




3-1999

Supplemental Security Income - An Underused Resource For Disabled TANF Recipients in Illinois

Center for Urban Research and Learning
Loyola University Chicago

Michael A. O'Connor

Follow this and additional works at: https://ecommons.luc.edu/curl_pubs

 Part of the [Community-Based Research Commons](#), [Demography, Population, and Ecology Commons](#), and the [Urban Studies and Planning Commons](#)

Recommended Citation

Center for Urban Research and Learning and O'Connor, Michael A., "Supplemental Security Income - An Underused Resource For Disabled TANF Recipients in Illinois" (1999). *Center for Urban Research and Learning: Publications and Other Works*. 6.
https://ecommons.luc.edu/curl_pubs/6

This Technical Report is brought to you for free and open access by the Centers at Loyola eCommons. It has been accepted for inclusion in Center for Urban Research and Learning: Publications and Other Works by an authorized administrator of Loyola eCommons. For more information, please contact ecommons@luc.edu.



This work is licensed under a [Creative Commons Attribution-NonCommercial-No Derivative Works 3.0 License](#).
Copyright © 1999 Center for Urban Research and Learning at Loyola University Chicago.

Supplemental Security Income - An Underused Resource

For

Disabled TANF Recipients in Illinois

March 8, 1999

Michael A. O'Connor
773/262-2199
fax: 773/338-8397
e-mail: mikeoc@earthlink.net

Introduction.

Welfare Reform ended a 60 year tradition of national entitlement, and established a system with strict work requirements and lifetime benefit limits for recipients and their families. Although the relative effects of welfare reform legislation, its manner of implementation, the national economy and other incentives such as the Earned Income Tax Credit are sharply debated, there is no debate about the sharp drop in families receiving cash assistance. Nationally, the number of families receiving TANF has dropped 45%. Illinois gained a head start by implementing welfare to work waivers in 1993, and has reduced its caseload by 53% from its peak in June, 1994. Moreover, Illinois has surpassed each year's increasingly higher job placement rate for the TANF caseload, with more than 40% of "available to work" adults receiving TANF currently employed.

As welfare reform enters a more mature phase of implementation, policy makers, administrators and others are expressing concerns about the challenges to be confronted in placing the remainder of adult TANF recipients into employment. The limited work history, limited skills and other needs of TANF parents have caused Illinois to make substantial investments in child care, job training, transportation, and domestic violence services. There is also growing recognition that parents (and in some cases their children) may have severe impairments that prevent or substantially limit gainful employment. States generally make referrals for severely disabled parents to the SSI program. Several states, including Illinois, have supplemented these referrals with investment in advocacy for SSI benefits on behalf of disabled TANF recipients. Despite these efforts, careful research and analysis indicates that substantial opportunities exist to move many thousands of parents and children from TANF to SSI.

This paper reviews the literature that assesses the incidence of severe impairments among parents and children receiving AFDC and TANF, and projects that analysis to estimate the number of persons eligible for, but not receiving SSI in the Illinois TANF caseload. The paper also reviews current investment in screening for eligibility and pursuing SSI benefits for TANF recipients, and articulates a rationale for further investment. Prior research supports an estimate that between 8-12,000 children, and 4-18,000 parents in the Illinois TANF caseload are SSI eligible but not enrolled. This paper describes strategies and costs necessary to promote full enrolment of SSI eligible TANF recipients. Finally, the paper summarizes fiscal incentives supporting further investment in screening and advocacy to secure SSI benefits for TANF recipients. Additional investment will produce substantially greater savings in TANF cash assistance, and will also strengthen family economic security. For TANF families that secure SSI benefits for a disabled child, the parent will be better able to obtain employment.

Projected savings in the form of TANF cash assistance not issued to individuals shifted to SSI, and also sales tax revenue accrued on SSI payments spent by recipients, will be more than double the cost of investment over the period of a three year project.

Incidence of Severe Disabilities in the TANF Population.

Estimates of the incidence of severe disabilities in the AFDC/TANF population are reviewed below for parents and children, respectively. Generally, surveys and analysis show that the incidence of impairments to be three to five times higher than in the entire population.

Disabilities Among Parents.

In a leading study that reviewed three national surveys, Loprest and Acs (1997) found 30% of AFDC families had a parent or child with some disability. Nearly 20% reported either a serious disability with functional impairments, or limitations in activities of daily living. A second national survey of barriers in welfare to work programs by Mathematica Policy Research, Inc. reported estimates of work related physical impairments of up to 31%. Learning disabilities were estimated in the range of 25-66%, and mental health problems in the range of 4-39%. (Johnson and Meckstroth, 1998).

A recent study of 753 single mothers receiving TANF in Michigan sought to measure the incidence of a variety of barriers to employment. Researchers conducted a one hour in person interview of mothers who were "available for work" (that is, had not been exempted from TANF work requirements because of incapacity or the need to care for another in the household). In addition to inquiring about job skills, education, and transportation, interviewers also asked about medical and mental health problems, domestic violence and substance abuse. The following incidence of physical, medical, or mental health impairments were reported:

- 26.7% of respondents met criteria for DSM-III-R diagnosis for major depression;
- 14.4% met criteria for Post Traumatic Stress Disorder
- 7.3% met criteria for anxiety disorder;
- 20% reported a health problem with significant functional impairments (Danziger, et al., 1999);
- 22% reported a child with a health problem that limited the child's ability to function.

The relatively high incidence of post traumatic stress disorder is consistent with reports of the occurrence of domestic violence against mothers receiving TANF. In the Michigan study 15% of mothers reported being severely physically abused by a husband or partner in previous years. A survey of women in Humboldt Park in Chicago found that 20% reported severe aggression in the previous 12 months. (Lloyd, 1998).

In the Michigan study, the mothers with the respective problems listed above were compared to a sample of mothers who did not have barriers. The likelihood of employment dropped by up to 40% for the mothers with medical or mental health

barriers. It is worth stressing that the survey included only TANF recipients already screened and found available for work. Another report (Pavetti 1997) found that 63% of parents with a severe disability worked less than 1/4 time, or not at all.

Disabilities Among Children.

Two recently completed studies assessed both the incidence of disability and receipt of SSI among low income children. One study was based on data from Wave 2 of the California AFDC Household Survey, which was compiled from interviews of 15,000 AFDC recipients in 1995. The study was drawn from a sample of 2,214 households. Interviewers identified children with chronic health problems and disabilities by asking about any illness as well as emotional, mental or physical conditions that resulted in functional limitations. For children that were identified, further screening assessed the level of severity by asking whether the child needed help in activities of daily living. Children were identified as having a severe chronic impairment only if the mother reported that the child required "a lot of help" with activities of daily living. The study found that 6.2% of households had a severely disabled child, and that 2.4% of households had two or more severely disabled children. (Meyers, Lukemeyer and Smeeding, 1998).

That study also found that only half the children in AFDC families who had a severe disability also received SSI benefits. Of special significance for welfare to work initiatives, after controlling for receipt of SSI benefits, they found that families caring for disabled children who did not receive SSI were substantially less likely to obtain employment. In a related report on the same study, it was noted that AFDC families with a disabled child, but no receipt of SSI also experienced significantly increased risk of hardship, with twice the incidence of hunger compared to other families on AFDC. After taking into account the additional costs of caring for a disabled child, (e.g. medical, transportation and child care) almost 3/4 of AFDC families that lacked SSI benefits were pushed into extreme poverty, defined as 25% of the poverty level (Lukemeyer, Meyers and Smeeding). That is, with portions of their AFDC grants directed to special child care, transportation and other needs related to care of a severely disabled child, the families' remaining cash assistance for basic needs placed them at 25% or less of the poverty level.

A second study reviewed computerized Medicaid billings for all children over a one year period in the states of California, Georgia, Michigan and New York (Burwell, Crown and Drabek, 1997 - hereafter the MEDSTAT study). The MEDSTAT study also reviewed private insurance billings for 7 million employees and dependents, and found the incidence of severe disabilities to be three to five times higher among children receiving Medicaid, compared to children covered by private insurance. The assessment of severe disability was based on approximately 350 diagnostic codes identified by a pediatrician with experience treating severely disabled children. In addition, utilization criteria were overlaid on certain diagnostic codes. For example, a child with a diagnosis of asthma was found severely disabled only if the child experienced three emergency room visits or two hospitalizations with a primary diagnosis of asthma. Very high utilization criteria, without reference to diagnosis were also developed. These criteria

included (within a one year period): 3 or more hospital admissions; 20 or more hospital days; or outpatient expenditures for non-psychiatric care exceeding \$5,000.

The MEDSTAT study found that 1.7-4% of Medicaid children to be receiving SSI. However, of the children receiving Medicaid and meeting diagnostic and utilization criteria for severe chronic conditions, only 22.4% to 31.2% were receiving SSI. In other words, three of every four children receiving Medicaid, with a severe chronic condition, were not receiving SSI. This study provides an incomplete measure of SSI eligibility, because Medicaid billing data often lacks information regarding the severity of medical problems. Indeed, 3/4 of the children receiving SSI did not meet the study parameters for a severe chronic condition. For example, the most common disability in the SSI caseload is mental retardation; that diagnosis is rarely listed in treatment records except for children in institutional care.

The SSI Take Up Rate.

The take up rate refers to the percentage of persons eligible for a program who actually receive its benefits. No studies directly assessing the SSI take up rate have been identified, other than the two mentioned above. The California study found the take up rate to be 50% of those eligible, for AFDC children. The MEDSTAT study did not make a firm conclusion, but is consistent with the California report, and suggests a very substantial number of children eligible for but not receiving SSI benefits.

The California study relied on reports from mothers concerning impairments of their children. This creates some risk of over-counting SSI eligibles because not all children requiring "a lot of help" with activities of daily living will be found to meet the stringent disability requirements for SSI. On the other hand, there is also substantial risk of under-counting. When talking with strangers, parents often tend to moderate or soften their description of their child's disabilities out of concern that a candid report will impugn their parenting skills. Moreover, parents in very low income communities are likely to apply child development standards that are somewhat compromised by their circumstances. For example, if Johnny is reading three years below grade level, and many of his classmates are averaging two years below grade level, the parent may not consider the child to have a severe learning disability. Overall, it would seem reasonable to expect the biases for over- inclusion and under-inclusion to balance out. Accordingly, the estimated take up rate of 50% is accepted, pending further documentation.

A 50% take up rate is slightly lower, but not inconsistent with studies of participation rates for other public benefit programs. The take up rate for the Food Stamp program has been estimated at 54-66% and the take up rate for AFDC has been estimated to be 62-72% (Blank and Ruggles, 1994). The Earned Income Tax Credit has a relatively high take up rate, 75-84% (Yin, Scholz, et al,1995) in large measure because it is administered by the IRS with far fewer documentation requirements than associated with most public benefit programs. By comparison, the documentation requirements for establishing eligibility for SSI are relatively daunting.

Local offices of the Social Security Administration process applications and make assessments with regard to income and asset limitations and certain other eligibility requirements such as citizenship. The determination whether the applicant meets the disability standard is referred to the Bureau of Disability Determination Services (BDDS) in the Illinois Department of Human Services. BDDS collects and evaluates medical reports and other information. Medical staff of BDDS (a medical doctor or psychologist) reviews the collected information and determines whether the individual has a disability which meets the stringent eligibility requirements for SSI. This process is especially challenging for an individual with an impairment that has not been adequately diagnosed or adequately treated. Also, gaps in diagnostic or treatment histories increase risk of denial of eligibility. BDDS will arrange for diagnostic evaluations, but many applicants lack the capacity to articulate the nature and extent of their functional impairments. BDDS then declines to invest in further evaluation, and individual is found "not disabled".

In Illinois, only 30% of initial applications are approved. At the first level of appeal, reconsideration, about 15% are approved. For cases taken to the next level of appeal, a hearing before an Administrative Law Judge, benefits are approved in 50-65% of the cases. This entire appeal process can take two years or more, and many applicants simply drop out.

For all of these reasons, with regard to children, the estimate of a 50% take up rate in the SSI program is a reasonable one. This rate, while lower than the estimated take up rate for adults, is also consistent with the findings of the MEDSTAT study cited above. In reviewing the age distribution of SSI and non-SSI children who met the criteria for severe chronic illness, researchers found that fewer than one in five of very young children (age 0-5) were on SSI, while 1 in 3 of older adolescents (age 16-20) were on SSI.

No study has been found that assesses the SSI take up rate for disabled adults. The studies summarized above that review the incidence of disabilities in the AFDC/TANF caseload covered a very broad range of impairments, including mild and moderate degrees of severity that would not meet SSI disability standards. Moreover, the studies generally do not separate out the most severe categories of impairments and compare receipt or non-receipt of SSI benefits. In the absence of a direct assessment, it is concluded that the participation rate of disabled adults in the SSI program is most likely in the range reported for the Food Stamp and AFDC programs; that is, between 54% and 72%. This range, 50% for children and 54-72% for adults, will be used to project the number of disabled persons eligible for but not receiving SSI in Illinois.

SSI Eligibility in Illinois TANF Cases.

The SSI program is available to individuals who meet income and asset limits and who are aged, blind or disabled. The maximum cash grant is \$500 per month for 1999; benefits are adjusted annually based on changes in the cost of living index. Nationally,

about 4 million disabled adults and 900,000 children receive SSI. In Illinois, 157,288 disabled adults and 42,645 children received SSI in September, 1998. (Social Security Bulletin, 1998).

In Illinois, there are about 143,000 TANF cases, with about 109,000 classified as ready to work. Only 8,000 are temporarily exempted from work because of medical or other barriers, and only 1,800 were exempted from work because an adult was required to care for a disabled family member. 44,000 cases reported employment income, and 45,000 cases were "available to work". Prior inquiries to IDHS concerning the number of SSI recipients among the TANF caseload have shown that the information, though available, is not currently collected.

The estimated take up rate for children, 50%, when applied to Illinois SSI data, indicates that as many as 42,000 children are eligible for but not receiving SSI. Because of the higher benefit levels and generous income disregards (a family of four with one disabled child can receive SSI benefits with earnings of \$30,000) only about 20-30% of the children eligible for but not receiving SSI are in the TANF caseload. Therefore, the estimate of children in the TANF caseload (including child only, work pays, and zero grant cases) is 8,400-12,600.

The estimated take up rate for disabled adults eligible for but not receiving SSI is 54-72%. When applied to Illinois SSI data, this take up rate indicates that between 53,000 and 132,000 adults in Illinois are eligible for but not receiving SSI. Only a small portion of this number are in the TANF caseload. A substantial number of disabled adults are single and have no children living with them. Many others, both adults and children, live in families with incomes that do not qualify for TANF. For these reasons, the estimate of disabled adults in TANF cases who are eligible for but not receiving SSI is 8.2-13.5% of the overall total. Therefore, the number of parents in the TANF caseload who are eligible for but not receiving SSI is estimated to be in the range of 4,400 to 18,000.

Cost Projections for Screening and Advocacy.

Maryland. Maryland has just begun a very intensive effort to enroll disabled TANF recipients, both children and parents, in the SSI program. The Family Investment Administration of the Department of Human Resources has entered into a three year contract with a Disability Entitlement Advocacy Program (DEAP) to conduct SSI advocacy. The project envisions 5,000 SSI approvals each year from TANF, state general assistance, and foster care cases. The projected cost is about \$5 million per year. The SSI advocacy costs for TANF recipients are applied to the State's Maintenance of Effort (MOE) requirement. A TANF recipient who supplies a note from a doctor stating that a disability prevents work is immediately referred to the DEAP program which provides assistance with the SSI application and also provides an attorney for an appeal, if necessary. The case is shifted to a state funded TANF program, and the time limits do not apply during the pendency of the SSI application.

Illinois. The Illinois Department of Human Services (IDHS) has established procedures and supports for screening TANF adults and providing advocacy in support of SSI claims. Case managers of the Illinois Department of Human Services (IDHS) are charged with screening all applicants for and recipients of TANF and assessing for recognized barriers that would toll work and training requirements. The worker requests documentation in support of any barrier claimed (the two recognized barriers are health problems and the need to care for a disabled member of the household). Clients may also be referred to the Client Assistance Unit (CAU) for further evaluation. TANF adults with severe impairments can be referred to the SSI Advocacy Project, operated by the Chicago Legal Assistance Foundation under contract with IDHS. This project began around 1987, and focused on adult General Assistance recipients in the City of Chicago. In fy 1998 (7/1/97-6/30/98) the project was extended to adult TANF recipients. The project staff screen referrals and conduct administrative advocacy on behalf of SSI applicants.

Several critical factors have limited the overall effectiveness and success of Illinois efforts to secure SSI benefits for TANF recipients. First, the contract for SSI advocacy covers only the City of Chicago, and leaves uncovered the other areas of Illinois where a substantial number of Illinois TANF recipients reside. Second, appropriated funding has not been fully committed for the past two years. The IDHS appropriation for SSI advocacy has been \$1.6 million each year in FY 1998 and 1999. However, the contract for the Chicago project is about \$1 million per year, and the vast majority of resources are dedicated to representing single adults without children. Moreover, \$600,000 in appropriations for SSI advocacy in fy 1998 lapsed, or was committed to other activities. The same fate awaits a similar amount appropriated for FY 1999. Referrals of TANF adults in Chicago have been very low, with the result that the vast majority of cases handled by the SSI Advocacy Project have been single adults without children. Finally, The SSI Advocacy Project is not authorized to accept referrals for disabled TANF children.

Illinois, along with most states, has made a strong commitment to a "Work First" approach in implementing welfare reform. This approach has had a marked success in placing large numbers of TANF recipients into employment, but it is important to acknowledge that for TANF recipients with severe disabilities, work first is not a viable alternative. Equally important is recognition that many severe disabilities of TANF recipients are not readily apparent to anyone - including an IDHS case manager - who lacks extensive training and sophisticated screening tools.

A recent survey completed by more than 40% of the IDHS front line staff reported enormous increases in work loads over the past two years. This is a paradoxical result in light of declining caseloads, but reflects substantial new responsibilities. In addition to eligibility and budgeting tasks, front line workers undertake assessment of job readiness, make referrals, develop service plans, provide job counseling, and monitor client compliance with a personal service and responsibility plan (AFSCME, 1999).

The following strategies offer promise for strengthening screening and identification of severely disabled eligible TANF adults and children:

- Job training, child care, domestic violence and other supportive service contractors should be engaged - and trained - to help identify individuals with impairments that may be sufficiently severe to qualify for SSI benefits. Staff of these programs typically have more contact with individuals and are better able to observe functional impairments that may not be apparent during a monthly 20 minute conference with an IDHS casemanager;
- A computer tape match using diagnostic and utilization criteria could be applied to Medicaid billing data to identify adults and children;
- Linkage with the Early Intervention Program under Part C of the Individuals with Disabilities Education Act (IDEA) would help identify very young children with severe impairments;
- Local school districts should be engaged in helping to identify TANF children who have severe learning disabilities.

Screening for potential SSI eligibility should also be directed to TANF parents working part time, as well as to parents who re-apply within a month or two of obtaining employment. Part-time workers may be unable to work full time because of a severe disability, and may qualify for SSI if earnings are less than \$500 per month. Parents returning to TANF after a brief period of employment may be unable to maintain full time employment because of their disability.

SSI Advocacy support should be extended to all areas of the state, and should be expanded to allow for representation of all TANF recipients, including children, who have meritorious claims for SSI. The project should also be extended to provide representation for SSI recipients in TANF families, or in families that received TANF in the past two years, where the SSI recipient receives a notice of "continuing disability review" or CDR. This is a periodic redetermination of SSI eligibility that is somewhat similar to the initial application. SSI benefits will be terminated upon a finding that an individual's disability has diminished, and SSI recipients often require assistance in responding to these notices.

A proposed benchmark for the cost for SSI advocacy is \$1,000 per approved application. Additional costs for diagnostic evaluations, such as psychological assessments, and for administering improved screening procedures would probably add about \$500 per approved application. (For SSI claims on behalf of adults without children, that are successfully appealed to an administrative law judge, IDHS will pay three month's benefits, or \$1,500 to the attorney providing representation in the appeal. This fee is typically paid out of a portion of the retroactive SSI award allocated to IDHS under an interim assistance agreement. Therefore, costs for appeals are not considered in this cost benefit assessment.) The total number of persons eligible for but not receiving SSI in the Illinois TANF caseload is estimated to be 12,800 - 30,600. At an average cost of \$1,500 per approved SSI application, the total cost would be \$19.2 million - \$45.9 million.

Fiscal Benefits to Illinois.

Investment that creates a strong support network for screening and advocacy will produce substantial fiscal benefits to Illinois. As noted above, the projected cost for screening and for each approved application is \$1,500. To simplify costs projections, they are presented in increments of 1,000 approved applications. Therefore, for each 1,000 TANF recipients placed into the SSI program, the cost would be \$1.5 million. The direct benefits to IDHS would be as follows:

- for adult TANF recipients, a savings of about \$175 per month in cash assistance; for each 1,000 TANF adults placed into the SSI program, IDHS would avoid TANF cash assistance payments in the amount of \$2.1 million per year, with a one time cost of \$1.5 million.
- For TANF children, savings of about \$95 per month in cash assistance; for each 1,000 TANF children placed in the SSI program, IDHS would save TANF cash assistance payments in the amount of \$1.14 million per year with a one time cost of \$1.5 million. IDHS would recoup its investment in about 16 months.
- Each 1,000 TANF recipients placed into the SSI program would generate new federal cash assistance in the amount of \$500 per month each, or a total of \$6 million per year. If only half of that cash assistance is spent on items covered by the 5% Illinois sales tax, the SSI benefits for the 1,000 former TANF recipients would generate \$150,000 per year in state sales tax revenue.
- For TANF families with a child placed on SSI, increased economic security will improve the capacity of the parent to obtain employment by up to 40%.
- For adult TANF recipients whose SSI application are denied, the screening and diagnostic evaluations will improve likelihood of timely and effective treatment, vocational training and rehabilitation services, thereby improving their capacity for employment.

In addition, Social Security Administration procedures allow IDHS to lock in its savings while applications are pending. SSI applications require 6 months to two years or more for a final determination. When SSA approves a claim for SSI, benefits are paid retroactively to the month following the month the application was filed. The Social Security Administration authorizes "interim assistance agreements" which allow a state agency to collect, directly from the Social Security Administration out of the retroactive SSI award, any state cash assistance paid to an individual during the pendency of an SSI application. In implementing this initiative, IDHS would be required to make a modest

bookkeeping adjustment to assure that TANF recipients with pending SSI applications receive only state funds, and that applicants execute an "interim assistance agreement".

By placing disabled TANF recipients into the SSI program, Illinois will reduce the incidence of imposing a sanction or time limit against a family whose capacity to work is seriously impaired. Further consequences of such an economic catastrophe can be very costly. A study of 700 AFDC recipients in Chicago found a very high correlation with family involvement in the child welfare after loss of cash assistance and the lack of employment income. Poor child health was yet another significant risk factor for involvement in the child welfare system (Shook, 1999).

Conclusion.

Increased investment in screening and advocacy to secure SSI benefits for disabled TANF recipients - both adults and children - will more than pay for itself through savings in TANF cash assistance and increased sales tax revenue. Moreover, TANF families will obtain substantially increased economic security, and, for families with disabled children, the parent will have improved capacity to find and maintain employment.

The potential success of investment in intensive screening and advocacy is demonstrated by experience of states that undertook SSI advocacy for foster children. The four states with the most intensive efforts, Idaho, Ohio, South Dakota, and Washington report that 20-39% of their foster care caseloads receive SSI benefits. The national average is less than 9%. (Benton Assoc. 1998).

Note: the author is an attorney with more than 25 years experience in public benefits advocacy, policy research and analysis, and project development activities. He is currently a Community Fellow at the Center for Urban Research and Learning, Loyola University in Chicago. The views expressed herein are the sole responsibility of the author.

References:

American Federation of State, County and Municipal Employees (AFSCME) Council 31, "Overworked and Underserved: A report on the Status of the Illinois TANF Program for Caseworkers and Clients", 1999.

Benton & Associates, Conference Materials, 2d Annual SSI/Foster Care Conference (1998).

Blank, R. and Ruggles, P, "When Do Women Use AFDC and Food Stamps? The Dynamics of Eligibility vs. Participation." *Journal of Human resources* (1994).

Burwell, Brian, B. Crown, and J. Drabek, "Children with Severe Chronic conditions on Medicaid, The MEDSTAT Group (December, 1997).

Cancian, Maria and Haveman, Robert; Kaplan, Thomas; Meyer, Daniel and Wolfe, Barbara, "Work, Earnings, and Well-Being after Welfare: what Do We Know?" Joint Council for Poverty Research (November, 1998).

Danziger, Sandra, Corcoran, M., Danziger, Sheldon, Heflin, C., et al. "Barriers to the Employment of Welfare Recipients," University of Michigan Poverty Research and Training Center (January, 1999).

Illinois Department of Human Services, Policy and Procedures Manual (1999).

Johnson, Amy and Meckstroth, Alicia, "Ancillary Services to Support Welfare-To-Work", Mathematica Policy Research, Inc. (June, 1998).

Kramer, F., "Serving Welfare Recipients with Disabilities," WIN Issue notes, 1999

Lloyd, Susan, "The Effects of Domestic violence on Women's Employment," *Law & Policy*, Vol. 19, No. 2, April, 1997.

Loprest, P., and Acs, G., "Profile of Disability Among Families on AFDC", Urban Institute, August, 1996.

Lukemeyer, Anna, Meyers, M. and Smeeding, T. "Expensive Children in Poor Families: Out-of Pocket Expenditures for the Care of Disabled and Chronically Ill Children in Welfare Families", Center for Policy Research, Syracuse University

- Meyers, Marci K., Lukemeyer A., and Smeeding T., "the Cost of Caring: Childhood Disability and poor Families, *Social Service Review* (June, 1998).
- Parrott, Sharon, "Welfare recipients Who Find Jobs: What Do We Know About Their Employment earnings?", Center on Budget and Policy Priorities, November, 1998.
- Pavetti , L. "Welfare to Work Options for Families Facing Personal or Family Challenges", Urban Institute, August, 1997.
- Poverty Law Project, National Clearinghouse for Legal Services, "Basics of Illinois Welfare Law," (January, 1999).
- Shook, K., "Does the Loss of Welfare Income Increase the Risk of Involvement with the Child Welfare System?" University of Michigan, Poverty Research and Training Center, School of Social Work, January 1, 1999.
- Social Security Administration, "Social Security Bulletin, Annual Statistical Supplement", 1998
- Yin, G., Scholz, J., Forman, J., and Mazur, M., "Improving the Delivery of Benefits to the Working Poor: Proposals to Reform the earned Income Tax credit Program", *The American Journal of Tax Policy*, Vol. II, No. 2 (1994).
- U.S. General Accounting Office, "Domestic Violence: Prevalence and Implications for Employment Among Welfare Recipients", GAO/HEHW-99-12 (November, 1998).

APPENDIX A

A hypothetical, intensive three year campaign designed to enroll a substantial number of disabled TANF recipients into the SSI program would incur the following costs, based on reaching the eligible recipients at the lower end of the estimated range. That would be a total of 8,000 children and 4,000 adults receiving TANF who would be enrolled over a three year period into SSI. The total cost would be \$18 million, and the return in TANF cash assistance saved and sales tax revenue would exceed \$36 million.

Year I

Approved for SSI

TANF Children	TANF Adults	IDHS costs for screening & advocacy	Annualized TANF savings	Annualized SSI benefits	Increased sales tax revenue
2,000	1,000	\$4.5 million	\$4.38 million	\$18 million	\$450,000

Year II

Approved for SSI

TANF children	TANF Adults	IDHS costs for screening & advocacy,	TANF savings	Annualized SSI benefits	Increased sales tax revenue
3,000	1,500	\$6.75 million	\$10.9 million	\$45 million	\$1.125 million

Year III

Approved for SSI

TANF Children	TANF Adults	IDHS costs for screening & advocacy	TANF savings	Annualized SSI benefits	Increased sales tax revenue
3,000	1,500	\$6.75 million	\$17.52 million	\$72 million	\$1.8 million

Cumulative Totals for Three Year Project

Approved for SSI

TANF Children	TANF Adults	IDHS costs	TANF savings	Total SSI benefits paid	Increased sales tax revenue
8,000	4,000	\$18 million	\$32.78 million	\$135 million	\$3.375 million