types of assistance are provided, please specify the types of assistance.

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24. Are there pending or enacted legislation, bills currently in the legislature, and/or changes in the governor's budget that will/would expand or restrict services to NPC cases in the next 12 months, or are no changes foreseen?

- No services provided now and none anticipated
- Restrictions or reductions in services
- Expansions or additions in services
- Both types of changes

 No changes in services proposed



25. Are there pending or enacted legislation, bills currently in the legislature, and/or changes in the governor's budget that will/would expand or restrict services to SSI cases in the next 12 months, or are no changes foreseen?

- No services provided now and none anticipated
- Restrictions or reductions in services
- Expansions or additions in services
- Both types of changes
- No changes in services proposed

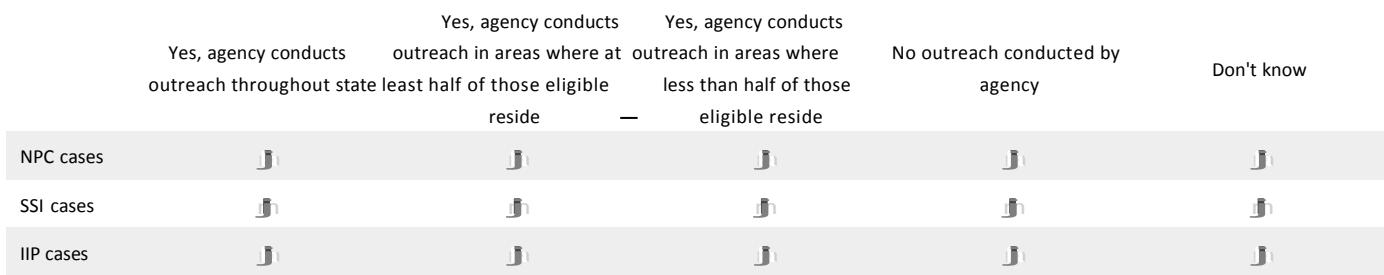
26. Are there pending or enacted legislation, bills currently in the legislature, and/or changes in the governor's budget that will/would expand or restrict services to IIP cases in the next 12 months, or are no changes foreseen?

- No services provided now and none anticipated
- Restrictions or reductions in services
- Expansions or additions in services
- Both types of changes
- No changes in services proposed

27. If you answered that there are pending or proposed changes in services for NPC, SSI, or IIP child-only cases, please specify.

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28. With reference to each group, does your agency (or contractors) currently do outreach to inform parents or caregivers about availability of TANF cash assistance for children?



If you answered "Yes" please describe the outreach mechanism.

5

29. Which answer best describes your agency's plans for outreach efforts to inform parents or caregivers about availability of TANF cash assistance for children? (Check one for each row.)

	Do not conduct outreach now and have no plan to start	Do not conduct outreach now but plan to in the future	Plan to increase outreach efforts	Plan to decrease outreach efforts	Plan to keep outreach efforts the same	Don't know
NPC cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSI cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IIP cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assistance programs

Some states provide assistance to those applying for SSI benefits. This could be legal assistance or cash aid funded by the federal or state government. We are trying to discover whether this assistance is offered and how widely available the assistance is.

30. Is there a program active in your state to provide legal assistance to support TANF recipients who are likely eligible for SSI in the SSI application and appeal process?

- Program is available to TANF recipients throughout the state
- Program is available to at least half of eligible TANF recipients in the state
- Program is available to less than half of eligible TANF recipients in the state No
- program is available
- Don't know

31. Is there a program active in your state to provide additional cash assistance to support TANF recipients who are likely eligible for SSI during their SSI application and appeal process?

- Yes
- No
- Don't know

State funded replacement programs for ineligible immigrant parent cases

32. Is there a state-funded TANF replacement program in your state for IIP cases, and if so, what categories of immigrants are covered?

- There is no state-funded TANF replacement program in the state for IIP cases.
- State-funded TANF replacement program available for all lawful "qualified" immigrants during the 5-year ban on federal benefits.
- State-funded TANF replacement program available for limited categories of "qualified" immigrants during the 5-year ban on federal benefits.
(Please explain below.)

If the program is available for limited categories of "qualified" immigrants, please explain.

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TANF child-only case unmet needs

The next three questions ask about the unmet needs of the families in TANF child-only cases. Please write an answer for each case type.

33. In your state, what are the major unmet needs of caregivers and children in NPC child-only cases?

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34. In your state, what are the major unmet needs of parents and children in SSI child-only cases?

	5
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35. In your state, what are the major unmet needs of parents and children in IIP child-only cases?

	5
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	7
	8

BENEFIT LEVELS

36. Does your state determine the maximum TANF benefit amount for TANF child-only cases primarily based on the number of eligible children in the assistance unit?

Yes

No

Don't know

If you answered "No", please explain how benefit levels are determined.

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The next four questions ask about maximum TANF benefit levels as of December 31, 2010.

1. For these questions, assume any adult or child in the assistance unit has no income other than SSI assistance, and there are no circumstances that would reduce the benefit levels.

2. If the maximum payment varies by city or county, provide data for the most populous city or county.

37. For adult-aided cases, what is the maximum monthly TANF payment amount that could be received in your state as of December 31, 2010? (Please enter dollar amount; if none, enter "0".)

2 person case maximum monthly TANF payment (\$)

3 person case maximum monthly TANF payment (\$)

38. For NPC cases, what is the maximum monthly TANF child-only payment amount a child-only case could receive in your state as of December 31, 2010? (Please enter dollar amount; if none, enter "0".)

1 child maximum monthly TANF child-only payment (\$)

2 children maximum monthly TANF child-only payment (\$)

3 children maximum monthly TANF child-only payment (\$)

39. For SSI cases, what is the maximum monthly TANF child-only payment amount a child-only case could receive in your state as of December 31, 2010? (Please enter dollar amount; if none, enter "0".)

1 child maximum monthly TANF child-only payment (\$)

2 children maximum monthly TANF child-only payment (\$)

3 children maximum monthly TANF child-only payment (\$)

40. For IIP cases, what is the maximum monthly TANF child-only payment amount a child-only case could receive in your state as of December 31, 2010? (Please enter dollar amount; if none, enter "0".)

1 child maximum monthly TANF child-only payment (\$)

2 children maximum monthly TANF child-only payment (\$)

3 children maximum monthly TANF child-only payment (\$)

Number of cases

This next set of questions asks for the number of families in TANF cases for each year from 2006-2010, starting with 2010 and going back in time. Include cases funded with federal TANF, state MOE or SSP dollars in your state.

41. If the case types listed in Questions 40-44 do not accurately reflect the case types in your state, please enter as much information as you can for those questions and reconcile any differences here.

5

42. Please report the number of families on aid in the month of December 2010, or on December 31 if that is how your state keeps data. (Please enter number; if none, enter "0".)

- (a) NPC cases
 - (b) SSI cases
 - (c) IIP cases
 - (d) Sanctioned cases
 - (e) All other child-only cases (including felon and timed-out if applicable)
 - (f) All child-only cases (sum of a+b+c+d+e)
 - (g) Adult-aided cases
 - (h) All TANF cases (sum of f+g)

43. Please report the number of families on aid in the month of December 2009, or on December 31 if that is how your state keeps data. (Please enter number; if none, enter "0".)

- (a) NPC cases
 - (b) SSI cases
 - (c) IIP cases
 - (d) Sanctioned cases
 - (e) All other child-only cases (including felon and timed-out if applicable)
 - (f) All child-only cases (sum of a+b+c+d+e)
 - (g) Adult-aided cases
 - (h) All TANF cases (sum of f+g)

44. Please report the number of families on aid in the month of December 2008, or on December 31 if that is how your state keeps data. Please enter number; if none, enter "0".)

- (a) NPC cases
- (b) SSI cases
- (c) IIP cases
- (d) Sanctioned cases
- (e) All other child-only cases (including felon and timed-out if applicable)
- (f) All child-only cases (sum of a+b+c+d+e)
- (g) Adult-aided cases
- (h) All TANF cases (sum of f+g)

45. Please report the number of families on aid in the month of December 2007, or on December 31 if that is how your state keeps data. (Please enter number; if none, enter "0".)

- (a) NPC cases
- (b) SSI cases
- (c) IIP cases
- (d) Sanctioned cases
- (e) All other child-only cases (including felon and timed-out if applicable)
- (f) All child-only cases (sum of a+b+c+d+e)
- (g) Adult-aided cases
- (h) All TANF cases (sum of f+g)

46. Please report the number of families on aid in the month of December 2006, or on December 31 if that is how your state keeps data. (Please enter number; if none, enter "0".)

- (a) NPC cases
- (b) SSI cases
- (c) IIP cases
- (d) Sanctioned cases
- (e) All other child-only cases (including felon and timed-out if applicable)
- (f) All child-only cases (sum of a+b+c+d+e)
- (g) Adult-aided cases
- (h) All TANF cases (sum of f+g)

47. In 2010, what was the major type of funding for these types of child-only cases?

	TANF	MOE	SSP	Don't know
NPC cases				
SSI cases				
IIP cases				

48. Does anyone track or periodically report on child protective services (CPS) involvement in TANF cases in your state?

- Yes
- No

49. If yes, please provide contact information, so we may follow up with an inquiry about number of TANF aided-adult and child-only cases with CPS involvement.

Name	<input type="text"/>
Phone number	<input type="text"/>
Email	<input type="text"/>

50. For NPC cases, does your agency use any of the following processes to collect information on whether the child is living with the caregiver because of parental abuse or neglect? (Please check one for each.)

	Uses	Does not use	Don't know
Special assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Question on TANF application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine intake interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check information system for involvement with child welfare system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other processes (Please describe below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked "Other" please specify below.

Relative caregiver programs

The next set of questions is about child welfare relative caregiver programs. Many states provide continuing cash aid to relative caregivers raising children placed with them through the child welfare system in a "Kin-GAP" or "Relative Caregiver" program (RCP). In most states the Kin-GAP/RCP program is funded through Title IV-E, but in some states it is funded through TANF.

51. Does your state have a Kin-GAP/RCP program for relative care subsequent to child welfare involvement that is funded through Child Welfare (federal IV-E or state/county) sources?

- Yes
- No
- Don't know

52. If yes, how many children/youth were in the Kin-GAP/RCP program on December 31, 2010? If you don't know, type "Don't know" in the box.

53. If possible, please provide contact name, phone number, and email/ of a person knowledgeable about Kin-GAP/RCP caseloads and program details so we can follow up on this program

Name	<input type="text"/>
Phone number	<input type="text"/>
Email	<input type="text"/>

54. Does your state have such a program funded through TANF or as part of TANF?

- Yes
- No
- Don't know

55. If yes, how many children/youth were in this TANF-funded program as of December 31, 2010?

56. If yes (TANF): Are the grants for this TANF-funded program different from regular TANF child-only NPC grants?

- Yes
- No
- Don't know

57. If possible, please provide contact name, phone number, and email/ of a person knowledgeable about this TANF program so we can follow up on this program.

Name	<input type="text"/>
Phone number	<input type="text"/>
Email	<input type="text"/>

58. Which, if any, of the following approaches has your state implemented to support relative caregivers who receive TANF NPC child-only payments? (Please check one for each.)

	Yes	No	Don't know
Created a combined unit of TANF and child welfare staff to work with relative caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaborated with the child welfare agency to make additional services available to relative caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other approaches (Please describe below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)			

59. Are there any such approaches used to support SSI or IIP parents?

Yes

No

If yes, please describe.

	5	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Changes in policy

Thinking on a national level, what changes, if any, should be made at the federal level to the TANF program in terms of eligibility, grant level, time limit, work requirement, service eligibility, or any other aspect of program or policy with reference to the following groups?

60. What changes in federal policy should be made for all TANF child-only cases?

	5	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

61. What changes in federal policy should be made for NPC TANF child-only cases?

	5	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

62. What changes in federal policy should be made for SSI TANF child-only cases?

	5	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

63. What changes in federal policy should be made for IIP TANF child-only cases?

	5	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments

	5	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

64. What additional information would you like to share with us about any of the topics covered in this survey?

Thank you!

Thank you for taking the survey! Remember, if you have any questions, contact:

Richard Speiglman at the Child and Family Policy Institute of California

richard.speiglman@cfpic.org

510-419-0456