

# The Application Process For TANF, Food Stamps, Medicaid and SCHIP

Issues For Agencies and Applicants,  
Including Immigrants and Limited English Speakers

U.S. Department of Health and Human Services  
Office of the Secretary  
Office of the Assistant Secretary for Planning and Evaluation

January 2003

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## **ACKNOWLEDGEMENTS**

This study could not have been completed without the cooperation and assistance of many individuals. Most importantly, our thanks go to all the state and local program staff, staff from community-based and advocacy organizations, and local discussion group participants who contributed to this study. These individuals were tremendously generous with their time and provided us with a wealth of critical information and insights.

The authors wish to thank many current and former staff at the Urban Institute who played an important role in this project. We especially thank Michael Fix and Wendy Zimmerman for their invaluable work in laying the groundwork for this study and providing constructive suggestions throughout the project. Frank Ullman provided much appreciated assistance with completing the site visits and contributing to the final report. We also thank Ian Hill and Corinna Hawkes for sharing valuable information about SCHIP and Medicaid implementation, based on their own work in this area.

Finally, we are indebted to David Nielsen, our ASPE Project Officer, for his commitment to this project and helpful guidance throughout the study.

This report was prepared by Pamela A. Holcomb, Karen Tumlin, Robin Koralek, Randy Capps and Anita Zuberi of the Urban Institute for the Office of the Assistant Secretary for Planning and Evaluation (ASPE), U.S. Department of Health and Human Services under contract number HHS-100-99-0003, Task Order No. 14. The views expressed are those of the authors and should not be attributed to the U.S. Department of Health and Human Services or to the Urban Institute, its trustees, or its funders.

## TABLE OF CONTENTS

<u>CHAPTER</u>	<u>PAGE</u>
ACKNOWLEDGEMENTS .....	i
EXECUTIVE SUMMARY .....	iv
1 INTRODUCTION .....	1-1
2 STUDY CONTEXT.....	2-1
The Demographic Context: Immigration and Language Diversity .....	2-1
Policy Context: Welfare Reform and Other Key Developments .....	2-6
3 APPLYING FOR BENEFITS: WHAT FAMILIES MUST DO .....	3-1
Gaining Access to Program Benefits: Various Initial Points of Entry.....	3-2
An Overview of Common Steps in the Application Process .....	3-7
Site Specific Application Processes .....	3-12
Special Issues for Non-Citizens and Limited English Speakers .....	3-22
4 APPLICATION FORMS .....	4-1
Application Availability.....	4-1
Integrated Application Forms .....	4-2
Medicaid/SCHIP Program Applications: Streamlined and Simplified.....	4-8
5 ELIGIBILITY DETERMINATION POLICIES AND VERIFICATION PROCEDURES: SPECIAL ISSUES FOR IMMIGRANTS .....	5-1
Implementing Non-Citizen Eligibility Rules .....	5-1
General Eligibility Documentation and Verification Requirements: Special Implications for Immigrants.....	5-6
6 THE LANGUAGE DIMENSION OF APPLYING FOR ASSISTANCE: STRATEGIES TO MEET THE NEEDS OF LIMITED ENGLISH SPEAKERS .....	6-1
Key Language Access Strategies .....	6-1
Multiple Language Access Strategies: Local Level Examples .....	6-6
Responding to Increasing Language Diversity.....	6-10
Developing Language Services in New Immigrant Destinations .....	6-12

## **APPENDICES**

Appendix A	Study Methodology.....	A-1
Appendix B	Language Spoken at Home, Population Ages 5 and Over .....	B-1
Appendix C	Study Program Descriptions .....	C-1

## **LIST OF EXHIBITS**

2-1	Total Population, Hispanic and Asian Shares .....	2-3
2-2	Foreign-Born, Non-Citizen and Recently-Arrived Immigrant Populations .....	2-4
2-3	Limited English Proficient (LEP) Adults Ages 18 and Over, by Major Language Group .....	2-5
2-4	State-Funded Benefits for Post-Enactment Legal Immigrant Families with Children.....	2-7
3-1	Office Structure for Program Application and Eligibility Determination .....	3-2
3-2	Access to SCHIP .....	3-4
3-3	A Typical TANF/FSP/Medicaid Application Process .....	3-8
3-4	Up-Front Eligibility Requirements .....	3-10
3-5	Sample TANF and Food Stamp-Only Application Process by Office .....	3-13
4-1	Availability of Applications.....	4-2
4-2	Key Characteristics of Integrated Applications .....	4-4
4-3	Key Characteristics of Medicaid/SCHIP Applications in the Study Sites.....	4-10
A-1	Change in Benefit Program Participation, 1996 to 1999 .....	A-2
A-2	List of Agencies and Other Organizations Participating in Site Visit Discussions .....	A-4

## **EXECUTIVE SUMMARY**

This report explores one key dimension of access to public benefits—the application and eligibility determination process. Of particular interest is how local-level administrative procedures and operations may generally affect eligible families' access to benefits. Special consideration is given to exploring these issues as they relate to immigrants and limited English speakers.

The four major public benefits programs examined in this study are Temporary Assistance for Needy Families (TANF), food stamps, Medicaid, and the State Children's Health Insurance Program (SCHIP). The findings presented are primarily based on site visits conducted between June 2001 and December 2001 in six different localities: New York City (five counties/NY), Dallas (Dallas and Tarrant Counties/TX), Seattle (King County/WA), Raleigh (Wake County/NC), Arlington (Arlington County/VA), and Sedalia (Pettis County/MO). The sites vary in terms of the overall size of their client base and the diversity of the immigrant population, and the way in which application and eligibility determination processes are structured and implemented.

### **Background Context**

- High levels of immigration over the past decade and increasing dispersal of non-citizens across the country means that more non-citizens now live in areas without an established infrastructure to deliver services in languages other than English, or where such infrastructure is in early stages of development. Even urban centers accustomed to receiving large numbers of immigrants, such as New York City, are faced with the challenge of dealing with an increasingly diverse number of immigrant groups who speak dozens of different languages.
- The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) and subsequent legislative changes include eligibility rules for federally funded public benefits that affect certain classes of legal non-citizens. Further, "mixed-status" immigrant families have to deal with eligibility determination that sometimes may be unclear. According to 1998 figures from the U.S. Current Population Survey (CPS), 85 percent of families with at least one non-citizen parent have at least one citizen child. The vast majority of immigrant families who apply for benefits have both citizens and non-citizens in them and while non-citizen adults are often ineligible for benefits, their children—who are usually citizens—are generally eligible. The mixed-status of many immigrant families and the complicated eligibility rules concerning non-citizens presents challenges for human service agencies as well as immigrant families who may not understand if and how they are affected by the eligibility restrictions.
- In the years following the enactment of PRWORA, human service agencies have been engaged, to varying degrees, in creating new organizational structures, administrative practices and service delivery systems that include undertaking a significant expansion in medical assistance to children and creating a devolved, work-oriented welfare system that provides a variety of supports for working families as well those receiving cash

assistance. In particular, the enactment of SCHIP has served as a catalyst for developing simplified and streamlined up-front intake procedures in order to expand health insurance for uninsured children. In addition, efforts to reduce dependency on cash assistance and promote work have increased awareness of the work support role of food stamps and medical assistance.

## Key Findings

The following are key findings about the application process encountered by all potential applicants and, in particular, by immigrants and limited English speakers. There are important variations—across programs and sites—in the application process:

- *It is generally easier to apply for children's medical assistance (i.e., SCHIP and Medicaid) than for cash assistance or food stamps.* Overall, across all sites, there is a striking difference between the relative simplicity of the application process for SCHIP (and often Medicaid-only) compared to the complexity of the application process required for obtaining the full traditional welfare package—cash assistance, food stamps, and Medicaid. For example, SCHIP application forms tend to be simplified and user-friendly for applicants and often include features that make them more accessible to immigrants. They are typically shorter, require less information about non-applicants in the household, and are more likely to be translated into Spanish (and sometimes other languages) than integrated applications for the TANF, the Food Stamp Program (FSP) and Medicaid.
- *Families can gain access to medical assistance benefits through different points of entry whereas families in need of the traditional package of welfare benefits typically have a single physical point of entry—the welfare agency.* Efforts to improve enrollment in Medicaid and SCHIP have led to a variety of strategies to increase the points of program entry. These typically involve moving various aspects of program enrollment (e.g., applications, eligibility screenings, and eligibility determinations) away from the traditional welfare agency setting and making these services available in locations that are more convenient and accessible to eligible families (e.g., health clinics, hospitals, schools, community-based organizations, and through phone or mail).
- *The application process for the full welfare package of benefits is more rigorous in some places than others.* Among the study sites, the TANF/FSP/Medicaid application process is the simplest in Seattle and the most complicated in New York City. Seattle's application process has no up-front requirements whereas applying for TANF/FSP/Medicaid in other sites includes additional steps, such as up-front job search, application screenings, and work program orientations. Among the sites, New York City's TANF application is the most complex and includes requiring applicants to: attend two eligibility interviews in two different locations, undergo fingerprinting and photographing for fraud prevention purposes, receive a home visit from an eligibility verification investigator, attend a mandatory workforce orientation and attend daily job search classes (five days per week) for the duration of the 30-day eligibility determination period.

Special eligibility and language issues presented by immigrants and limited English speakers are addressed in different ways and to varying degrees at the local-level. Looking across the six sites included in this study, the following key points emerge:

- ***There is no one-size-fits-all approach for providing language services and there are trade-offs associated with each approach.*** Because there is no single language-access strategy that is appropriate for every program or each stage in the application process, let alone for all language groups, human service agencies tend to employ more than one (and sometimes several) language assistance strategies simultaneously. The design and implementation of these multiple local language access strategies are driven by a complex interplay of factors related to the size of the total local limited English proficient population, client caseload characteristics (e.g., the number and types of languages spoken by limited English proficient applicants), and agency and community language resources. Developing strategies that take into account these factors is all the more challenging because the size, composition, and distribution of immigrant populations are often moving targets.
  - For the most dominant non-English speaking language group, it is often considered optimal to use in-house bilingual staff who can provide interpretation assistance in conjunction with their other job duties (e.g., a bilingual eligibility worker conducts an eligibility interview in the primary language of the applicant). In sites with significant staffing capacity, this approach can include specialized units or offices targeted to immigrants and limited English speakers. However, reliance on in-house bilingual staff may prove inefficient and unmanageable, particularly with respect to less common language groups, when the need for language interpretation for a particular language is relatively infrequent and sporadic. And, because of the continually changing composition of the immigrant population across our sites, simply adding new bilingual staff to match each new immigrant wave may be neither possible nor prudent.
  - Providing language services on a contract basis provides a more flexible approach that allows local human service agencies to adjust to the different language needs of applicants on a daily operational basis as well as over time. At the same time, relying on contracted staff for interpretation assistance instead of in-house staff also necessitates additional oversight effort on the part of human service agencies to monitor the overall quality of the language services provided to LEP applicants.
  - Relying on friends and family for translation is considered a far less desirable language service strategy but many sites still relied on this alternative, particularly for less common languages and in agencies where there were no, or only few, in-house or contracted bilingual staff available to bridge the language gap. Telephone “language lines” offer extensive language coverage but they are expensive to use and staff tend to use this alternative only as a last resort.

- *Language access strategies used in the administration of public benefit programs must be considered within the context of the application processes for these programs.* The more complex and involved the application process, the greater the challenge for providing language assistance at each stage in the process and the greater the likelihood that language difficulties may impede access. Less visible but still critical aspects of the application process, including the provision of translated written material and interpretation services for telephone communication, are often overlooked or inadequately addressed components of language access strategies.
- *Within welfare offices, strategies used to address complexities presented by non-citizen eligibility rules—and all eligibility determination rules—may include some combination of specialized front-line workers, automated eligibility determination systems that prompt for all the required eligibility information, and reliance on immigration documents.* Some agencies rely on more experienced workers or specialized units to handle non-citizen eligibility or have specialized offices located in areas with large immigrant communities. Workers in these settings typically have more experience and familiarity with non-citizen eligibility rules and immigration documents. The automated eligibility interview programs provide a means to further standardize the eligibility determination process, making it possible for all workers to systematically gather all the information needed to correctly apply eligibility rules, including the complex rules pertaining to non-citizen eligibility. In addition, workers typically rely on checking immigration documents in conjunction with charts that crosswalk program eligibility with these documents. If all these methods are used, the risk for error decreases. The risk for error is greatest when non-citizen applicants present rare or unusual immigration documents or more detailed aspects of non-citizen eligibility rule changes are not accounted for by workers and/or automated eligibility interview programs.
- *The combination of providing a simplified application process in a non-welfare setting, supplemented with additional application assistance and language accommodations, appears to increase access to benefits by limited English speakers and/or immigrant families.* Participants in this study across the six study sites commonly noted that immigrant families (many of which are mixed status families with citizen children) are more likely to apply for benefits at community health clinics, hospitals, and other non-welfare settings than initiating an application process for benefits at the welfare office. This may be because the application process for childrens' medical assistance benefits in these community- and health-based settings requires less information and documentation and is typically much easier to complete than the integrated TANF/FSP/Medicaid application process. Also, there are more likely to be bilingual staff available in these settings to help bridge any language gaps, and there is less concern among immigrants that the application will cause immigration-related problems for themselves or their children. In addition, some application procedures used by welfare offices for TANF and/or food stamps may be perceived differently by non-citizens than their citizen counterparts. For example, finger imaging, home visits and rigorous eligibility verification—procedures used routinely in the TANF and/or food stamps application in some study sites—can be particularly daunting for families who closely associate many of these procedures with the Immigration and Naturalization Service.

## **CHAPTER 1**

### **INTRODUCTION**

The Personal Responsibility and Work Opportunity Act of 1996 (PRWORA) made major changes to the nation's safety net, and since its enactment, there has been some interest in factors associated with access to public benefits. This report explores one key dimension of accessing benefits—the application and eligibility determination process—with special emphasis on what this process entails for two overlapping populations: immigrant families and limited English speakers.

Several factors have been mentioned as indicating a need to better understand how individuals generally gain access to public benefits, and how the process may present different issues for human service agencies, immigrants, and limited English speakers. For example, there were relatively significant declines in Food Stamp Program (FSP) and Medicaid caseloads after PRWORA, and some speculated that at least some of the declines could be attributed to consequences of welfare reform changes. Overall, the declines in these programs as well as even larger declines in the TANF caseload have reinforced the interconnected nature of Medicaid, FSP and TANF participation and the recognition that changes affecting access to one public benefit program may impact access to other programs (Weil and Holahan 2002; Zedlewski 2001).

Efforts to promote work and reduce dependency on cash assistance under the Temporary Assistance for Needy Families (TANF) program have increased awareness of the important work support role of food stamps and medical assistance, and have provided impetus for implementing policies and procedures that make application for and participation in these programs more accessible to low-income, working families. At the same time, some contend that some program practices dissuade otherwise eligible families from applying for TANF and/or these other work supports (Maloy et. al. 1998).

On the other hand, the State Children's Health Insurance Program (SCHIP), enacted in 1997, acted as a catalyst for developing simplified and streamlined up-front intake procedures in order to expand health insurance for uninsured children. These efforts were correlated with rising Medicaid and SCHIP enrollments, underscoring the relationship between up-front procedures and practices, and program participation.

Finally, recent analyses (Fix and Passel 2002) of public benefits use by legal immigrant families (many of which have citizen children) show that while low-income, legal immigrant families with children had lower use rates for TANF and food stamps than their low-income citizen counterparts in 1999, Medicaid use rates did not vary by citizenship. While not fully understood, this inter-program variation in participation raises the possibility that at least some of the variation may be due to differences between the application and eligibility determination processes of TANF and food stamps, compared to Medicaid-only applications. (For a description of which immigrants are eligible for federal and state benefits, see page 2-2 below.)

The increasing number and diversity of immigrants in different areas of the country has increased demand on agencies providing public benefits and services to structure their service delivery system in ways that adequately address the communication issues related to limited English speakers. To date there has been relatively little information available on the types of language accommodation strategies currently in use and the types of challenges and trade-offs they present for both human services agencies and limited English speakers who need to access these benefits.

This report examines application procedures and practices for four federal benefit programs—TANF, FSP, Medicaid and SCHIP—in six local sites across the country. Of special interest is how systemic or administrative factors embedded in various application processes may generally facilitate or exacerbate access to benefits by eligible families, and, in particular, eligible immigrant and/or limited English speaking families.

The discussion and findings presented in this report are based primarily on the following activities conducted at each site: in-person and telephone discussions with program staff and relevant community-based organizations; observations of intake and application procedures; reviews of written materials such as policy manuals, outreach plans, and application forms; and (in three sites) group discussions with non-citizen and limited English proficient individuals who had applied for any of the four programs. Site visits took place during the period of June 2001 through December 2001 in the following six localities: Arlington (VA), Dallas (TX), New York (NY), Raleigh (NC), Seattle (WA), and Sedalia (MO).<sup>1</sup>

The remainder of this report is organized as follows:

- Chapter Two provides background *demographic and policy context* for the study, including immigration trends, diversity of languages spoken in the six study sites, and federal welfare reform provisions affecting non-citizen eligibility.
- Chapter Three describes *local-level benefit application processes and procedures* in the six study sites from the point at which a person initiates the application process to the point at which the application is reviewed and verified for eligibility determination purposes.
- Chapter Four examines *written application forms*, comparing integrated and stand alone program applications and highlighting specific aspects of the application forms that may have a special impact on non-citizens.
- Chapter Five discusses the *eligibility documentation and verification practices* that have special relevance for non-citizens, including the application of non-citizen eligibility rules.
- Chapter Six discusses the *prevalence and types of language assistance strategies* used in the study sites to help overcome communication difficulties encountered by limited English proficient individuals applying for public benefits.

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<sup>1</sup> A description of the study methodology, including site selection criteria, is presented in Appendix A.

## **CHAPTER 2**

### **STUDY CONTEXT**

This chapter provides general and site-specific contextual background information on demographic characteristics and policy developments relevant to this study. Background information on the four focal programs—TANF, FSP, Medicaid, and SCHIP—is provided in Appendix C.

#### **The Demographic Context: Immigration and Language Diversity**

By 2000 the foreign-born share of the U.S. population had more than doubled to almost 11 percent, from a low of 5 percent three decades earlier in 1970 (Fix and Passel 2001). And growth in immigrant and LEP populations has been accompanied by an increasing dispersal of immigrants across the country. This trend marks a significant shift away from the traditional clustering of the overwhelming majority of foreign-born residents in just a handful of states that characterized immigration patterns in the past.

Nationally, about one fifth of all children and one quarter of children in low-income families (i.e., those with incomes under 200 percent of the federal poverty level) have immigrant parents (The Urban Institute 2001). Data from the Census 2000 Supplementary Survey indicate that, nationally, the number of Limited English Proficient (LEP) adults increased from 12 to 16.5 million between 1990 and 2000. During that time, the LEP share of the total adult population rose from 6 to 8 percent.

The composition of these immigrant families, especially in terms of their mixed immigration status and relatively large family and household size, is of particular relevance to this study. Almost 10 percent of all families in the U.S. are “mixed-status” families, meaning that at least one child is a U.S. citizen but at least one parent is not a citizen. According to 1998 figures from the U.S. Current Population Survey (CPS), 85 percent of families with at least one non-citizen parent have at least one citizen child. The vast majority of immigrant families who apply for benefits have both citizens and non-citizens in them and while non-citizen adults are often ineligible for benefits, their children—who are usually citizens—are generally eligible (Fix and Zimmermann 1999). In addition, immigrant parents have more children on average than native-born parents and they are more likely to live in extended families and multi-family households, making for even larger households.

#### *Non-Citizen and Limited English Speaking Population Characteristics in the Six Study Sites*

The six sites examined in this study are: New York City (five counties/NY), Dallas (Dallas and Tarrant Counties/TX), Seattle (King County/WA), Raleigh (Wake County/NC), Arlington (Arlington County/VA), and Sedalia (Pettis County/MO). These sites vary widely in population

### ***Citizenship and Immigration Categories Used in This Report***

**Native-Born Citizens.** People born in the United States or born abroad as children of U.S. citizens. Many children with immigrant parents are U.S.-born and therefore native citizens. They are eligible for public benefits on the same terms as other citizens.

**Naturalized Citizens.** Lawful permanent residents may become citizens through the naturalization process. Typically, they must be in the United States for five or more years to qualify for naturalization, although immigrants who marry citizens can qualify in three years. Naturalized citizens are also eligible for public benefits on the same terms as other citizens.

**Non-Citizens.** These include all immigrants—legal and undocumented—who have not yet naturalized and are categorized as described below:

**Legal (or Lawful) Permanent Residents (LPRs).** These are foreign-born people who are legally admitted to live permanently in the United States through qualifying for immigrant visas abroad or adjustment to permanent resident status in the United States. LPRs are issued documentation that is commonly referred to as “green cards,” although the cards have not been green for many years. Most LPRs are brought to the United States by close family members or employers, but some entered as refugees and others were undocumented and later legalized. At the time of our study, LPR adults were required to show they had lived and worked in the United States at least 10 years to receive food stamps.

**Post-Enactment Legal Immigrants.** These are LPRs who were admitted to permanent residency after August 22, 1996, when the welfare reform law passed. They are generally subject to a five-year bar on eligibility for TANF, Medicaid and SCHIP, except where states are providing benefits through their own funding mechanisms.

**Refugees and Asylees.** These are foreign-born people legally admitted to the United States because of the fear of persecution in their home countries. In general, refugees are promised admission before entry to the United States and may gain entry as a group, and they are usually resettled under refugee programs that provide substantial economic support and application assistance for public benefits. Asylees arrive in the United States before they claim asylum, and so their cases typically require more individual review. Many asylees have been in the country some time before their asylum application is accepted, and so they usually do not have the assistance of refugee resettlement agencies. After one year, most refugees and asylees are eligible for LPR status. Unlike LPRs, refugees and asylees are eligible for TANF, Medicaid and SCHIP for five years after admission (seven years in the case of food stamps), even if they have attained legal permanent residence.

**Undocumented Immigrants.** Also called illegal aliens, these are foreign-born people who do not possess a valid visa or other immigration document, because they entered the United States without inspection, stayed longer than their temporary visas permitted, or otherwise violated the terms under which they were admitted. Some may petition to adjust their status and eventually attain LPR status. While undocumented, however, they are ineligible for the federally-funded public benefits considered in this study, except for emergency Medicaid.

size—from New York, the nation’s largest city, to Sedalia, a primarily agricultural town in a county of 39,000 (Exhibit 2-1). The sites represent a mix of new immigrant settlement areas and cities with larger, more established immigrant communities. The size and diversity of the immigrant population varies considerably across the sites, as does the share of limited English speakers and diversity of languages represented (for a full description of site selection criteria, see Appendix A).

**Characteristics of Immigrant Populations in the Six Study Sites.** As shown in Exhibit 2-1, New York City and Dallas both have Hispanic population shares over 25 percent, compared to near 5 percent in Seattle, Raleigh and Sedalia. Asian population shares are highest—about 10 percent—in Seattle, New York and Arlington, while Sedalia’s Asian population is under one percent of the county’s total population.

**Exhibit 2-1:**  
**Total Population, Hispanic and Asian Shares**  
**(Study Sites, 2000)**

Site	Total Population	Share Hispanic (%)	Share Asian* (%)
Arlington County, VA	189,453	19	9
Dallas County, TX	2,218,899	30	4
New York City (5 counties), NY	8,008,278	27	10
Raleigh (Wake County), NC	627,846	5	3
Seattle (King County), WA	1,737,034	6	11
Sedalia (Pettis County), MO	39,403	4	0.4

\* Represents share one race, Asian. Some other Asians may have reported more than one race.

Source: U.S. Census Bureau. 2002. “Census 2000 Summary File 1 (SF-1) 100-Percent Data Table DP-1.” *American FactFinder*. Available at <http://factfinder.census.gov/servlet/BasicFactsServlet>.

Three study sites have foreign-born population shares of 19 percent or over (Exhibit 2-2). New York City has the highest share of foreign-born and non-citizen populations, followed by Arlington, then Dallas County.<sup>1</sup> Only Sedalia (Pettis County) has a foreign-born population below 10 percent. In all sites except New York City and Seattle (King County), more than half of the foreign-born population arrived during the 1990s, and in every site the majority of immigrants were non-citizens rather than naturalized citizens. Sedalia and Raleigh (Wake County) represent “new settlement” sites, with the highest shares of immigrants entering during the 1990s—70 and 64 percent respectively. In New York City, by contrast, only 43 percent of immigrants entered during the 1990s.

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<sup>1</sup> Naturalized citizens account for the difference in population size between the non-citizen and total foreign-born populations.

**Exhibit 2-2:**  
**Foreign-Born, Non-Citizen and Recently-Arrived Immigrant Populations**  
**(Study Sites, 2000)**

Site	Foreign-Born Population		Non-Citizen Population		Entered During 1990's	
	Number	Percent of Total Population	Number	Percent of Total Population	Number	Percent of Total Population
Arlington Co., VA	52,693	28%	38,300	20%	30,543	16%
Dallas Co., TX	463,574	21	361,373	16	264,942	12
King Co. WA	268,285	15	149,849	9	131,848	8
New York, NY	2,871,032	36	1,592,345	20	1,224,524	15
Pettis Co., MO	1,158	3	885	2	806	2
Wake Co., NC	60,602	10	44,240	7	38,994	6

Source: U.S. Census Bureau. 2002. "Census 2000 Table DP-2. Profile of Selected Social Characteristics: 2000." *American FactFinder*. Available at <http://factfinder.census.gov/servlet/BasicFactServlet>.

According to program staff and advocates, the composition of the immigrant population in terms of immigration status also varies greatly across and even within local sites. Some sites are more likely than others to encounter refugees applying for benefits, because refugee resettlement is generally concentrated in a few major cities. Undocumented populations tend to be larger (at least as a share of all immigrants) in new settlement areas, while the share of naturalized citizens among the foreign-born is higher in locations with more established immigrant communities.

The contrast between newer settlement areas versus more established immigration destinations reflects the increasing dispersal of immigrants across new areas of the country, a pattern that has important implications for language access issues considered in this study. Welfare and other human service agencies in localities with large, established immigrant communities—such as New York, Dallas, Seattle and Arlington—have more experience serving non-citizens and greater community resources to draw upon for interpretation and translation services. Human service agencies in the newer settlement areas, represented in our study by Raleigh and Sedalia, have much less experience with and far fewer resources to address language and other issues experienced by these populations.

Even communities accustomed to receiving large numbers of immigrants are now home to an increasingly diverse number of immigrant groups who speak dozens of different languages. This diversity presents its own set of challenges for human service agencies accustomed to dealing with fewer immigrant and language groups. For example, according to study respondents, Arlington, Seattle and Dallas received substantial numbers of new refugees from Southeast Asia during the 1980s, but by 2001 most refugees living there were from a broader range of nations including Africa, South Asia, the Middle East, and Eastern Europe. According to a 1999-2000 Urban Institute survey, New York City has immigrants from over 100 countries (Capps et. al. 2002).

**Characteristics of LEP Populations in the Six Study Sites.** The largest cities—New York, Dallas and Seattle—have large and diverse immigrant populations speaking a wide variety of languages other than English. In New York City, Spanish speakers predominate, numbering nearly 2 million people, but there are five other languages with about 100,000 or more speakers, and over a dozen with more than 50,000 speakers. In Seattle, no single language is in the majority among non-English speakers and LEP persons speaking Asian languages outnumber Spanish speakers by more than two-to-one. In Dallas and Arlington, Spanish speakers predominate but there are also substantial numbers who speak Vietnamese and other languages. In Raleigh (Wake County) and Sedalia (Pettis County), the overall LEP population is relatively small and the most prevalent language spoken is Spanish. (See Appendix B for additional site-specific data on languages spoken in the home.)

**Exhibit 2-3:**  
**Limited English Proficient (LEP) Adults Ages 18 and Over,  
by Major Language Group**  
(Study Sites, 2000)

Site	LEP Population** Spanish Language		LEP Population* Asian Languages		LEP Population* Other Languages	
	Number of LEP Adults	Percent of Total Adult Population	Number of LEP Adults	Percent of Total Adult Population	Number of LEP Adults	Percent of Total Adult Population
Arlington Co., VA	19,277	11	4,623	3%	5,893	3%
Dallas Co., TX	316,065	16	31,347	2	19,831	1
King Co., WA	32,382	2	72,219	4	33,070	2
New York City, NY	921,324	12	325,321	4	522,332	7
Pettis Co., MO	693	2	29	0.1	247	0.7
Wake Co., NC	20,542	4	5,697	1	6,228	1

\* Limited English Proficient persons speak English “well”, “not well” or “not at all” (i.e., not “very well”) on the Census Bureau’s standard four-part question. The Census reports these figures for the population ages 5 and over.

Source: U.S. Census Bureau. 2002. “Census 2000 Table DP-2. Profile of Selected Social Characteristics: 2000.” *American FactFinder*. Available at <http://factfinder.census.gov/servlet/BasicFactsServlet>.

With the exception of New York City, the welfare agencies in our study sites do not track data on the English proficiency or immigration status of applicants or clients. The language composition picture that emerged from discussions with study participants closely matches that painted by the Census data, however. New York City and Seattle have the most language diversity in their applicant populations. TANF and Food Stamp recipients in New York speak at least 54 different languages, with the most common languages being Spanish, Russian, Chinese, Korean, Creole, French, Arabic, Yiddish and Vietnamese. One office in Seattle reported that speakers of about 50 languages came through their

door during a single year. Languages commonly spoken by applicants and recipients other than Spanish in Seattle are Russian, Ukrainian, Somali and languages spoken in other African nations. Seattle agency staff reported that Cambodian, Vietnamese and Laotian speakers used to make up a larger share of applicants and recipients than is currently the case.

Eligibility workers and application assistants in Dallas reported encountering substantial numbers of Asians (including Vietnamese, Cambodian, Laotian, Korean and Chinese speakers) and, to a lesser extent, Africans and Middle Easterners (who speak a wide variety of languages including Arabic, Farsi, Somali and Swahili). In Arlington, most LEP applicants speak Spanish but a very small share speak a variety of other languages and, like Seattle, the share of applicants and clients who speak Cambodian, Vietnamese or Laotian has declined significantly over time, as refugee flows from Southeast Asia have subsided.

## **Policy Context: Welfare Reform and Other Key Developments**

### *Non-Citizen Eligibility Restrictions*

After PRWORA, most post-enactment legal immigrants (those who arrived in this country after August 22, 1996) are not eligible for federally-funded Temporary Assistance for Needy Families (TANF), Medicaid, and SCHIP<sup>2</sup> during their first five years in the country. States have discretion to decide whether to extend the bar to include pre-enactment legal immigrants.<sup>3</sup> PRWORA also dropped food stamp eligibility for legal immigrant adults, regardless of date of entry, until they naturalize or prove that they (or their spouse or parents) worked in the country for a combined total of at least ten years. Finally, PRWORA exempted refugees during their first five years in the country and a few other small classes of immigrants from these legal immigrant eligibility bars.<sup>4</sup>

The federal government subsequently enacted partial restorations of legal immigrants' eligibility for food stamps in a piecemeal fashion. In 1998 Congress restored food stamp eligibility to children and disabled adults who entered the country before August 22, 1996, as well as to immigrants who had their 65th birthday before that date.<sup>5</sup> At the time of our site visits, working-age legal immigrants entering before August 22, 1996 and adult legal immigrants entering after enactment remained ineligible, unless they could demonstrate 10 years of work history or meet other federal exemptions. In May 2002, Congress replaced the 10-year work requirement for legal immigrant adults with a five-year bar consistent with that for TANF, Medicaid and SCHIP, although these changes do not take effect until

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<sup>2</sup> SCHIP was authorized after welfare reform was enacted, but it is similar to Medicaid in terms of benefit restrictions for non-citizens.

<sup>3</sup> Only two states decided to exclude pre-enactment legal immigrants from public benefit eligibility: Alabama excluded them from TANF, and Wyoming excluded them from Medicaid. (Zimmermann and Tumlin 1999).

<sup>4</sup> Other groups exempted from the bar on eligibility include asylees, Amerasians and Cuban/Haitians (for five years), as well as active-duty military, veterans, and their dependents.

<sup>5</sup> Food stamp eligibility was also extended from five to seven years after entry for refugees and asylees. Agriculture, Research, Extension, and Education Reform Act, P.L. 105-185 (1998).

April 2003. Eligibility was also restored for all legal immigrant children, regardless of date of entry, effective October 2003.<sup>6</sup>

PRWORA's immigrant eligibility provisions apply to the expenditure of federal funds for these programs, but not to state funding. Some states have opted to use their own state dollars to extend substitute TANF, food stamp, Medicaid and/or SCHIP benefits to post-enactment legal immigrant families. For example, 16 states provide some form of food assistance for post-enactment legal permanent residents (Schwartz 2001), and 19 states provide TANF replacement programs. Twenty-three states fund Medicaid for post-enactment legal immigrants, and another three partially restore these health benefits (Zimmermann and Tumlin 1999).

Of the six states included in this study, only Washington fully provides eligibility for all four programs to post-enactment legal immigrants. In contrast, North Carolina, Texas and Virginia do not provide state-only funding for any of these benefits for families with children.<sup>7</sup> New York and Missouri provide eligibility for some benefits, but not others (Exhibit 2-4). Missouri uses state-only funding to provide for post-enactment legal immigrants who are not eligible for TANF and extends food stamp eligibility to those non-citizens who receive cash assistance through this TANF replacement program. New York provides a state-funded replacement

**Exhibit 2-4:**  
**State-Funded Benefits for Post-Enactment Legal Immigrant Families with Children**  
**(Study Sites, 2001)**

Site	TANF	Food Stamps	Medicaid	SCHIP
Arlington, VA				
Dallas, TX				
New York, NY	✓		✓	✓
Raleigh, NC				
Seattle, WA	✓	✓	✓	✓
Sedalia, MO	✓	*		

\* In Missouri, post-enactment legal immigrants who receive state replacement TANF benefits are also eligible to receive state-funded food stamps. Post-enactment legal immigrants who do not receive this state-funded cash assistance, however, are not eligible for the state-funded food stamp benefits.

program for Medicaid and SCHIP as well as a variation of TANF cash assistance called Safety Net Assistance (SNA).<sup>8</sup> In New York City, the SNA program provides vouchers for rent to legal non-

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<sup>6</sup> Farm Security Act, P.L. 107-171 (2002).

<sup>7</sup> New York State's Food Assistance Program and the State Immigrant Food Assistance Program in Texas also cover some post-enactment elderly immigrants.

<sup>8</sup> Additionally, New York provides state-funded health insurance for undocumented and other immigrant children considered not "qualified" under PRWORA in the Child Health Plus program.

citizens barred from the TANF program (which accounts for most of the monthly grant), and the remainder of the SNA benefit in cash.

### *Welfare Caseload Declines and SCHIP Enactment*

As mentioned earlier, there were significant caseload declines in public benefit programs in the years immediately following the enactment of PRWORA.<sup>9</sup> Legal immigrants' use of public assistance declined as well and while some of this decline may have been due to changes in eligibility, there was some speculation that some of the decline may have been the result of caseworkers and clients having difficulty distinguishing between eligible and ineligible immigrants.<sup>10</sup> As of 1999, when only low-income families are considered, legal immigrants with children had lower participation rates for TANF and food stamps than their low-income citizen counterparts, but Medicaid participation was on par with participation among citizen families (Fix and Passel 2002). Another possible explanation for the comparatively low benefit program participation among legal immigrants—including those with citizen children—is that some may not apply for benefits due to fears and misconceptions about eligibility rules and the potential for benefit participation to have negative consequences for their immigration status and applications for citizenship.

More broadly, the caseload declines associated with welfare reform have led to increased interest in how program policies and administrative practices affected access to benefits. Various initiatives have since been undertaken to increase low income families' access to medical assistance and, to a lesser extent, food stamps by reducing barriers such as complex application processes, stigma or general lack of awareness concerning eligibility. The enactment of SCHIP in 1997 heightened federal, state, and local efforts to increase access to medical assistance for children through outreach and simplified application processes. To a large degree, these outreach and simplification efforts are credited for bringing about dramatic increases in SCHIP participation since the program's initial implementation and the turnaround in Medicaid caseload declines.

Finally, access issues related to limited English proficiency have also begun to receive greater attention. At the federal level, there have been a series of developments beginning in 2000 with Executive Order 13166, which required each federal agency to issue guidance for improving access to programs and activities funded by that agency for individuals with limited English proficiency. The U.S. Department of Justice subsequently issued complementary guidance to public agencies on how to ensure "meaningful access" for limited English speakers to public programs in 2000, and undertook a formal review of Executive Order 13166 and language access policies issued by all federal agencies during 2001-2002. This process led to issuance of a report on the costs and benefits of the Executive Order (Office of

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<sup>9</sup> According to federal administrative data, from 1996 to 1999, TANF caseloads dropped by 42 percent, while food stamp caseloads dropped by 29 percent nationally. Medicaid participation also fell slightly between 1996 and 1997, but then began to rise in 1998 and showed an overall increase of 13 percent by 1999. If low-income children insured under SCHIP are taken into account, this figure is 18 percent (see Appendix A).

<sup>10</sup> Between 1994 and 1999, TANF non-citizen participation declined 60 percent, Food Stamp Program participation declined 48 percent and Medicaid participation declined 15 percent. (Fix and Passel 2002).

Management and Budget 2002) and final guidance to federal agencies in June 2002 (Department of Justice 2002).

## **CHAPTER 3**

### **APPLYING FOR BENEFITS: WHAT FAMILIES MUST DO**

Applying for TANF, food stamps, Medicaid, or SCHIP can be a relatively simple and straightforward process or it can be a more complex process involving numerous steps, multiple visits, or visits to multiple offices. Any difficulties faced by individuals attempting to navigate the application process are compounded for non-citizens and limited English speakers. To fully appreciate the application experiences of non-citizens and other limited English speakers who face unique eligibility rules and language issues, it is important to understand the application process facing all individuals, regardless of their English proficiency or immigration status.

The type of assistance sought and the way in which the process is designed and implemented at the local level largely dictates the particular steps and procedures that make up the application process. Individuals applying for cash assistance, or TANF, typically apply for a full package of benefits, including food and medical assistance (i.e., food stamps and Medicaid). This is the traditional welfare package (referred to here as TANF/FSP/Medicaid), and the integrated application process associated with obtaining this package has, until recently, been the primary path to accessing any of these programs.

The establishment of SCHIP and Medicaid-expansion programs spurred the development of different application pathways to coverage under these programs that may have much, little or nothing in common with the traditional TANF/FSP/Medicaid application process. Under federal law, the SCHIP program provides states with the flexibility either to use the pre-existing Medicaid infrastructure or to adopt a stand-alone program for enrolling recipients, or a combination of the two. Among the study sites, one state (Missouri) chose to expand their existing Medicaid program; three states (North Carolina, Virginia, and Washington) chose to create a separate SCHIP program; and two states (New York and Texas) chose to combine both approaches. States may also accept electronic, mail-in, or telephone SCHIP applications and rely on private contractors to facilitate application and eligibility determination. The degree to which states have chosen to combine SCHIP and Medicaid-expansion programs, including providing an integrated application process, varies. In addition, there can be separate Medicaid-only and/or food stamp-only application processes that have their own distinct features.

Overall, there is considerable variation in program application processes across the study sites (and even across offices within sites) as well as across programs.<sup>1</sup> For the applicant, the SCHIP application process is typically the most simple and least burdensome to complete and the same is often, but not always, true of Medicaid-only application processes.<sup>2</sup> By contrast, the integrated

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<sup>1</sup> There is also tremendous variation in caseload size and staffing capacity across jurisdictions. These factors may affect how locations organize staff and structure the application process.

<sup>2</sup> Although not a focus of this study, the application and eligibility determination process are considerably simplified and shortened for emergency Medicaid and expedited food stamps.

TANF/FSP/Medicaid application process is the most complicated with respect to the number of steps, activities and (sometimes) trips required. Among our sites, the TANF/FSP/Medicaid application process is the simplest in Seattle and the most complicated in New York City.

This chapter describes benefit application procedures from the point at which a person initiates the application process to the point at which the application is ready to be reviewed and verified for eligibility determination purposes. First, an overview of initial points of entry to the application process is provided. A typical application process is then described, focusing primarily on: (1) where application activities take place, and (2) what the process entails. This is followed by a more in-depth description of how these two key dimensions of the application process play out in each of the study sites.

### **Gaining Access to Program Benefits: Various Initial Points of Entry**

The traditional welfare application process (i.e., TANF/FSP/Medicaid) contains a single point of entry—the welfare agency. Alternative points of entry are sometimes available to families interested in obtaining assistance that does not include TANF benefits. This section reviews the major organizational entry points for the four benefit programs considered in this study as of mid-2001 (see Exhibits 3-1 and 3-2).

#### *Accessing the Traditional Welfare Package—TANF/FSP/Medicaid*

The number of welfare offices within a given local jurisdiction depends in large part on the geographic and population size of a local jurisdiction. There may be only one centralized office or there may be several welfare offices located throughout the area where families can gain access to the full package of TANF/FSP/Medicaid benefits.

#### **Exhibit 3-1:** **Office Structure for Program Application and Eligibility Determination** **(Study Sites, 2001)**

Site	Integrated Office (TANF, FSP, Medicaid/ SCHIP)	Specialized Program Unit Within Office*	Specialized Office by Program			Specialized Refugee/ Immigrant Office
			TANF (with FSP/ Medicaid)	Medicaid/ SCHIP-Only	Food Stamp-Only	
Arlington, VA		✓				
Dallas, TX	✓					✓**
New York, NY			✓	✓	✓	✓
Raleigh, NC		✓				
Seattle, WA		✓				
Sedalia, MO	✓					

\* These offices have separate eligibility staff dedicated to TANF/FSP/Medicaid applicants and to non-TANF applicants (i.e., food stamps and Medicaid/SCHIP).

\*\* The state of Texas centralized all refugee eligibility determination at a call center in Austin in September 2001. At the time of our visit, however, refugee eligibility determination took place within specialized units in each region.

In addition to welfare offices that offer access to multiple benefit programs, some places also have specialized offices or units to serve special populations. In New York City, for example, all refugees and non-citizens from across the city must apply for and receive ongoing assistance and services at one of two specialized Job Centers located in lower Manhattan and Brooklyn.<sup>3</sup> At the time of our visit (July 2001), refugees in Dallas applied for benefits through specialized refugee units co-located in two welfare offices—one in downtown Dallas and one in nearby Fort Worth. Shortly after our visit, however, state administrators consolidated the application process for refugee public benefits, statewide, in a single call-center based in Austin.

### *Additional Entry Points to Medicaid/SCHIP and Food Stamps*

Some have recently suggested that providing access to non-cash programs through separate offices may help de-stigmatize these programs and distinguish them from traditional “welfare”, thereby improving the capacity of Medicaid, SCHIP, and food stamps to be effective supports for working families (Dion and Pavetti 2000). Among our six sites, only New York City has such specialized offices. Some offices only accept Medicaid/SCHIP applications, and other offices only process applications for food stamps. Applicants who come to these offices and appear to need additional forms of assistance or services, notably TANF cash assistance, are supposed to be referred to one of the TANF welfare offices (which also provide Medicaid and food stamp eligibility determination services for TANF cases).<sup>4</sup> Efforts have also been made in New York to provide access to Medicaid for families that applied for TANF but either were not qualified or withdrew their applications by co-locating a Medicaid worker within each TANF office. These workers review applications that have been rejected or withdrawn from TANF for Medicaid eligibility and then transfer the cases to the appropriate specialized office.

While there are not separate specialized Medicaid or food stamp offices in Raleigh and Arlington, these sites have adopted the same approach as New York, albeit on a smaller scale. TANF and non-TANF units are physically separated and have different reception and waiting areas for applicants. In order to streamline casework, workers in the TANF unit also handle food stamps and Medicaid for TANF families.

### *Efforts to Facilitate Access to Benefits: Medicaid and SCHIP Lead the Way*

In contrast to families applying for TANF/FSP/Medicaid, those applying for SCHIP (and in some places, Medicaid-only) typically do not need to rely on the welfare office as their only point of entry. Instead, there are typically multiple points of entry into the SCHIP program. Exhibit 3-2 demonstrates both the array of places and types of organizations that facilitate application for SCHIP benefits. For

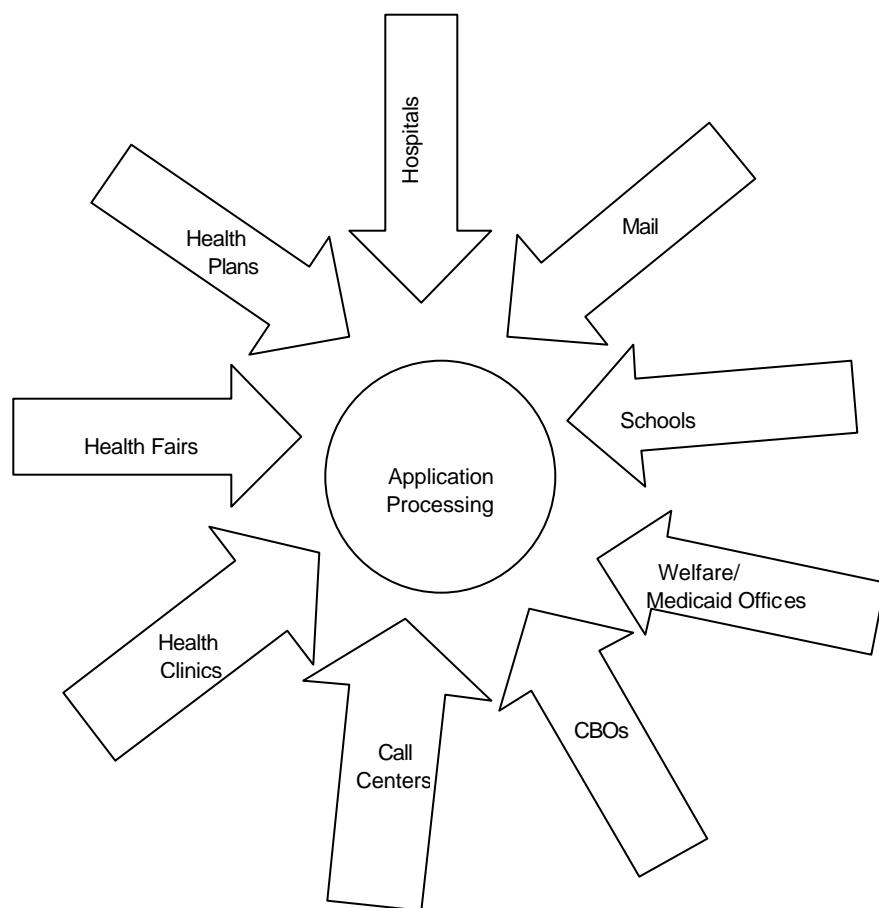
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<sup>3</sup> The specialized Brooklyn Job Center opened in January 2002.

<sup>4</sup> The specialized office must take an application for the initial services requested and then refer the applicant to the generic benefits office to complete the application and eligibility determination steps required for the additional programs. The eligibility determination period for the original benefits applied for begins on the date of the initial application.

example, in Arlington, Raleigh, and Seattle, SCHIP applications are disseminated through the schools. Dallas, New York, and Sedalia rely on community-based

**Exhibit 3-2:  
Access to SCHIP**



organizations to help reach and enroll children in SCHIP through a variety of means including attendance at health fairs and dissemination of materials in health clinics, schools, and throughout the community. As described later, the SCHIP programs in Arlington, Dallas, and Seattle have centralized processing centers that take application requests, determine eligibility and process applications for SCHIP for the entire state.

In all sites, Medicaid and SCHIP mail-in applications for children are permitted. Two study sites (Sedalia and Seattle) rely on pre-existing office-based Medicaid enrollment processes, but applications may also be sent by fax, by mail, or dropped off in-person. In New York, efforts to coordinate Medicaid and SCHIP led to a streamlined approach that currently includes a single joint application and the use of community-based facilitated enrollers who take applications for both programs.

Interest in improving access to and enrollment in Medicaid has also led to a variety of strategies to increase the points of program entry either by out-stationing workers capable of conducting eligibility screenings or eligibility determinations in locations that are more convenient and accessible to the community. Medicaid programs have used this general outreach approach since the late 1980s when Medicaid first expanded coverage to pregnant women and children. To reach this new population, Medicaid agencies began placing out-stationed eligibility workers at hospitals and federally qualified health centers.<sup>5</sup> In the study sites, Medicaid eligibility workers are out-stationed at health clinics in Dallas and Raleigh, and at hospitals in Arlington, Dallas, New York, Raleigh, and Seattle.

This trend is much more pronounced since the implementation of SCHIP. In many places, the SCHIP application and eligibility determination process has been deliberately moved away from the traditional welfare agency setting and placed where eligible individuals are likely to be, namely in their local neighborhoods and communities. Efforts to increase the points of access for the SCHIP program has also led to the use of non-welfare agency staff to accept applications.

Overall, there have been extensive outreach efforts to increase awareness and enrollment in Medicaid/SCHIP. Outreach efforts may be designed to reach the entire community, or may target specific neighborhoods, ethnic groups, or other segments of the population. The study sites provide many examples of the wide array of Medicaid/SCHIP outreach efforts taking place through community-based organizations (CBOs), schools, health care providers (including hospitals, public health clinics, and Medicaid managed care plans), and media campaigns (see box, “Reaching Out to Potential Medicaid/SCHIP Applicants: Examples of Outreach in Six Study Sites”). The most effective outreach efforts were typically identified as those conducted through public schools, pediatricians’ offices and health clinics. In addition to conducting outreach, we identified CBOs in all study sites that provided one-on-one assistance to families with some aspect of the application process—usually for Medicaid/SCHIP applications but also, to a lesser extent, for food stamp and TANF applications (see box, below).

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<sup>5</sup> Medicaid law and regulations require States to provide opportunities for children under age 19 and pregnant women to apply for Medicaid at locations other than local public assistance (i.e., welfare) agencies and in each facility designated as a disproportionate share hospital (DSH) and federally qualified health center, unless there is an approved alternative arrangement.

***Reaching Out to Potential Medicaid/SCHIP Applicants:  
Examples of Outreach in Six Study Sites***

**Community-Based Organizations.** CBOs provide outreach (including application assistance) in many of the sites in our study and are considered particularly effective with reaching out to immigrant and non-English speaking communities, especially when they employ staff that speak the same language and share similar cultural backgrounds as their clients. In Sedalia, a community-based organization, the Pettis County Community Partnership (PCCP), uses VISTA volunteers (some Anglo and some Latino) from the local community to conduct outreach about different programs and services through Head Start, the schools and a local health center. In Seattle, the county public health agency subcontracts with a variety of CBOs to conduct both outreach and application assistance.

**Schools.** School-based outreach is viewed by many as another particularly effective type of outreach. School nurses, school-based health fairs, parent-teacher nights, and school lunch mailings are used in some sites to disseminate information about Medicaid/SCHIP and identify uninsured children. In Raleigh and throughout Missouri, information about SCHIP is provided in the school lunch program application. School nurses in Raleigh have been particularly successful in conducting SCHIP outreach, according to local administrators. School nurses in Arlington, who are actually Department of Human Services employees, also conduct SCHIP outreach. Since 1998, public and private agencies in Washington State have partnered to find ways to increase access to Medicaid/SCHIP through school lunch applications. These ongoing efforts led to a 2001-2002 school year pilot to share students' school lunch eligibility information with the state Medicaid agency (Papsdorf 2001).

**Media Campaigns.** Many sites are using various forms of media to promote awareness about SCHIP, as well as food stamps and other types of public assistance. Media campaigns have been used in all sites. For example, Texas has a statewide media campaign, including radio and television advertisements, printed media, and the creation of a toll-free hotline and telethons. New York has used Public Service Announcements (PSAs) to create awareness of low-income medical assistance programs.

**Health Care Providers.** Outreach efforts are frequently conducted through community health care clinics, which are considered particularly effective settings to reach immigrant communities. In New York City, the considerable outreach and marketing expertise of private health plans has been used to increase enrollment in publicly funded medical assistance programs. Health plan staff attend health fairs, visit local welfare and health departments, meet with and educate providers, and network with community-based organizations.

**Public Agencies.** More than 20 New York City agencies, including the New York City Housing Authority, are identifying and enrolling uninsured New Yorkers in public health insurance (including Medicaid, SCHIP, and Family Health Plus) through the City's Health\*STAT initiative.

Outreach and application assistance services in the study sites often include a component designed to reach non-citizens and limited English speakers. These targeted efforts typically include disseminating materials about program benefits and eligibility translated in different languages, targeting areas with high concentrations of immigrant families, and using bilingual speakers to provide application assistance. It

was often stressed by practitioners that application assistance provided through bilingual staff in community-based settings was a particularly effective means for facilitating immigrant and LEP access to benefits.

***One-on-One Help for Applicants:  
Examples of Application Assistance in Six Study Sites***

The Pettis County Community Partnership (PCCP) in Sedalia, funded by the State of Missouri, links low-income communities to needed benefits and services. PCCP provides numerous services to Sedalia's growing Latino community, including translation, interpretation and application assistance for health and social services. PCCP employs a full-time, state-funded interpreter and houses a part-time interpreter who is paid by a local church. These interpreters take applications at PCCP and accompany applicants to the welfare office in Sedalia. According to PCCP staff, Latinos usually feel more comfortable applying for Medicaid/SCHIP benefits at PCCP because the welfare office cannot provide assistance with interpretation. The interpreters at PCCP complete Medicaid/SCHIP forms; mail them to the DFS office; and then follow-up on applications with welfare office eligibility workers. The PCCP interpreter and other staff members also educate the Latino community about benefit eligibility and public charge issues, to reduce their fears about applying for Medicaid/SCHIP.

Facilitated enrollers in New York City help individuals complete the Medicaid/SCHIP application by walking them through the process and identifying all necessary forms and documentation. Outreach workers from a variety of organizations in Dallas also provide Medicaid/SCHIP application assistance—for example, the Children's Medical Center in Dallas employs outreach workers to provide hands-on SCHIP application assistance in areas with large numbers of uninsured children. In Arlington, the Pediatric Clinic for low-income families has a part-time Spanish-speaking bilingual case manager who prescreens clients for Medicaid/SCHIP eligibility and provides application assistance to those who appear eligible.

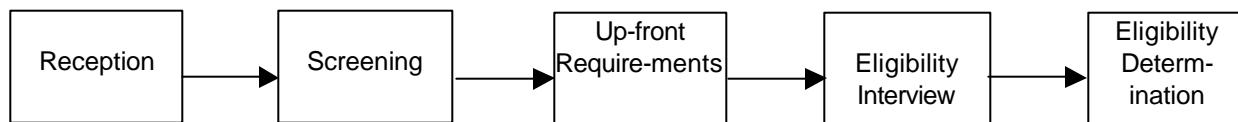
The Community Food Resource Center in New York employs pre-screener who work throughout the City to identify and assist individuals who are potentially eligible for food stamps. Pre-screener refer applicants to their local food stamp office to apply for benefits, advise them about necessary documentation, and help them complete the food stamp application. In Arlington, the Hispanic Committee provides low-income Hispanic families application assistance for the complete package of TANF/FSP/Medicaid benefits as well as Medicaid/SCHIP benefits.

### **An Overview of Common Steps in the Application Process**

The traditional TANF/FSP/Medicaid integrated application process not only provides a single point of entry; it is typically much longer and more involved than the SCHIP or Medicaid-only application processes. This section provides a generic description of what is involved in each step of the TANF/FSP/Medicaid application process (see Exhibit 3-3) and then describes each site's application

processes in greater detail. The steps that lead up to eligibility determination —reception, screening, up-front requirements, eligibility interview—are most commonly experienced by families applying for TANF/FSP/Medicaid through traditional means, namely the welfare office.

**Exhibit 3-3:**  
**A Typical TANF/FSP/Medicaid Application Process**



*Reception/Intake*

The initial point of contact with the welfare system typically occurs in the reception area of the welfare office. In each of the study sites, the first person new applicants speak with when they enter the welfare office is the receptionist/intake clerk. Receptionists/intake clerks provide blank applications, take completed applications, answer general questions, and sometimes conduct initial reviews of applications to check for missing information. (See Chapter 4 for more details on the written application.) They also frequently schedule eligibility interviews for applicants. Because individuals may not know exactly which benefit programs are available or for which they (or their children) might be eligible, some offices use the receptionist/intake clerk to screen applicants (or their applications) to determine which types of assistance they need, want, and/or for which they might be eligible. In some offices, the reception/intake staff may also review the application to see if the family appears eligible for expedited food stamps or other emergency services.<sup>6</sup>

*Eligibility-Related Screening*

Screenings that occur prior to the eligibility determination can serve many purposes, including:

- Simplifying and shortening the eligibility interview;
- Determining the need for expedited food stamps or other immediate services;
- Conducting an up-front needs assessment for the purpose of diverting applicants from TANF to financial lump-sum assistance or referrals to other programs and/or resources;
- Informing applicants about the types of documentation they will need to submit;
- Determining whether or not individuals appear to be eligible for Medicaid because applicants must be determined ineligible for Medicaid before being enrolled in SCHIP; and

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<sup>6</sup> This is usually just a cursory review of the application, not a formal screening or intensive needs assessment.

- Identifying potential barriers to participation in the TANF work program.

It is common for screenings to be used to identify clients in need of immediate assistance, such as emergency Medicaid or expedited food stamps. In some places (e.g., Raleigh), screenings are intended to identify whether applicants should receive short-term lump sum payments rather than regular TANF while other sites (e.g., Arlington and Seattle) use them as a tool to improve customer service and administrative efficiency.

Eligibility-related screenings may be incorporated into initial reception/intake responsibilities or may constitute a completely separate and distinct step in the application process. For example, reception/intake staff in Sedalia and Raleigh routinely conduct a preliminary screening to assess applicants' need for expedited or emergency services. At this time they may also refer applicants to other programs or organizations in the community for assistance. This type of screening also provides staff with enough information so they can provide the correct application form and tell applicants which types of additional documentation they will need to submit.

### *Up-Front Requirements*

Many offices have adopted a “work first” policy that stresses the temporary nature of cash assistance and the expectation that clients will go to work. TANF programs across the country have imposed non-income requirements that applicants must meet as a condition of being determined eligible to receive assistance.<sup>7</sup>

Under welfare reform, many states require TANF applicants to attend a mandatory orientation or conduct a job search prior to approving an application for assistance. These requirements generally reflect efforts to alter the culture of welfare so that it is clearly associated with work and self-reliance (Holcomb and Martinson 2002; Lurie 2001). In some places, these requirements must be met prior to the eligibility interview, while in others they must be met after the interview, but before the application can be approved. According to federal regulations, these “up-front” eligibility requirements under the TANF program cannot be used to delay applications or deny eligibility for Medicaid and FSP.<sup>8</sup>

Local sites included in this study have implemented several up-front requirements for applicants that must be met while the application for TANF benefits is pending. These up-front requirements include orientations, work-related activities—such as job search or registration with the workforce agency—finger imaging, photographing, and home visits (Exhibit 3-4). New York City has an added requirement of pre-eligibility verification (described in more detail later in this chapter).

**Orientation.** Among our study sites, it is common to require TANF applicants to attend a separate group orientation to learn about the program rules and expectations regarding work activities, sanctions, and other program requirements. In Arlington, Dallas, and New York City, TANF applicants are required to attend a group orientation prior to being determined eligible to

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<sup>7</sup> In Dallas and New York City, finger imaging and photographing is required for both TANF and food stamp applicants.

<sup>8</sup> 7 CFR 273.2 and 42 CFR 435.906

**Exhibit 3-4:**  
**Up-Front Eligibility Requirements**

(Study Sites, 2001)

Site	Orientation	Work Activities*	Finger Imaging/ Photographing	Home Visits	Pre-Eligibility Verification
Arlington, VA	✓				
Dallas, TX	✓		✓**		
New York, NY	✓	✓	✓**	✓	✓
Raleigh, NC		✓			
Seattle, WA	***				
Sedalia, MO	✓	✓			

\* Work activities include work registration and job search

\*\* For both TANF and food stamps

\*\*\* Following our visit, the Seattle/Kent office added an orientation requirement

receive benefits.<sup>9</sup> Eligibility determination is contingent upon orientation attendance. In Raleigh, participation in a group TANF orientation is not required as part of the application process, but is strongly encouraged. Applicants in Sedalia and Seattle receive a one-on-one orientation about the TANF program as part of the eligibility interview process.<sup>10</sup> Staff in Arlington also instruct food stamp and Medicaid applicants to attend an orientation immediately prior to their eligibility determination interview, but the primary purpose of this orientation is to provide additional screening to facilitate the eligibility interview by making sure the applicant has assembled the proper documentation.

**Work Activities.** Many sites require TANF applicants to participate in some form of work activity while their application is pending. Activities include job search (New York and Sedalia<sup>11</sup>) and registration for work with the Employment Service (Raleigh and Sedalia). In Raleigh and Sedalia, a representative from the Employment Service is co-located in the welfare office. Applicants for cash assistance in New York City are required to attend an orientation with an employment services provider as well as participate in an up-front job search during the 30-day eligibility determination period.<sup>12</sup>

**Finger Imaging and Photography.** Two sites (New York and Dallas) require applicants for cash assistance and food stamps to have their fingerprints and photographs taken as part of the application process. These procedures are viewed as fraud prevention measures because they allow eligibility workers to compare applicants' fingerprints and photographs to those of clients receiving benefits.

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<sup>9</sup> Often applicants that will not be required to participate in ongoing work activities are not required to participate in the orientation.

<sup>10</sup> The Seattle/Kent office added a group orientation after the July 2001 site visit.

<sup>11</sup> Job search is typically enforced only for two-parent families in Sedalia.

<sup>12</sup> TANF eligibility must be determined within 30 days; however, determinations may be made sooner than that.

**Pre-Eligibility Verification.** While all sites' application processes include verification of certain information for TANF eligibility determination purposes, New York City is the only site that requires an additional pre-eligibility verification step. Applicants for cash assistance from all five boroughs of the city must go to the Eligibility Verification Review (EVR) office in Brooklyn as part of the application process. According to administrators, EVR's independent review of applicants' documents is designed to detect altered or forged documents and identify genuine documents. The fingerprints and photographs of applicants are stored on a computer and used to verify identity as part of the applicant eligibility verification review. However, EVR investigators do not receive copies of documentation and case notes from the welfare offices (called Job Centers) where applicants initiate the process, so applicants must bring the same documents to both interviews.<sup>13</sup> They may also ask for additional information that was not already requested by Job Center staff.

**Home Visits.** In New York City, all applicants for cash assistance receive a home visit as part of the eligibility verification review described above. Home visits allow EVR staff to confirm and gather additional information about household members, residence, and income that may not have been evident during the office interview. No other sites in this study require a home visit as part of the application process.

### *Eligibility Interview*

The eligibility determination interview is a standard feature of the TANF/FSP/Medicaid and food stamp-only application processes and typically (although not always) requires applicants to make an additional trip to the welfare office. During eligibility interviews, workers review applications with clients, fill in missing information, and assemble supporting documentation (see Chapter 5). The eligibility interview also provides an opportunity for workers to complete any section of the application left blank due to lack of understanding or preparation on the part of applicants. As most welfare offices do not offer extended hours, meeting this requirement may pose difficulties for employed individuals. If they cannot get time off from work to complete this interview, they may not be determined eligible for assistance.

In contrast to TANF and FSP, many states do not require a face-to-face eligibility interview for Medicaid/SCHIP. Many simply did not include this requirement when creating their SCHIP application processes. Some states also opted to eliminate the historic requirement for a face-to-face interview for Medicaid for children or pregnant women. This is one important way states have simplified the Medicaid and SCHIP application process.

At the time of our site visits (June–December 2001), Arlington, Raleigh, Seattle, and Sedalia did not require face-to-face eligibility interviews for Medicaid-only or SCHIP applicants. Texas ended the face-to-face requirement for children applying for Medicaid/SCHIP as of January 2002. New York City requires a face-to-face eligibility interview, which may be conducted at Medicaid-only welfare offices or by community-based facilitated enrollers in non-welfare settings.

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<sup>13</sup> As of December 2001, New York City was in the process of implementing a “paperless” office system and document imaging systems that will allow EVR investigators to electronically access documentation presented at the Job Centers.

## **Site Specific Application Processes**

This section provides a fairly in-depth, site-by-site description of the integrated TANF/FSP/Medicaid application process and then highlights how Medicaid/SCHIP or food stamp only application processes differ from the integrated application process. (As noted earlier, families applying for TANF typically are also simultaneously applying for food stamps and medical assistance.)

Exhibit 3-5 outlines the steps involved in the application process for families applying for TANF/FSP/Medicaid benefits in each of our sites as they were as of June – December 2001. In Exhibit 3-5, steps specific to the TANF/FSP/Medicaid process that are not required for individuals applying only for food stamps and/or Medicaid/SCHIP are shaded. As Exhibit 3-5 shows, the Medicaid, and particularly the SCHIP, application processes are often more streamlined. In addition, there tend to be multiple ways to access and apply for these programs (e.g., through health clinics and CBOs).

Among our study sites, the two offices visited in Seattle have the simplest TANF/FSP/Medicaid application process—it is made up of three basic steps (reception, eligibility interview, and eligibility determination) and there are no additional up-front requirements. The other sites have additional steps that either facilitate the application process or stress the work first nature of the TANF program.

Of all our sites, New York has the most complicated and lengthy process for TANF applicants, requiring applicants to attend two eligibility interviews in two different locations, receive a home visit, and participate in up-front work activities. Finger imaging is completed during the first eligibility interview. However, depending on the Job Center, photographing the applicant may require an additional visit to a separate office.

The steps involved in applying for benefits may take more or less time for applicants depending on what procedures they must follow and the order in which they must be completed. In some cases, there may be several steps but they all occur within one location and within a single day. For example, in Raleigh, Sedalia, and the Seattle/Kent office, applicants typically complete their in-person eligibility interview on the same day that they submit an application. In other locations (Arlington, Dallas, New York, and Seattle/Rainier office), the eligibility interview is scheduled to take place at a later date—often but not always within the same week.

In Dallas, for example, applicants are scheduled for an eligibility interview within two to three weeks of submitting an application.<sup>14</sup> TANF applicants in New York must complete interviews in at least two different offices and over a period of several days or longer, before their application process is

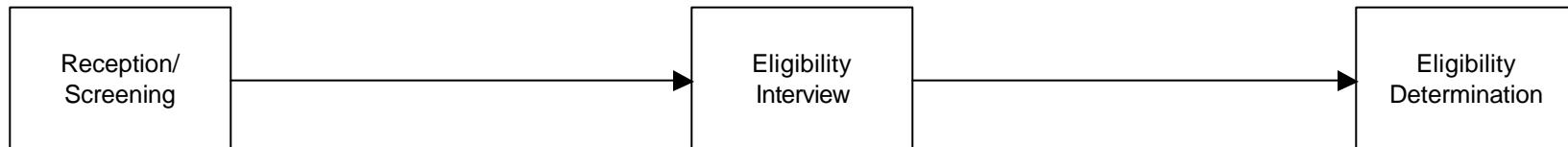
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<sup>14</sup> If the applicant appears eligible for expedited food stamps, the Dallas office typically schedules the eligibility interview for that same day or early the next day.

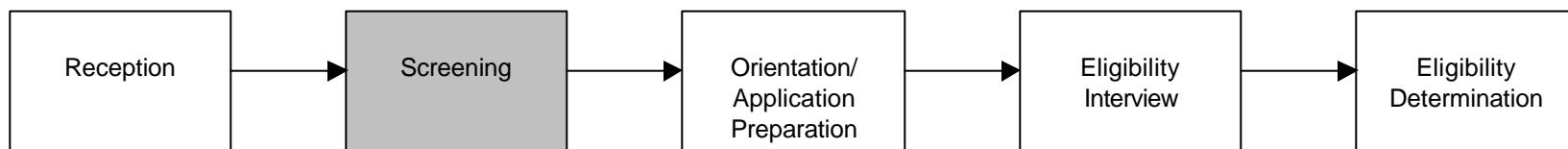
considered complete. They must also participate in job search activities over the entire time that their application is pending.

**Exhibit 3-5:**  
**Sample TANF and Food Stamp-Only Application Process by Office\***  
**(Study Sites)**

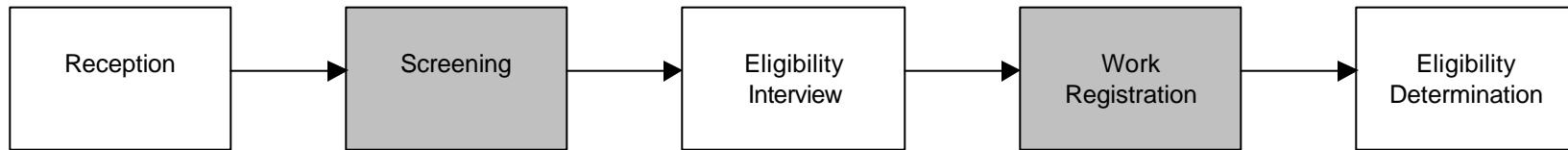
**Seattle, Washington**



**Arlington, Virginia**



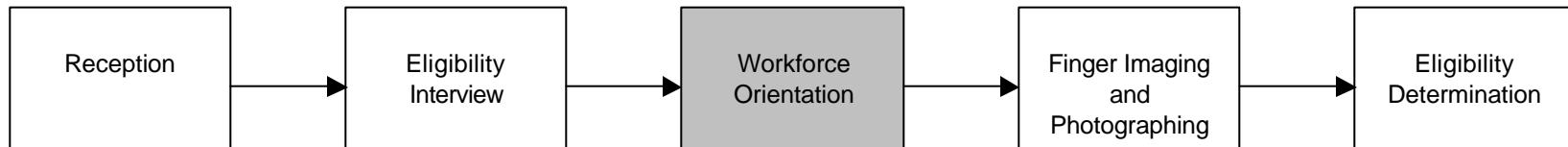
**Raleigh, North Carolina**



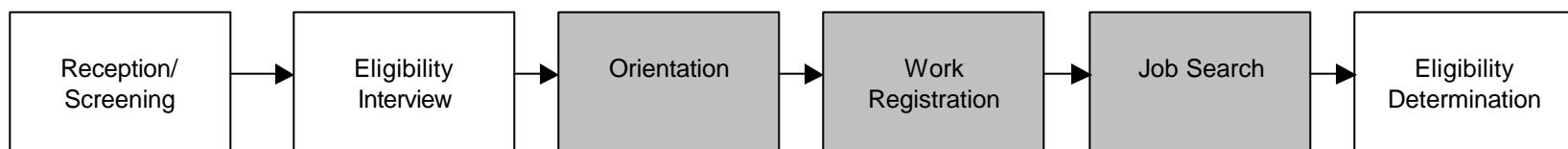
\* Based on site visit information collected in Summer, 2001. Subsequent changes in application process steps are noted in the site specific application processes described below.

**Exhibit 3-5: (cont.)**

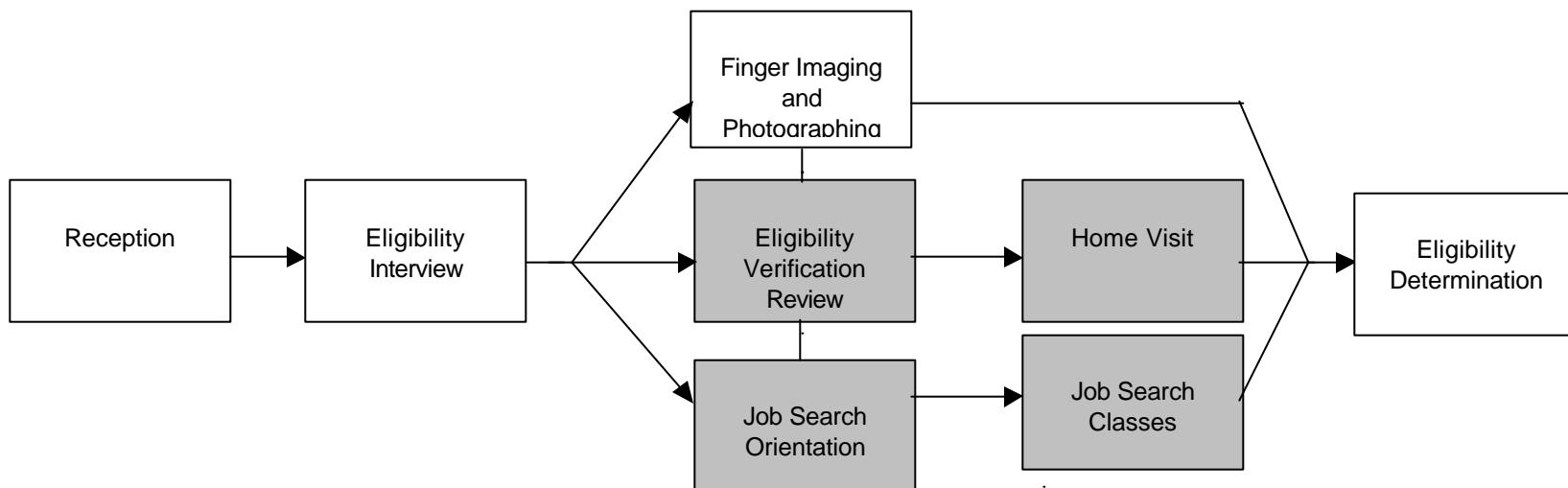
**Dallas, Texas**



**Sedalia, Missouri**



**New York, New York\***



\* TANF applicants in New York must follow all three paths to eligibility determination—finger imaging, photographing, EVR, and up-front work requirements

In all locations, regardless of the number of formal steps in the process, there are additional efforts associated with providing required documentation for eligibility determination purposes. Often, these documents can be sent by mail or dropped off with the receptionist. At times, complying with verification procedures can involve trips to banks, former employers, and the department of motor vehicles. Both workers and focus group participants noted that, despite the additional effort required, applicants often prefer to go to the office to drop off their documentation and obtain a receipt from their eligibility worker, thereby ensuring that the documentation is received but also adding an additional step in the process.

While the diagrams in Exhibit 3-5 appear very linear, applicants often view the steps they must follow as confusing and complicated. This is because the steps often do not occur in the exact sequence shown in the diagrams (e.g., appointments get rescheduled for various reasons). For example, there may be variations within offices when an applicant has limited English proficiency and requires language assistance. Variations due to applicants' language needs or citizenship status are noted within the site-specific discussions that follow.

### *Seattle, Washington*

**TANF/FSP/Medicaid.** As of July 2001, the application process in the Seattle/Kent office was the most straightforward of all the study sites. In a single day, English proficient applicants could submit an application for benefits and complete an eligibility interview.<sup>15</sup> The same day eligibility appointment was not an option for limited English speakers requiring interpretation assistance because scheduling the off-site interpreters contracted for this purpose requires a few days' advance notice. Subsequent to our visit, the Seattle/Kent office has shifted to scheduling eligibility interviews on the day following application submission and adopted an enhanced intake process similar to the one used in the Seattle/Rainier office (described below).

The Seattle/Rainier office offers an enhanced screening at initial reception/intake, designed to increase administrative efficiency and decrease client burden. Experienced eligibility workers are assigned to provide screenings and customer assistance. These "information referral specialists" work alongside receptionist/intake clerks at the front desk. They handle many tasks normally requiring the attention of an eligibility worker but that can be dispensed with quickly and do not actually require a formal appointment or a full eligibility interview. For example, the information referral specialists handle all Medicaid applications for pregnant women and screen applications for expedited food stamps. They also answer questions, inform applicants about additional programs they might be eligible for, and handle a variety of smaller issues such as documenting changes of address. Additionally, the information referral specialists provide applicants with necessary application paperwork, schedule eligibility interviews, and inform applicants about the documents they should bring to the eligibility interview. Since the July 2001 site visit, the Seattle/Kent office added a similar enhanced intake component to their application process.

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<sup>15</sup> English-speaking applicants who arrived in the office before 9:30 a.m. and completed the first page of the application for benefits were guaranteed a same day appointment; after 9:30 a.m., applicants were given application materials that they could send back via mail or return the next morning for an interview.

Both offices visited in Seattle further streamlined the TANF/FSP/Medicaid application process by the absence of a separate group orientation.<sup>16</sup> The same types of information about TANF work program rules, participation requirements, sanctions and the availability of support services provided in the larger group orientations in other sites (e.g., Arlington, Dallas, and Raleigh), as well as an initial assessment of work history and employment barriers, are covered one-on-one during the eligibility determination interview.

**Medicaid/SCHIP.** The state of Washington has a single integrated application process for both Medicaid and SCHIP. Individuals may apply on-line and submit applications directly to the Department of Social and Health Services. Completed applications may also be mailed to the centralized Medical Eligibility Determination Services office that serves the entire state or dropped off in person at the local welfare office. A toll-free number within the state is available to assist with filling out the application or to answer questions. If determined eligible for Medicaid, applicants are required to enroll in a managed care plan. If applicants' income is too high, their applications are then screened for SCHIP eligibility. If the income falls within the SCHIP range, applicants are sent a letter stating that they are not eligible for Medicaid but may be eligible for SCHIP. A form requesting information about private medical insurance, and information about the monthly premium and co-pays accompanies the letter. Applicants must complete and sign this form and return it to the centralized Medical Eligibility Determination Services office. Medicaid and SCHIP application assistance is available in public health centers and community health centers throughout the Seattle area.

### *Arlington, Virginia*

**TANF/FSP/Medicaid.** The application process in Arlington is somewhat more complicated than Seattle in that it includes two additional steps—a screening and an orientation. Both steps occur prior to the eligibility interview and are intended to facilitate the application process. Applicant screenings are typically conducted the same day that the applicant initially comes to the welfare office and makes contact with an intake/reception worker (see box, “Pre-Eligibility Determination Screening in Arlington”). After the screening, applicants receive an appointment for an orientation and eligibility interview that they attend on the same day. The appointment letter states when and where the orientation session and interview will be held and what documents to bring for verification. During the orientation, case aides help applicants review, complete, and sign the application and other necessary forms. This group orientation includes a review of TANF eligibility rules and expectations.

**Food Stamps and Medicaid/SCHIP.** Individuals applying only for food stamps (or food stamps and Medicaid) follow a process that is similar to the integrated application process. One key difference is that the “group” orientation is more individualized than the TANF orientation. Although applicants are instructed to show up at the same time and sit together in one room, case aides see them on an individual basis and go over their application and paperwork to make sure it is in order. Following the orientation, applicants meet individually with an eligibility worker for their eligibility determination interview.

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<sup>16</sup> As noted elsewhere, the Kent/Seattle office has added a mandatory TANF orientation since the site visit.

The application process for individuals applying only for Medicaid or SCHIP is greatly simplified. These individuals may mail in their application to the welfare office. Medicaid applicants do not need to go through the screening or orientation processes, but they still must come to the welfare office for a face-to-face eligibility interview. SCHIP applicants are also encouraged to come to the welfare office for assistance with the application and verification process. Recent changes in Virginia's SCHIP program transferred responsibility for processing SCHIP applications from local welfare offices to a centralized private enrollment broker.<sup>17</sup> The enrollment broker (BENOVA) determines eligibility via phone and mail for SCHIP applications across the state.

Applicants are screened over the phone, first for Medicaid and then for SCHIP. If eligible for Medicaid-only, the enrollment broker is supposed to send the application to the welfare office where it is treated like other Medicaid-only applications. If eligible for SCHIP, the application is completed over the phone and mailed to the applicant for signature. The Arlington welfare office will accept SCHIP applications (with income documentation) and send it on behalf of applicants to the enrollment broker's central processing unit. The same process is used if families applying for Medicaid at the welfare office are determined ineligible because they are over income. The Medicaid-only application process can also be completed at a local public hospital, which houses an out-stationed Medicaid eligibility worker.

### *Raleigh, North Carolina*

**TANF/FSP/Medicaid.** Raleigh, like Arlington, requires applicants to participate in an up-front screening process prior to the eligibility interview. The primary purpose of the screening is to determine if applicants qualify for a one-time lump sum payment (called "Benefit Diversion") in lieu of going on cash assistance. Applicants are also screened for a county-funded program for working families whose income is below 150 percent of poverty and a TANF-funded program for those with income below 200 percent of poverty. Spanish-speaking TANF applicants, however, do not have to go through the screening process unless one of the two bilingual screeners is on duty. If no bilingual screener is available, Spanish-speakers meet with an interpreter who prepares the information needed by the case manager to complete the application and verification process.

Following the meeting with the screener, applicants participate in an eligibility interview. After the interview, but while their application is pending, applicants must register for work with an on-site representative from the Employment Services Commission. Typically, this happens during the same day as the eligibility interview, but if not, it must occur within ten days of the interview. Applicants are encouraged but not required to attend a work orientation and visit the on-site resource area to start a job search.

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<sup>17</sup> The SCHIP program in Arlington and elsewhere in the State of Virginia was in a period of transition at the time of our site visit in September 2001, which involved shifting from a welfare-office based SCHIP program model to a private insurance SCHIP program model. Thus, we were not able to fully capture either the old or new SCHIP application process or gain a clear picture of the comparative advantages and disadvantages of these different application processes.

### ***Pre-Eligibility Determination Screening in Arlington***

In Arlington, screenings are conducted for TANF/FSP/Medicaid (as well as food stamp-only or Medicaid-only) after the applicant makes initial contact with the reception/intake clerk—usually on the same day. The county welfare agency implemented screenings to increase the speed and efficiency of the eligibility determination process by ensuring that clients understand what they may apply for, how they should complete the application, and which documents are needed for the eligibility interview. Although these screenings constitute an additional step in the application process, they appear to help offset some of the difficulty applicants would normally encounter with the state's relatively long and complicated integrated application (available only in English). In order to help applicants determine exactly which parts of the application they need to complete, screeners go through the form, highlighting the parts that the applicant needs to fill out and crossing out the parts they do not need to complete. Tenured eligibility workers with strong knowledge of eligibility rules and documentation requirements fill the screener positions.

**Food Stamp-Only.** The food stamp-only application process is simpler than the TANF application process. Food stamp-only applicants do not participate in a screening interview and are not subject to any additional up-front requirements that must be met prior to eligibility determination. Instead, they register with the receptionist to start the application process and then meet briefly with a verification clerk who records basic household composition, income, and work history information. After completing an application, applicants are interviewed by an eligibility worker. If food stamp applicants would also like to apply for Medicaid, they may do so at the same time.

**Medicaid/SCHIP.** In Raleigh, as with the other sites, Medicaid-only and SCHIP individuals may submit applications by mail or apply for either program through out-stationed eligibility workers. At the time of our visit (August 2001), food stamp and Medicaid/SCHIP applications for Spanish-speaking families were only taken two days per week (but subsequent to our site visit were taken five days per week). Raleigh officials noted that even though face-to-face interviews are no longer required for eligibility determination, the Latino population tends to prefer face-to-face interviews to the mail-in option. Administrators said it is rare for Latino applicants to mail in their applications, and they believe that staff encourage this practice because they are able to obtain better information through face-to-face interviews and to address other service needs. Additionally, most staff indicated a preference to take Spanish-language applications in person due to the high volume of mistakes in mail-in forms. Medicaid eligibility workers are also out-stationed at public health clinics and hospitals throughout the county.

### ***Dallas, Texas***

**TANF/FSP/Medicaid.** In Dallas, the receptionists screen the completed applications to determine eligibility for expedited food stamps and emergency Medicaid. If applicants do not appear eligible for

expedited services, they receive an eligibility interview appointment for some time in the next two to three weeks. One Dallas office visited for this study holds “group appointments” for eligibility interviews because of staffing shortages and the need to process all applications in a timely manner. Appointment notices mark the date of the interview, instruct applicants to arrive at the office by 8:00 a.m., and state that applicants would be seen on a first come, first served basis. Staff noted that the line starts forming by 7:00 a.m. and all eligibility interviews are typically completed by early afternoon. Those that do not check in by 8:15 a.m. are considered “no-shows” and can either contact the office to reschedule an appointment or could wait until the end of the day to see if an interview slot had opened.

The TANF/FSP/Medicaid application process in Dallas reflects and reinforces the high priority Texas places on fraud prevention and quality control. Both TANF and food stamp applicants must be finger imaged, either before or after the eligibility interview, as part of the application process. Following the eligibility interview, TANF applicants are required to participate in a Workforce Orientation if it appears that they will be required to participate in TANF work activities. The orientation is not held within the welfare office, although applicants have to return to the welfare office with proof of participation before benefits can be authorized. Accommodations are not routinely made for non-English speakers—they must attend orientation if they appear to be work mandatory TANF applicants, even if it is held in English and no interpreter is available.

**Medicaid/SCHIP.** Medicaid/SCHIP applications are typically handled through a mail-in application process—roughly three-quarters of SCHIP applicants enroll by mail. Similar to Virginia, applications are mailed directly to a private contractor that serves as the state’s SCHIP enrollment broker. Individuals seeking application assistance can utilize the services of local outreach workers, and receive help by phone from the private enrollment broker’s help-line. Completed applications are screened first for Medicaid, and then for SCHIP. If eligible for SCHIP, the family is sent an enrollment packet; if eligible for Medicaid, the application information is forwarded to the local welfare office that, until January 2002, had to arrange face-to-face eligibility interviews for all Medicaid applicants.<sup>18</sup> Those who do not use the mail-in application enrollment option can apply for SCHIP at county welfare offices or other sites, primarily hospitals or clinics, where welfare workers are outstationed. If a family applying for Medicaid is determined ineligible due to income, the application is forwarded to the private contractor to determine SCHIP eligibility.

Most Medicaid-only applications taken at the area’s largest public hospital (Parkland Hospital) are for deliveries and other obstetrics, and the majority of these are emergency Medicaid for undocumented women. The welfare agency has Medicaid eligibility workers out-stationed at the hospital but this unit was short-staffed at the time of our visit. Hospital financial counselors conduct an initial financial screening and assist patients that appear Medicaid-eligible with the Medicaid application before referring them to the out-stationed Medicaid unit. Although this division of labor somewhat eases the out-stationed Medicaid unit’s workload, screenings and eligibility determination interviews cannot always be carried out on the same day and, until January 2002, applicants often made an additional trip to the hospital later in the week for their face-to-face eligibility interview.

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<sup>18</sup> As of January 2002, the in-person interview for initial Medicaid applicants was waived for children, but not for adults.

### *Sedalia, Missouri*

**TANF/FSP/Medicaid.** Sedalia's application process involves many steps, but they can all be completed within the welfare office, and often in a single day. Clerical staff at the reception desk conduct preliminary screenings to determine which benefit programs they appear eligible for and give applicants the appropriate program application. After completing the application, applicants typically are seen for an eligibility determination interview that same day, although final determination is delayed pending completion of the TANF work program orientation and job search.

TANF/FSP/Medicaid applicants must attend a one-on-one orientation, held once a week at the welfare office that covers program benefits, services, and requirements. Applicants must then meet with a representative from the Employment Security Commission who is co-located at the welfare office. The Employment Security representative registers applicants for work and helps them start a mandatory up-front job search requirement consisting of ten contacts per week for four weeks. If the application for assistance is processed prior to the completion of four weeks of job search, the eligibility worker certifies the applicant for TANF and starts issuing benefits. If an applicant fails to fulfill the up-front job search requirement, the case is still approved, but the adult caretaker's portion of the cash grant is sanctioned (i.e., removed from the grant).

**Food Stamps and Medicaid/SCHIP.** The application process is much simpler for food stamps and Medicaid/SCHIP. Individuals may submit an application at the welfare office but do not have to go through any of the steps described above. They may also apply for Medicaid/SCHIP by fax or mail—face-to-face interviews are not required. Medicaid/SCHIP applications are available through a local health center, hospital, and a community-based organization.

### *New York, New York*

**Food Stamps.** The application process in New York City varies significantly by the type of assistance individuals want to receive. Applicants applying only for food stamps must go to one of the specialized food stamp-only offices to obtain an application. The receptionist pre-screens completed applications and asks applicants additional questions to determine if they need expedited food stamps. Applicants then receive an appointment for an eligibility interview, typically within five days and even sooner if eligible for expedited food stamps.

#### *Special Assistance for Refugees Applying for Benefits*

Sponsor agencies play a key role in ensuring that refugees quickly access benefits by facilitating the application process. This makes the application process generally easier for refugees to navigate than is true for other non-citizens.

Most refugees are sponsored by organizations (rather than the employers or individuals that sponsor other immigrants). These refugee sponsors are often non-profit organizations who have Reception and Placement grants from the U.S. Department of State to aid refugees in resettling in the United States.

These agencies either sponsor the refugees themselves or find family members or others to sponsor them in the communities where they resettle. According to welfare agency staff in the six study sites, refugees that apply for benefits are almost always sponsored by agencies as opposed to individuals.

Refugees are usually destitute upon arrival and therefore eligible for the full package of benefits: TANF, food stamps, and Medicaid/SCHIP. Single refugees and others not eligible for TANF because of family composition usually receive Refugee Cash Assistance and Refugee Medical Assistance (an insurance program similar to Medicaid) instead during their first eight months in the country. If they still need assistance at the end of their resettlement period, refugees may transition to regular public benefits (i.e., TANF, food stamps, and Medicaid/SCHIP) if they are eligible.

Sponsor agencies generally provide initial cash and other assistance immediately upon arrival, and then help refugees and their families apply for public benefits. For example, sponsor agency staff will accompany refugees to the welfare office, help them fill out application forms, show them what documentation needs to be assembled, make sure their paperwork is in order, and provide language interpretation and translation if needed. In New York, for example, representatives from the New York Association for New Americans (NYANA) accompany new refugees to apply for benefits. They assist applicants in completing the application and provide interpretation assistance, when necessary. In Raleigh, an eligibility worker from the welfare office regularly goes to Lutheran Family Services, a resettlement agency, to process refugee benefit applications.

**TANF/FSP/Medicaid.** In contrast, families applying for TANF/FSP/Medicaid must complete a several steps prior to eligibility determination:

- Individuals give the completed application to the Job Center receptionist who asks preliminary questions.
- A Job Opportunity Specialist (i.e., eligibility worker) screens applicants, explains the programs, and offers alternative services to cash assistance.
- If the applicant would still like to apply for cash assistance, the Job Opportunity Specialist conducts an eligibility interview, prepares an initial assessment and work plan, and refers the applicant to:
  - An eligibility verification review (EVR) performed at a different office location and subsequent home visit,
  - A workforce orientation,
  - Finger imaging and photographing,
  - Mandatory daily job search classes for the duration of the 30-day eligibility determination period, and if necessary,

- Additional medical and substance abuse reviews at other locations.

Depending upon the particular Job Center, orientation, finger imaging, photographing, orientation, and job search may take place at the Job Center or at other locations. Medical and substance reviews do not take place at the Job Centers.

The EVR represents the high priority New York City places on deterring and controlling fraud. EVR Investigators are responsible for identifying those who are not eligible, and they review documents and verify information provided to staff at the Job Centers (e.g., household composition, income, and city residency).

New York City transitioned its welfare offices to “Job Centers” in July 2001, which resulted in a somewhat less cumbersome application process for families applying for cash assistance and other services. The transition integrated pre-screening, meeting with an employment counselor, and the initial eligibility interviews into a single interview. All TANF applicants must still go through the separate EVR before their applications are approved. As noted earlier, non-Spanish speaking refugees and other non-citizens applying for TANF/FSP/Medicaid are required to go to one of two specialized Job Centers.<sup>19</sup> Although the location is different, the application process is very similar to that in the non-specialized Job Centers—applicants must also meet up-front requirements and participate in EVR.

**Medicaid/SCHIP.** The application process for individuals seeking only Medicaid/SCHIP in New York City is much simpler than the TANF/FSP/Medicaid process. Families may apply for Medicaid/SCHIP through the city’s Medicaid-only offices, directly through a private or non-profit health plan, or through a facilitated enrollment agency (which includes some of the health plans). SCHIP applications may also be mailed, but then require a face-to-face eligibility interview conducted by a Medicaid-only eligibility worker at the welfare office or a facilitated enroller in a non-welfare office setting. Medicaid/SCHIP applicants are not required to go through the EVR and home visit, or be fingerprinted.

### **Special Issues for Non-Citizens and Limited English Speakers**

As the previous discussion makes clear, some application processes are more complicated than others and the level of complexity varies by site and by type of benefit. The TANF/FSP/Medicaid application process typically includes more steps—and generally the more steps involved, the

#### ***Disaster Relief Medicaid in New York City: A Simplified Application Process***

In September 2001, New York implemented a temporary Disaster Relief Medicaid Program in response to the September 11 attacks. (New York also accepted applications for a more limited New York City Disaster Food Stamp Program through October 31, 2001.) This program temporarily replaced both Medicaid and Family Health Plus (the state’s Medicaid expansion program). The application form was limited to a single one-page application that applicants could submit at designated offices throughout the

<sup>19</sup> The majority of Spanish speaking applicants continue to be served in local, non-specialized job centers.

city. The eligibility process sharply reduced documentation and verification requirements—proof of immigration status was not required and income was not verified. Despite lack of public awareness campaigns or other forms of outreach, this greatly simplified eligibility process contributed to an influx of Medicaid applicants. Approximately 300,000 low-income individuals and families were enrolled over four months, greatly taxing Medical Assistance Program staff (P. Coltoff, letter, January 23, 2002). The Washington Post reported that many people applying for Disaster Relief Medicaid would have been eligible for Medicaid, SCHIP, or Family Health Plus prior to September 11, but were taking advantage of the simplified application process (Russakoff 2001).

New York City's experience with this highly simplified application process provides an example of how application procedures and processes can affect the extent to which individuals seek and obtain assistance. Originally intended to be only a temporary measure, Disaster Relief Medicaid enrollment ended on January 31, 2002. However, based on this experience, New York City administrators are negotiating with the State of New York to simplify recertification and documentation requirements, and have implemented various enrollment simplification pilots.

harder the system can be to understand and navigate. By all accounts this complexity probably affects participation, and this effect may be greater for immigrants and limited English speakers whose efforts to navigate the application process are frustrated by their lack of English proficiency, confusion about eligibility rules, and apprehension about the consequences to their immigration status. In particular, some application procedures may present more significant issues for non-citizens than for citizens. Finger imaging, home visits and overly rigorous eligibility verification can be particularly daunting for families who closely associate many of these procedures with the Immigration and Naturalization Service (INS).

At the same time, while immigration status and limited English proficiency are responsible for some differences in the type, sequence, and difficulty of steps that make up the application process, non-citizens and other limited English speakers are not, as a group, subject to different treatment in terms of what they are expected to do or longer waiting periods before benefits are authorized. In fact, newly arriving refugees in many of the study sites appeared to move through the application process more easily than non-refugees due to the additional help they receive from sponsoring agencies (see box).

Administrators, staff, and advocates included in this study commonly noted that non-refugee immigrants and mixed-status families are more likely to apply for benefits in community health clinics, hospitals, and other non-welfare settings. The need for immediate access to health care services makes it more likely that they will come into contact with these types of organizations

#### ***New York's Facilitated Enrollment Process: Community-Based Access to Medicaid/SCHIP***

The State of New York implemented a new concept called “facilitated enrollment” through which community-based organizations, with grant support from the state, provide application assistance to families applying for Medicaid/SCHIP. One goal of the process is to enroll hard-to-reach populations.

Facilitated enrollers fulfill the face-to-face function required under state Medicaid requirements. Thirty-two organizations in New York are designated as “lead agencies” with more than 100 smaller CBOs throughout the city to facilitate enrollment. The facilitated enrollers walk individuals through the application process and help them organize the necessary documents for verification. They then submit the application to a lead agency for quality control. The lead agencies are responsible for submitting applications to the city’s Medicaid/SCHIP agency for eligibility determination.

Working with a facilitated enroller, who is typically located within the community, is potentially easier and less intimidating than having to go to the welfare office. Several facilitated enrollment agencies target their efforts toward specific non-citizen and limited-English speaking communities. For example, the Children’s Aid Society is the lead agency for four other CBOs, three of which target Chinese communities, and one that targets a Latino community.

than the welfare office. Once at the clinic, they may be more receptive to applying for health benefits because the process is typically much easier to complete than the integrated TANF/FSP/Medicaid application process, there are more likely to be bilingual staff available, and they are more likely to trust that the application will not cause immigration-related problems for themselves or their children. In sum, anecdotal evidence indicates that the combination of providing a simplified application process in a non-welfare office setting, supplemented with additional application assistance and language accommodations, results in greater levels of participation by these special populations.

## **CHAPTER 4**

### **APPLICATION FORMS**

All benefit programs require applicants to complete a written application. This chapter compares the application forms used in the study sites for the four benefit programs.<sup>1</sup> Special attention is paid to features that can make completing application forms particularly difficult or confusing for immigrants and limited English speakers. The general accessibility of application forms in terms of where and how they can be obtained is considered first. This is followed by a description of the integrated application forms used in the study sites for TANF/FSP/Medicaid (and sometimes SCHIP as well), highlighting differences in length and areas of particular relevance for immigrants and limited English speakers. Applications for only Medicaid and/or SCHIP benefits are then described, focusing on the ways in which these program applications differ from integrated applications.

#### **Application Availability**

Making application forms available through a variety of sources increases accessibility because they are easier to obtain, provide individuals the ability to see in advance what types of information are required, and facilitate efforts to provide screening and application assistance. Welfare offices always have application forms available for in-person pick-up, but they are also available by mail in most sites and even over the Internet in some sites (see Exhibit 4-1). Application forms may also be made available in non-welfare office settings, such as public health clinics, food pantries, and Voluntary Resettlement Agencies (VOLAGs).

In Dallas, Seattle, and Arlington, applications for all four types of benefits are readily available in the welfare office reception area and can also be mailed upon request to applicants or downloaded from the Internet. Both Texas and Washington also offer potential applicants a statewide on-line program that enables individuals to complete a self-screening to find out if they potentially qualify for different types of benefits. To apply for Medicaid/SCHIP in Dallas, for example, applicants can use an interactive on-line program that fills out the form for the applicant by asking a series of questions. When finished, the applicant can print and mail in the application. Washington has advanced online applications even further and provides individuals the opportunity to actually fill out and submit an application for TANF, FSP, Medicaid, or SCHIP using an interactive on-line program.<sup>2</sup>

In contrast, the only way that families in Raleigh can obtain an application for TANF and FSP is to physically go to the welfare office and request an application from the receptionist. Medicaid and SCHIP applications can be obtained by mail or at the welfare office.<sup>3</sup> In New York City, applications for cash assistance can only be obtained by visiting the welfare office, while

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<sup>1</sup> Applications described here are used statewide.

<sup>2</sup> Applicants submit completed applications over the Internet to the Department of Social and Health Services. After submitting the application via the Internet, applicants will have to come in to the welfare office if a face-to-face interview is necessary.

<sup>3</sup>North Carolina also offers an on-line, two page pre-screen for food stamps that applicants can download from the Internet.

applicants for food stamps-only and Medicaid-only can also obtain applications through the mail. In both Raleigh and New York City, SCHIP applications are also available through the Internet.

**Exhibit 4-1:**  
**Availability of Applications**  
**(Study Sites, 2001)**

<b>Site</b>	<b>TANF</b>	<b>Food Stamps</b>	<b>Medicaid</b>	<b>SCHIP</b>
<b>Arlington*</b>	Mail Office	Mail Office	Mail Internet* Office	Mail Internet* Office
<b>Dallas</b>	Mail Internet Office	Mail Internet Office	Mail Internet Office	Mail Internet Office
<b>New York</b>	Office Only	Mail Office	Mail Office	Mail Internet Office
<b>Raleigh</b>	Office Only	Office Only	Mail Office Only	Mail Internet Office
<b>Seattle</b>	Mail Internet Office	Mail Internet Office	Mail Internet Office	Mail Internet Office
<b>Sedalia</b>	Mail Office	Mail Office	Mail Office	Mail Internet Office

\* Applicants can initiate the TANF and food stamps application process by downloading an online *Request for Assistance* form which can be filled out and mailed in but this action does not eliminate the need to fill out the full application and attend an eligibility interview.

### **Integrated Application Forms**

The integrated application form is the product of earlier efforts to develop integrated eligibility systems that tied TANF, FSP, and Medicaid into a single eligibility package. Each study site has an integrated application that allows a person to apply for multiple programs at the same time (see Exhibit 4-2). With the exception of Raleigh, these applications can be used to simultaneously apply for TANF, food stamps and Medicaid. Raleigh has a joint application for TANF and Medicaid, and a separate application for food stamps. If the TANF/Medicaid applicant is also interested in receiving food stamps, they can indicate this on a checkbox and avoid having to fill out the separate food stamp application.

#### ***Application Length***

Application length has been cited as a deterrent to completing applications in previous studies (O'Brien et. al. 2001). The length of integrated applications varies significantly by site. Including all instructions and other written information, the average length of integrated applications across the sites is just over 13 pages, ranging from a low of 6 pages in Seattle up to

18 pages in both Arlington and New York.<sup>4</sup> The length of an application is also affected by stylistic choices regarding font sizes and line spacing as well as the length and placement of instructions. Excluding pages that list only instructions, the applications average about 10 ½ pages and range from 5 pages in Seattle to 15 pages in Arlington. When describing the integrated application in Arlington, a worker remarked, “It’s a book!” and noted that many applicants—regardless of English proficiency—feel overwhelmed by the sheer length of the application. Even in Seattle, where the integrated application is the shortest among our sites, some staff noted that the length and complexity of the application is difficult for some applicants.

### *U.S. Citizenship/Immigration Status*

The integrated application typically covers U.S. citizenship in the first section of the application. The way in which an application solicits citizenship and immigration status of individuals in the household can allay or exacerbate any confusion, misgivings or fears that immigrants may have about applying for benefits.

Applications in the study sites request citizenship and/or immigration status in different ways. The Texas integrated application does not request immigration status information of all household members and is the only integrated application form that makes several efforts to clarify that applicants need only fill in citizenship and/or immigration status information about those in their family or household who are seeking assistance. In the first part of the application, there is a section called “Important Information for Immigrants.” Within this section, there is a paragraph explicitly responding to concerns of households in which citizenship and/or immigration status is mixed. The paragraph states:

*You can apply for and get benefits for eligible family members, even if your family includes other members who are not eligible because of immigration status. For example, immigrant parents may apply for benefits for their U.S. citizen or qualified legal immigrant children, even though parents may not qualify for benefits.*

Under the section on “Citizenship and Immigration Status,” there is a specific clause describing who must report the information requested in this section that states:

You will be asked to provide information about the citizenship or immigration status for all persons (including yourself) for whom you want assistance. If any of these persons do not want to give us information about his or her citizenship or immigration status, he or she will not be eligible for benefits. Other family or household members may still get benefits if they are otherwise eligible.

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<sup>4</sup> In addition to allowing a person to apply for multiple programs on the same form, integrated applications in all sites except Raleigh contain a one or two page section to apply for expedited food stamps. In Raleigh, there is a separate single-page form for expedited food stamps.

**Exhibit 4-2:**  
**Key Characteristics of Integrated Applications**  
(Study Sites, 2001)

Sites	Programs Covered	Length Without Instructions*	SSN		Citizenship/Immigration Status		Language Access		Will Not Share Information about Non-applicants with the INS
			All in HH	Statement on Non-applicants	All in HH	Statement on Non-applicants	Box	Translated	
Arlington, VA	TANF, FSP, Medicaid	15pgs	No	Yes	No	Yes	No	No	No
Dallas, TX	TANF, FSP, Medicaid	8pgs	No	Yes	No	Yes	Yes	Spanish	Yes
New York, NY	TANF, FSP, Medicaid	10pgs	No	Yes	No	No	Yes	Spanish Russian Arabic Chinese Vietnamese Haitian-Creole French Korean Yiddish	No
Raleigh, NC <sup>5</sup>	TANF, Medicaid	**	No	No	No	No	No	No	No
Seattle, WA	TANF, FSP, Medicaid	5pgs	No	No	Yes	No	Yes	Spanish Vietnamese Laotian Chinese Cambodian Russian Korean***	No
Sedalia, MO	TANF, FSP, Medicaid	9pgs	No	No	Yes	No	No	No	No

\*\* The joint application in Raleigh has two parts—Work First Assessment and application for Work First—neither of which is filled out in advance by the applicant. The assessment is 14 pages long and completed during a one-on-one screening session. Applicants provide the eligibility worker the information needed to complete the Work First application during the eligibility interview and the worker enters it directly into the computer.

\*\*\*The integrated application in Seattle can also be obtained in any other language, but it is not pre-printed.

The distinction between requiring information on the applicant but not others living in the household who are not otherwise eligible is further reinforced under the “Household Information” section of the application, which features two separate tables—one for applicants and one for non-applicants in the household. The second table only asks for the name and relationship of that (non-applicant) person to the applicant, and does not ask about citizenship or immigration status.

Two sites (Seattle and Sedalia) use integrated applications that request citizenship information and/or immigration status on all individuals in the household, regardless of whether they are applicants or non-applicants. For example, in the section of the Missouri integrated application where applicants must list all persons who live in the household, the applicant is asked to write-in whether or not each member of the household is a U.S. citizen (Yes/No), and, if they are not a U.S. citizen, to provide that person’s alien number.

### *Social Security Numbers*

A Social Security Number (SSN) is required of all persons who apply for benefits but is not necessary for non-applicant members of a household.<sup>6</sup> Integrated applications typically provide non-applicants the opportunity to write in SSNs along with those of the applicant(s). While having SSNs for non-applicants may make it easier to verify certain types of information for eligibility determination purposes, applications are supposed to clarify that disclosure of these SSNs is completely voluntary and that failure to provide an SSN will not adversely affect eligibility.<sup>7</sup> This is relevant for immigrant families with some members who are not eligible for assistance and do not have SSNs.

All integrated applications used by the study sites indicate that SSNs are *not* required of all members of the household. Some applications explicitly state that only applicants should submit SSNs, while others may request SSNs for non-applicants but also state it is not necessary to provide this information (see Exhibit 4.2). For example, the Arlington integrated application requests, but clearly does not require, the SSNs for all members of the household. The general instructions for filling out that section of the application instructs applicants to provide the requested information “...for everyone who lives in your home, even if you are not applying for that person. You may leave questions about citizenship, immigration and Social Security Number blank for anyone for whom you are NOT requesting assistance.” This point is emphasized further in the specific column heading designated for SSNs, where the instructions reiterate that the applicant may leave the space blank for anyone not in the assistance request.

In New York, a clarifying statement about when SSNs are required appears in a separate instruction booklet that accompanies the integrated application. However, this information might be overlooked if the applicant does not carefully crosswalk the instructions with the

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<sup>6</sup> Although a long established requirement for FSP, TANF and Medicaid, SSNs of applicants were not required for SCHIP eligibility determination until August 24, 2001. Our site visits occurred either prior to this new requirement or so recently afterward that we were not able to document respondent perceptions of the potential impact of this change.

<sup>7</sup> See the policy guidance issued by U.S. Department of Agriculture/Food and Nutrition Service, Health Care Financing Administration and U.S. Department of Health and Human Services/Administration for Children and Families to state health and human services departments in 2000 (U.S. Department of Health and Human Services and U.S. Department of Agriculture 2000).

application form, particularly since SSNs are requested on the actual application under the heading, ‘Social Security Numbers of Applying Household Members.’<sup>8</sup> Advocates in New York City stated a preference to have the spaces blacked out where SSNs are collected from non-applicants and include no SSN-related questions for non-applicants—an approach found in the Texas integrated application.

The Texas integrated application does not have a space on the application to write down the SSNs of non-applicant members in the household. The application contains two tables that collect information about household members—one for applicants and one for non-applicants. SSNs are requested only in the table designated for applicants. In addition, different parts of the application used in Dallas include the following statements:

*You will not have to provide Social Security numbers or immigration status information or documents for any family members who are not eligible because of immigration status and who are not asking for benefits.*

*You will be asked to provide Social Security Numbers (SSNs) for all persons (including yourself) for whom you want assistance. If any of these persons do not have an SSN, we can help you apply for one. Providing or applying for an SSN is voluntary; however, any person who wants assistance but who doesn't want to give information about his or her SSN will not be eligible for benefits. Other family or household members may still get benefits if they are otherwise eligible. If you are applying only for emergency Medicaid because of your immigration status, you do not need to give us information about your SSN.*

### ***Availability of Translated Applications***

In an effort to make applications more accessible to immigrants and limited English proficient persons (LEPs), some sites make integrated applications available in languages other than English. Dallas, New York City and Seattle have integrated applications translated into one or more languages whereas Arlington, Raleigh, and Sedalia provide applications in English only. Of the sites that have translated integrated applications, the number of non-English languages available ranges from one language (Spanish) in Dallas, to seven in Seattle, and nine in New York City (see Exhibit 4-2).

In Dallas, both English and Spanish versions are included in a single application form while translated applications in New York City and Seattle contain only one language per form. The integrated application in New York City is available in Spanish, Russian, Arabic, Chinese, Vietnamese, French, Korean, Yiddish, and Haitian-Creole. In Seattle, the state provides preprinted integrated applications translated into Spanish, Vietnamese, Laotian, Chinese, Cambodian, Russian, and Korean, and forms translated into any other language are available upon the request of local welfare offices (see Chapter 6 for more detail).

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<sup>8</sup> A section that appears later in the application states that pregnant women who only want Medicaid assistance are not required to submit an SSN but provides no additional clarification that non-applicants in the household are also not required to provide an SSN.

In addition to having translated applications, the application forms in Dallas, New York City, and Seattle contain a box which applicants can check if they want to have an interpreter at the eligibility interview, and if so, what language is needed. This “language box” is usually located near the beginning of the application, either on the first or second page. On the integrated application from New York City, there is also a question that asks if applicants prefer to receive notices in Spanish and English, or English only. In Seattle, caseworkers use the information from the language box on the application to note the clients’ language preference in the computer system. If the caseworker marks that the applicant needs an interpreter, then all notices will be sent in the specified language unless the applicant states an alternative preference. Several staff in different sites noted that some LEPs may still prefer application forms and other written materials in English because they are not literate in their first language and can find someone to help them interpret the English form.

#### *Sharing Information with the INS (Public Charge Concerns)*

Immigrants may be deterred from applying for benefits even when they or other family members are eligible for benefits because: (1) they do not understand or are confused by the complicated eligibility rules; (2) they are worried that information they submit to welfare agencies may be reported to the INS; and/or (3) they are afraid that benefit receipt will have a negative impact on legalization, naturalization, and their petitions for relatives to immigrate. The last two factors are known as “public charge” concerns, and are related to immigration law and regulations. We reviewed the integrated application to determine if they addressed such concerns; for example, stating that SSNs and U.S. citizenship/immigrant status information submitted on the application would not be shared with the INS. Including such a statement may be especially helpful in places where applications request information on non-applicant members of the household (e.g., Seattle and Sedalia), since this information is not necessary in determining eligibility.

Only the integrated application used in Dallas explicitly addresses these public charge concerns (see Exhibit 4.2). In a section entitled, ‘Important Information for Immigrants,’ the Texas application contains the following statements:

*If you or members of your family use Medicaid, the Children’s Health Insurance Program (SCHIP), or Food Stamps, it will not affect your or your family members’ ability to get a green card. The exception is if you use long-term institutional care, such as a nursing home.*

*SSNs are used to verify your family’s income and to conduct computer matching with other agencies. We will not share your SSN with the Immigration and Naturalization Service (INS).*

In contrast, two sites in the study—Sedalia and Arlington—use integrated applications that state the information on the application will be shared with the INS. The Missouri application specifically states:<sup>9</sup>

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<sup>9</sup>The Missouri Department of Family Services has a policy explicitly requesting that eligibility workers report FSP applicants who are undocumented to the INS, although workers in Sedalia reported that they did not do this.

*Any alien members of your household have to provide valid documentation of his alien status to the county office. The documentation may be verified with INS with certain identifying information. The response of INS may affect your eligibility and benefits level.*

Similarly, the integrated application used in Arlington has a statement regarding SSNs under the section describing *Verification and Use of Information*. In reference to SSNs, this section states:

*In addition, the Immigration and Naturalization Service (INS) will be used to verify the status of aliens. Any difference between the information you give and these records will be investigated.*

## **Medicaid/SCHIP Program Applications: Streamlined and Simplified**

In addition to integrated applications, all sites in this study provide applications that may be used to apply for Medicaid and/or the SCHIP program (see Exhibit 4-3).<sup>10</sup> With the de-linking of Medicaid eligibility from cash assistance eligibility and the enactment of SCHIP, states have made concerted efforts to simplify Medicaid/SCHIP application forms. States have shortened the lengths of these application forms and designed simpler forms that are more comprehensible to lay readers with lower literacy levels.

States can choose to create separate or combined application forms for SCHIP and Medicaid for children, although states choosing a separate form for a non-Medicaid SCHIP program must still screen for Medicaid eligibility. Some states have created joint forms to screen children for both Medicaid and SCHIP (and sometimes food stamps). All of the sites in this study, with the exception of Arlington, have a single application to apply for both programs.

There are marked differences between integrated application forms and Medicaid/SCHIP application forms. Forms for these programs tend to be simplified and more user-friendly for immigrants and applicants in general. As described below, they are typically: shorter in length and easier to complete; request less information about non-applicants in the household; are more likely to be translated into Spanish; and provide statements that address public charge concerns.

### *Shorter Application Length*

Medicaid/SCHIP applications in the study sites are considerably shorter than the integrated applications. The average length of Medicaid/SCHIP applications (including instructions) across all sites is eight-and-a-half pages shorter than the average length of integrated applications. The shortest Medicaid/SCHIP application is only two pages long—both in Raleigh and Seattle—while New York City has the longest application, measuring ten pages in length. Not counting the application pages strictly dedicated to instructions, the average length of stand-alone Medicaid/SCHIP applications is less than four pages, which is six-and-a-half pages shorter than integrated applications. Some health insurance facilitated enrollers in New York expressed an

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<sup>10</sup> In addition, two sites (Raleigh and Sedalia) have separate applications available to apply for food stamps only. These applications vary in terms of length, and resemble integrated applications more so than Medicaid/SCHIP applications in areas of particular relevance to immigrants and LEPs.

interest in seeing the Medicaid/SCHIP simplified further to resemble the shorter disaster relief application form used after September 11, 2002.<sup>11</sup>

### *Less Information Requested from Non-Applicants*

In general, Medicaid/SCHIP applications request much less information than integrated applications about non-applicants' SSNs and citizenship/immigration status.<sup>12</sup> In the case of Seattle, for example, spaces are actually blacked-out where citizenship and immigration information is asked about the non-applicant adults and children in the household. Additionally, in the spaces where SSNs are requested of the non-applicants, there is an asterisk indicating that reporting SSNs is optional for these household members. By blacking out the spaces for citizenship/immigration status and providing the option of not reporting SSNs, the application clearly does not collect, or require, this information from non-applicants. The SCHIP application used in Arlington specifically states, "We do not need information on the citizenship status of any adults in your family" and only requests that applicant children are listed on the application. In contrast, the Medicaid/SCHIP application used in Raleigh asks for information, including SSNs, for "everyone in the home" including parents and non-applicant children and other non-applicants living in the household.

### *Greater Availability of Translated Application*

There is greater availability of translated Medicaid/SCHIP applications in all sites compared to integrated applications. Medicaid/SCHIP applications are available in both English and Spanish in all sites. Although not available during our visit, the Spanish version of the Medicaid/SCHIP form is currently available in New York City.<sup>13</sup> There is also a two-page information sheet about the Medicaid/SCHIP program available in Spanish, which was available at the time of visit. In addition, translations of the SCHIP application used in Arlington are currently under construction for five other languages.<sup>14</sup>

The questions regarding language access and interpretation have much greater detail in the Medicaid/SCHIP applications compared to the integrated applications. For instance, there is a set of language related questions at the beginning of the Medicaid/SCHIP application used in Seattle that ask: "Do you have trouble speaking, reading or writing English? (Yes/No);

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<sup>11</sup> See Chapter 3 for more detail about this special application.

<sup>12</sup> Stand-alone applications for Medicaid/SCHIP can focus solely on the parent(s) and children and do not need to be concerned with other members in the household because, unlike the food stamp program, the benefit is not based on household composition.

<sup>13</sup> A Spanish language Medicaid/SCHIP application was created in April 2001; however, there were delays in its distribution.

<sup>14</sup> At the time of our visit, the SCHIP form used in Arlington was being translated into Arabic, Farsi, Korean, Russian and Vietnamese.

**Exhibit 4-3:**  
**Key Characteristics of Medicaid/SCHIP Applications in the Study Sites**

Sites	Programs	Length Without Instructions	SSN		Citizenship/Immigration Status		Language Access		Will Not Share Information about Non-applicants with the INS
			All in HH	Statement on Non-applicants	All in HH	Statement on Non-applicants	Box	Translated	
	Medicaid/SCHIP	Medicaid/SCHIP	Medicaid/SCHIP	Medicaid/SCHIP	Medicaid/SCHIP	Medicaid/SCHIP	Medicaid/SCHIP	Medicaid/SCHIP	Medicaid/SCHIP
Arlington, VA*	Yes	4	No	No	No	Yes	No	Spanish	Yes
Dallas, TX	Yes	2	No	Yes	No	Yes	No	Spanish	Yes
New York, NY	Yes	8	No	Yes	No	No	Yes	Spanish **	No***
Raleigh, NC	Yes	2	No	No	No	No	No	Spanish	No
Seattle, WA	Yes	2	No	Yes	No	Yes	Yes	Spanish	Yes
Sedalia, MO	Yes	2	No	No	No	No	No	Spanish	No

\* Prior to September 2001, there was a joint Medicaid/SCHIP application. For SCHIP, this was replaced with a new separate application. Workers and advocates reported that they were using either the TANF/FSP/Medicaid integrated application or the old Medicaid/SCHIP application for children's Medicaid-only.

\*\* The Spanish version of the Medicaid/SCHIP application was created in April 2001 and is currently available in New York City. At the time of the December 2001 site visit, only a one-page information sheet was available in Spanish.

\*\*\* Not explicitly stated that information will not be shared with INS, but implied.

Do you need materials sent to you in another language? (Yes/No); Do you need an interpreter? (If yes, we will help you through an interpreter) (Yes/No); What language do you speak?"

#### *More Information Addressing Public Charge Concerns*

Compared to integrated applications, Medicaid/SCHIP applications are more likely to specifically address public charge concerns and assuage possible applicant fears about sharing information with the INS. Medicaid/SCHIP applications used in Arlington, Dallas, and Seattle contain explicit statements that information provided by applicants will not be shared with the INS. The Medicaid/SCHIP application used in Seattle contains two such explicit statements, once directly above the space that asks about citizenship and immigration information and once at the end of the application where the applicant's signature is required.

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Across our study sites, applications for public assistance vary considerably in length and readability. There is a striking difference between the newer Medicaid/SCHIP applications and the older integrated applications. In Medicaid/SCHIP, there has been greater attention and effort to design forms that are easily obtained through a variety of sources, short, simple to read and fill out, and cognizant of language barriers and immigrant concerns about immigration status as well as social security numbers. Collecting information necessary to determine eligibility for a variety of programs that have different eligibility requirements is inherently more difficult to accomplish through a single application form. Although some integrated applications are clearer and easier to understand than others, they are also typically longer, more difficult to fill out, and were generally designed before public charge issues had surfaced as a potential concern. However, even in the integrated application, some sites—particularly Dallas—provide explicit language about the confidentiality of information gathered by the application, such as SSNs and immigration issues that may reduce confusion or apprehension on the part of immigrants.

## CHAPTER 5

### ELIGIBILITY DETERMINATION POLICIES AND VERIFICATION PROCEDURES: SPECIAL ISSUES FOR IMMIGRANTS

PRWORA's restrictions on legal immigrant eligibility required agencies to weave new eligibility provisions into an already complicated array of eligibility rules and verification procedures. When first implemented, the new non-citizen eligibility rules raised many questions about exactly how and to whom the new provisions should be applied, prompting considerable confusion among non-citizens and eligibility workers alike. It is beyond the scope of this study to assess the nature and magnitude of these early implementation issues. The study site visits do, however, provide an opportunity to observe how some welfare agencies and eligibility staff have dealt with the complexity of these rules after having had several years to incorporate them into daily operations. The visits also provided information about whether eligibility determination rules and verification procedures that are not specific to immigration status present an additional layer of complexity for non-citizen applicants.

This chapter first describes approaches public agencies use to determine non-citizen eligibility, including exemptions to the five-year bars on legal immigrant eligibility, and then considers other types of eligibility rules and verification practices which study respondents identified as particularly challenging for immigrant applicants.

#### **Implementing Non-Citizen Eligibility Rules**

##### *General Approaches*

Across the sites, we found most eligibility workers are relatively well versed with general non-citizen eligibility rules. For instance, they are readily able to point out that citizen children in mixed status families are eligible for benefits; undocumented immigrants are ineligible; and legal immigrants are eligible except for those affected by the five-year bars and food stamp work requirements. Workers navigate the complexity of the immigrant eligibility rules primarily by relying on immigration documents in conjunction with charts that crosswalk program eligibility with these documents.

In most cases, workers can easily determine if a person is eligible—all else equal—by the type of document they provide on their current immigrant status. All sites except Seattle then verify applicants' immigration documents by submitting key information to INS through the Systematic Alien Verification

Entitlement (SAVE) system electronically or via telephone.<sup>1</sup> Workers reported that SAVE generally responds to inquiries within a day or two and delays are rare.<sup>2</sup>

The advantage of the document-driven approach is that it is relatively simple and straightforward for workers to implement and works well for the majority of cases where non-citizens do in fact have common types of immigration documents. To be effective, however, it is also critical that agencies update immigrant eligibility/documentation charts to keep them accurate and that non-citizens present their most current documents so that they are not denied benefits incorrectly. Non-citizen eligibility rules continue to be most challenging and error-prone on the margins, in cases where the non-citizen applicant has a less common immigration status (for instance, an asylee), or where the applicant presents an uncommon document (e.g., a letter from INS stating she or he is an applicant for permanent residency).

Some agencies also rely on more experienced workers or specialized units to handle non-citizen eligibility (e.g., the immigrant and refugee offices in New York City and the refugee unit in Dallas) or have offices located in areas with large immigrant communities (e.g., the Seattle/Kent and Seattle/Rainier offices). Workers in these settings typically have more experience and familiarity with non-citizen eligibility rules and immigration documents. In contrast, dealing with immigrant eligibility rules may be more challenging for workers in areas of the country, such as Raleigh and Sedalia, where immigration is on the rise but non-citizen applications are still infrequent.

Welfare agency staff also noted that they have minimal to no interaction with INS on how to address applicants' questions and concerns about the potential impact of receiving TANF, FSP, Medicaid and SCHIP benefits on their immigration status and citizenship. Although these observations were made in all six study sites, such concerns appear to be more pronounced in the smaller study sites—Raleigh and Sedalia—where immigrant communities are newer, and agencies have less experience working with these issues.

Welfare agencies are increasingly turning to computer software to help guide workers and applicants through eligibility determination interviews. Such automation provides a means to further standardize the eligibility determination process, making it possible for all workers to systematically gather all the information needed to correctly apply eligibility rules, including the complex rules pertaining to non-citizen eligibility. For example, the computer programs used by welfare agencies in Seattle and Dallas prompt workers to enter on screen almost all of the information needed to determine eligibility and benefit levels accurately. Arlington also has such an automated system, although at the time of our visit it was used only for benefit issuance—not in the “interactive mode” for eligibility interviews for which it

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<sup>1</sup> In Arlington, Dallas, Raleigh and Sedalia, eligibility workers or clerical staff at local welfare offices make SAVE inquiries for applications by non-citizens. In New York City, by contrast, all SAVE inquiries are centralized through either the refugee office or the Eligibility Verification Review office for non-refugee applicants. The State of Washington has received a waiver from the requirements to use SAVE for verification of benefit eligibility.

<sup>2</sup> In a small number of cases, however, SAVE requests the welfare system to send “secondary verification that must be forwarded on paper to INS. The secondary verification process can take weeks and therefore might delay a legal immigrant’s application for benefits. In Arlington, applications for benefits are approved if documents appear to be in order, even if a response from SAVE is still pending due to the need for secondary verification. Workers in other sites reported that delays due to secondary verification requests are very rare.

was designed—due to technical problems. New York City was nearing the point of phasing in a similar system, and Missouri had one in the relatively early stages of development.

Although using automated programs to guide the eligibility determination interview process offers many advantages, it is not a panacea. In order to be effective, the software must be well-designed with correctly sequenced questions that capture all the information needed, and welfare agency staff must enter the information correctly—both challenging demands in their own right. Even with the assistance of automated eligibility interview packages, eligibility staff must still recognize which immigration documents are acceptable. Optimally, strategies to address the implementation complexities presented by the non-citizen eligibility rules—and all eligibility determination rules for that matter—involve the use of highly trained and specialized workers in conjunction with automated systems that prompt for all the information that is required.

### *Applying Specific Non-Citizen Eligibility Rules*

Even though most eligibility workers we spoke to have become familiar with general procedures for determining non-citizen eligibility, they still noted that the complexity of PRWORA's eligibility rules sometimes makes carrying out eligibility determination challenging, especially in cases when non-citizen applicants present unusual documents or when eligibility rules have undergone recent changes. The legislation includes differing eligibility rules for different programs, along with exemptions for certain classes of immigrants. A five-year period of ineligibility applies to all legal immigrants entering after August 1996 for TANF, Medicaid and SCHIP, as well as to children for food stamps. Legal immigrant adults must show they worked at least 10 years, or 40 quarters, to receive food stamps, regardless of their date of entry.<sup>3</sup> PRWORA also includes exemptions from these eligibility rules for refugees, asylees and similar classes of legal immigrants, as well as for active duty military, veterans and spouses of active duty military and veterans.<sup>4</sup>

In jurisdictions such as Seattle and Sedalia that offer state substitute programs for those ineligible from federally-funded benefits, the correct application of the exemptions is primarily an accounting issue (i.e., it affects whether the state or federal government pays for benefits). However, in locations where there are limited substitute programs or no such programs at all (e.g., Arlington, Raleigh, Dallas), the consequence of failing to apply exemptions correctly has important ramifications for non-citizens, since their ability to access benefits depends upon the correct application of the bars.

**Exemptions for Refugees, Asylees and Similar Classes of Legal Immigrants.** The most commonly applied exemption to the bar on non-citizen eligibility for public benefits is for refugees and similar groups of legal immigrants. For immigration status documentation purposes, the I-94 form provided by the Immigration and Naturalization Service (INS) generally identifies recently resettled refugees. Eligibility workers in all six sites appeared to be very familiar with this form of identification. In

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<sup>3</sup> Quarters worked by spouses and parents of immigrants also count toward the work requirement.

<sup>4</sup> Refugees are exempt from the welfare reform bar on legal immigrant eligibility for their first five years in the country for Medicaid, SCHIP and TANF, and for their first seven years in FSP.

addition, many staff noted that refugees are more likely than other non-citizen applicants to come prepared with immigration and other required documents because they typically receive application assistance from resettlement agencies or other support networks. Correctly identifying and applying the refugee exemption based on I-94 forms appears to be a relatively standardized and streamlined process, at least in the six study sites.

There is greater risk for error, however, in cases where refugees subsequently become Legal Permanent Residents (LPRs): if eligibility workers fail to recognize applicants' former status as refugees, then they might not apply the refugee exemption.<sup>5</sup> This mistake might occur more frequently in offices that do not routinely use the SAVE system, since SAVE should identify such applicants as refugees.

Asylees and similar immigration cases<sup>6</sup> also qualify for the same exemption to the legal immigrant eligibility bars as refugees. Yet it appears there is a greater potential for confusion or error in applying the exemptions to these groups of immigrants because welfare office staff encounter these types of immigrants far less frequently and therefore are less familiar with what constitutes acceptable immigration status documentation for these types of cases.

Furthermore, whereas these difficulties might be offset through application assistance efforts, asylees have not had access to the types of application assistance provided by refugee-serving organizations, because they have usually been living in the United States for some time before their asylum application is accepted. Recent rule changes now make asylees eligible for benefits for their first five years from the date their asylum application is granted, rather than from the date they first arrived in the United States.<sup>7</sup> However, only a handful of workers noted this policy change, and some advocates mentioned cases where failure to correctly implement this rule change had resulted in cases where asylees were improperly denied access to benefits. The LPR and asylee examples noted here highlight the greater difficulty of making eligibility determinations in less common types of immigration cases—especially those requiring unusual types of documentation—and the ongoing challenge of tracking changes in non-citizen eligibility rules and informing workers about them.

**The Food Stamp Work Requirement for Non-Citizens.**<sup>8</sup> Discussions with eligibility workers suggest that they are called upon to apply the 10 years (40 quarters) of work exemption less frequently than the refugee exemption, in part because the quarters verification applies only to food stamps eligibility determination, and in part because most non-citizen applicants' formally recognized work history is not that extensive. As required by federal regulations, all six sites have established links with the Social Security Administration (SSA) earnings database.

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<sup>5</sup> Refugees are eligible for permanent residency and can become LPRs one year after admission.

<sup>6</sup> For instance, certain entrants from Cuba and Haiti.

<sup>7</sup> The exemption is for seven years in the case of food stamps.

<sup>8</sup> The Farm Security Act (P.L. 107-171) was enacted in May 2002 after completion of this study and replaced the 10-year work requirement for legal immigrant adults with a five-year bar consistent with that for TANF, Medicaid and SCHIP. These changes are effective as of April 2003. Eligibility was also restored for all legal immigrant children, regardless of date of entry, effective as of October 2003.

Workers know how to use these links to verify work quarters even though there is typically no need to do so. The link to SSA allows eligibility workers to send a request for verification and, according to workers, they generally receive a response within a day or two. In most cases, requests for work quarters do not appear to slow down the application process appreciably or affect timeliness of eligibility decisions. All the sites also have procedures for verifying the quarters of a spouse (while married to the applicant) and parents (while the applicant was under age 18). These procedures, however, are often difficult to implement because applicants must provide signatures from these parties before SSA will release their earnings records to the eligibility worker.

While procedures are in place to use the SSA database, the database does not capture earnings for which employers have not paid into social security. This is significant because “informal work”—for which earnings may go unreported—is common among low-income immigrants, especially by those who legalized but also worked when they were undocumented. In Arlington, New York City, Sedalia, and Seattle, workers are allowed to accept pay stubs, W-2s and employer statements in addition to SSA verification. In Dallas and Raleigh, however, workers do not accept other forms of verification. Even in sites that allow these alternative forms of documentation, workers said they rarely encounter applicants who saved the paperwork from enough quarters to qualify. Some eligibility workers also indicated that they do not routinely ask about the work history of spouses or parents.

**Other Exemptions to Non-Citizen Eligibility Bars.** The other exemptions—for military service, veterans and their dependents—are rarely identified or activated. In the case of military service, eligibility workers generally have sufficient information to make this exemption decision because integrated applications routinely ask about military experience to verify veterans’ benefits and military employment. However, there was virtually unanimous agreement among workers in all sites that it is very rare for an applicant to meet these exemption criteria.

**Deeming of Sponsors’ Income.** One of the more nuanced but potentially important PRWORA immigrant eligibility rules concerns sponsor deemed—the policy of attributing the income and resources of a sponsor to a non-citizen when she or he applies for public benefits. Federal welfare and immigration reform broadened the potential for sponsor deemed by expanding the categories of non-citizens who are required to have sponsors in order to enter the country, the number of programs subject to sponsor deemed, and the length of time deemings lasts.<sup>9</sup>

At the time of our visits, it appears that eligibility workers virtually never deem sponsor income for non-citizen eligibility because deemed only applies to a very small group of legal immigrants. Many sponsored immigrants entering the United States after 1996 who might be subject to sponsor deemed rules are ineligible for federal benefits anyway due to the restrictions in welfare reform. Based on discussions with workers, it appears that they attempt to determine whether sponsor deemed applies in only two of the six sites we visited (Seattle and Arlington for TANF/FSP/Medicaid applications), and even there they virtually never have occasion to apply deemed rules.

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<sup>9</sup> Under PRWORA, sponsors must support immigrants until they become citizens or have worked 10 years, and all of the sponsors’ income is deemed to be the immigrants’ income until that time.

## **General Eligibility Documentation and Verification Requirements: Special Implications for Immigrants**

There are several eligibility determination documentation requirements and verification practices—beyond those specifically related to non-citizen eligibility—that affect all applicants but appear to have particular relevance for immigrants. These include social security numbers, basic identification, household composition, and employment records. This section focuses on why providing these types of information presents special issues for immigrants seeking benefits or successfully completing a program’s application process.

There is marked variation in the level and intensity of required documentation and verification procedures across the four means-tested programs in this study. Food stamp and TANF eligibility determination requires a large amount of information to be submitted by applicants and verified by workers. The Food Stamp Program in particular requires an extensive amount of documentation and verification. In contrast, expanded Medicaid and SCHIP eligibility determination is much less burdensome and difficult; in particular, SCHIP often has minimal documentation and verification requirements.

Although there is some variation by site, these general program characterizations hold true across sites. Thus, those applicants who complete the application process steps described in Chapter 3 face different documentation and verification requirements depending on the program for which they apply. Employment and demographic characteristics of immigrant families and households—for example, families that are mixed in terms of members’ citizenship and immigration status—may further compound difficulties associated with this aspect of eligibility determination.

Programmatic variation in document and verification requirements is due to several factors. First, even though all four programs are “means-tested” (i.e., based on income), the nature of each benefit is very different. Medicaid and SCHIP provide medical coverage to individuals and generally require less information to make what is essentially a “yes/no” eligibility determination.<sup>10</sup> By contrast, TANF and food stamps provide monthly benefits that vary based on characteristics of all members of the household or family unit—a determination that typically requires more information. Second, TANF and food stamps benefits are provided directly to families whereas Medicaid and SCHIP reimburse health care providers, who must submit documentation during the reimbursement process. Third, efforts to increase enrollment in Medicaid and SCHIP have led to concerted efforts in many places to simplify documentation requirements and eliminate many verification practices common to the traditional TANF/FSP/Medicaid model.<sup>11</sup> By contrast, food stamp eligibility is highly standardized by federal rules, and FSP’s greater emphasis on benefit accuracy and fraud prevention holds states to quality

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<sup>10</sup> Other factors affecting Medicaid and SCHIP participation—most notably premiums, co-pays, deductibles, enrollment in various health plans, and coverage of various different types of health services—can be extremely complicated in Medicaid and SCHIP, but the initial eligibility determination decision is relatively simple and straightforward.

<sup>11</sup> Of the six study sites, for example, only Texas did not allow self-declaration of income as of Fall 2001. In January 2002 Texas lightened children’s Medicaid and SCHIP verification requirements and began allowing mail-in applications, but these changes did not extend to adult Medicaid applications.

control standards, which has led to greater use of documentation and verification.<sup>12</sup> Finally, TANF is highly devolved, with policies reflecting the welfare reform goal of reducing dependency and not increasing participation.

### *Social Security Numbers*

As discussed in Chapter 4, Social Security Numbers (SSNs) are not required for non-applicant family or household members although they may be requested and provided on a voluntary basis. During eligibility interviews, workers in all sites generally ask for SSNs for applicants and, in Sedalia and Arlington, for non-applicants as well.<sup>13</sup> If applicants cannot produce a SSN or say they do not have one, workers simply leave the space for this information blank.

According to discussions with some advocates and workers, immigrant households often include undocumented members and, therefore, if immigrant applicants do not understand that SSNs are not mandatory for everyone in the household, this may deter some from applying or following through with an application. Yet, SSNs are central items asked for by all eligibility workers of all applicants. Receptionist/intake workers in some sites ask for SSNs to check for current and previous benefit receipt on databases before the eligibility determination interview. SSNs are also necessary to verify current and recent employment—usually through state employment service records and new hire databases—for *all household members* in the case of food stamp applications. Additionally, as described earlier in this chapter, eligibility workers must verify work quarters with SSA when legal immigrants apply for food stamps. Applicants without SSNs are usually referred to SSA to obtain one, unless the eligibility worker determines that a SSN they have presented is not valid, or the applicant admits to having an invalid number.<sup>14</sup>

When applicants submit false or multiple SSNs, this can create extra work for eligibility workers. Workers respond by encouraging the applicant to be forthcoming on the issue so that an incorrect SSN will not be entered into the computer system. When income cannot be verified by database or workers suspect an incorrect SSN, applicants are often asked to produce pay stubs or provide verification directly from employers, as described below.

### *Basic Identification*

Applicants must properly identify themselves, usually at the welfare office reception desk, before they can begin the application process. Checking identification is essential to proper eligibility determination, especially to avoid duplication of cases and to tap into databases for eligibility verification. When clerical

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<sup>12</sup> The Farm Security Act (P.L. 107-171) enacted in May 2002 simplified verification requirements and changed quality control error reporting for the Food Stamp Program substantially. These changes are effective as of October 2002.

<sup>13</sup> The Texas application form is designed so that this question need not come up. However, it had only been in effect for a few weeks at the time of the site visit and workers were still not completely familiar with the new design. See Chapter 4 for details.

<sup>14</sup> This usually means that the applicant has to make a separate trip to SSA unless, as is the case in Raleigh, SSA staff are co-located at the central welfare office.

and eligibility workers cannot properly identify applicants, it may result in delays, denial of benefits, or improper eligibility determination.

In general, eligibility workers in all the study sites appeared flexible about accepting various forms of identification within accepted parameters. The most common forms of identification are drivers' licenses, passports and U.S. birth certificates. But in Dallas, eligibility workers also accept Mexican birth certificates and voter identification cards from non-citizens applying for benefits for their children or other household members. In Raleigh applicants sometimes present school IDs, other forms of picture identification, and library cards; eligibility workers there sometimes accept mail addressed to the applicant. However, as described above, those non-citizens applying for benefits for themselves must provide proof of immigration status.

In some sites, particularly those in which a large share of immigrants have arrived recently and may be undocumented (Raleigh and Sedalia), caseworkers reported difficulty in properly identifying immigrants and their household members. Part of the confusion stems from the workers' lack of familiarity with new immigrant populations. For instance, some Latino immigrants have two last names, and workers may misconstrue the first last name to be a middle name. In other cases, immigrants may work under an assumed name, and thus may present identification or other documents with more than one name to the welfare office. In sites that have been dealing with undocumented populations for a longer time, workers are aware of these issues and often directly ask applicants to disclose any and all names they use.

### *Household Composition*

Immigrants frequently live in large households with members from different generations and of varying legal statuses, greatly complicating eligibility determination for FSP and TANF. Eligibility workers told us that two or more immigrant families often live in the same household unit, but usually only one family has a name on the lease. This makes verifying residence difficult, especially when the applicant is subletting illegally and therefore unwilling to contact the landlord for verification. Some workers also said they sometimes find it difficult to obtain the names and ages of all children in large immigrant families. Others noted that non-citizen applicants for TANF and FSP are reluctant to disclose the identities of certain family members or individuals living in the household, presumably because they are undocumented. As mentioned elsewhere, this reluctance may also deter non-citizens from attempting to apply for benefits in the first place.

### *Income and Employment*

Verification of income and employment is relatively difficult for immigrants and other low-wage workers who have seasonal or otherwise unstable work schedules and therefore receive less predictable earnings. In Dallas, for example, eligibility workers described the challenges involved with verifying employment with some large firms. These employers often have their headquarters outside the metropolitan area or the state, and applicants or workers must find staff at the headquarters that can verify their wages. Since there was a shortage of eligibility workers in Dallas at the time of our visit,

there was usually insufficient staff time to contact such employers, and thus the responsibility by and large fell to the applicant.

Immigrants, particularly those who are undocumented, also often work “off the books” or for a contractor, for instance, in construction or landscaping. In such cases, they are usually required to get a letter from the employer because they do not receive a formal pay stub.<sup>15</sup> If the employer is a contractor who mostly hires undocumented immigrants, then he or she may be unwilling to cooperate. One worker said that sometimes immigrants do not even know the last names, telephone numbers or addresses of their employers.

Eligibility workers often have difficulty calculating average monthly income for immigrants who work irregular hours. In Raleigh, many immigrants work in agriculture or landscaping, industries in which hours worked vary greatly depending on the season and the weather on any given day. Earnings are higher during busier times, and lower when employment is slack. As a result, eligibility workers must ask for more pay stubs—sometimes up to six or eight weeks’ worth—to determine average monthly income accurately.

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Based on our discussions with agency staff, administrators, and observations at the six sites, non-citizen eligibility provisions are nested within a larger set of eligibility determination rules, all of which present implementation challenges for welfare agencies and carry special implications for immigrants. Overall, it appears that the combination of automation and heavy reliance on documents significantly reduces, although does not eliminate, the margin for error in determining non-citizen eligibility. The risk for error increases when non-citizen applicants present rare or unusual immigration documents or workers are not aware of post-PRWORA eligibility rule changes.

For those non-citizens who are still eligible for benefits or who have eligible children, the application of specific PRWORA non-citizen eligibility rules is typically perceived as far less problematic than certain eligibility rules and procedures that affect all applicants. Some documentation and verification requirements—especially those in the TANF and food stamp programs for items such as household composition, employment, income and expenses—can pose more difficulties for non-citizens.

The eligibility determination process can become time-consuming for applicants when they must provide multiple pieces of paper verification (for instance, pay stubs, leases and utility bills) or collateral contacts (i.e., letters or forms filled out by employers, landlords and neighbors). Documentation and verification is particularly difficult for immigrant families when they must provide information about undocumented individuals living in the household who are not applying for benefits; statements from landlords that might reveal illegal subletting situations; or letters from employers admitting that they hired someone “under the table.”

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<sup>15</sup> Undocumented immigrants applying for benefits for their citizen children must report their earnings because they are counted toward family or household income when determining eligibility, as well as when determining TANF and food stamp benefit levels.

Our discussions with agency staff at all levels further suggest that more than any single factor, it is the combination of factors associated with applying for benefits—including some of the eligibility determination rules and verification procedures discussed above and language issues considered in the next chapter—that can make the application process especially challenging for immigrants. Additionally, outreach workers, advocates, and applicants in focus groups indicated that non-citizens are very concerned about the consequences of benefit receipt for their immigration status and naturalization and that many are also uncertain or misinformed about the relationship between their eligibility status and their immigration status.

## CHAPTER 6

### **THE LANGUAGE DIMENSION OF APPLYING FOR ASSISTANCE: STRATEGIES TO MEET THE NEEDS OF LIMITED ENGLISH SPEAKERS**

This chapter addresses the issues faced by Limited English Proficient (LEP) individuals when applying for public benefit programs and the ways that localities have attempted to address these issues. It describes the major strategies used by the study sites to provide language services to LEP applicants, discusses some of the trade-offs associated with different strategies, and summarizes the primary approaches used in each site.

#### **Key Language Access Strategies**

Localities employ a variety of strategies to facilitate communication with LEP public assistance applicants. Some strategies place a greater share of responsibility on agencies to provide language services for limited English speakers while others rely more on applicants to assume this responsibility. Because no single strategy is able to meet the needs of each LEP applicant, most sites employ multiple language access strategies.

##### *Bilingual Staff*

Public agencies often rely on interpreters who speak the native languages of LEP applicants to help these applicants negotiate the application process. Interpretation services may be provided by in-house agency staff either as part of or in addition to their regular job duties. These services may also be provided by private contractors who are hired solely for the purpose of providing interpretation services. Each of the study sites, except Sedalia, fills some eligibility staff positions with bilingual workers. Seattle is the only site that has bilingual agency staff but also relies primarily on contracted interpreters for language assistance when conducting eligibility determination interviews.

Using bilingual eligibility staff to address language barriers has the added advantage of safeguarding program integrity as eligibility determination can require lengthy and involved applicant-worker interaction, often covering complex information, that affects both eligibility and benefit levels. However, as highlighted in Chapter 3, the application process often involves activities and interactions with staff other than eligibility workers. Therefore, language assistance is often needed at each stage of the application process (e.g., initial intake and screening, in addition to eligibility interviews). While some localities place bilingual staff in reception or screening roles (New York, Dallas, Arlington, and Raleigh), the extent to which bilingual staff are available to cover these functions varies considerably across the sites.

Discussions with program staff, advocates, and applicants indicated that bilingual staff are needed not just at the eligibility interview but also during the initial steps of the application process (e.g., initial reception/intake, screenings, orientations). Otherwise, some expressed concern that some limited English speakers can be deterred from applying before completing the application process. However,

agencies can find it difficult to match limited English speakers with bilingual staff at each point of contact during the application process, especially in places where there is substantial language diversity or a complicated application process that involves several steps and interactions with different types of staff.

Given that it is generally infeasible to match bilingual staff with limited English speaking applicants at every conceivable point in the application process, a common strategy is to make bilingual staff readily available to interpret on an as-needed basis. While this may be an effective fallback strategy, it appears to have downsides when used as a primary approach. Most importantly, it diverts workers from performing their own job responsibilities, which may negatively affect staff productivity and efficiency. For example, some bilingual eligibility staff noted that they are routinely pulled away from their own casework—even during interviews with other applicants—to interpret in the reception area or for another eligibility interview. Agency administrators and managers also discussed the difficult management challenges presented when attempting to balance the workloads of monolingual staff against bilingual staff that provide interpretation assistance on an as-needed basis in addition to their regular job duties.

In several sites (Arlington, Dallas, and New York), some bilingual workers voiced reluctance to identify their language skills because they do not want to be asked to perform extra work without additional compensation. Among the study sites, Seattle is the only site with a system for certifying and financially compensating bilingual staff—a strategy employed on a statewide basis.<sup>1</sup> When bilingual staff are not compensated for providing interpretation services in addition to their other job duties, the practice of using bilingual staff to interpret on an on-call basis also may be opposed or viewed negatively by unions. In New York City, for example, some staff commented that the union representing eligibility workers advises bilingual staff not to make their language skills known.

As a primary language assistance strategy, relying upon in-house bilingual staff is less practical and effective in localities experiencing a significant degree of language diversity. New needs for language assistance typically appear with each new wave or expansion of immigrant groups. Therefore, to accommodate the continually changing language composition of the applicant and client pool, staffing strategies need to be flexible. However, bilingual individuals interested in and capable of working for welfare agencies may not be readily available. In addition, agencies cannot terminate bilingual staff who speak certain languages simply because there is no longer as much demand for those languages. Because many public agencies' workforces are unionized, the ability of agencies to adjust the composition of their permanent agency staff to meet each new language need may be further constrained by rules regarding hiring, delineation of job responsibilities, and other union concerns.

A promising alternative strategy is to use private interpreters on a contract basis to provide language services for some functions. Washington State is the only state represented in this study, which uses this approach, although implementation varies somewhat across local offices.<sup>2</sup> For example, the

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<sup>1</sup> Raleigh has no formal policy to compensate bilingual staff, but program administrators noted that language skills are sometimes substituted for experience and/or education, thereby occasionally providing additional compensation for bilingual staff.

<sup>2</sup> As of Spring 2002, the Human Resources Agency in New York City noted that it was contracting for on-call, on-site interpreters in its Job Centers (i.e., local TANF offices.)

Seattle/Rainier office uses private, contracted interpreters at both the initial reception/intake stage *and* the eligibility interview stage whereas the Seattle/Kent office reserves their use for eligibility interviews. Based on our discussions, it appears that staff and program administrators in Seattle are generally quite pleased with this approach. The primary drawback is that these private interpreters are not trained in agency rules and procedures and staff cannot be certain that the information is fully and correctly translated. However, staff generally stated that the contracted interpreters do a good job and that it is an effective strategy for meeting the challenge of addressing diverse and changing language needs.

This approach may not work as well in sites lacking sufficient interpreters in the community who can be hired on a contract basis. In addition, sites with relatively low demand for interpretation in various languages may find it difficult to justify expenditures for part-time or full-time contract interpreters. It might also seem inefficient to use private interpreters instead of in-house bilingual staff for eligibility interviews because two individuals instead of one are required to carry out a single function. But, in both Seattle offices visited for this study, workers generally said that using private contractors does not seriously increase the length of the eligibility interview. Workers said they make up for the extra back-and-forth of the interpretation by entering information into the case file as their questions are being translated.

#### *Reliance on Community-Based Organization (CBO) Staff*

In all of our sites except Seattle, public agencies rely on local CBOs to provide interpretation services, generally free of charge. Specifically, agencies often turn to resettlement agencies to provide interpretation for refugee applicants. In most of the study sites, agency staff reported that refugee resettlement agencies often help refugees with limited English proficiency complete benefit applications before they come to the office.

Aside from refugee agencies, local CBOs, often with immigrant or ethnic affiliations, also assist with interpretation and application assistance. Because CBO staff have other responsibilities and are not always immediately available when the applicant arrives at the welfare office, some agency workers reported increased waiting times for limited English speaking applicants when CBO staff are asked to serve as interpreters.

#### *Language Phone Banks*

Because of constraints on hiring bilingual staff to match the language needs of all applicants, staff often turn to language phone banks to provide interpretation. These language lines may be agency-run but are more commonly privately operated. Of the study sites, only New York City has developed an in-house call center, staffed by experienced eligibility workers, to provide interpretation in the city's top four languages. Private language lines are used on a limited basis in Dallas and New York City. Although this service is also available in Arlington, Sedalia, and Seattle, workers there reported that they virtually never access it.

The primary benefit of private language lines is their extensive language coverage, which includes interpretation in over 140 languages. But, according to program administrators, private language line

calls are expensive. In New York City, there is a call log to record each use of this service, which reportedly discourages use by some workers while others simply opt not to use it because it is too cumbersome and time-consuming. Some workers reported that using the HRA language line instead of an in-house bilingual worker increased the eligibility interview duration on average by 40 minutes.

Another disadvantage with private language lines, as with private interpreters, is that these phone interpreters are not trained in the agency's programs and jargon. For both the private and agency-run lines, agency staff also noted that using these lines can be problematic on a more basic level because they may not have access to speakerphones that facilitate easy three-way communication. Workers reported frustration and confusion with having to pass the phone receiver between themselves and their clients. According to some advocates and eligibility workers, phone interpretation services also reduce interpersonal contact between workers and applicants, thereby increasing opportunities for misunderstandings.

#### *Reliance on LEP Applicant Family/Friend Networks*

Another common means of providing language services is to rely on friends and family of the limited English-speaking applicant to interpret for them. In each of our sites, except Seattle, the use of family and friends as interpreters is a common practice—especially for speakers of less common languages. Limited English speaking applicants often rely on family members or friends who are more English proficient, but may still have trouble interpreting the technically rich vocabulary of public agencies. Eligibility workers routinely commented that use of family members and friends as interpreters calls into question the accuracy of the information provided. Workers also noted that using family and friends as interpreters often increases the length of the interview because of the extra time required to communicate complex eligibility questions. However, when agencies are not equipped to provide interpretation services for non-English speakers, particularly for those speaking less frequently encountered languages, public agencies leave applicants little recourse but to turn to friends and family for interpretation assistance.

#### *Use of Written Aides/Translation of Written Materials*

Human service agencies often use translated materials, notices, and applications to help facilitate communication with limited English proficient applicants. For example, “I speak” cards posted at the reception desk or language posters in reception areas help applicants identify which language they speak. Most of the sites have “I speak” cards or language posters; however, they are not always clearly displayed and usually only cover a subset of languages spoken by applicants. While these cards and posters do not help those who are illiterate in their native language, most workers reported that applicants are usually able to state the name of their native country or language. Overall, workers tend to view initial identification of the language spoken by the applicant, regardless of the presence or absence of “I speak” cards or language posters, to be the least problematic aspect of communicating with these applicants.

Public agencies—particularly welfare offices—extensively rely on written materials and notices for the vast majority of client-agency communication. Requests for documentation and changes in program

requirements are often conveyed exclusively by mail. During the application process, providing written translation of even simple things like lists of required documents can increase the likelihood that applicants will comply with application rules and be determined eligible.

The availability of translated written documents is often a missing or undeveloped element of localities' language access strategies. As documented in more detail in Chapter 4, even the basic integrated application forms are available only in English in half of the sites (Arlington, Raleigh, and Sedalia) and only a Spanish translation is available in Dallas. Separate Medicaid/SCHIP application forms had been translated into Spanish in all sites, although they were not available through New York City's Medicaid/SCHIP facilitated enrollers at the time of our site visits.

To bridge this gap in written translations, staff may take it upon themselves to translate forms or find a staff person who can do so for them, but this appears to be largely an informal, ad-hoc practice. In Arlington, where forms are only available in English, one worker said little could be done beyond impressing upon LEP applicants the importance of keeping every letter with a government seal on it and finding a family member or friend who can translate it for them. Beyond the need for translated versions of written documents, staff and applicants also noted that illiteracy in the LEP applicants' primary language is also a common problem.

Washington State has made the most progress in providing written translation of agency materials. The state welfare agency translates and provides all notices, integrated applications, and major agency communications in the seven state-supported languages (Chinese, Cambodian/Khmer, Laotian, Korean, Russian, Spanish, and Vietnamese). To serve those speaking less common languages, the state welfare agency contracts with private companies to translate written notices and major written communications into another 86 languages on an "as needed" basis. The extensive translation of materials does not extend to Medicaid/SCHIP applications, which are only available in English and Spanish.

It is estimated that about 3,500 to 4,000 agency documents are translated into 60 or 70 different "unsupported" (or non state-supported) languages each month. If the agency is unable to translate a written notice or major written communication into an unsupported language within three days, a notice to that effect is supposed to be sent to the applicant (or ongoing client) in English with a statement written in the client's primary language informing the client to take the notice to a local office for oral translation.

New York City announced in Spring 2002 that FSP notices are now available in eight new languages (Arabic, Chinese, French, Haitian Creole, Korean, Russian, Vietnamese, and Yiddish). Translations in English and Spanish were already available. As a part of this effort, over 60 food stamp forms and notices were translated.

Even with these comprehensive systems, there can be glitches. For example, some local agencies reported that the average turnaround time for written translations ranges between seven and ten days, although the wait may be longer or shorter depending on the language requested. This delay may place applicants at risk of not meeting the post-eligibility interview ten-day application processing timeframe. In addition, advocates and outreach workers emphasized that the quality of the translated forms is not

always satisfactory. Translations of technical terms can be extremely hard to understand and the reading level required to understand the translated material can be prohibitively high. Some workers pointed out that English speakers also often find the written materials (including application forms) difficult to read and comprehend, suggesting that poor quality translations are a reflection of a more systemic problem.

### ***Increasing the Quality of Interpretation and Translation Services The Washington State Example***

In response to a settlement between the Department of Social and Health Services in Washington State and language-access advocates in 1991, the state developed a system to test and certify the language ability of interpreters and translators working for this agency. Under this system, the state agreed not only to provide and pay for interpreters and translators, but also to certify their language skills to ensure that high-quality services are provided to LEP clients. This level of quality control is unique in the study sites.

Workers are tested and certified in English and eight foreign languages (Chinese, Cambodian/Khmer, Laotian, Korean, Russian, Spanish, and Vietnamese). These tests are administered to different levels of workers, including: agency employees with bilingual assignments, licensed personnel providing services under contract, contracted translators providing written translation for the agency, and contracted interpreters providing oral interpretation in medical settings to the agency's clients. In response to concerns about the quality of language services provided in languages other than the state's eight most common languages, an English language test is now being administered to all interpreters and translators.

### **Multiple Language Access Strategies: Local Level Examples**

Based on this study of six sites, it seems clear that there is no single language-access strategy that is appropriate for every program or each stage in the application process, let alone for all language groups. As a result, localities in our study tend to employ several language access strategies simultaneously. The design and implementation of these multiple local language access strategies are driven by a complex interplay of factors related to:

- Population—the size of the total local LEP population,
- Caseload characteristics—the LEP share of the total applicant pool served,
- Language diversity—the number and types of languages spoken by LEP applicants,

- Intake and application staffing patterns—the number and types of staff encountered during the application process, and
- Agency and community resources—the amount of financial and human resources available to the agency to address language needs.

Developing strategies that take into account these factors is challenging because the size, composition, and distribution of immigrant populations are often moving targets.

Since a single language access strategy cannot fulfill all language needs, one way to conceptualize language access approaches at the local level is in terms of how quickly the agency responsible for determining eligibility must turn to LEP applicants to devise their own interpreters. Among our sites, some agencies place more responsibility for successful communication on LEP applicants, while others shoulder more of the burden themselves. In practice, this typically translates into the agency assuming responsibility for the first or primary language access strategy but second or third alternatives may rely on LEP applicants themselves and/or on family members or community-based organizations.

### *A Multi-Tiered Approach: New York City*

New York City is the nation's major immigrant receiving city. The sheer size and diversity of its immigrant population places intense and unique demands on agencies responsible for delivering public benefits. At the time of our visits (June and December 2001), New York City was implementing a new policy for handling LEP applicants in the city's TANF and food stamp offices that emphasized a multi-tiered approach. The approach was developed by the Office of Refugee and Immigrant Affairs (ORIA), a new office within the Human Resources Administration (HRA) established in Spring 2000 to improve access to public benefit programs for limited English proficient individuals.

New York City has implemented a multi-tiered approach to handling limited English speakers in all Job Centers<sup>3</sup>:

- ***First Tier—On-site Bilingual Eligibility Staff.*** Under the LEP policy currently in effect, reception staff are supposed to immediately identify the language preference of applicants, generally using “I speak” palm cards. The policy mandates that once the appropriate language is identified, the applicant should be assigned to a bilingual eligibility worker who speaks the applicant’s primary language. This is considered the first—and best—line of attack because it allows for the most effective communication between LEP applicants and agency staff, and ensures that unqualified staff (e.g., clerks or security guards) are not used to interpret and explain agency rules.
- ***Second Tier—Agency Operated Phone Bank.*** Due to staffing constraints and the diversity of languages spoken, it may not be possible to match bilingual eligibility staff with applicants whose primary language is not English. The LEP policy explicitly puts a time limit on how long reception

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<sup>3</sup> In New York City, “Job Centers” (i.e., welfare offices) are responsible for application intake and ongoing services for TANF/FSP/Medicaid clients (see Chapter 3 for further details).

staff may look for appropriate-level bilingual staff for assistance with interpretation. If they cannot identify appropriate staff, they are supposed to turn to the HRA-staffed telephone language bank. This line provides interpretation services in Chinese, Russian, Spanish, and Vietnamese.

Discussions with TANF/FSP/Medicaid eligibility workers and reception staff suggest that this option is rarely used among the LEP applicants whose languages are presented on the language line. In fact, although HRA policy clearly states that workers are required to use the language bank when appropriate, discussions with staff indicated that this practice might not be common in the non-specialized Job Centers. For example, some staff and focus group participants indicated that limited English speakers are sometimes told to provide their own translators, even if they must resort to relying on their school-aged children, landlords, or building supervisors.

- ***Third Tier—Community Based Organizations.*** The next tier involves relying on community-based organizations that have indicated a willingness to provide the agency with interpretation services when in-house language resources are insufficient. Thus, if the internal HRA language line is not able to meet an applicant's language needs, staff can turn to a special directory of community organizations to locate a volunteer interpreter.

Program administrators and staff noted that this referral system has not always worked well, in part because the CBO services are provided on an informal, ad-hoc basis. CBO staff who participated in this study raised concerns about the lack of compensation for these services, noting their limited resources and that their staff are often pulled from client meetings to interpret for the welfare agency. Eligibility workers, in turn, raised concerns about the variation in quality of interpretation services provided by CBO staff and the possibility of compromising client confidentiality when using them.

- ***Fourth Tier—Private Language Line.*** If all else fails and interpretation services cannot be obtained through the internal language line or a community based organization within a combined total of 15 minutes, the last strategy employed by staff is a private language line. The private language line can provide interpretation in 140 languages. This service is considered a strategy of last resort because it can be very expensive. As a result, few agency staff reported using the system.

This approach has not been integrated into the Eligibility Verification Review (EVR) process, a mandatory step for all cash assistance applicants that includes an additional interview, verification of documentation and home visits.

Another key component of New York City's language access strategy is the creation of specialized Refugee and Immigrant Job Centers designed to primarily serve LEP applicants and clients whose primary language is neither English nor Spanish.<sup>4</sup> Routing clients who meet these criteria to centralized

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<sup>4</sup> Spanish-speaking LEP applicants may also opt to apply for benefits at these LEP-targeted offices but are not required to do so. Given the comparatively high demand for and supply of Spanish-speaking bilingual staff, there is not the same need to adopt the targeted approach for the Spanish-speaking LEP population.

locations makes it possible to physically concentrate staff with bilingual capacity for less common languages. In sites where large numbers of limited English proficient

***Meeting Language Needs Through Specialized Offices:  
The New York City Example***

To accommodate the tremendous diversity of language needs in New York City, the Human Resources Administration has established two specialized Job Centers with a consolidated force of bilingual workers. Like their non-specialized counterparts, these specialized Job Centers process TANF/FSP/Medicaid applications and provide ongoing case maintenance and services. The first specialized Refugee and Immigrant Job Center opened in April 2001 in lower Manhattan. A second specialized office of this kind opened in January 2002 in Brooklyn. The Brooklyn Refugee and Immigrant Job Center expanded the overall number of language groups served by including languages not covered at its Manhattan counterpart and does not serve Spanish speakers. Approximately 90 percent of cases handled by these offices are limited English proficient. Together, the centers serve about 6,000-6,500 cases, a small but significant share of the city's limited English speaking public assistance caseload—estimated in June 2001 to be about one-fifth (19 percent or 31,833 cases) of the public assistance caseload.

This model is viewed as a far more efficient and comprehensive alternative to addressing the diverse language needs of applicants and clients by thinly spreading bilingual staff across the city. Its implementation required drawing existing bilingual staff from other offices across the five boroughs. Program administrators believe this is a better deployment of staff resources to meet the language needs of its clients even though it reduces the number of bilingual staff and the language capacity in regular assistance offices. Importantly, the City's public transportation system is extensive, making it possible for refugees and immigrants from different parts of the City to travel to a centralized location. At the same time, the centralization of bilingual staff in specialized offices increases the travel time involved for these LEP applicants and clients.

Smaller localities might have insufficient demand to support even one specialized, multilingual office. However, they could still adopt a modified version of this approach by establishing specialized LEP eligibility units within existing offices.

individuals speak one or more languages and there is sufficient staff capacity, this centralized approach presents a promising model for providing effective language services (see box below).

How the multi-tiered strategy employed across all Job Centers combined with specialized Job Centers plays out in practice differs across the offices we visited and largely depends on the language capacity of the in-house staff at each center. At one of the 30 non-specialized Job Centers in New York City, reception staff immediately turn to CBOs to provide language assistance if the LEP applicant does not

speak English or Spanish. At the specialized Refugee and Immigrant Job Centers, however, more languages are covered in-house and so there is generally less need to rely upon outside interpreters. There are occasions, however, when in-house bilingual staff are not available. One of the specialized centers is located in the same building as a refugee resettlement agency and eligibility workers will call upon their staff for interpretation assistance. Significantly, staff at this Job Center noted that they never need to resort to the private language lines for interpretation assistance.

Developments occurring in New York City's evolving language access strategy since the site visits took place include moving toward contracting for some interpretation services to fill the existing gap in capacity to deal with less common languages. Four contracts totaling \$100,000 for on-call, on-site interpreter services were targeted for use by Medicaid/SCHIP offices (to assist in efforts to transition eligible Disaster Relief Medicaid recipients to the regular Medicaid/SCHIP program), the two specialized Refugee and Immigration Centers, and programs providing domestic violence and adult protective services. As of April 2002, Medicaid/SCHIP administrators were revising their LEP policy to include access to the private phone line and the new on-site, contracted interpretation services.

### **Responding to Increasing Language Diversity**

In addition to New York City, three of our other sites—Arlington, Dallas, and Seattle—have institutional experience with serving significant numbers of LEP applicants. Yet, the LEP population in each of these localities has undergone significant changes over the last two decades as a result of shifts in the common countries of origin for newly arriving refugees. As a result, LEP applicants now speak many more languages, presenting agencies with the challenge of adapting their systems to keep up with new demand for interpretation of less common languages. For some of these more recent refugee waves, neither the human service agencies nor the larger community have sufficient language capacity to meet the increased demand. When this mismatch in language capacity and needs occurs, there is an increased tendency by agencies to rely on friends and family members of LEP applicants for language assistance.

#### *Arlington, Virginia*

In Arlington, the strategies used to provide language assistance depend greatly on the language spoken by the LEP applicant. The first preference is to provide language services through a bilingual staff member. Bilingual staff are predominately Spanish speaking, although there are some additional languages spoken by bilingual staff in reception and case aide positions. Spanish speaking individuals, the predominant language group of LEP applicants, typically do not bring anyone with them to the office to interpret. The agency is able to accommodate their language needs with Spanish speaking eligibility workers or bilingual case aides who are used to interpret.

However, there are very few bilingual staff that speak languages other than Spanish. As a result, the primary strategy for non-Spanish-speaking LEP individuals is, by default, reliance on the applicant to bring a friend or family member. In addition, a refugee resettlement agency person is sometimes brought in by the applicant to interpret. Although it is office policy that such informal interpreters should only be used when the eligibility worker is satisfied that the interpreter is English proficient and adequately

understands assistance programs, workers reported that they typically use whoever the applicant brings with them. Virtually all workers included in our visits are aware of the availability of the private language line for language services, but concerns about the cost of these services generally discourage the use of this option to the point that it is virtually never utilized. Thus, Arlington's language access approach is essentially a two-pronged strategy: (1) in-house bilingual staff for Spanish speakers and (2) friends, family and, to a lesser extent, refugee resettlement organizations for speakers of less common languages.

### *Dallas, Texas*

Spanish speakers dominate Dallas' LEP caseload. In addition, Vietnamese-speaking applicants comprise a significant share of the balance of the LEP applicants in the city. At the time of our site visit in Summer 2001, the welfare agency employed few bilingual staff—for all language groups served—and these staff were concentrated in a specialized unit in downtown Dallas that only served refugees.<sup>5</sup> However, refugee applicants were not matched with bilingual eligibility workers who could communicate in their primary language, thereby mitigating some of the advantages of concentrating bilingual staff in a single location.

Within the non-refugee welfare offices, the lack of bilingual staff results in heavy reliance on applicants to provide their own interpreters. Although they have access to a private language line, some staff in local offices reported that they are reluctant to use the service because of a lack of speakerphones in the office (without which they must hand the receiver back and forth to the applicant). To bolster the supply of language interpretation services, the downtown Dallas office uses high school students to provide language services during the school year, but they are unavailable during the summer. Generally, CBO staff from refugee resettlement agencies are relied upon only to provide language assistance for the refugees they help to resettle—the same group that is also most likely to be served by bilingual agency staff through the specialized refugee unit.

Although not provided by the welfare agency, language assistance is available for Spanish-speaking LEP applicants who access Medicaid-only benefits at the main public hospital in Dallas. The hospital employs Spanish-speaking bilingual financial counselors, who screen patients for Medicaid eligibility. The hospital also employs Spanish-speaking interpreters who provide interpretation during Medicaid eligibility interviews conducted on-site by out-stationed eligibility workers employed by the welfare agency.

### *Seattle, Washington*

The State of Washington began addressing language barriers in public benefit programs long before any of the other study sites, primarily because of a lawsuit filed in the late 1980s. Since the state signed a detailed consent decree with language access advocates in 1991, language access strategies have continued to evolve. Over the last decade, welfare offices in Seattle have fine-tuned different aspects of its language-access approach, including developing methods to deal with often overlooked language

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<sup>5</sup> In September 2001, soon after our interviews, the refugee units in Dallas and other major Texas cities were disbanded when a central call center for application intake for new refugees was established in Austin, the state capital.

needs occurring during the application process, such as providing timely translation of written materials. Seattle has also begun to address the problem of ever-changing language populations by providing interpretation assistance—at the reception and eligibility levels—through contracted services, rather than by in-house, bilingual staff. The state also certifies bilingual workers in order to ensure that quality interpretation and translation services are provided for agency programs.

At the reception level, the Seattle/Kent office relies on the bilingual capacity of reception staff (which is minimal) or other staff in the office who are asked to interpret on an ad-hoc basis. If this fails, reception staff use interpreters brought by applicants or the private language line as a last resort. The approach at the Seattle/Rainier office is more comprehensive due to the availability of on-site contract translators. (See box, “On-the-Spot Interpretation: Seattle’s Block-Time Interpreters”.) Reception staff in the Seattle/Rainier office turn to in-house bilingual staff for interpreter assistance only if on-site contractors are unavailable. As in the Seattle/Kent office, language lines are used only as last resort.

The Seattle approach is to provide interpretation during the eligibility interview to all limited English speakers through the use of private contractors, unless the applicant happens to be randomly assigned to an eligibility worker speaking their language. Although the Seattle offices we visited have significant numbers of bilingual eligibility staff, LEP applicants are assigned to workers by their last name (not language need) in order to address larger caseload management issues (e.g., making sure that cases are distributed equally across workers)

Providing such extensive language services has also resulted in the state being able to track and document associated costs. For example, Washington’s current contract for interpreter services runs for two years and costs the state \$24 million. The state’s LEP Program Manager estimated the cost of providing written translations for languages beyond the seven that are supplied by the state ranges between \$50,000 - \$70,000 per month.<sup>6</sup> State officials noted that while this might seem costly, they believe it is an essential investment to ensure that limited English proficiency individuals have equal access to programs.

### **Developing Language Services in New Immigrant Destinations**

Raleigh and Sedalia are not as experienced serving LEP populations as the other sites. Although the number of LEP applicants in Raleigh and Sedalia is lower and the language diversity is smaller than other study sites, immigration is on the rise and the LEP share of the caseload is growing. Raleigh has large numbers of recently arrived immigrants from Mexico and Central America and the city is also becoming a new refugee destination. The Spanish speaking population in Sedalia has also increased rapidly over the last decade; most are immigrants from Mexico and have migrated for work opportunities, primarily in the city’s meat-processing industry. There is also a small, but growing, Ukrainian community in Sedalia. Overall, however, limited English speakers still comprise only a small share of the total applicant pool for public benefits in both sites, and there is limited bilingual capacity—either in-house agency staff or individuals in the community whose services could be contracted—to perform translation and interpretation services.

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<sup>6</sup> Office of Civil Rights (OCR) Update, Summer 2000. <http://www.hhs.gov/ocr/newsletter/supg9.html>, 7/02/2002.

### ***On-the-Spot Interpretation: Seattle's Block-Time Interpreters***

Of our sites, the Seattle/Rainier office has the most comprehensive strategy for providing language services at the reception/intake level. Ensuring language assistance is available at the front-end of the application process complements a larger effort to more provide more up-front services at the reception level.

Although the receptionists at this office are not bilingual, interpretation is provided virtually seamlessly through the use of on-site, on-call contract interpreters called "block-time interpreters." LEP applicants communicate their language to the reception worker who then uses an intercom to immediately reach an interpreter stationed in the reception area.

The block-time interpreters cover ten languages: Arabic, Amharic, Cambodian/Khmer, Chinese (Cantonese and Mandarin), Lao/Thai, Oromo, Somali, Spanish, Tigrinien, and Vietnamese and are available four days a week from 8 a.m. to noon. At the time of our visit, Somali interpreters were available full-time twice a week to meet the high demand for their services, but the office was preparing to scale back this availability because the demand no longer justified these expanded hours.

### ***Raleigh, North Carolina***

Spanish-speakers comprise the overwhelming share of the limited English proficient caseload in Raleigh. Although the city has become home to an increasing number of refugees, other language speakers make up only a small share of limited English proficient applicants. This has made it difficult for the welfare agency to justify expenses of in-house or contract translators for these applicants. As a result, the primary methods of providing language services differ starkly for Spanish-speaking and non-Spanish-speaking individuals.

For Spanish-speaking LEP individuals, the welfare agency hired a number of new bilingual receptionists and eligibility workers, placing them in areas where they are most needed—for example, the public health clinic. There are Spanish-speaking receptionists at the front desk for handling food stamp and Medicaid/SCHIP applications in the main social services building, as well as in the building housing the public health clinics.

As of Summer 2001, there was greater capacity to provide language assistance to Medicaid/SCHIP applicants than either TANF/FSP/Medicaid or food stamp-only applicants. At the public health clinic, the place where most SCHIP/Medicaid applications in Raleigh are taken, there were sufficient numbers of Spanish-speaking eligibility workers—as well as a pool of agency-hired interpreters. At the main welfare office, food stamp-only and Medicaid/SCHIP eligibility determination interviews were held for Spanish speaking applicants only two days per week, at which time Spanish-speaking eligibility workers

conducted eligibility determination interviews. For TANF applicants, there was only one Spanish language interpreter—a temporary employee—located at the main welfare office to provide interpretation services. Wait times for this interpreter could run up to two weeks, although waits of only a few days were more common.<sup>7</sup> Bilingual staff were hired since our visit and, as of April 2002, there were sufficient bilingual staff to hold eligibility interviews five days a week for Medicaid/SCHIP and food stamp-only cases.

For those who are not proficient in English or Spanish, there is no agency-based language assistance. If these applicants are refugees, they generally rely on family or friends. The refugee resettlement agency had plans to increase its language capacity by hiring an interpreter coordinator and setting up an interpreter pool in the Raleigh area. It was expected that interpreters would be paid on an hourly basis for all agency appointments scheduled through the interpreter coordinator. At the time of our visits, however, applicants speaking languages other than Spanish relied heavily on the language assistance of family or friends.

### *Sedalia, Missouri*

When Spanish-speaking immigrants first started arriving in Sedalia in the late 1990s, there was very little bilingual language capacity within public agencies. The human service agency initially hired an interpreter to provide language services once a week, but the contract was subsequently discontinued due to underutilization. Due to the lack of bilingual staff, the welfare agency relies on a mix of interpretation services, all of which are based outside the agency.<sup>8</sup> These include local churches, a community-based organization, and applicants' friends and families. In contrast, both the public hospital and health center, which receive a much higher volume of limited English speakers than the welfare office, have hired a bilingual Spanish speaking staff person to help applicants fill out and submit Medicaid and/or SCHIP applications.

Human service agency staff noted that they rarely need to contact interpreters because limited English-speaking applicants know the agency does not have interpreters and therefore bring their own interpreter to the office. For example, many Spanish-speaking applicants are helped by a state-funded, full-time bilingual application assistant housed at a local CBO. The smaller and more recently settled Ukrainian population draws upon family and members within their community to accompany applicants on visits to the welfare office. Although funding for contracted interpreter services is still available, agency staff reported that they have found the current informal arrangements to be more efficient and satisfactory. Finally, while eligibility staff can access a private language line as a last resort, virtually none did so—citing the same logistical and financial constraints as workers in other sites.

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<sup>7</sup> Spanish-speaking employment counselors were also on hand to provide interpretation services for eligibility interviews on a more limited basis.

<sup>8</sup> There are two Spanish-speaking child welfare workers in the welfare office but they are not used as interpreters during public assistance application interviews.

Based on discussions with program staff, administrators, advocates and applicants, there is no one-size-fits-all approach to providing language services. Differences in the size and diversity of the immigrant and LEP populations in the study sites have resulted in different responses by human service agencies. Even within a given site, differences in the sizes of various LEP populations have motivated welfare agencies to rely on varying language access tools and strategies as they try to balance demand for communication with LEP applicants with the supply of agency resources and personnel.

For the most dominant language group in each site, the sites found it useful to have some in-house staff available to provide interpretation. For less common language groups, however, this approach may not be cost-effective and may be difficult to administer. Therefore, relying on alternative forms of language assistance to accommodate less-common languages is reasonable and perhaps even preferable. However, multi-tiered approaches may become simply patchwork attempts at filling gaps in language services by whatever means happen to be available at the time. In such situations, LEP applicants may not receive the interpretation and translation services intended by stated policies unless a commitment is made to fully implement each tier and educate staff on the sequence of priorities.

In all of our sites, LEP Spanish speaking individuals are the most likely to receive adequate language services because agency staff are more likely to speak Spanish than any other language and there is a stronger community and agency infrastructure for handling the language needs of these applicants. However, in new settlement areas, such as Sedalia or Raleigh, this infrastructure is still relatively undeveloped. Speakers of less-common languages have even more mixed experiences. Those who are refugees often receive significant assistance navigating the application process from resettlement agencies. In Dallas and New York this extra help for refugees is reinforced by specialized agency offices or units that exclusively or primarily serve refugees.

Regardless of the site, sustained growth in the immigrant population and the increase in the number of languages spoken by immigrants present significant challenges to public agencies. Localities that traditionally receive large numbers of immigrants and have already developed strategies for handling their needs are trying to keep up with the extra demands posed by the large increase in the number of languages spoken by the most recent immigrants. On the other hand, localities that have only recently become home to significant numbers of immigrants have had to determine how to meet the needs of these newcomers and develop language assistance systems largely from scratch.

Because of the continually changing composition of the immigrant population across our sites, simply adding new bilingual staff to match each new immigrant wave may be neither possible nor prudent. Whatever language strategy localities embrace, they also need to build in some degree of flexibility to keep up with changing language needs. While providing language services on a contract basis may help mitigate this problem, it also may reduce the ability of public agencies to monitor the overall quality of the language services provided to LEP applicants.

Many of the study sites focus on providing language assistance at key stages of the application process which require the most interpersonal contact (i.e., during initial reception and eligibility interviews). Less visible but still critical aspects of the application process, including the provision of translated written

material and telephone interpretation services are often overlooked or inadequately addressed components of language access strategies.

Finally, the findings in this study indicate that it is important to view language access strategies used in the administration of public benefit programs within the context of the application processes for these programs. The more complex and involved the application process, the greater the challenge for providing language assistance at each stage in the process and the greater the likelihood that language difficulties would lead to miscommunications, incorrect determinations or terminated applications. Simplifying application processes where possible and making language assistance systematically available at every stage in the application process appears to improve communication and processing of applications by individuals with limited English proficiency.

## **Appendix A**

### **Study Methodology**

The information included in this report is drawn primarily from site visits to six different localities across the nation (Arlington, VA; Dallas, TX; New York, NY; Raleigh, NC; Sedalia, MO; and Seattle, WA). Although they are representative of neither the nation as a whole nor the states in which they are located, the sites nonetheless offer rich and varied examples of the application process and practices used by public agencies and faced by immigrant and LEP persons when they apply for the following four federal benefit programs: Temporary Assistance for Needy Families (TANF), the Food Stamp Program (FSP), Medicaid, and the State Children's Health Insurance Program (SCHIP).

#### **Site Selection Criteria**

The process used to select sites was designed to yield a sample that is diverse in terms of the policy environment as well as the immigrant population's total size, language diversity, and mix of citizenship and immigration status. More specifically, the criteria considered when selecting the six sites included: (1) demographics of the immigrant population; (2) trends in public benefit caseloads; and (3) availability of safety net assistance for legal immigrants.

**Immigrant-Related Demographic Data.** Data on metropolitan area characteristics from the U.S. Current Population Survey (CPS)<sup>1</sup> were used to rank sites according to the following demographic factors: total population; foreign-born share of the total population; share of the foreign-born population entering within last ten years; and share of the foreign-born population from the top three countries of birth (as a measure of immigrant diversity). Sites were selected with the intent of achieving a mixture of sites with large and diverse immigrant populations, as well sites that are new settlement areas (i.e., those with small but rapidly growing immigrant populations).

The final six sites chosen for the study vary considerably along these selection criteria. For example, the sites range in total population size from New York, the largest city in the country, to Sedalia (MO), a small Midwestern town in a county of about 39,000 people. The foreign-born share of the population is also highest in New York (33 percent in the metropolitan area) and lowest in Raleigh (5 percent) and Sedalia (estimated at 5 percent by respondents). The foreign-born populations of Raleigh and Sedalia grew very rapidly during the 1990s, making these two localities new immigrant settlement areas.

**Public Benefit Caseload Trends.** TANF, FSP and Medicaid caseload participation between 1996 and 1999 were examined to identify general caseload trends in the four focal programs. As shown in Exhibit A-1, AFDC/TANF declines were greatest in Texas, followed by North Carolina and Missouri. FSP declines were also greatest in Texas, followed by Washington and

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<sup>1</sup> At the time that the sites were selected in 2001, data from Census 2000 and the Census 2000 Supplementary Survey (C2SS) which provides LEP population characteristics were unavailable.

Virginia. Although Medicaid coverage dropped nationally and in some of the states included in our study between 1996 and 1997, by 1999 coverage had increased in all six states: by single digit percentages in New York, North Carolina and Texas, and by double-digit shares in Missouri and Virginia. In all five states except Texas, the growth in the new SCHIP program brought increases in public health insurance coverage into the double digits, but by 2000 Texas's SCHIP program had also enrolled very large numbers of children.

**Exhibit A1:**  
**Change in Benefit Program Participation, 1996 to 1999**  
**(Study Sites)**

<b>State</b>	<b>AFDC/TANF (% Change)</b>	<b>FSP (% Change)</b>	<b>Medicaid (% Change)</b>	<b>Medicaid+SCHIP (% Change)</b>
Missouri	-42.5%	-26.3%	37.9%	45.7%
New York	-31.5	-26.6	1.4	17.3
North Carolina	-48.4	-19.9	4.6	17.3
Texas	-54.4	-41.0	4.1	6.0
Virginia	-44.9	-32.7	10.9	13.6
Washington*	-35.7	-35.9	127.4	127.4
U.S. Total	-42.1	-28.8	13.1	18.6

\* Washington State Medicaid figures are for Fiscal Year 1998, because figures for 1999 are incomplete on agency websites.

Source: Program trend data were obtained from the following agency websites: TANF—U.S. Department of Health and Human Services, Agency for Children and Families (<http://www.dhhs.gov./new/stats/newstat2.html>)

Food Stamp Program—U.S. Department of Agriculture, Food and Nutrition Services, (<http://www.fns.usda.gov/pd/fspmain.htm>); Medicaid: U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, (<http://www.hrsa.gov/medicaid/msis/mstats.htm>); SCHIP—U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, <http://www.hrsa.gov/init/children.htm>

**Availability of Safety Net Assistance for Legal Immigrants.** In order to capture differences in state choices about providing benefits to non-citizens, the availability of state substitute programs for legal immigrants losing eligibility for TANF, food stamps and/or Medicaid under PRWORA was examined in combination with state rankings previously developed by the Urban Institute based on the availability of several different benefit programs, using data from 1998 (Zimmermann and Tumlin 1999). Of the final sites selected, the states of Washington and Missouri were ranked “most available” (i.e., state substitute benefit programs for legal immigrants are most available in these states). New York was ranked “somewhat available,” North Carolina and Virginia “less available,” and Texas “least available.” It should be noted that “less available” and “least available” were the most common rankings when all 50 states are considered, with a total of 21 states ranked “less available,” and another 12 states ranked “least available.”

## **Site Visit Data Collection**

Urban Institute researchers visited all of the six sites between June 2001 and January 2002. The primary source of information was in-person, semi-structured discussions with welfare agency staff knowledgeable about and/or directly involved in some aspect of the application process. Using semi-structured guides, team members conducted in-person discussions with bilingual and monolingual English-speaking staff in the following positions:

- Front-desk intake/receptionists workers,
- Pre-screener,
- Eligibility workers,
- Eligibility supervisors,
- Program administrators and managers,
- Outreach workers,
- Workers who conduct TANF or other program orientations,
- Workers who conduct pre-eligibility home visits or other types of verification,
- Staff responsible for non-citizen eligibility, language access, and community outreach, and
- Interpreters under agency contract.

In addition to agency staff, we held discussions with staff at community-based organizations (CBOs) and other community groups familiar with immigrant and limited English proficient applicants' experiences with public benefit applications. The CBOs and other community groups involved in the study are engaged in program outreach, the provision of interpreter services, or assistance for immigrants and limited English speakers to navigate the benefit application process. Follow-up telephone discussions with key respondents were conducted as well as additional phone discussions with new respondents as needed. (See Exhibit A-2 for a summary list of agencies/offices participating in site visit discussions for this study.)

To supplement in-person discussions, we conducted a limited number of observations of reception area, front-desk, application screening, and interview procedures at the welfare offices and other application sites. The purpose of these observations was to enrich our understanding of the application process as gleaned from discussions with agency staff. Observations were only conducted after voluntary agreement was obtained from both agency staff and applicants. In addition, a total of seven group discussions were held with non-citizens and other limited English speakers who had applied for one or more of the study's focal programs within the past year.

Of the six sites chosen, the three smallest sites—Raleigh, Arlington, and Sedalia—each have one central welfare agency (some with satellite offices or out-stationed staff), and the site visits covered most, if not all, major application locations. In the larger sites—New York, Dallas, and

Seattle—there are multiple welfare offices providing application and eligibility determination services for TANF, food stamps, Medicaid and SCHIP to individuals residing in those jurisdictions. In these larger sites, we visited at least two public benefit office locations that were identified as either making special efforts to accommodate immigrant applicants; serving multiple language groups (including less common language groups), or serving primarily one non-English language group (usually Spanish). In all sites, discussions were also held with a small sample of staff responsible for conducting application assistance and/or eligibility determination interviews in locations other than public welfare offices (e.g., hospitals, health providers, non-profit social service agencies, and, in New York City, Facilitated Enrollers.) The final selection of offices and other application locations visited was made in consultation with program administrators and knowledgeable CBO staff.

#### **Exhibit A-2:**

#### **List of Agencies and Other Organizations Participating in Site Visit Discussions**

#### **Arlington (VA):**

Arlington County Department of Human Services  
Arlington Free Clinic  
Arlington Pediatric Center  
Northern Virginia Area Health Education Center  
Arlington Diocese Office of Resettlement  
Northern Virginia Regional Planning Commission  
Children's Health Care Connection  
Hispanic Committee of Northern Virginia

#### **Dallas (TX):**

##### *State-Level*

Texas Department of Human Services  
Office of Immigration and Refugee Affairs,  
Government Relations  
Civil Rights Department  
Office of the General Counsel  
Texas Works Program Administration

Center for Public Policy Priorities  
Texas Immigrant and Refugee Coalition  
Texas Association of Community Action Agencies

*Local-Level*

Texas Department of Human Services  
    Ross Avenue Office, Dallas  
    New York Avenue Office, Arlington  
Parkland Health and Hospital System, Eligibility and Patient Registration  
Children's Medical Center, SCHIP Outreach  
Work Advantage, Fort Worth

Community Council of Greater Dallas  
Catholic Charities of Dallas, Inc.  
The Hmong American Planning and Development Center, Inc.  
East Dallas Counseling Center, Inc.  
The Dallas Concilio

**New York City (NY):**

New York City Human Resources Administration  
    Office of Refugee and Immigrant Affairs  
    Eligibility Verification and Review Office  
    Refugee and Immigrant Job Center  
    Bay Ridge Job Center  
    New Utrecht Food Stamp Office  
    Medical Assistance Programs  
    Paperless Office System

New York Immigration Coalition  
Make the Road by Walking, Inc.  
Health Plus  
Children's Aid Society

**Raleigh (NC):**

Wake County Department of Human Services  
    Family and Children's Medicaid/Food Assistance/Work First  
    North Carolina Employment Services Commission

Poverty Law Litigation Project  
Hispanic Family Center  
Lutheran Family Services

**Seattle (WA):**

Washington Department of Social and Health Services  
    Kent Community Services Organization  
    Rainier Community Services Organization

Seattle Office of Economic Development, Seattle Jobs Initiative  
Hopelink  
Community Health Access Program  
Community Health Center of King County  
Public Health Department of Seattle & King County, Access and Outreach  
Eastgate Public Health  
TRAC Associates Agency  
Northwest Justice Project  
Refugee Women's Alliance  
The Children's Alliance  
Consejo  
World Relief  
Center for Multicultural Health  
Highline School District, Medicaid Outreach  
Kids Health 2001, Cross Cultural Health Care Program  
YWCA of Seattle  
Asian Counseling and Reference Service

**Sedalia (MO):**

Missouri Department of Social Services, Division of Family Services, Pettis County  
Bothwell Regional Health Center

Pettis County Community Partnership

**Appendix B**  
**Language Spoken at Home, Population Ages 5 and Over**  
**(Selected Study Sites, 2000)**

Language Spoken at Home	Dallas County	King County (Seattle)	New York City	Wake County (Raleigh)
Total:	2,005,507	1,595,304	7,282,611	567,387
Speak only English	1,320,871	1,278,113	3,881,506	489,264
Spanish or Spanish Creole	558,429	62,901	1,813,332	43,982
French (incl. Patois, Cajun)	771	7,118	84,557	5,484
French Creole	0	0	107,373	0
Italian	1,294	4,005	106,413	555
Portuguese or Portuguese Creole	3,962	1,971	16,659	2,286
German	4,383	10,652	26,122	627
Yiddish	0	0	49,827	0
Other West Germanic languages	3,238	2,218	6,955	515
Scandinavian languages	622	5,205	2,509	192
Greek	455	3,307	49,567	181
Russian	4,979	15,817	173,988	0
Polish	1,084	1,873	59,424	0
Serbo-Croatian	2,078	593	24,254	0
Other Slavic languages	376	11,655	13,531	210
Armenian	0	0	4,153	0
Persian	2,654	3,624	11,453	202
Gujarathi	1,117	419	5,261	1,091
Hindi	4,222	4,489	28,936	482
Urdu	4,574	4,813	34,554	0
Other Indic languages	3,594	2,572	84,073	2,438
Other Indo-European languages	983	1,910	43,050	0
Chinese	8,979	37,404	286,887	4,316
Japanese	1,590	12,017	19,117	230
Korean	9,938	10,946	96,176	2,919
Mon-Khmer, Cambodian	1,862	8,378	1,765	0
Miao, Hmong	0	1,648	0	0
Thai	1,164	3,961	4,293	578
Laotian	2,638	1,344	65	690
Vietnamese	29,054	38,277	20,127	2,315
Other Asian languages	7,512	2,698	31,435	875
Tagalog	3,795	25,393	39,985	2,382
Other Pacific Island languages	196	12,924	6,516	0
Other Native North American languages	0	706	563	0
Hungarian	616	3,895	13,543	341
Arabic	2,971	601	43,605	5,041
Hebrew	1,380	759	42,544	191
African languages	13,708	7,189	34,745	0
Other and unspecified languages	418	3,909	13,748	0

NOTE: Data unavailable for Arlington County (VA) or Pettis County (MO), due to small sample sizes.

Source: U.S. Census Bureau. 2002. American FactFinder Census 2000 Supplementary Survey Summary Tables P034. Available at <http://factfinder.census.gov/servlet/BasicFactsServlet>.

## **Appendix C**

### **Study Program Descriptions**

#### **Temporary Assistance for Needy Families (TANF)**

The Personal Responsibility Work Opportunity Act (PRWORA) of 1996 eliminated the Aid to Families with Dependent Children (AFDC) program, the major cash assistance entitlement program and replaced it with Temporary Assistance for Needy Families (TANF), a block grant program that provides time-limited assistance in the form of monthly cash payments and other services. The TANF program is marked by a high degree of policy and program variation across and within states. States set all major eligibility parameters, including income eligibility thresholds, resource limits, disregards and benefit levels. Many functions and decisions regarding TANF program design and implementation, including aspects of the application process, are often devolved to localities.

#### **Food Stamp Program (FSP)**

The federal Food Stamp Program (FSP) is designed prevent hunger and poor nutrition by providing monthly food coupons (or electronic debit cards) to help low-income families purchase food. Of the four study programs, FSP is the most standardized and has uniform thresholds on resources, income and benefit levels that are set at the Federal level.<sup>1</sup> Concern over barriers to participation, particularly among low-income working families affected by welfare reform, prompted the Food and Nutrition Service (FNS) of the U.S. Department of Agriculture to introduce several options and waivers to food stamp program rules and regulations. These have been implemented to varying degrees by states (GAO-02-409, February 2002).

#### **Medicaid**

Medicaid is the largest public program for financing basic health and long-term care services for low-income families and individuals. Historically, Medicaid eligibility was tied to eligibility for cash assistance, primarily through AFDC and Supplemental Security Income (SSI), but during the 1980s, states began expanding coverage to children and pregnant women who did not qualify for cash assistance.<sup>2</sup> Medicaid eligibility varies by state, age, disability status, and other criteria. However, at a minimum, children are income eligible for coverage if family income is below 100

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<sup>1</sup> TANF recipients are categorically eligible for food stamps; the income threshold for most other cases is at 135 percent of the federal poverty level (FPL). For thresholds as of Fiscal Year 2002, see "Food Stamp Resources, Income, and Benefits for Households in the 48 Contiguous States and the District of Columbia, 10/1/01 through 9/30/02." Washington, D.C.: U.S. Department of Agriculture.

<sup>2</sup> States began by extending eligibility to women and children in families with income slightly higher than historic Medicaid eligibility thresholds. They also began providing coverage to other "medically needy" persons who did not qualify for welfare programs but incurred large health-related expenses. Throughout the 1990s, most states continued to expand Medicaid coverage for children, and in the early to mid-1990s a limited number of states began to implement health insurance coverage programs that provided private, non-Medicaid coverage, for children ineligible for Medicaid. Again, these programs primarily targeted children in families with income too high to qualify for Medicaid.

percent of poverty. Younger children, through age five, are eligible with slightly higher incomes, at a minimum of 133 percent of the federal poverty level. Income eligibility thresholds for Medicaid or other public-sponsored coverage have risen markedly since the enactment of the State Children's Health Insurance Program (see below), and now hover slightly above 200 percent of the poverty level on average.

### **State Children's Health Insurance Program (SCHIP)**

Congress enacted the State Children's Health Insurance program (SCHIP) in 1997 to expand health insurance coverage to children of low-income families. This program entitles states to block grants in order to initiate and expand health insurance programs for low-income children with higher federal matching payments than under Medicaid. The program is designed to make funds available only for those uninsured children who were not eligible for Medicaid but whose families have incomes below 200 percent of the federal poverty level.<sup>3</sup> The SCHIP legislation gave states the option of using Medicaid, a separate state program, or some combination of the two to expand coverage. The SCHIP legislation, along with other provisions of the Balanced Budget Act of 1997, also gave states greater flexibility to streamline the eligibility determination process under both Medicaid and SCHIP by allowing them to implement presumptive and continuous eligibility for children. By the end of 1999, all states had received federal approval to participate in the program, and by 2002 most states provided coverage to children in families with income at or above 200 percent of the poverty guidelines.

States have considerable flexibility in the design of their SCHIP programs; however, the federal government establishes basic guidelines. These standards primarily affect program eligibility, scope of benefits, and out-of-pocket costs. States define the eligibility standards for health assistance under their own plans. These standards include those related to geographic areas served, age, income and assets, residency, disability status, access to or coverage under other health plans, and duration of eligibility.

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<sup>3</sup> However, as a result of state flexibility in determining what income is counted for eligibility determination, states, in effect, can provide coverage up to any income eligibility threshold as desired, as long as coverage policies favor children in families with lower income. For example, a state can choose to disregard, or not count, an amount of income equal to 100 percent of poverty. This policy can effectively raise an income eligibility ceiling from, say, 200 percent of poverty to 300 percent. The SCHIP legislation allowed some states with generous coverage eligibility policies, such as Washington and Missouri, to expand beyond 200 percent of poverty (their Medicaid thresholds) without the use of disregard mechanisms. States can also modify eligibility criteria, including income, by seeking federal waivers.