

The TANF-SSI Transition

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ABSTRACT

Parents who turn to the Temporary Assistance for Needy Families (TANF) program for cash aid experience a higher rate of physical, mental health and/or learning disabilities than that found in the general population. For a small number of these parents each year, their disabilities are severe enough to qualify them for the Supplemental Security Income (SSI) program. This descriptive study reports findings from interviews with 83 parents who transitioned from TANF to SSI. Sixty-five percent of the SSI-receiving parents in this study relied on professional help from doctors, attorneys or social workers when completing the SSI application. Parents with professional help applied more times for SSI, and had longer waits for approval on average than parents who applied on their own or with help from family and friends. This research suggests that there are differences between parents who turn to attorneys, doctors or social workers for help with the SSI application and those who complete the application independently or with family or friends and these differences influence how quickly parents' transition from TANF to SSI.

BACKGROUND

The purpose of this research is to describe the sources of help parents with disabilities turn to when attempting to transition from Temporary Assistance for Needy Families (TANF), a time-limited cash aid program with work requirements, to Supplementary Security Income (SSI). For these parents with disabilities, SSI offers cash aid without established time limits or work requirements which support their ability to live independently and care for their children. This research seeks to identify the supports and services that parents' rely on during the SSI application process and how those supports relate to the number of application attempts, time to approval, and the parents' opinion of the difficulty of the application process.

Recent research highlights the economic challenges faced by parents with disabilities. Whether possessing physical limitations, mental health problems or both, disabled parents are more likely than non-disabled parents to experience poverty and material hardship (Haveman, Holden, Wolfe, Smith & Wilson, 2000; Parrish, Rose & Andrews, 2009). They are more likely to be single mothers and to have dropped out of high school, leading to reduced income and material resources (Jans & Stoddard, 1999; Mowbray, Oyserman, Bybee, Macfalane & Reuda-Riedle, 2001). The median family income for parents with disabilities is barely half that of parents without disabilities— \$35,000 versus \$65,000 (Kaye, 2012).

Disabled parents are much more likely than their non-disabled counterparts to turn to the TANF program (Jans & Stoddard, 1999), resulting in a higher rate of disability among TANF recipients than among the general population. Utilizing data from the National Health Interview Survey, Loprest and Maag (2009) estimate the prevalence of disability among TANF recipients using different definitions of disability. Regardless of the measure used, TANF recipients report higher rates of disability than those found in the general population. They found 1 in 20 TANF recipients reported self-care limitations, 1 in 10 reported limitations in routine activities such as household chores, and 1 in 5 reported movement limitations including difficulty lifting 10

pounds or climbing 10 stairs. These rates are between 4 and 5 times those found in the general population. Considering work limitations, 27 percent of respondents reported physical, mental or emotional problems limiting work. That percentage is 5.5 times the corresponding rate in the general population.

Looking at specific types of health problems among TANF recipients, Pavetti (2009) determined that mental health problems were most prevalent, affecting between 21 and 41 percent of TANF recipients. These mental health conditions were followed by physical health problems (16 to 21 percent) and learning disabilities (8 to 18 percent).

Once receiving TANF, parents with disabilities typically find it hard to meet work requirements and may end up timed out or sanctioned without any source of income¹. Up to one-quarter of all low-income single mothers are now “disconnected” from both welfare benefits and earnings (Blank & Kovak, 2008). Learning disabilities, depression and other mental illnesses and physical health problems have all been highlighted as key factors in explaining the number of disconnected mothers (Blank & Kovak, 2008). Even when disabled parents find a job, they often are unable to maintain work schedules and fulfill TANF work requirements over time (Brandon, Hofferth & Hogan, 2008).

As the number of TANF recipients has fallen dramatically since the passage of the Personal Responsibility and Work Opportunity Reconciliation Act in 1996, the percentage of SSI awards made to TANF recipients has increased. Wamhoff and Wiseman (2005) estimate that the percentage of SSI awards made to adult AFDC/TANF recipients nearly tripled between 1991 and 2003. This relationship between the TANF and SSI program raises a number of questions. First, what proportion of TANF recipients apply for SSI each year? Second, what proportion of TANF recipients are approved for SSI after their first application or multiple applications? Finally, is transitioning from TANF to SSI financially beneficial for families?

Data from the Women’s Employment Study in Michigan indicate that between 1997 and 2003, almost 30 percent of the 753 survey respondents applied for SSI while receiving TANF (Schmidt & Danziger, 2009). Of those that applied, 27 percent (equal to 8 percent of the entire sample) were approved during that 6 year period. Analyzing data from New Jersey’s welfare reform initiative, Woods and Rangarajan (2003) found that 14 percent of study participants who were receiving welfare in 1997-1998 had qualified for SSI by 2002. Finally, among women who left welfare between 2000 and 2002, Loprest (2003) concluded that 3.8 percent were receiving SSI in 2002. These numbers indicate that it is a relatively small percentage of parents with disabilities that successfully transition from TANF to SSI each year.

Disabled parents do benefit financially when they successfully navigate the SSI application process and move from TANF to SSI, receiving several hundred dollars more in aid each month (Speiglman, Mauldon & Sogar, 2010). As of 2013, the federal SSI payment is \$710 per month. Some states provide a supplement to this federal payment. For example, in California, the Federal payment and state supplement combined results in a total monthly payment of \$866. In

¹ TANF time limits are typically 2 years of consecutive receipt or 5 years in a lifetime, although many states have implemented shorter time limits. If a TANF beneficiary does not comply with regulations such as work requirements, they may be sanctioned and not receive some or all of their cash aid.

many cases, the SSI parent still receives a child-only grant through TANF. In California, the SSI payment alone is quite a bit higher than what a parent and one child would receive through TANF - \$866 versus \$577. Although little is known about how the larger SSI grants benefit families, data from a survey of San Francisco SSI parents whose children receive TANF are instructive. While one in four respondents reported having gone hungry in the preceding year, the corresponding percentage among TANF-receiving parents in California is close to twice as high (London & Mauldon, 2006; Speigman et al, 2010). This comparison suggests that the benefits available from SSI (which are larger than in TANF) may enable parents who have transitioned to SSI to more often avoid hunger and, perhaps, other hardships. However, once approved for SSI, parents do typically lose work supports including child care and transportation assistance.

For the parents whose disabilities make gainful employment impossible, SSI offers cash aid without work requirements. Transitioning to SSI is neither quick nor simple, however, due to the complexity of the application. According to the Social Security Administration, the application process typically takes 5 months, although it can be considerably longer if there are appeals. The goal of this research is to highlight the services and supports that allow parents with disabilities to transition to SSI and the parents' experience of the process. The next section of this report discusses the research methods and analytic strategies and then moves on to present the findings.

METHODS AND DATA ANALYSIS

This study draws on 11 months of field research during which 127 SSI-receiving parents were interviewed. Approval from the Institutional Review Board at the University of California, Berkeley was gained before the research began. Parents were randomly selected from county administrative databases of SSI parents with children receiving TANF in two Northern California counties. Parents were interviewed either over the phone or in-person based on their preference. To thank them for their time, parents received a \$40 grocery store gift card following the interview. Of the 127 parents interviewed for this study, 83 reported receiving TANF directly prior to SSI. In order to describe the resources and supports that helped parents qualify for SSI and leave TANF, only data from those 83 parents is included in this report.

Parents were asked about demographic information, their health and mental health, experiences with chronic pain and recent hospitalizations. Regarding the SSI application, parents were asked about sources of help with the application, their reasons for applying, the number of times they applied or appealed a denial, and the length of time from application to approval.

It was hypothesized that parents who were supported by doctors and other medical personnel would experience a shorter time to approval and rate the process as less difficult than those helped by other sources or those who completed the application independently. This hypothesis was based on the ability of medical personnel to access the extensive medical documentation typically required when applying for SSI.

Independent sample t-tests were used to compare characteristics of those who completed the application independently or with the help of friends or family members to those who had help from professional sources including doctors, attorneys and social workers.

RESULTS

Characteristics of SSI Parents

The average age of parents who transitioned from TANF to SSI was 42 years. Most were women, African-American, and had one or two minor children living with them. The average age of the children was 11 years. Table 1 displays demographic information for all respondents who transitioned to SSI from TANF.

Table 1
Demographic Information

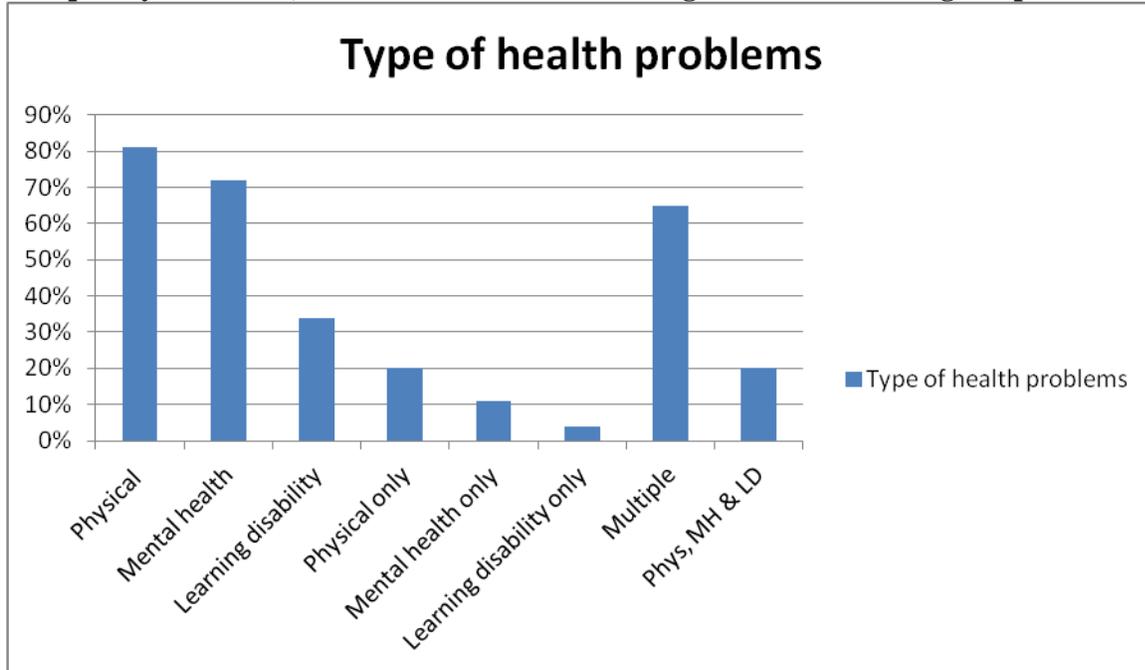
Characteristic	Mean value for respondents who transitioned from TANF (N=83)
Age of SSI recipient	42.3 years
Years of education	11.3 years
Average age of minor children	11.3 years
Average number of minor children in the home	1.6
% Foster parents/kin caregivers	6%
Gender:	
% women	95%
Ethnicity:	
% African-American	61%
% Hispanic	14%
% White	16%
% Native American	1%
% Other	8%

Figure 1 displays the types of health problems reported by the parents that transitioned to SSI from TANF. Eighty-one percent of parents reported a physical disability; for 20 percent, that was their only health problem. Seventy-two percent of parents reported mental health problems. Almost all had some other type of disabling health problems as well: only 11 percent had no other types of health problems. Among the 34 percent of parents that reported a learning disability, 4 percent experienced no physical or mental health problems. The majority of parents (65 percent) reported co-occurring health, mental health or learning disabilities.

One out of five parents reported suffering physical, mental health and learning disabilities that limit their ability to work. The most common health problem (reported by 60 percent of

respondents) was depression. This was followed by motor problems (59 percent), cardiovascular problems including high blood pressure (49 percent), and neurological problems such as migraines, seizures or epilepsy (43 percent).

Figure 1
Frequency of Health, Mental Health and Learning Disabilities among Respondents (N=83)



Few parents report that they had been hospitalized in the preceding 3 months (4 percent), although a higher percentage had been seen by a doctor in an emergency room in that time period (12 percent). Chronic pain was a common experience among these SSI-receiving parents. Nine out of ten (90.3 percent) reported experiencing activity-limiting pain in the previous 6 months. The results for questions regarding pain are reported in Table 2. These questions were taken from the Chronic Pain Grade Questionnaire, which has demonstrated good validity and reliability in use with the general population (Elliot et al, 2000).

Table 2
Experiences of chronic pain

Questions regarding pain	Average response on 0-10 scale (0 no pain or interference, 10 extreme pain or interference)
How intense is your pain right now?	4.9
How intense is your pain most days?	5.9
How intense was your worst pain in the last 6 months?	8.2
How much has pain interfered in your daily activities in the last 6 months?	6.1

SSI Enrollment and Receipt

The parents who transitioned from TANF to SSI were approved for SSI in their mid-30's, on average (35.3 years), and had been receiving SSI for over 7 years at the time of the study interview (7.3 years).

Table 3 provides detailed information about enrollment in SSI among respondents who transitioned from TANF by disability type. Those respondents who reported only physical health problems were older at the time of the interview, were older when they qualified for SSI and correspondingly, had received SSI for fewer years than respondents with mental health or learning disabilities.

Table 3
Enrollment in SSI by Current Disability Type

	Mental health problem only	Physical health problem only	Multiple types of health problems	Reports learning disability
Average age at interview	40.3 years	45.7 years	41.1 years	40.2 years
Average age at SSI enrollment	31.9 years	40.5 years	33.9 years	31.4 years
Average years receiving SSI	8.4 years	5.3 years	7.5 years	8.7 years

Sources of Help

Most parents (78 percent) did receive help with the SSI application from either a professional or personal source. The types of help utilized by parents are shown in Table 4, along with the length of time to approval associated with each source of help and parents' subjective reaction to the process. Although parents did have the opportunity to report more than one type of application help, they were asked which source of help they relied on most throughout the application period. That is the source of help used for each parent in the analyses that follow. For the purposes of this study, respondents with one application attempt, shorter time to approval and those who did not perceive the process as difficult were defined as having an easier process than those who applied multiple times, waited longer for approval and perceived the process as difficult.

Respondents were most frequently helped by attorneys, followed by doctors, agency staff (often counselors at transitional housing agencies) and friends or relatives. Parents helped by attorneys, TANF social workers or non-profit staff members were more likely to rate the application process as more difficult than parents that received help from other sources. Overall, forty-one respondents, 49 percent, felt the SSI application process was difficult. The most common reason, reported by 17 respondents, was that the application was complicated and confusing. Eleven respondents said the difficulty was related to the length of time to approval. Six people

felt that SSI “always denies you the first time you apply” and “you need a lawyer to fight for you.” Four respondents mentioned the difficult living conditions they faced while waiting for SSI income, including homelessness and a lack of medical insurance. Three resented the SSI application questions as an invasion of privacy.

Table 4
Sources of help with SSI application and ease of process (N=83)

Source of help	Number reporting	Average number applications/appeals	Average length of time to approval from first application	Percent that reported application process was difficult
Doctor	15	1.6	14.7 months	33%
Attorney	20	2.8	24.9 months	75%
Social service agency staff member	19	1.6	12.0 months	68%
Friend/relative	11	1.3	17.6 months	36%
No help	18	1.2	7.6 months	16%

The average length of time from the first application to approval for each group was compared to the mean for all other groups. While the length of time to approval for doctors, agency, TANF staff or relatives did not differ significantly from the averages for the other groups, those helped by lawyers or not helped were different. Those helped by attorneys applied more times and waited a longer time to be approved than those helped by other sources. This is most likely explained by the fact that many parents did not contact attorneys until they had been repeatedly denied. Parents who completed the application independently were approved much faster and experienced the process as less difficult than any of the groups of parents who had help. Table 6 compares the length of time to approval and subjective rating of difficulty for each group compared to all others.

Table 5
Comparison of sources of help with the SSI application

Type of Help	Average length of time to approval	Percent reporting difficulty with application process
Doctor/ All other groups	14.7 months/ 16.1 months	33%/ 53%+
Legal/ All other groups	24.9 months/ 12.9 months**	75%/ 41%**
Agency/ All other groups	12.8 months/ 16.4 months	77%/ 44%*
TANF/ All other groups	15.2 months/ 15.9 months	66%/ 48%
Relative/ All other groups	17.6 months/ 15.6 months	36%/ 51%
No help/ All other groups	7.6 months/ 18 months*	16%/ 58%***

+p<.10, *p<.05, **p<.01, ***p<.001

Overall, 65 percent of respondents reporting receiving some type of professional help with the SSI application. Table 6 details the average length of time to approval, the number of applications or appeals and perceived difficulty for those parents who received professional help

compared to those who were helped by family members or friends or who completed the application independently.

Table 6
Comparison of professional help to personal/none

	Received professional help	Received help from personal source or no help
Number reporting	54	29
Average number applications/ appeals	2.1	1.2**
Average length of time to approval	18.4	11.2+
Percent that reported process was difficult	24%	64%**

+p<.10, *p<.05, **p<.01

The greater number of applications and/or appeals among those respondents reporting professional help suggest that they may have turned to it after a failed first application attempt. Table 7 compares the presence of limitations and learning disabilities between those approved after one application and those approved after multiple applications or appeals. Independent sample t-tests reveal the only significant difference between the groups is in the presence of mental health problems. Respondents who applied or appealed a denial two or more times reported a higher rate of mental health problems. Although not statistically significant, respondents with mental health problems were more likely to report the application process as difficult than those without mental health problems – 53 percent versus 39 percent (p=.13).

Table 7
Presence of limitations and learning disabilities by number of applications

	Approved after one application	Approved after multiple applications, or an appeal or appeals
Reports physical health problems	82%	78%
Reports mental health problems*	67%	81%
Reports a learning disability	36%	28%
Needs help with personal care	37%	31%
Average limitations	7.47/11 tasks (67.9%)	7.41/11 tasks (67.4%)
N	51	32

*p<.10

The goal of the rest of this report is to begin to understand why parents who received professional help reported waiting longer to approval and experienced the application process as more difficult than those helped by friends or relatives or those who completed the application independently. Possible explanations include differences in: age at approval, type of onset, activity limitations, health status, diagnoses or health knowledge. In the analyses that follow,

parents who were helped by family members or friends are combined with those who did not receive help with the application.

Table 8

Comparison of age at approval, type of onset, activity limitations and health status between those respondents receiving professional help with the SSI application and those helped by a personal source or not helped

Characteristic	Received professional help	Received help from personal source or no help
Age at approval	36.8 years	32.4 years*
Gradual onset	40.7%	48.3%
Number of activity limitations	7.6	7.2
Limited in personal care	30%	45%+
Learning disability	39.6%	20.7%*
Work-limiting mental health problems	77.8%	65.5%
Work-limiting physical health problems	51.8%	82.7%**
Global health rating	3.91	3.83

+p<.10, *p<.05, **p<.01

Age at Approval

Parents who received professional help were slightly older when approved for SSI compared to those who received private help or completed the application independently: 36.8 years versus 32.4 years.

Onset

It is possible that those who completed the application independently or were helped by family members or friends experienced a gradual onset to their disability, giving them time to learn about their condition and symptoms and expeditiously complete the application. More parents who did not receive professional application help did experience a gradual onset (48.3 percent) versus an acute onset or an injury or trauma resulting in disability than those that did receive professional help (40.7 percent), however, an independent sample t-test found that this difference was not statistically significant.

Activity Limitations

Overall, respondents reported limitations in 7.5 of 11 basic tasks of daily living, including climbing stairs, walking one block or grocery shopping. There was not a substantial difference in the average number of limitations between those receiving professional help and those not helped or helped by family members or friends with the application: 7.6 versus 7.2 tasks. Those who completed the application independently or with family members or friends were, however, more likely to report limitations in personal care, tasks like eating, bathing and getting dressed. While 30 percent of those receiving professional help (16 people) with the application reported

needing assistance with personal care, 45 percent of those helped or helped by family and friends (13 people) said the same thing. This difference approached significance ($p < .10$).

Health Status

The decreased application time and perceived difficulty among those without application help or helped by family members or friends may be explained by the lower rate of learning disabilities, 20.7 percent versus 39.6 percent of those receiving help ($p < .05$). Work-limiting mental health problems were also more common among parents receiving professional help with the SSI application (78 percent) compared to those helped by family members or friends or not helped (66 percent) ($p = .16$).

It may be that those who did not receive help or were helped by family members or friends were in poorer health and their disability and work limitations were thus easier to establish. Although this was not supported by a comparison of self-reported health status, as both groups tended to report fair or poor health on a scale from 1 through 5, with 5 indicating poorer health (3.83 vs. 3.91 for those receiving professional help), parents helped by professional sources reported a much lower rate of work-limiting physical health problems (52 percent) than those helped by personal sources or not helped (83 percent).

Distribution of Diagnoses

While depression and motor problems were reported by over half of respondents that received professional application help as well as those helped by family members or friends or not helped with the application, depression was the most commonly reported diagnosis among those receiving professional help and motor problems were most frequently reported by those with no help or the help of friends or family members. Table 9 details the frequency of diagnoses for both groups.

Table 9
Distribution of Diagnoses

	Depression	Motor problems	Cardiovascular problems	Neurological Problems	Respiratory Problems*	PTSD
Total among all respondents	60.2%	59%	49.4%	43.4%	42.2%	39.8%
Received professional help	64.8%	61.1%	50%	46.3%	37%	40.7%
Received help from friends/family or no help	51.7%	55.2%	48.3%	37.9%	51.7%	37.9%

$p < .10$

Health Knowledge

The quicker and easier application process experienced by those who completed the SSI application independently may actually reflect difference in the knowledge of one's own health and diagnosis. When asked what qualified them for SSI, 62 percent of those who completed the application independently or with friends or family members gave a specific diagnosis, such as scleroderma, breast cancer or vertigo. The corresponding percentage in the group that received professional help with the SSI application was 41 percent ($p < .05$). The majority of this group gave general reasons for why they qualified for SSI, such as "I couldn't work," "I was sick," or "I was in pain and had bad health."

This knowledge did not appear to translate into agency, a favorable perception of one's own capabilities and aptitude. Four different measures were used, and then one cumulative measure. There was no significant difference found. These questions were scaled from 1 to 5, with a lower score indicating greater agency and self-confidence.

Table 10
Agency

	Average score for those receiving help with application	Average score for those not helped with SSI application
Sometimes I feel I am not getting anything done.	3.2	3.4
Sometimes when I'm supposed to be in control, I feel more like the one being manipulated.	3.3	3.2
I go to bed the same way I wake up in the morning – feeling I have not accomplished a whole lot.	2.7	2.8
I often have the feeling I cannot handle things very well.	3.0	2.8
Combined score on 4 items	12.15	12.14

DISCUSSION

This study reports findings with 83 SSI-receiving parents in two Northern California counties. Parents in this study were, on average, 42 years old and had transitioned from TANF to SSI 7 years prior to the interview. Parents were in very poor health, reporting severe, activity-limiting health, mental health and learning disabilities that often co-occurred. Work-limiting mental

health problems were reported by nearly 3 out of 4 respondents. Chronic pain was common, with 90 percent of parents reporting limitations in their daily activities due to pain.

In order to ascertain the correlates of professional help, parents were divided into two groups: those who received professional help with the SSI application and those who completed the application independently or were helped by family members and friends.

Parents with professional help applied more times for SSI, and had longer waits for approval on average than parents who applied on their own or with help from family and friends. Parents with professional help also rated the application process as more difficult than those helped by private sources or those who completed the application independently.

The parents with professional help reported a higher rate of learning disabilities but were less likely to need help with personal care tasks. They also had a higher rate of work-limiting mental health problems which were linked to how difficult they perceived the SSI application to be. While 53 percent of respondents with work-limiting mental health problems found the SSI application process difficult, the corresponding percentage among respondents without work-limiting mental health problems was 39 percent.

This research suggests that there are differences between parents who turn to attorneys or doctors for help with the SSI application and those who complete the application independently or with family or friends. It is important to note the differences in the subjective reaction to the application between those relying on professional help and those not: 64 percent of the former rated the process as difficult compared to 24 percent of the latter.

The findings do not support the original hypothesis that respondents with medical help would apply fewer times on average and report shorter time to approval and less difficulty with the application process. In fact, respondents who completed the application independently were approved the fastest and rated the process as less difficult than all other groups. They also appeared to have greater knowledge of their own health problems, a lower rate of learning disabilities and a higher rate of personal care limitations. It is plausible that parents whose primary disabilities are physical rather than mental may lack the mobility to seek professional application help but have enough knowledge of their own health problems to coordinate the appropriate medical documentation and complete the SSI application in a timely fashion. The physical disabilities may also be easier to document and confirm than mental health or learning problems. This suggests that TANF recipients with severe mental health problems or learning disabilities may need a higher level of supportive services to complete the SSI application than TANF recipients suffering primarily from physical health problems.

Limitations

A major limitation of this study is the small sample size which restricts the level to which the findings may be generalized to the broader population of TANF recipients with disabilities. A second limitation is the lack of information about the specific services provided by the different sources of application help. For instance, while all professional sources likely educated SSI applicants about the type of documentation needed, they may have differed in the amount of leg-

work expected from the applicant. Finally, this study did not assess when applicants sought help. It may be that they were denied several times before they consulted a doctor or attorney, and the length of time to approval after they were connected with professional help was shorter than what was reported here.

Future Research

This research highlights the diverse paths TANF recipients take to SSI. While some rely on doctors, attorneys or agency staff to help them with the application, others manage the process independently. Some recipients struggle for years to get approved, while others are approved within a few months. This research suggests a number of variables, including the presence of mental health problems and learning disabilities, which influence the path TANF recipients take to SSI. Future research could build on these findings by following a group of TANF recipients who hope to transition to SSI throughout the application period and eventual approval or denial. This would not only allow for identification of specific services provided by diverse professional sources but also compare characteristics of those approved to those who are denied. If the health limitations and diagnoses between those approved and those denied are similar, than the services provided throughout the application period may actually be a determining factor in who is approved and who is denied. Further research is needed to identify the supportive services that best aid the TANF to SSI transition.

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