

Withdrawal/Redaction Sheet

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. resume	DOB; SSN (Partial) (1 page)	n.d.	P6/b(6)
002. resume	DOB (Partial) (1 page)	n.d.	P6/b(6)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Kathryn Way
OA/Box Number: 3511

FOLDER TITLE:

Advocacy Groups: [Welfare] [2]

2013-0854-S

ms669

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

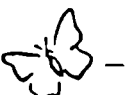
C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]



1 those who participate in the community center and allows them to
2 begin early on to take responsibility for their own lives.
3 Ultimately this leads to greater independence, including
4 independence from the program.

5 Major responsibility for the program will be assumed by the
6 community with government administrative and paid professional
7 personnel serving as advisors and employees. Some goods and
8 services will be purchased from or donated by private industry.

9 **FIRST YEAR SAVINGS OF OVER 20 BILLION DOLLARS**

10 More than 210 billion dollars went into public assistance or
11 welfare programs in 1992. There is a great deal of administrative
12 overlap in federal, state and local programs. A conservative
13 estimate of cost savings through integrating all the individual
14 programs is seven percent, or over 20 billion dollars a year from
15 the first year. Since the program is basically self limiting, each
16 succeeding year should realize even greater savings. This
17 estimate does not even include all the hidden costs, such as using
18 emergency rooms to deliver routine medical care. If these monies
19 are taken into account the savings would undoubtedly be much
20 higher.

21 Many more billions of dollars have been spent on reactive
22 programs such as the war on drugs; criminal investigations,
23 prosecution and punishment; remedial education; and other efforts
24 primarily designed to deal with current problems. In comparison,
25 very little has gone into prevention. This proposed program is

1 designed to substantially decrease the need for remedial measures
2 and increase the quality and safety of American life. At the same
3 time, we will be able to show that, in the course of improving the
4 welfare system for children, we can save the taxpayers billions of
5 dollars.

6 I once heard a news commentator say that Americans have done a
7 good job dealing with the wolf at the door while ignoring the
8 termites in the basement.

9 Often money that is intended for needed services pays for
10 administration costs, paperwork, and inefficiency in purchasing
11 goods and services. Sometimes, because those who administer these
12 programs are removed from the communities they serve recipients do
13 not get services in order of their highest priorities or needs.
14 Even if all the budgeted services are performed, the overlap and
15 absentee management create substantial inefficiency and allow many
16 of those who need the services to slip through the cracks. We are
17 all aware of abuses that occur in the present system, including
18 "welfare cheats." Often these are a result of the impersonal
19 nature of providing welfare checks. The following program presents
20 a new paradigm for providing community services. It will correct
21 many of the flaws in current programs, and provide those in need
22 with integrated services. This program is intended to be self
23 limiting, so that, rather than creating a new generation of welfare
24 recipients, we create a new generation of productive citizens.

1 **I. CHILDREN'S PROGRAMS.** This plan goes far beyond Head Start with
2 no additional expenditure. In our plan, all children at or below
3 the poverty level will be included. For those on welfare, the
4 program will be mandatory. For those not on welfare or other
5 government subsidized programs, the program will be optional.
6 Anyone at or over the poverty level may participate in this program
7 at a sliding scale cost, depending on income. Many of the features
8 of this program would also lend themselves well to more affluent
9 communities and might be adopted on a fee for service basis.

10 The community/day care center is intended to approximate, and
11 provide, much of the care and support formerly available in
12 extended families and in small communities. In essence, it is
13 built on principles of group processes. Publicly provided
14 professionals will help communities establish centers and programs
15 which meet their own, self defined, needs. Some services would be
16 mandated by government agencies. Communities would participate in
17 deciding how these services would be performed. In every community
18 there are some people who are respected and looked up to by other
19 members of the community. The center would encourage active
20 participation of these leaders. These leaders may well serve as
21 role models for younger members of the community. Their role might
22 be seen as similar to the role played by community elders in some
23 cultures.

24 The community/day care center approach would allow members of
25 the community to know, monitor, and support each other. It would
26 encourage all members of the community to take responsibility for

1 themselves and each other. The community would be encouraged to
2 work on its own budget with input from professional government
3 agencies. Each center would know how much money it will be
4 allotted and will be expected to run its programs with that amount.
5 If money is misspent or resources not appropriately utilized,
6 community members will see first hand how each of them is effected
7 by the problems. The community/day care center would provide the
8 closest approximation yet available to public assistance recipients
9 to understand the consequences of their own actions on the
10 community at large. In turn, this would encourage more
11 responsibility among members of the community. Too often
12 government has been seen as an anthropomorphic, stingy parent
13 denying money to its children. This process of accepting
14 responsibility would promote a better understanding of the role of
15 government, as well as one's own role in society.

16 People are far more likely to accept restrictions and rules
17 set out by their peers, friends and neighbors than from what
18 appears to be a distant and intrusive government. This approach
19 can give people--especially those who already feel disenfranchised--
20 - a sense of control over their own lives and futures. We intend
21 to make the disadvantaged part of the solution instead of just the
22 problem.

23 a. Combination community/day care centers will be established.
24 Children on public assistance, or living with families at or below
25 the poverty level, will be placed in enriched day care programs

1 from the age of 3 months and above. The children will be expected
2 to participate in center activities from at least 7:00 A.M until
3 7:00 P.M. unless, or until, the parent(s) can demonstrate that
4 other appropriate provisions have been made for the care of the
5 children. Determination of what constitutes appropriate care will
6 be made by a committee of community members with professional
7 advisors. Wherever possible, professional personnel, such as
8 teachers, aides, physicians, counselors, etc. will be members of
9 the community who share the community's culture. All basic medical
10 services and nutrition will be provided. The children will be
11 given appropriate clothing and all other items necessary to meet
12 their physical needs.

13 One possibility for obtaining physicians to serve the
14 community is to utilize the services of those doctors who are under
15 contractual obligation to pay back their medical education.

16 b. Children will be placed in learning enriched environments.
17 Teams of top educators will have the responsibility of determining
18 the appropriate methods of structuring environment and learning
19 experiences to allow each child to begin to maximize his or her
20 potential. If problems exist in the child's ability to learn or
21 develop normally, early intervention will be instituted.

22 c. Emotional needs of children will have a high priority.
23 Hiring and supervision of staff personnel and aides will include
24 requirements that those involved in caring for the children,

1 especially very young children, be able to demonstrate affection
2 and caring. Counselors and therapists will be available, both to
3 help in designing the program, and as needed for any particular
4 child.

5 **II. PARENT INVOLVEMENT.** Parents of children in the program will be
6 required to participate in the program in at least the following
7 ways.

8 a. Parents of children in the program will be required to
9 participate in parent education courses. These courses will be
10 given at the centers where their children are enrolled. Such
11 classes and groups will be designed to aid the parents in a number
12 of ways. They will provide information about child development and
13 needs. They will help the parent learn how to structure an
14 appropriate home environment for the child, including meeting the
15 child's nutritional, safety, health, and educational needs. The
16 groups can offer support to parents in coping with raising their
17 children and provide help in instances where the parent may be
18 stressed and inclined to abuse the child.

19 Such groups can provide much of the benefit past generations
20 of parents received by living in extended families. During times
21 of crises, or extreme need, there will be mechanisms in place to
22 care for children. Often the best way to handle such temporary
23 needs is to have the child stay with a predetermined neighbor, who
24 the child already knows, or to have a member of the community stay

1 in the home of the needy family. Again, among the advantages of
2 the community center approach is that the children and members of
3 the community will already know each other and the community has
4 predetermined how the needs of the children can best be met during
5 a crisis. This would create far less disruption for the children
6 than going into a foster home. It is also very similar to the way
7 in which such problems are frequently handled in many well
8 functioning communities. Since a major purpose of this program is
9 to enable people to eventually function independently in the larger
10 society, it is important that they develop skills that will help
11 them when they are on their own.

12
13 b. Parents will also be expected to work toward paying for
14 the expenses involved in keeping their children in the program.
15 Parents will be required to work in the center and/or enroll in job
16 training programs. Work in the center may be coordinated with the
17 classes in parenting skills training. Parents can also work in the
18 community but outside the center

19 As parents move toward getting better jobs, the amount of
20 government benefit or welfare funds should be scaled back. This
21 could be done in such a way as to provide an incentive for people
22 to work. For example, if a person could earn exactly the same
23 amount as available through their welfare program they might
24 receive half the welfare amount to supplement their income. As
25 their job income increases, the welfare amount would decrease
26 proportionately until they were earning enough to be completely

1 self sufficient. This would eliminate the problem of people who
2 can't afford to work because they would earn less and lose benefits
3 if they gave up their public assistance for a low paying job.

4 c. Parents will be expected to assure that their children
5 arrive at the center on time and are picked up on time. If there
6 is any evidence of neglect or abuse of the child, appropriate
7 measures will be taken to investigate and determine the most
8 appropriate solutions. In most instances remedial, rather than
9 punitive, action will be the first choice.

10 d. Those parents who have alcohol and drug problems effecting
11 the care of their children will be required to enroll in remedial
12 programs and undergo regular testing for substance abuse. If they
13 are not in compliance, or if the child is deemed to be at risk, the
14 child will be removed from the home and placed in appropriate care.

15 **III. CURRENT CHILD WELFARE PROGRAMS.** Welfare programs such as aid
16 to families with dependent children will either be abolished or
17 greatly changed. Since all the material needs of the children will
18 be provided in the centers there will be no reason to give this
19 money to the parents. Rent or housing costs will be provided. Any
20 additional monies given to parents will be as payment for work in
21 the center, in the community, or in a job training program. This
22 will insure that money paid out is earned by the recipient. In the
23 case of physical disability or other factor that makes work
24 impossible other arrangements may be made on an individual basis.

1 Since the center will be community organized and run, the members
2 of the community will be able to make the final determination as to
3 what constitutes exceptional need or who may receive aid from the
4 community. The community may also determine the form such aid will
5 take (i.e. money, services, or some combination of both).

6 a. If the family is currently dependent on welfare for all
7 its needs, including rent, rent may be paid directly to the
8 landlord or renting agency.

9 b. Food needed by the family, other than that provided in
10 meals at the center, will be distributed to the family at the
11 center. This food distribution may either reduce or eliminate the
12 need for food stamps. It will also insure that families are
13 receiving nutritionally sound and adequate food.

14 c. As stated above, any money the parents receive will be in
15 accordance with work done by the parent. The money will be earned
16 through participation in a defined program or by working at a job
17 outside the center. Jobs may also be provided within the
18 community, but outside of the center (e.g. repair of public
19 housing, clean-up and pest extermination, etc.). Small business
20 enterprises will be encouraged.

21 **IV. ADDITIONAL CENTER FUNCTIONS.** The community center may also
22 function as a health care center, providing preventive health care

1 to children, prenatal care, and ordinary services normally given to
2 patients by family practitioners. One physician may be able to
3 service a number of centers, depending on the population in each.
4 This would greatly reduce the burden now placed on hospital
5 emergency rooms to provide routine health care for those who have
6 nowhere else to go. Health education classes can also be given in
7 the center in order to reduce illness.

8 Almost every community has healthy, older, retired people who
9 would like to participate in community activities and feel useful.
10 Many of these people can contribute time and ability toward helping
11 the children in the center. They can act as surrogate
12 grandparents, teacher aides, food preparation aides, or help in
13 other ways depending on talents and interests. This would benefit
14 both the children and the senior citizens. In addition to older
15 volunteers, many schools now have community outreach programs where
16 high school students are encouraged to donate time to volunteer
17 activities. Proposed community service programs can also supply
18 personnel to work in the centers.

19 Working and retired professionals will also be encouraged to
20 donate time. Even without volunteer services, the community center
21 can still operate as a cost efficient, well run, community based
22 set of programs which can provide preventive and remedial services
23 to poor communities. Organized communities can identify and solve
24 many of their own local problems. If teen age violence, pregnancy,
25 unemployment, under education, etc. are problems, organized
26 communities can work toward solutions. In the meantime, we have

1 sound psychological data to confirm that providing a healthy
2 nurturing environment for the youngest members of our society can
3 dramatically reduce the amount of future child abuse and crime.
4 While we may never be able to totally eliminate social problems,
5 starting at the bottom with a well integrated program of services
6 may eventually help redirect some of the money we now spend on
7 prisons and prisoners into schools and students. It is often said
8 that it is cheaper to keep a person in Harvard for a year than to
9 keep him in prison. This program is designed to encourage and help
10 more of our young people to go to Harvard instead of prison.

11 RATIONALE FOR COMMUNITY\DAY CARE CENTER APPROACH

12 One of the most important premises underlying the above
13 proposal is the psychological principle of self fulfilling
14 prophesy. People become what they believe they can be. The
15 current system is a breeding ground for feelings of hopelessness,
16 helplessness, lack of self respect, and little sense of self
17 determination and control. If one looks at the welfare system
18 itself, and the subtle messages people are given when they apply
19 for assistance, it becomes obvious that little is done to increase
20 a sense of self worth. An individual who applies for public
21 assistance is frequently kept waiting for many hours-- even days.
22 This conveys the message that the time of that individual is not
23 important and, by extension, that the individual who is kept
24 waiting is not important. The busy counselor or case worker
25 frequently has little time to spend trying to help the welfare

1 recipient. This again conveys the subtle message that the
2 individual is not worth the time to help because s/he is only going
3 to stay on welfare anyway. Even if case workers are well meaning
4 and would like to do more to encourage people to help themselves,
5 or get more help, they frequently lack the time and resources to do
6 so. The individual comes to see him/herself as not worth much and
7 then acts the part. The community center approach can return a
8 sense of control and autonomy to the people who utilize it. Even
9 more important, the next generation of children, given the
10 educational, physical, and social advantages that the community
11 center approach utilizes will be prepared to break away from the
12 chain of disadvantage of their parents.

13 Another important set of psychological principles are those
14 having to do with group processes. Groups are powerful forces in
15 dictating behavior--both positive and negative. People naturally
16 organize themselves into groups, which are often extensions or
17 substitutes for the family. We can see these processes at work in
18 street gangs. Each gang defends its "territory" and works out ways
19 to interact with other gangs; unfortunately this frequently
20 involves violence. By providing a community center and a nucleus
21 for organizing into groups, the natural need to belong can be
22 positively directed. It would be far better to have teenage groups
23 compete in sports rather than gun battles.

24 Parents also need the support of groups to learn and maintain
25 good parenting skills. Groups can punish abuse while encouraging
26 appropriate behavior. Groups define what is expected of their

1 membership and confirm that individuals behaving according to the
2 rules set out by the group. If appropriately structured, groups
3 can also give individuals a safe, responsible way to discuss and
4 learn to manage their problems and frustrations. This support can
5 often protect an individual from her/his own negative impulses and
6 help redirect them.

7 We find over and over that abused children often grow up to be
8 abusers. While we may not totally eliminate child and spousal
9 abuse we can dramatically reduce it among the center population.
10 First of all, because young children will spend so much time in the
11 center, it is unlikely that abuse will go undetected. Secondly,
12 through the center's parent education and group support, parents
13 will learn how to cope with the frustrations and problems involving
14 by their children. And third, if abuse does occur, the mechanisms
15 will be in place for immediate and appropriate intervention. In
16 most cases this would amount to providing help and support to the
17 family, or, only as a last resort, removing the child from the
18 home.

19 Good nutrition and preventive medical care--including
20 vaccinations, well baby examinations, and early intervention in the
21 case of physical problems--can prevent more serious and costly
22 problems later. Prenatal care is essential to the prevention of
23 many of the devastating problems of early childhood, many of which
24 carry over into adulthood. The center can both encourage and
25 provide prenatal care and education in caring for babies.

1 When we look at crime in the streets, particularly crimes
2 committed by disadvantaged young people, we can see that many of
3 these youngsters display a good deal of ingenuity, creativity, and
4 "street smarts." Unfortunately they are using these talents in
5 antisocial ways. Community monitoring of behavior and
6 establishment of positive social attitudes can redirect these
7 skills into the kinds of activities that can help Americans compete
8 more effectively in the world markets.

9 Providing good day care facilities for their children would
10 allow teenage mothers to continue in school and become self
11 supporting. Educational programs may also encourage teenage
12 mothers and fathers to delay any additional children until they
13 have finished school and can support themselves and their children.

14 Good day care may also encourage mothers to work, who
15 otherwise could not, because they have no safe place to leave their
16 children.

17 In all likelihood, the majority of parents in the program will
18 be single mothers. It may be somewhat more difficult to get
19 participation from men than from women. However, there are
20 indicators showing that when women make changes in their lives they
21 can then influence changes in men. Certainly women who have a high
22 level of self esteem are going to expect more from the men in their
23 lives than women who have little self regard.

24 The advantages to the children in the program are self
25 evident. Data from Head Start indicate that children in Head Start

1 programs are ahead of non Head Start children in I.Q. points,
2 reading readiness, and other scholastic skills when they start
3 school. Unfortunately the data also show that after a few years in
4 public schools the gains are lost. Community involvement in
5 providing advantaged programs for its children will extend to
6 monitoring neighborhood schools to insure that good educational
7 standards are set and maintained.

8 **IMPLEMENTATION**

9 The first step is to define a community. Geographic and
10 economic boundaries need to be set. Meetings will be held with
11 members of the community to help determine the needs and scope of
12 services. Then a plan will be written for that center. The plan
13 would describe both physical space and equipment needs and
14 personnel requirements.

15 The next step in implementing the center is to find a physical
16 facility. This facility must be within walking distance of the
17 community members in urban settings. Safety in getting to and from
18 the center must also be considered and, if need be, a patrol made
19 up of members of the community, law enforcement officers, or other
20 peace keepers will be established.

21 Personnel need to be hired to deliver the services. This
22 would involve looking at all aspects of the program and assuring
23 that professionals are available. The first choice is to hire
24 professionals from within the community. Center staffers will be

1 given whatever additional training they may need in order to work
2 in the center environment.

3 The community also needs to work with existing welfare and
4 social agencies to take over the delivery of services from them.
5 This would mean elimination or coordination of benefits provided to
6 individuals by other public funded sources.

7 Mechanisms need to be put in place for purchasing goods and
8 services needed by the center. This would involve contracting for
9 the purchase of such things as clothes, food, furniture, toys,
10 diapers, educational materials, etc. This might be a way to
11 include local businesses and encourage American manufacturing.

12 Since the centers are locally controlled, no two centers are
13 likely to be identical. This again provides for a sense of
14 autonomy by the members and encourages participation.

15 FUNDING

16 The money that is currently spent on programs such as aid to
17 families with dependent children and other welfare programs would,
18 under this plan, be used to fund the center. There would be no new
19 commitment of funds. The money would go the center instead of to
20 individuals and it would be the responsibility of the community to
21 budget that money. This would provide a disincentive to having
22 more children to increase welfare payments. It would also provide
23 a different model to teenage girls with regard to getting pregnant
24 and becoming part of the welfare program.

1 b. Parents will also be expected to work toward paying for
2 the expenses involved in keeping their children in the program.
3 Parents will be required to work in the center and/or enroll in job
4 training programs. They would then be expected to get jobs in the
5 community outside of the center. As their income goes up, their
6 financial responsibility for their children will also increase.
7 And, the more children they have, the greater their financial
8 responsibility. This financial responsibility would still also be
9 related to income. Just as non welfare parents are expected to
10 provide for their own children, welfare parents would be expected
11 to assume a similar obligation.

12 **PILOT CENTERS**

13 We propose that at least three pilot centers be established.
14 The inner cities of Washington, D.C.; New York; and Los Angeles
15 would be the ideal locations for start up programs. Since these
16 are some of the areas where many of the most difficult problems
17 exist, these cities would be good proving grounds for this program.
18 Many of the complaints from citizens in these areas concern their
19 lack of control regarding their own destinies and their inability
20 to participate in the life styles that most other Americans take
21 for granted. This program, operated and controlled mainly by those
22 who utilize it, offers involved citizens a way to claim their share
23 of the American dream while providing a better life for both
24 community members and their children.

We have available and ready to be utilized through the National Learning Foundation and related organizations the talents and resources already doing tested and proven "new paradigm" work in the field of education. We can present at least eight schools and techniques promoted by people like Dr. Seymour Sarason of Yale to Marilyn King of Olympian pentathlon fame. The models are there and functioning and need not be reinvented.

VITAE

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Education: B.A. The American University, 1956
M.A. The American University, 1971
Ph.D. The American University, 1972

Internship: NIH fellowship at the John F. Kennedy
Institute, Johns Hopkins School of Medicine,
Baltimore, Maryland, 1971-1972.

Licenses: Maryland #750
District of Columbia #1148
Virginia #1146

Consulting Psychologist, Psychiatric Institute of
Montgomery County, Maryland

Consulting Psychologist, Psychiatric Institute of
Washington, D.C.

Employment: 1987-Present; Founder and President of Vogel
Psychology Associates, P.A.

1981-1991; Founder and director of The Hypnosis
and Psychotherapy Center, Inc.

1981-Present; Supervision and training of
psychology interns. Post doctoral and continuing
education training and clinical supervision of
mental health and other health professionals.

1978-1979; Adjunct professor, The American
University (Part-time)

1974-present; Private practice of adult psychotherapy.

Apr. 1973-Sept. 1973; Director, Rehabilitation Services, Drug Treatment Program, Prince George's County Health Department, Maryland

Sept. 1973-Sept. 1975; Clinical Director, Alcohol and Drug Abuse Program, Walter Reed Army Medical Center, Washington, D.C.

Feb. 1973-May 1973; Associate Professor (Part-time), Montgomery College, Maryland.

Sept. 1972-Jan. 1973; Instructor (Part-time), The University of Maryland, University College.

Additional
Professional
Experience:
(ongoing)

Designed and implemented programs such as stress management, time management, communication skills, etc. for a number of organizations including the Montgomery County Chamber of Commerce, The United States Department of Agriculture, The United States Department of Housing and Human Development (HUD), physicians and nurses groups. Also designed various programs for private industry including some designed specifically for upper level managers and executives. Planned agenda, designed psychologically oriented training modules (e.g. Communication skills workshops, Myers-Briggs workshops, stress management, etc.) and conducted retreats for law firms.

Honors and
Awards:

American University Honor Society

Psi Chi Honorary Psychological Fraternity
Assistantships and Fellowships 1969, 1970,
1971, 1972.

Who's Who of American Women, 1980-present

Who's Who in the East, 1983-present

Who's Who in America, 1983-present

International Directory of Distinguished
Psychologists, 1981

Award in recognition of meritorious
contributions to hypnotherapy by the Academy
of Scientific Hypnotherapy.

Research and
Publications:

M.A. Thesis; Some Aspects of the Acquisition of an Imitative Response System by Two Non-imitating Autistic Children.

Ph.D Dissertation: An Experimental Comparison of Multi-sized Operantes in a Chain.

A number of professional papers presented at national meetings of The Association for the Advancement of Behavior Therapy, The American Association of Sex Educators, Counselors, and Therapists, The American Psychological Association, meetings and workshops of The Maryland Psychological Association, and other national and local organizations.

"Stress as a Contagious Disease", 1981

"Burnout", 1981

Professional
Organizations:

Association of Practicing Psychologists,
Montgomery-Prince George's Counties,
Inc. (past president)
American Psychological Association
Maryland Psychological Association (Past committee
chairman)
District of Columbia Psychological Association
Virginia Psychological Association
American Association for Behavior Therapy
Orthopsychiatric Association
Association for the Advancement of Psychology
American Society for Psychologists in Private
Practice
The Society for Clinical and Experimental Hypnosis,
Inc.
American Society of Clinical Hypnosis
International Society of Clinical Hypnosis
American Association of Sex Educators, Counselors,
and Therapists
American Holistic Medical Association

Public
Appearances:

Over 100 local, national, and international radio and television shows including CBS Evening News with Dan Rather, Entertainment Tonight, The Donahue Show, Oprah Winfrey Show, Sonia Live, The Joan Rivers Show, Voice of America and a number of other interviews on television and news broadcasts. Frequently a speaker at local community groups such as Kiwanis, Rotary Club, Veteran's of Foreign Wars, B'nai B'rith, etc.

Diplomas:

Diplomate in Professional Psychotherapy of the
International Academy of Professional Counseling
and Psychotherapy, Inc.

Diplomate in Psychotherapy, American Board of
Psychotherapy.

Diplomate in Sex Therapy, The American Association
of Sex Educators, Counselors, and Therapists.

National Register, Health Service Providers,
Psychology.

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OA/Box Number: 3511

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RESUME

Brian S. Reiser
7505 Democracy Boulevard
Bethesda, Maryland 20817
(301) 469-6277

(b)(6)

Occupation: Economist and Economic Statistician

Present Status: "Early-out" retirement from U.S. Government, effective July 30, 1988.

Education: B.A. Syracuse University, 1961. Major, Economics. Minor, Political Science.

Post-graduate, American University, 9/62-1/63
U.S. Dept. of Agriculture Graduate School 1/66-6/66.

Other professional trainings and workshops.

Experience: 16 years with U.S. Dept. of Commerce and 10 with Internal Revenue Service. (Total of 26 years, 19 served as mid-level professional.)

1969-1979: IRS. Wrote all news releases for individual income tax publications.

Responsible for all income tax data for individuals age 65 or over.

Served on inter-agency task forces on aging and income.

1962-1969: U.S. Dept. of Commerce. Responsible for industry based (SIC) foreign trade data.
1979-1988:

Served as foreign trade liason in correlating various U.S. and international import and export classification systems.

Assisted in establishing first trade quota program.

Prior to 1962: Miscellaneous and part-time employments including working as a land-use surveyor, and in hotels meeting and dealing with the public.

Other Activities and Accomplishments:

Society of Government Economists. Elected national Executive Secretary, 1980-81. Elected national Director, 1984-85. Chairman various committees

1982-84.

Representative to the National Council of
Associations for Policy Studies, 1984-85.

Member: American Economic association.
American Statistical Association.
32nd Degree Mason and Shriner.
Active in many hobby and social organizations

World Traveler: Visited approximately 120
countries over the last 25 years.

Reporter on school paper and editor of monthly
Masonic publication.

Listed in Marquis Who's Who in the East from
1983-present.

Played and coached tennis.

References: Furnished on request.

CURRICULUM VITAE
Luanne Ruona, M.D.

Education: High School:

- Baraga Township, Baraga, Michigan, Graduated 1959
- Commencement speaker

Undergraduate:

- Northwestern University, Evanston, Illinois
- Northern Michigan University
B.A. in English with High Honors - 1963

Medical School:

- University of Michigan - 1963-1967
- Internship, Internal Medicine
 - George Washington University Hospital - 1967-1968
- Residency, Psychiatry
 - George Washington University Hospital - 1968-1971
 - Chief Resident 1971

Professional Achievements, Emphases, Highlights:

- National Psychiatric Endowment Fund Annual Laughlin Award for Merit - July 21, 1969
- Founder & Director of Self-Esteem Associates, Washington, DC, 1971-present, counseling children, adults, couples and families, with emphasis on development of self-esteem. Currently working with educators to develop programs on self-esteem to be used in the school system.
- Private Practice in Washington, DC and Virginia, 1971-present, individual and group psychotherapy, including treatment of phobias and teaching relaxation techniques.
- Special Consultant to the Civil Service Commission on Drug Abuse, 1971-1972, studying drugs in the work environment and conducting workshops--see attached list of speaking engagements.
- Management Training Consultant to Businesses, 1971-present, teaching humanistic approaches to employer-employee relationships, including assertiveness training and communications skills.

- Psychiatric Director, Women's Medical Center, Washington, DC, 1986-1988, administering therapy program, including case supervision, medication monitoring, teaching, and seminar presentations.

- Television and radio representative for medical field on various radio and television programs promoting health-related topics.

- Expert Witness, Judicial Proceedings in Northern Virginia

Present Memberships and Activities:

- American Psychiatric Association
- Washington Psychiatric Society
 - Speakers Bureau
 - Public Relations Committee
 - Reaching Out Coalition
 - "OPEN LINE" hotline volunteer
- Northern VA Chapter, Washington Psychiatric Society
- Alexandria Medical Society
- Network for the Enhancement of Self-Esteem
 - Newsletter editor
- National Learning Foundation
 - Consultant on Self-Esteem

Published Works:

- "Total Glow: Dr. Rona's Unbeatable Health Program," 1979, Enterprise Publishing, Wilmington, Delaware
- Numerous Papers addressing medical and psychological topics.

Consultant and Guest Speaker Engagements
As Special Consultant on Drug Abuse

Summer Faculty Member at U.S. Civil Service Commission. July-October 1971. Author of study, "Drug Abuse in Industry".

Drug Abuse in Industry Symposium II (November 23, 1971, Atlanta, Georgia): conducted workshop entitled "Developing a Drug Abuse Policy".

American Society for Public Administration (January 20-21, 1972), University of Pennsylvania; conducted workshop entitled "Public Administration and Drug Abuse".

University of Delaware, March 1972. Guest speaker at Department of Political Science on drug abuse.

University of Miami, March 1972. Center for Urban Studies. Luncheon speaker at Drug Abuse in Industry Conference.

U.S. Civil Service Commission, March-April, 1972. Conducted Preliminary Evaluation on Methadone and Employment.

American Society for Public Administration, April 14, 1972, Washington, DC, Conference on Drug Use and the Public Employee. Conducted workshop entitled "Addiction and Employment".

Smithsonian Institute, April 1972. Consultant for Drug Abuse Exhibit.

U.S. Civil Service Commission, Bureau of Training. Advanced Staffing and Placement Conference, April 26-28, 1972. Speaker on "Recruiting Problems: Alcohol, Drug Abuse and the Troubled Employee".

Narcotics Treatment Administration, May 1972. Consultant to Conference on Employment Problems and the NTA Patient.

Veterans Administration's Drug Training Conference, Washington, D.C., May 1972. Speaker on "Management of Drug Abuse in Employment Situations".

Veterans Administration's Drug Training Conference, Washington, D.C., May 1972. Speaker on: "Management of Drug Abuse in Employment Situations".

Veterans Administration's Counseling and Vocational Rehabilitation Workshop, May 23-26, 1972, Silver Spring, Maryland. Speaker: "Drug Dependency-Management of Drug Abuse in Educational and Employment Settings".

U. S. Civil Service Commission Conference, August 1972, Counseling the Troubled Employee. Speaker: "Drug Abuse and the Troubled Employee".

Permanent Consultant U. S. Civil Service Commission - Bureau of Retirement, Insurance and Occupational Health. Medical Officer 0281-593 GS602.

Charla Theresa Glass

7410 Piney Branch
Takoma Park, MD 20912
(301) 587-3178

EDUCATION The American University, Washington, DC
B.A., General Studies, 1981

Washington Technical Institute, Washington, DC (1969-1971)
Undergraduate Studies in Early Childhood Education

Academy of Notre Dame, Washington, DC
High School Diploma, 1965

EXPERIENCE Takoma Park Elementary School, Takoma Park, MD (9/91-6/92)
Volunteer; supporting Paulette Pumphrey, Special Program Teacher in Science and Social Studies (home telephone: (301) 384-0908)

Provided weekly mentoring and tutoring for a third grade student who had become an underachiever the prior school year after having been an outstanding student until midway through second grade. The student is the oldest of four children from a Haitian immigrant family having significant problems adapting to life in the U.S.

Volunteer; supporting Valerie Merrill, Media Specialist (work telephone: (301) 650-6414)

Assisted the media specialist in her work with a kindergarten class developing projects linked with a theme from a book or story read to the class. The projects usually involved cutting, pasting, and folding activities which were designed to provide something tangible connected to a library book which the students borrowed for that week.

Takoma Park Elementary School PTA, Takoma Park, MD (8/91-6/92)
Chair, Community Outreach Committee, PTA; coordinated with Barbara Reisner, PTA co-president (home telephone: (301) 270-6819)

Conceptualized, initiated, and coordinated tutoring and mentoring programs separate from established parent volunteer program. Program was designed to bring community members into the school to provide curriculum enrichment and support.

Spring Knolls Cooperative Nursery School, Washington, DC

Coordinator of volunteer activities (7/90-9/90) and Co-chair of Participation Committee (6/90-5/91); worked with Paulette Saunders, Director (home telephone: (202) 882-7835)

Coordinated fundraising and facility maintenance activities of volunteers and parents.

U.S. Department of Education, Washington, DC (8/80-4/83)

Contract Specialist

Acquired, negotiated, and administered research and technical contracts for the Office of Special Education Programs. Coordinated with program staff to delineate research and technical support needs, developed solicitation packages, organized technical and financial analysis of proposals, negotiated contracts, provided administrative and financial oversight during project performance, closed out contracts following completion.

U.S. Department of Health and Human Services, Washington, DC (6/75-9/80)

Intern and Contract Specialist

Participated in the STRIDE Intern Program, a work-study program with the American University. The program allowed full-time government employees to obtain an undergraduate degree on a part-time basis while maintaining employment. Primary assignment involved procurement and contract administration for the Office of Human Development Services, a DHHS agency comprised of the Administration for Children, Youth and Families, the Administration on Aging, the Administration on Indian Affairs, and the Rehabilitation Services Administration. Worked closely with program administration staff to acquire and manage professional research and consulting services to support program objectives. Also was assigned to the Food and Drug Administration of the U.S. Public Health Service providing contract administration and termination services.

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RESUME

Pamela M. Jackson
7404 Fawley Avenue
Oxon Hill, Md. 20744

Tel.: 301-248-6533

Personal Data :

(b)(6)
Marital Status: Married, 2 children

Education :

Bowie State College 1973
B.S. Elementary Education

Work History :

1966-1969 (summers):
Playground Assistant with D.C. Department of
Recreation

Sept. 1969 - Mar. 1973:
File Clerk with the Government Printing Office

Mar. 1973 - present:
Elementary school teacher - D.C. Public Schools;
20 years experience teaching in low-income homes
which are sustained by public assistance.

CURRICULUM VITAE

RANDI SUSSMAN VOGEL, M.ED.
8256 Lochinver Lane
Potomac, MD. 20854
(301) 365-3900

Education:

Masters in Education, Counseling and School Services
University of Maryland, 1983
College Park, MD.

Post Masters Coursework for Masters + 30 credit hours
designation at various local universities and MCPS courses

B.S., Elementary Education
Virginia Tech, 1981
Blacksburg, VA.

Work Experience:

Elementary School Counselor, 1987 to present
Montgomery County Public Schools
Meadow Hall Elementary School
Rockville, MD.

Teacher, Grades K and 3, 1984-1987
Montgomery County Public Schools
Maryvale Elementary School
Rockville, MD.

Teacher, Grade 6, 1983-1984
Hebrew Academy of Greater Washington
Silver Spring, MD.

Counseling and Teaching experiences have primarily involved low income, racially and ethnically diverse populations.

Specializing in effective,
short term therapy for:



- MARRIAGE & RELATIONSHIPS
- PHOBIA/PANIC DISORDERS
- SEXUAL DIFFICULTIES
- CHEMICAL ABUSE & CO-DEPENDENCY
- STRESS & ANXIETY
- DEPRESSION
- CHRONIC ILLNESS
- WEIGHT CONTROL

IRENE S. VOGEL, PH.D., I.A.P.C.P.

Diplomate in Professional Psychotherapy, International Association for Professional Counseling and Psychotherapy, Inc.; Fellow, The American Orthopsychiatric Association; Diplomate, American Association of Sex Educators, Counselors and Therapists; President, Association of Practicing Psychologists of Prince George's and Montgomery Counties, Inc.; Member, American, MD, D.C., VA, Psychological Associations, American Association for Behavior Therapy; Association for the Advancement of Psychology, American and International Societies of Clinical Hypnosis, American Holistic Medical Association; Author and lecturer. Psychological expert on local, national and international TV and radio shows.

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CRS Report for Congress

Cash and Noncash Benefits for Persons With Limited Income: Eligibility Rules, Recipient and Expenditure Data, FY 1988-90

Compiled by
Vee Burke
Specialist in Income Maintenance
Education and Public Welfare Division

September 30, 1991



CASH AND NONCASH BENEFITS FOR PERSONS WITH LIMITED INCOME: ELIGIBILITY RULES, RECIPIENT AND EXPENDITURE DATA, FY 1988-90

SUMMARY

More than 75 benefit programs provide aid--in cash and noncash form--that is directed primarily to persons with limited income. Such programs constitute the public "welfare" system, if welfare is defined as income-tested or need-based benefits. This definition excludes social insurance programs.

These income-tested benefit programs in FY 1990 cost \$210.6 billion: \$152.17 billion in Federal funds and \$58.46 billion in State-local funds. Total welfare spending amounted to 3.9 percent of the gross national product (GNP), the highest share since 1981. Federal funds provided 72.2 percent of the total. These Federal welfare outlays accounted for almost one-eighth of the FY 1990 Federal budget.

Total welfare spending in 1990 rose 13 percent, or \$24 billion, above its 1989 level to a new high. Medical benefits rose 17 percent and accounted for half of the overall increase. Cash benefits increased by 11 percent and food aid, by 15 percent. Expressed in constant dollar value, 1990 welfare spending was up 8 percent from 1989. Real spending increased most sharply for medical benefits (12 percent) and food aid (10 percent), followed by cash (6 percent).

Of 1990 welfare spending, 41 percent was used for medical services. Cash relief, food benefits, and housing aid together accounted for almost 47 percent. About 9 percent was invested in "human capital" programs, ones providing education, jobs, and training. The rest went for energy aid and various services. However, the composition of welfare spending differed by level of government. Medical aid consumed 62 percent of State-local welfare funds, but only 33 percent of Federal welfare dollars.

Most income-tested programs provide income "transfers." That is, they transfer income, in the form of cash, goods, or services, to persons who make no payment and render no service in return. However, in the case of the job and training programs and some educational benefits, recipients must work or study for their aid. Further, Aid to Families with Dependent Children (AFDC) and the Food Stamp program require some able-bodied recipients to engage in work or a work-related activity. Finally, the Earned Income Tax Credit (EITC) is a function of earnings and available only to workers with children.

An unduplicated count of welfare beneficiaries is not available. Served by the four most costly programs in 1990 were: Medicaid, 25.3 million persons during the year; AFDC, 11.4 million persons in 4.0 million families; Supplemental Security Income (SSI), 4.9 million aged, blind, or disabled persons; and food stamps, 21.5 million persons (the latter three numbers are monthly averages). The Census Bureau classified 31.5 million persons as poor in 1989 and found that 70 percent of them were in households that received some income-tested aid.

CASH AND NONCASH BENEFITS FOR PERSONS WITH LIMITED INCOME: ELIGIBILITY RULES, RECIPIENT AND EXPENDITURE DATA, FY 1988-90

INTRODUCTION

More than 75 benefit programs provide cash and noncash aid that is directed primarily to persons with limited income. These benefit programs cost \$210.6 billion in FY 1990, up 13 percent from FY 1989, and equal to 3.9 percent of the gross national product (GNP). Federal funds provided 72.2 percent of the total, and outlays for welfare benefits accounted for almost one-eighth of the FY 1990 Federal budget. After adjustment for price inflation, 1990 welfare spending was up 8 percent from 1989, and it set a new record high. For the five dominant forms of welfare--medical benefits, cash relief, food, housing subsidies, and education--FY 1990 spending reached new peaks, in constant value dollars.

Collectively, these benefit programs constitute the public "welfare" system, if welfare is defined as income-tested or need-based benefits. Most of the programs base eligibility on individual, household, or family income, but some use group or area income tests; and a few offer help on the basis of presumed need.

This report consists of a catalog of 78 need-based programs.¹ For each it provides the funding formula, eligibility requirements, and benefit levels. At the back of the report a table gives expenditure and recipient data for FY 1988-90 by program.

Of FY 1990 welfare dollars, 41 percent were spent on medical aid. Cash relief, food benefits, and housing aid together accounted for almost 47 percent (cash, 26 percent; food, 12 percent; and housing, 8 percent). About 9 percent was invested in "human capital" programs, ones providing education, jobs, and training. The rest went for energy aid and various services. The composition of welfare spending differed by level of government. Medical aid consumed 62 percent of State-local welfare funds, but only 33 percent of Federal welfare dollars. (See table 1 for FY 1988-90 summary, page 2.)

¹The number of programs in this report is somewhat arbitrary. For example, General Assistance, listed under both cash and medical aid, could be regarded instead as a single program.

TABLE 1. Expenditures of Major Need-Tested Benefit Programs, FY 1988-90
(millions of current dollars)

	Federal expenditures (millions of current dollars)			State-local expenditures (millions of current dollars)			Total expenditures (millions of current dollars)		
	FY88	FY89	FY90	FY88	FY89	FY90	FY88	FY89	FY90
Medical care	\$ 38,608	\$ 42,393	\$ 50,211	\$28,036	\$31,161	\$35,986	\$ 66,644	\$ 73,554	\$ 86,197
Cash aid	30,314	33,163	37,044	15,393	16,489	18,092	45,707	49,652	55,136
Food benefits	20,216	20,835	24,011	1,139	1,162	1,246	21,355	21,997	25,257
Housing benefits	14,701	15,925	17,544	0	0	0	14,701	15,925	17,544
Education	11,147	12,484	13,746	544	545	629	11,691	13,029	14,375
Services/other*	4,489	4,471	3,964	2,100	2,100	2,140	6,589	6,571	6,104
Jobs/training	3,748	3,815	3,966	72	97	249	3,820	3,912	4,215
Energy aid	1,824	1,629	1,680	177	180	122	2,001	1,809	1,802
Total	\$125,047	\$134,715	\$152,166	\$47,461	\$51,734	\$58,464	\$172,508	\$186,449	\$210,630

*"Other" represents State Legalization Impact Assistance Grants, first offered in FY 1988 (\$930 million), to fund varied kinds of aid.

NOTE: Program data on which this table is based are found in table 14. See page 195.

Nature of Programs

Most of these programs provide income "transfers." That is, they transfer income, in the form of cash, goods, or services, to persons who make no payment and render no service in return. However, in the case of the job and training programs and some educational benefits, recipients must work or study for wages, training allowances, stipends, grants, or loans.

This report excludes income maintenance programs that are not income tested, including social insurance and many veterans' benefits, and all but one tax transfer program. Thus, it excludes social security cash benefits, unemployment compensation, and Medicare. The Old-Age, Survivors, and Disability Insurance programs (social security cash benefit programs) in FY 1990 paid out 18 percent more than all income-tested programs, or a total of \$248.6 billion, financed primarily from payroll tax collections. The report also excludes payments, even though financed with general revenues, that may be regarded as "deferred compensation," such as veterans' housing benefits and medical care for veterans with a service-connected disability.

The report includes one tax-transfer program, the refundable Earned Income Tax Credit (EITC) for low-income workers with children. This credit reduces the taxes of working families with gross income below a specified limit (\$21,250 in 1991) and makes direct payments ("refunds") to those whose income is below the income tax threshold or whose tax liability is smaller than their credit. This report treats the direct payment component of the EITC, but not the reduction in tax liability, as a welfare expenditure.² Other tax transfers are excluded from the report because they are not refundable (make no direct payments). Further, in most cases they impose no income test for eligibility. Examples of these other tax transfers are the deductibility of mortgage interest and property taxes on owner-occupied property (equivalent to outlays of \$37.6 billion and \$9.5 billion, respectively, in 1990). These tax transfers increase families' disposable income by reducing their tax liability and are known as "tax expenditures."

Billion-Dollar Programs in FY 1990

In FY 1990 a total of 22 income-tested programs spent more than \$1 billion each in Federal, State, and local funds. These programs accounted for 94 percent of total welfare spending, \$198 billion out of a total of \$210.6 billion. The list was led by Medicaid, which alone accounted for 34.3 percent of total spending and cost more than the sum of the next four programs, Aid to Families with Dependent Children (AFDC), food stamps, Supplemental Security Income (SSI), and Section 8 low-income housing assistance. Table 2 shows the 22 programs and their expenditures (Federal and State/local) in FY 1990.

²Previous editions of this report counted the entire EITC, both the refund and the reduced tax liability. Historical tables in this report use revised EITC data, showing only direct EITC outlays.

TABLE 2. Programs With Billion-Dollar Total Expenditures, FY 1990

	Federal	State/local (billions)	Total
1. Medicaid	\$ 41.195	\$31.033	\$ 72.228
2. AFDC	11.505	9.691	21.196
3. Food stamps	16.517	1.185	17.702
4. SSI	13.606	3.626	17.232
5. Section 8 low-income housing assistance	10.577	--	10.577
6. Medical care for veterans without service-connected disability	6.458	--	6.458
7. Earned income tax credit ("refunded part")	5.902	0	5.902
8. Stafford loans (formerly guaranteed student loans)	5.648	--	5.648
9. Title XX social services	2.762	2.140*	4.902
10. General assistance (medical component)	0	4.600*	4.600
11. Pell grants	4.484	0	4.484
12. Veterans' pensions	3.954	0	3.954
13. Low-rent public housing	3.918	--	3.918
14. School lunch (free and reduced price segments)	3.250	--	3.250
15. General assistance (cash and nonmedical care vendor payments)	0	3.184*	3.184
16. Foster care	1.477	1.296	2.773
17. Special supplemental food program for women, infants, and children (WIC)	2.119	--	2.119
18. Head Start	1.552	.388	1.940
19. Training for disadvantaged adults and youth	1.745	--	1.745
20. Low-income energy assistance .	1.519	.122	1.641
21. Rural housing loans (sec. 502) .	1.311	--	1.311
22. Indian health services	1.250	--	1.250
22-program total	\$140.749	\$57.265	\$198.014

*Estimate. See footnote for this item in table 14, p. 195.

Trends in Spending

Total expenditures on cash and noncash welfare programs were almost 14 times as great in 1990 as in 1968 (table 3). Even after allowance for price inflation, spending more than tripled (rising 273 percent) over the 22 years, a period when the U.S. population rose 25 percent.³ Most of the gain occurred in the first half of the period. Measured in constant 1990 dollars,⁴ spending climbed from \$56.4 billion in FY 1968 to \$161.3 billion in FY 1979, a gain of \$104.9 billion. In the second 11-year period the increase was only \$49.3 billion. Further, as table 3 shows, real spending *declined* in 1982 and did not achieve its 1981 level again until 1984.

Total per capita welfare spending grew in real terms (constant 1990 dollars) from \$281 in FY 1968 to \$736 in FY 1981, an increase of 162 percent. However, in FY 1982, welfare spending failed to keep pace with inflation for the first time since 1973.⁵ In real terms welfare outlays fell 3 percent (\$5.2 billion in 1990 dollars), and per capita spending declined to \$707 in FY 1982. Thereafter, real per capita welfare spending tended to move upward, but slowly, and it did not regain (and overtake) its 1981 level until 1987, when it reached \$742. In 1990 welfare spending averaged \$843 per U.S. resident, a new peak. *Note:* Throughout this paragraph per capita spending data refer to constant value (FY 1990) dollars.

Chart 1 presents total expenditures for income-tested benefits, FY 1968, 1973, and 1975-90, both in current dollars and in constant 1990 dollars. Throughout this period Federal expenditures accounted for more than 70 percent of the total. The Federal share rose above 76 percent in 1979-80, then began a general decline. Since 1982 it has been below 74 percent.

³Based on the resident U.S. population.

⁴Current dollars were translated into 1990 constant value dollars by use of the implicit price deflators for personal consumption expenditures. See footnote b of table 3.

⁵Measured in constant dollars, Federal outlays for seven major income and medical assistance programs (and program groups) for low-income persons declined 2.3 percent from FY 1972 to FY 1973. In all other years, from FY 1968 to FY 1981, such outlays rose. The programs: Medicaid; subsidized housing payments; Food Stamp program; cash assistance for needy families with children; cash assistance for needy aged, blind, or disabled persons (SSI); veterans' pensions; and child nutrition. U.S. Library of Congress. Congressional Research Service. *1992 Budget Perspectives: Federal Spending for the Human Resource Programs*. CRS Report for Congress No. 91-280 EPW, by Gene Falk. Washington, 1991. p. 93. (This report, issued annually, provides yearly spending data, from 1965 to the present, about all major social welfare programs, including work-related social insurance programs.)

TABLE 3. Expenditures for Income-Tested Benefits

Fiscal year	Federal (billions)	State/local (billions)	Total current dollars ^a (billions)	Total constant 1990 dollars ^b (billions)
1968	\$ 11.406	\$ 4.710	\$ 16.116	\$ 56.429
1973	26.876	10.054	36.930	103.736
1975	39.461	14.786	54.247	127.820
1976	49.954	17.027	66.981	147.600
1977	55.113	18.931	74.044	151.667
1978	63.964	20.192	84.156	161.095
1979	70.172	21.349	91.521	161.270
1980	80.043	24.670	104.713	166.740
1981	87.936	29.067	117.003	169.496
1982	88.977	31.749	120.726	164.275
1983	93.830	34.027	127.857	166.632
1984	99.151	36.317	135.468	169.994
1985	105.064	38.542	143.606	174.470
1986	107.775	41.124	148.899	176.128
1987	114.789	44.164	158.953	180.896
1988	125.047	47.461	172.508	188.595
1989	134.715	51.734	186.449	195.235
1990	152.166	58.464	210.630	210.630

^a1968 and 1973 data are from: *Income Security for Americans: Recommendations of the Public Welfare Study*. Report of the Subcommittee on Fiscal Policy of the Joint Economic Committee. Dec. 5, 1974. Table 4, p. 28. (1968 Federal total has been increased by \$54 million to correct a typographical error in that table, and the 1973 Federal total has been increased by \$101 million to include title X family planning, previously omitted from this report series.) Data sources for other years follow.

- 1975-85 data are from previous editions of this report, as revised and summarized in CRS Report No. 88-526 EPW, p. 8-9, but with these changes: (a) State/local estimates for medical spending under General Assistance have been changed to reflect revised estimates of the U.S. Department of Health and Human Services; (b) for 1982 and 1983 estimates of State/local spending for social services of the title XX variety (previously unavailable) have been added, and, for 1984 and 1985, increased; (c) \$100 million has been subtracted from Federal 1984 social services spending to correct a duplication (transfer of Low-Income Home Energy Assistance Program funds), (d) amounts ranging from \$101 million in 1975 to \$162 million in 1980 have been added each year to account for Federal spending for title X family planning, and (e) amounts representing the tax expenditure component of the EITC have been subtracted from Federal totals, leaving only the refunded part of the credit.
- 1986-87 data are from CRS Report for Congress No. 89-595 EPW, p. 2, revised by additions to Federal spending for title X family planning and subtractions for the tax expenditure component of the EITC. (For a complete EITC accounting, broken down by outlays and tax expenditures, by year, 1976-90, see program no. 12.)
- 1988-90 data, p. 2 of this report.

^bCurrent dollars have been translated into FY 1990 constant dollars by use of the implicit price deflators prepared by the Office of Management and Budget (OMB) for personal consumption expenditures: FY 1968, 0.2856; 1973, 0.3560; 1975, 0.4244; 1976, 0.4538; 1977, 0.4882; 1978, 0.5224; 1979, 0.5675; 1980, 0.6280; 1981, 0.6903; 1982, 0.7349; 1983, 0.7673; 1984, 0.7969; 1985, 0.8231; 1986, 0.8454; 1987, 0.8787; 1988, 0.9147; 1989, 0.9550, and 1990, 1.000.

Chart 1: Total Expenditures for Income-Tested Benefits

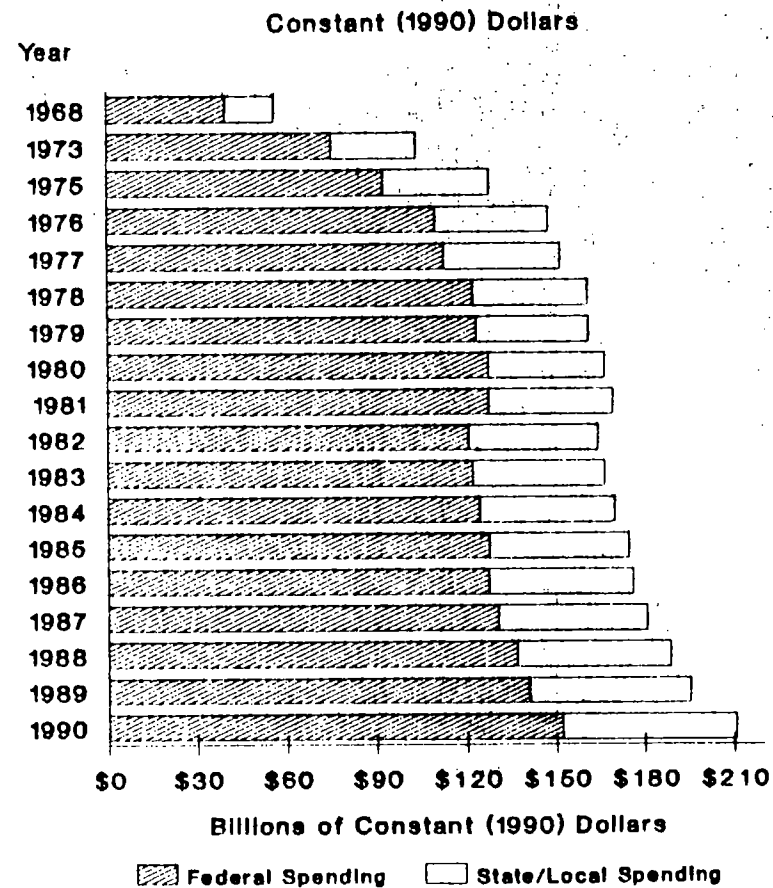
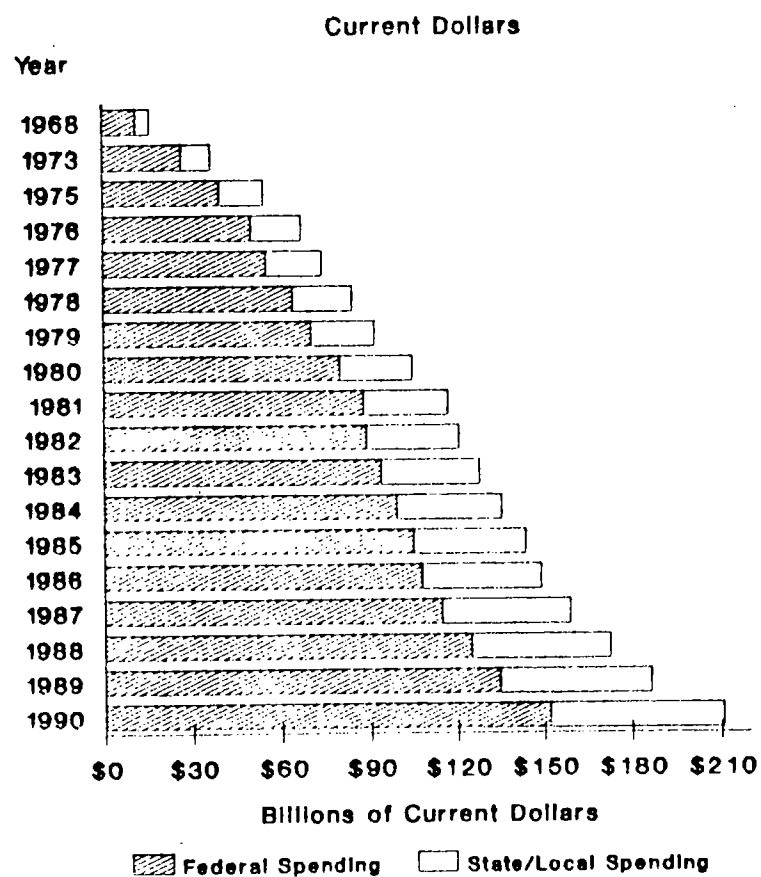


Chart prepared by CRS, based on data in Table 3.

During 1968-1978, Congress liberalized some old welfare programs and established new ones. Some of the major expansions follow: Effective in 1969, Congress gave a work incentive bonus to all mothers who received AFDC checks; the bonus, virtually repealed in late 1981, was the right to a welfare supplement even after their earnings rose above the State standard of need. In 1969, minimum rents for public housing were abolished (reinstated, at a low level, in 1974). By 1970 amendment, the Food Stamp program was converted into a Federal income guarantee in participating counties. By 1972 amendment, basic educational opportunity grants were adopted for all needy college students (extended to "middle-income" students by 1978 law). In 1972, effective in 1974, a Federal cash income guarantee (SSI) was enacted for the aged, blind, and disabled. Effective in 1974, food stamps were extended to all counties, providing a national income guarantee in the form of food stamps. In 1975, a rebatable tax credit was adopted for low-income workers with children.

In 1981, however, Congress moved to restrict eligibility for some programs and to lower some benefits. For example, it imposed gross income eligibility limits for AFDC and food stamps, reduced AFDC and food stamp benefits for families with earnings, raised public housing rents, and reduced subsidies for school lunches. Effective in FY 1983, it temporarily reduced the food stamp guarantee.

Spending Trends by Form of Benefit and Level of Government

Table 4 presents 1968-90 Federal welfare spending in constant 1990 dollars, by form of benefit; table 5 gives corresponding State-local data. As table 4 shows, cash aid was the leading form of Federal welfare until 1981, when medical benefits overtook cash benefits in value. The next year, in FY 1982, Federal welfare spending declined for all forms of aid except housing (where outlays reflected earlier commitments) and education benefits. Federal spending declined further in 1983 for medical benefits, cash aid, and energy benefits. Over the entire period, the widest swing occurred in outlays for jobs/training benefits. They climbed from \$2.5 billion in 1968 to a peak of \$18.6 billion in 1978 (again, 1990 dollars), then shrank back to \$4 billion in 1990. Real Federal spending in 1990 fell short of 1981 levels for jobs/training, services, and energy aid. It was record high for medical benefits, cash aid, food benefits, subsidized housing, and education benefits.

Table 5 shows that State-local welfare spending has been dominated by medical benefits and cash aid, which together have accounted for at least 90 cents of every State welfare dollar spent throughout the two decades. The table also shows that State-local spending for medical benefits, unlike that of the Federal Government, has increased in constant FY 1990 dollars in each year. From 1981 to 1983, when Federal spending on medical benefits fell by \$1.5 billion, State-local outlays rose by \$2.0 billion (both in 1990 dollars), more than offsetting the Federal cutback.

TABLE 4. Federal Spending for Income-Tested Benefits by Form of Benefit, FY 1968-90
(millions of constant FY 1990 dollars)

Fiscal year	Medical benefits	Cash aid	Food benefits	Housing benefits	Education benefits	Jobs/ training aid	Services/ other ^a	Energy aid	Total ^b
1968	\$ 9,597	\$17,637	\$ 3,127	\$ 2,742	\$ 3,011	\$ 2,482	\$1,341	\$ 0	\$ 39,937
1973	18,705	24,087	10,829	9,433	5,115	2,593	4,733	0	75,494
1975	22,585	30,016	15,172	10,212	5,137	5,064	4,795	0	92,981
1976	24,119	32,880	17,027	11,701	8,140	10,150	6,000	62	110,079
1977	26,997	32,153	15,887	12,372	7,122	11,108	6,633	619	112,890
1978	27,883	30,718	16,288	14,052	7,785	18,568	6,625	523	122,443
1979	28,918	29,836	18,285	14,906	8,478	16,328	6,437	463	123,651
1980	30,890	30,220	20,842	15,296	7,787	13,734	5,947	2,740	127,457
1981	32,237	30,364	22,728	15,731	6,935	10,888	5,596	2,910	127,388
1982	31,351	29,358	21,328	16,033	10,593	5,428	4,222	2,760	121,074
1983	30,723	29,195	23,584	16,264	9,674	5,874	4,306	2,666	122,286
1984	31,176	29,844	23,486	16,106	10,053	6,747	4,315	2,693	124,421
1985	33,872	29,749	23,523	17,146	11,561	4,732	4,314	2,747	127,644
1986	35,219	31,143	22,643	15,691	11,894	4,289	4,010	2,596	127,484
1987	39,943	31,250	22,639	15,035	11,116	4,304	4,105	2,243	130,635
1988	42,208	33,141	22,101	16,072	12,187	4,098	4,908	1,994	136,708
1989	44,391	34,726	21,817	16,675	13,072	3,995	4,682	1,706	141,063
1990	50,211	37,044	24,011	17,544	13,746	3,966	3,964	1,680	152,166

^a"Other" represents State Legalization Impact Assistance Grants, first available in FY 1988, which fund medical, cash, educational, and other benefits.

^bRows may not add to total shown because of rounding.

Source: Data sources are the same as for table 3.

TABLE 5. State/Local Spending for Income-Tested Benefits by Form of Benefit, FY 1968-90
(millions of constant FY 1990 dollars)

Fiscal year	Medical benefits	Cash aid	Food benefits ^a	Housing benefits	Education benefits	Jobs/ training aid	Services/ other ^b	Energy aid	Total ^c
1968	\$ 7,216	\$ 8,718	\$ 0	NA	\$ 0	\$151	\$ 406	\$ 0	\$16,492
1973	11,699	14,879	0	NA	0	157	1,506	0	28,242
1975	15,655	15,907	1,317	NA	337	92	1,532	0	34,840
1976	17,279	16,902	1,395	NA	344	86	1,516	0	37,521
1977	18,288	16,745	1,665	NA	379	117	1,583	0	38,777
1978	18,763	16,083	1,671	NA	454	121	1,560	0	38,652
1979	19,702	15,108	696	NA	442	137	1,533	0	37,619
1980	21,078	15,519	728	NA	455	129	1,374	0	39,283
1981	22,674	15,931	840	NA	423	122	2,118	0	42,108
1982	23,947	15,202	978	NA	366	102	2,585	20	43,202
1983	24,668	15,392	1,020	NA	394	103	2,737	33	44,346
1984	25,922	15,544	1,192	NA	379	98	2,384	54	45,573
1985	26,573	15,976	1,250	NA	552	98	2,339	38	46,825
1986	27,657	16,705	1,305	NA	586	86	2,247	59	48,644
1987	28,914	16,866	1,328	NA	582	81	2,253	237	50,261
1988	30,650	16,828	1,245	NA	595	79	2,296	194	51,887
1989	32,629	17,266	1,217	NA	571	102	2,199	188	54,172
1990	35,986	18,092	1,246	NA	629	249	2,140	122	58,464

^aThe spending "decline" in 1979 represents a change in accounting. Data for 1975-78 include estimated State-local funds used for free and reduced price school lunches. For subsequent years these estimates could not be made.

^bFor 1968-81, data reflect State reports on spending eligible for Federal matching funds. Since passage of the title XX Social Services Block Grant, these reports have ceased. Data for 1982-90 are rough estimates of spending for social services of the title XX variety, derived from surveys by the Voluntary Cooperative Information Systems of the American Public Welfare Association.

^cRows may not add to total shown because of rounding.

Source: Data sources are the same as for table 3.

Table 6 presents combined Federal-State-local welfare outlays for selected years, by form of benefit and in constant 1990 dollars. It shows that real spending declined in 1982 for cash aid, food benefits, jobs and training, services, and energy aid. Growth resumed subsequently for most of these benefits, but real spending in 1990 fell short of 1981 levels for jobs and training, services, and energy aid. Throughout this period, total spending increased in real terms for medical aid.

TABLE 6. Outlay Trends by Form of Benefit, FY 1975-90^a

	FY75	FY81	FY82	FY85	FY90	FY90 as percentage of 1975 ^b
	(billions of constant 1990 dollars)					
Medical aid	\$ 38.2	\$ 54.9	\$ 55.3	\$ 60.4	\$86.2	225%
Cash	45.9	46.3	44.6	45.7	55.1	120
Food benefits	16.5	23.6	22.3	24.8	25.3	153
Housing	10.2	15.7	16.0	17.1	17.5	172
Education	5.5	7.4	11.0	12.1	14.4	263
Jobs/training	5.2	11.0	5.5	4.8	4.2	82
Services/other	6.3	7.7	6.8	6.7	6.1	97
Energy aid	—	2.9	2.8	2.8	1.8	--
Total ^c	\$127.8	\$169.5	\$164.3	\$174.5	\$210.6	165%

^aData sources are the same as for table 3.

^bCalculated on basis of numbers carried to nearest million.

^cSome columns do not add to total shown because of rounding.

Share of Gross National Product⁶

As a share of GNP, total welfare outlays more than doubled from 1.9 percent in FY 1968 to a peak of 3.94 percent in 1976. From 1977-83, they averaged 3.89 percent of GNP, but since 1984 have averaged 3.66 percent. The 1990 share, 3.9 percent, was the highest since 1981. The share of GNP used for income-tested benefit programs was as follows:

⁶GNP numbers (1973-90) are from the *Budget of the United States Government for Fiscal Year 1992*, Table 1.2 (Part 7, p. 15). The 1968 number is from OMB.

	GNP (billions)	Percent		GNP (billions)	Percent
FY 1968	\$ 849.4	1.90	FY 1982	\$3,139.1	3.85
1973	1,281.4	2.88	1983	3,321.9	3.85
1975	1,522.5	3.56	1984	3,687.7	3.67
1976	1,698.2	3.94	1985	3,952.4	3.63
1977	1,933.0	3.83	1986	4,180.8	3.56
1978	2,171.8	3.87	1987	4,424.7	3.59
1979	2,447.8	3.74	1988	4,780.4	3.61
1980	2,670.6	3.92	1989	5,131.3	3.63
1981	2,986.4	3.92	1990	5,405.6	3.90

Share of Federal Budget

The share of the Federal budget used for benefit programs for the needy more than doubled from 1968 to 1976 and peaked in 1978-79 at 13.9 percent. However, it began dropping in 1980 and fell to 10.9 percent in 1986 before again turning upward. It averaged 11.8 percent in 1987-90, and in 1990 reached the highest level since 1981. Table 7 summarizes this.

TABLE 7. Share of Federal Budget Used for Need-Tested Benefits

FY	Federal spending for need-tested benefits ^a (billions)	Total Federal outlays (billions)	Share of Federal budget for need- tested benefits (percent)
1968	\$ 11.406	\$ 178.134	6.4%
1973	26.876	245.707	10.9
1975	39.461	332.332	11.9
1976	49.954	371.779	13.4
1977	55.113	409.203	13.5
1978	63.964	458.729	13.9
1979	70.172	503.464	13.9
1980	80.043	590.920	13.5
1981	87.936	678.209	13.0
1982	88.977	745.706	11.9
1983	93.830	808.327	11.6
1984	99.151	851.781	11.6
1985	105.064	946.316	11.1
1986	107.775	990.258	10.9
1987	114.789	1,003.830	11.4
1988	125.047	1,064.051	11.8
1989	134.715	1,144.069	11.8
1990	152.166	1,251.703	12.2

^aData sources are the same as for table 3.

Composition of Benefits

The largest increases during 1968-90 in need-based benefit expenditures were in forms other than cash. The result is a dramatic change in the composition of the benefit dollar, shown in table 8 and chart 2. At the start of the period, 46.7 cents per benefit dollar were given as cash, but by 1990 the cash share had fallen to 26.2 cents, a drop of 20.5 cents per dollar (44 percent). The share of aid provided as food and housing almost doubled during the period, rising from 10.4 cents per benefit dollar to 20.3 cents. The share given as medical aid rose 11.1 cents (37 percent), but the share provided as jobs and training declined 2.7 cents (57 percent).

TABLE 8. Composition of Need-Tested Benefits^a

Form of aid	FY68	FY75	FY81	FY85	FY88	FY90
	(percentage share of total aid)					
Medical aid	29.8%	29.9%	32.4%	34.6%	38.2%	40.9%
Cash	46.7	35.9	27.3	26.2	27.3	26.2
Food benefits	5.5	12.9	13.9	14.2	12.2	12.0
Housing	4.9	8.0	9.3	9.8	8.4	8.3
Education aid	5.3	4.3	4.3	6.9	6.7	6.8
Jobs/training	4.7	4.0	6.5	2.8	2.2	2.0
Services/other	3.1	4.9	4.6	3.8	3.8	2.9
Energy aid	0	0	1.7	1.6	1.1	0.9
Total ^b	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

^aData sources are the same as for table 3.

^bSome columns do not add to total shown because of rounding.

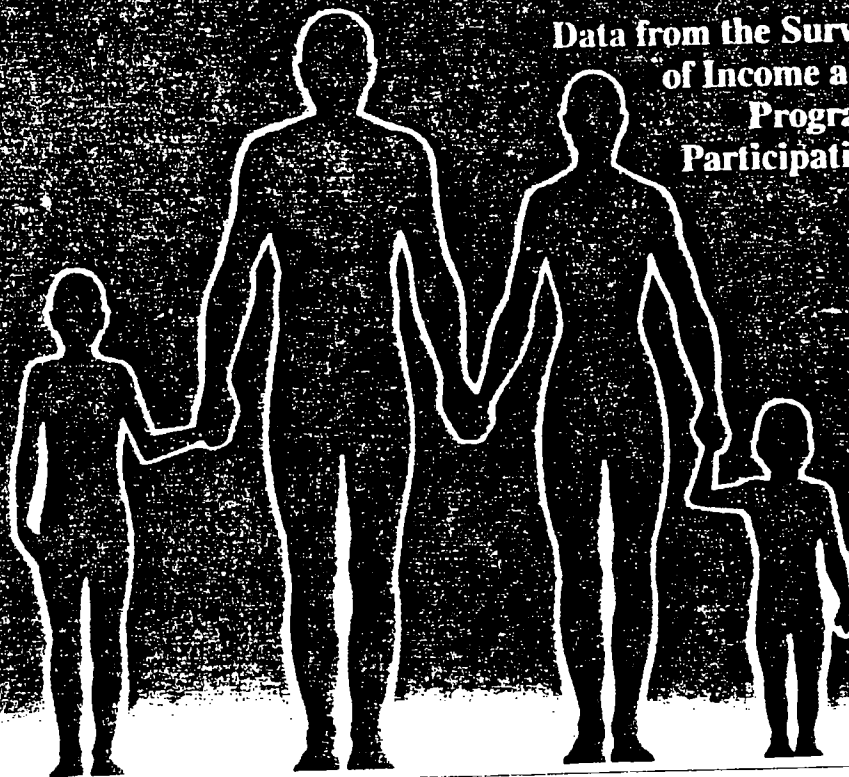


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Characteristics of Recipients and the Dynamics of Program Participation: 1987-1988

**Data from the Survey
of Income and
Program
Participation**



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Characteristics of Recipients and the Dynamics of Program Participation: 1987 and 1988

INTRODUCTION

This report uses data from the Survey of Income and Program Participation (SIPP) to examine the participation in various government assistance programs at a point in time and over a 28-month period. It presents data from the complete panel file of the 1987 SIPP¹ which covers the time period from October 1986 through April 1989. Descriptions of the SIPP program and the 1987 panel file are contained in appendixes B and E, respectively.

SIPP enables comparisons of the rates of program participation and the amounts of benefits received among persons of different demographic and socioeconomic characteristics. SIPP also allows analysis of the correlation among such characteristics. It also can be used to study the distribution of spell durations. This 'Survival Analysis' is discussed in appendix A.

The panel file contains monthly information on the program participation status of individuals as well as on many other characteristics which can vary over the panel, such as residence and income. Efforts were made during the life of the panel to follow persons who moved to ensure that the sample remained representative of the noninstitutional population of the United States. Persons are characterized by the income and poverty status of their respective family unit based on living arrangements each month during the period of study.

It should be noted that some longitudinal estimates presented here are based on responses of persons who were interviewed in all seven waves of the 1987 panel. Other longitudinal estimates are based on respondents interviewed in all waves of a particular calendar year. Insofar as persons who left the panel differed in their program participation from those who did not, these longitudinal estimates may be biased.²

Five sets of weights were used in this report. Monthly weights for calendar years 1987 and 1988 were used in deriving average monthly participation figures and monthly family benefits for each year. Estimates of the number of persons who ever participated during the panel and who participated all of 1987 and 1988 were based on

the 1987 panel weight. Calendar year weights for 1987 and 1988 were used to obtain estimates of the number of persons who ever participated during a given year.³

The program participation data in this report refer to the following programs: (1) Aid to Families with Dependent Children (AFDC), (2) General Assistance, (3) Supplemental Security Income (SSI), (4) food stamps, (5) public or subsidized rental housing, (6) Medicaid, (7) Special Supplemental Food Program for Women, Infants, and Children (WIC), (8) Social Security or Railroad Retirement Income, (9) Veterans' compensation or pensions, and (10) unemployment compensation.

The descriptive analysis does not cover the key social insurance programs of Social Security or Railroad retirement income, nonmeans-tested Veterans' compensation or pensions, and unemployment compensation. However, data on these programs are included in the detailed tables 4 and 5. The tables in this report show data for persons rather than for families or households. Persons are considered participants in AFDC, General Assistance, Veterans' compensation or pensions or food stamp assistance if they are the primary recipient or if they are covered under another person's allotment. Persons receiving SSI payments or unemployment compensation are considered to be participants in an assistance program as are persons covered by Medicaid⁴ or WIC or living in public or subsidized rental housing. Persons are counted as participants in the Social Security or Railroad Retirement program if they are covered on their own, jointly with a spouse, or through a parent.

Persons are counted as participants in a major assistance program if they live in public housing or are beneficiaries of one of the following programs: AFDC, General Assistance, SSI, Medicaid, food stamps, and

³Estimates of the percent of persons participating in an average month were similar if not identical using either the month or the calendar year weights. For example, the percentage of persons participating in a major assistance program in an average month of 1987 was 11.4 percent, independent of whether the 1987 month weights or the calendar year weight were used. There were differences in estimates of aggregates from these two sets of weights. However, in most cases they were not large. For example, the average monthly number of persons who received benefits from one or more major assistance program was 27.4 million in 1987 using the month weights, compared to 27.1 million using the calendar year weight.

⁴Medicaid coverage is determined in a two-step procedure. The initial procedure counts as covered all persons and their dependents who report to be covered. The second procedure further looks for Medicaid coverage through AFDC and Federal SSI programs.

¹The wave files were used only to extract the month weights necessary for cross-sectional estimates.

²See appendix E for further discussion.

Federal or State rent assistance. They are considered participants in means-tested programs if they partake in one of the above programs or in WIC or means-tested Veterans' benefits. Benefit amounts from major assistance programs include AFDC or other cash assistance, SSI, and food stamp benefits. Benefit amounts from means-tested programs additionally include any benefits received from WIC and means-tested Veterans' compensation.

HIGHLIGHTS

(The numbers in parentheses denote the 90-percent confidence intervals)

- The average monthly number of persons who participated in one or more major assistance programs was 27.4 (± 1.3) million in 1987 and 27.0 (± 1.4) million in 1988, constituting roughly 11 (± 0.6) percent of the populations.
- In 1987, 34.9 (± 1.6) million persons, or 14.8 (± 1.1) percent of the population, participated at least 1 month in a major assistance program. The corresponding number for 1988 was 33.8 (± 1.6) million, or 14.2 (± 1.2) percent.
- During all months of 1987 and 1988, 17.1 (± 1.2) million persons participated in a major assistance program constituting 7.4 (± 0.5) percent of the population.
- Median monthly family benefits from cash assistance and the Food Stamp program combined were about \$360 (± 8.80) in 1987 and in 1988.
- When income is defined to include all money income plus the value of food stamps, 50.7 (± 2.9) percent of participants in means-tested programs received at least half of their income from benefits in an average month during 1987, and 31.1 (± 2.7) percent received all of their income from benefits.
- Of the assistance programs considered, the Medicaid and Food Stamp programs had the highest average monthly participation in both years.
- Females had significantly higher participation rates than males. For females, 16.6 (± 1.0) percent participated at least 1 month during 1987 in a major assistance program compared to 13.0 (± 1.0) percent of males.
- Persons in female-householder families were five times as likely as persons in married-couple families to have participated in a major assistance program for at least 1 month in 1987 or 1988.
- In 1987, 10.8 (± 0.7) percent of White persons participated in a major assistance program compared to 28.5 (± 3.2) percent of persons of Hispanic origin (who may be of any race) and 40.2 (± 1.7) percent of Black persons.
- Children were more likely to have participated in major assistance programs during an average month in 1987 or 1988 than elderly persons and nonelderly adults. They were also more likely to have participated at least 1 month in either year in major assistance programs.
- In an average month in 1987, 20.8 (± 1.5) percent of persons 18 years of age and older without a high school diploma participated in major assistance programs compared to 7.3 (± 0.8) percent of those with a high school diploma, and 2.9 (± 0.5) percent of persons with some years of college.
- Unemployed workers had substantially higher average monthly participation rates in major assistance programs than employed persons and those out of the labor force.
- The presence of a work disability increased the likelihood of participating in major assistance programs from 6.5 (± 0.6) to 21.0 (± 2.1) percent in an average month in 1987.
- Poor persons participated at least 1 month in a major assistance program 74.4 (± 2.8) percent in 1987, compared to only 7.5 (0.6) percent of the nonpoor.

PROGRAM PARTICIPATION IN THE UNITED STATES: 1987 AND 1988

Approximately 27 million persons participated in a major assistance program in an average month during 1987 and 1988, representing roughly 11 percent of the population. The numbers of persons who ever participated during 1987 and 1988 were significantly higher, 34.8 million and 33.8 million, respectively, demonstrating substantial mobility. As can be seen in table A and figure 1, participation in both years was highest for Medicaid and food stamps, followed by AFDC and other cash assistance. In 1987, average monthly Medicaid coverage was 17.5 million, representing 7.3 percent of the population. In the same year, 21.8 million persons were covered for at least 1 month by Medicaid.

Sex and family status. In 1987 and 1988, females were more likely than males to participate in a major assistance program. As shown in table B, the average monthly participation rate as well as the proportion of persons who participated for at least 1 month was 3 percentage points higher for females than for males in both years. Females were also more likely than males to participate for a prolonged period of time in a major

Figure 1.
Program Participation Rates for Selected Programs: 1987 and 1988

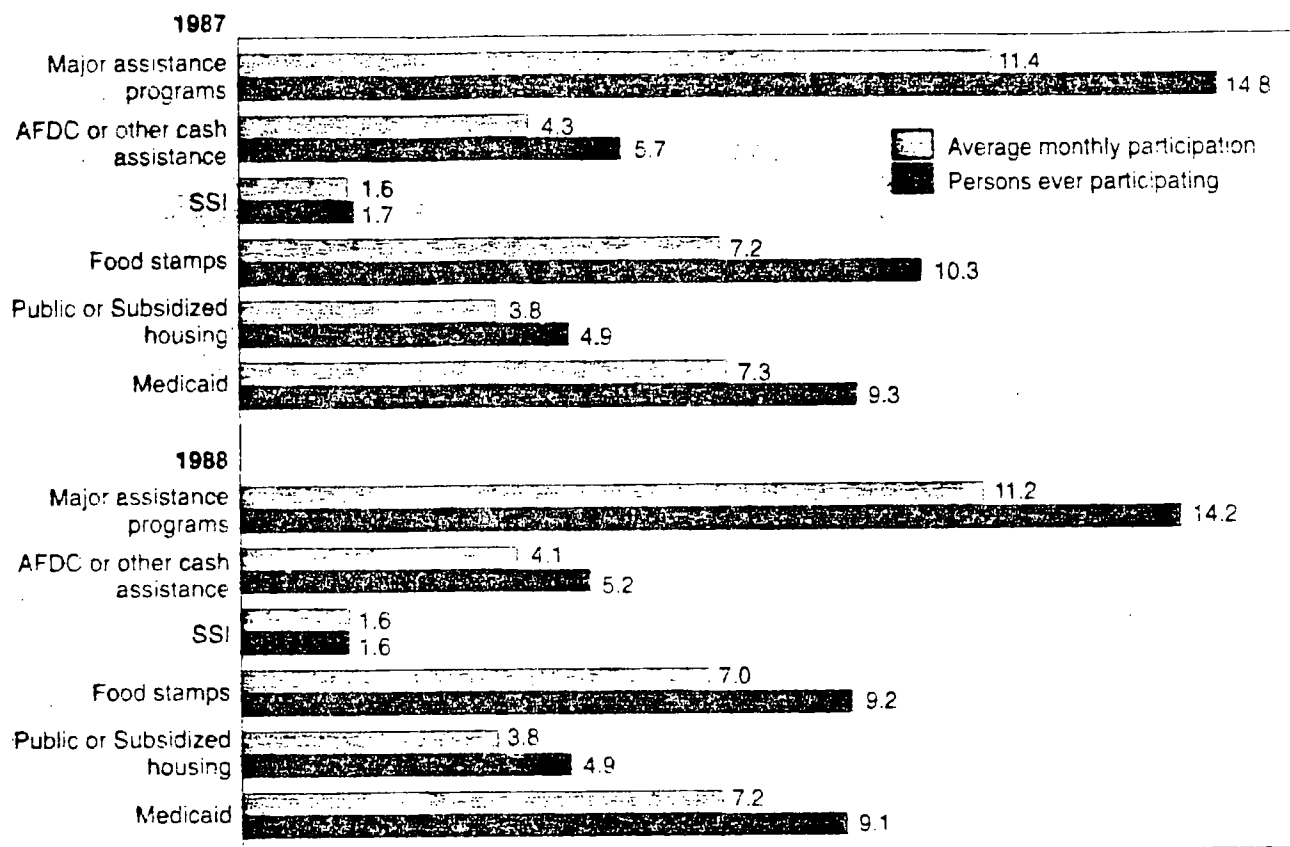


Table A. Program Participation Status: 1987 and 1988¹

(Numbers in thousands)

Status	Major assistance programs ²		AFDC or other cash assistance programs		SSI		Food stamps		Public or subsidized rental housing		Medicaid	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1987												
Average monthly participation.....	27,412	11.4	10,385	4.3	3,831	1.6	17,365	7.2	9,222	3.8	17,474	7.3
Persons ever participating.....	34,856	14.8	13,432	5.7	4,060	1.7	24,221	10.3	11,424	4.9	21,767	9.3
1988												
Average monthly participation.....	27,027	11.2	9,919	4.1	3,817	1.6	16,934	7.0	9,313	3.8	17,502	7.2
Persons ever participating.....	33,773	14.2	12,347	5.2	3,804	1.6	21,918	9.2	11,555	4.9	21,615	9.1

¹Bases for percentages can be found in the detailed tables.

²Major assistance programs include AFDC or other cash assistance, SSI, food stamps, Medicaid, and housing assistance.

Table B. Program Participation Status, by Sex and Family Status: 1987 and 1988¹

(Numbers in thousands)

Sex and family status	1987						1988					
	Major assistance programs ²		AFDC or other cash assistance programs		Food stamps		Major assistance programs ²		AFDC or other cash assistance program		Food stamps	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Average monthly participation												
Total	27,412	11.4	10,385	4.3	17,365	7.2	27,027	11.2	9,919	4.1	16,934	7.0
Sex												
Male	11,364	9.7	4,091	3.5	7,244	6.2	11,203	9.5	3,940	3.3	6,980	5.9
Female	16,048	13.0	6,294	5.1	10,121	8.2	15,824	12.7	5,979	4.8	9,954	8.0
Family status												
In families	23,323	11.2	10,052	4.8	15,822	7.6	22,903	10.9	9,594	4.6	15,444	7.4
In married-couple families	10,350	6.2	2,544	1.5	6,528	3.9	9,952	5.9	2,293	1.4	5,817	3.4
In families with a female householder, no spouse present	12,277	37.4	7,366	22.5	9,065	27.6	12,238	36.5	7,167	21.4	9,434	28.1
Unrelated individuals	4,089	12.6	332	1.0	1,543	4.8	4,124	12.5	325	1.0	1,489	4.5
Persons ever participating												
Total	34,856	14.8	13,432	5.7	24,221	10.3	33,773	14.2	12,347	5.2	21,918	9.2
Sex												
Male	14,714	13.0	5,338	4.7	10,334	9.1	14,323	12.4	5,052	4.4	9,284	8.0
Female	20,142	16.6	8,094	6.7	13,888	11.4	19,450	15.9	7,295	6.0	12,634	10.3
Family status												
In families	30,190	14.7	12,890	6.3	22,242	10.8	29,067	14.1	11,888	5.7	20,123	9.7
In married-couple families	15,230	9.1	3,758	2.2	10,480	6.3	14,601	8.7	3,656	2.2	8,908	5.3
In families with a female householder, no spouse present	14,102	43.7	8,889	27.5	11,341	35.1	13,502	41.5	7,930	24.4	10,791	33.1
Unrelated individuals	4,666	15.8	542	1.8	1,979	6.7	4,707	15.2	459	1.5	1,795	5.8

¹Bases for percentages can be found in the detailed tables.²Major assistance programs include AFDC or other cash assistance, SSI, food stamps, Medicaid, and housing assistance.

assistance program. Table C shows that 8.7 percent of females participated each month in 1987 and 1988, compared to 6.0 percent of males.⁵

The differences between the sexes in the receipt of assistance reflect eligibility rules⁶ as well as differences in income. In 1987, the male poverty rate was 12.0 percent, as compared to 15.0 percent for females.⁷ The difference in poverty status and program participation, is correlated with family type. Most single-parent families have a female householder (84.9 percent in 1987)⁸, and

participation in major assistance programs is higher for persons in female-householder families than for persons in married-couple families and unrelated individuals. In an average month during 1987, persons in female-householder families had a 37.4 percent participation rate, compared to 6.2 percent for persons in married-couple families and 12.6 percent for unrelated individuals (table B). This pattern was repeated for those who participated at least 1 month in 1987 or 1988 and those who participated all of 1987 and 1988. Furthermore, persons in female-householder families were about 15 times as likely as persons in married-couple families to have received AFDC or other cash assistance in an average month, and over seven times as likely to have received food stamps (see table B).

⁵The difference in females and males who participated in each month of 1987 and 1988 is not significantly different from three.

⁶Based on FY 1987 data compiled by the U. S. Department of Health and Human Services, 87 percent of children who participated in AFDC were eligible because a parent was continuously absent from home. The absent parent was the father in the vast majority of cases.

⁷U.S. Bureau of the Census, Current Population Reports, Series P-60, No. 163, *Poverty in the United States: 1987* U.S. Government Printing Office, Washington, DC, 1989.

Official poverty estimates are derived from the Current Population Survey (CPS) and differ from SIPP estimates. See appendix E for a discussion of these differences.

⁸Ibid.

Table C. Long-Term Program Participation Status, by Sex and Family Status: 1987 and 1988¹

(Numbers in thousands)

Sex and family status	Persons participating all of 1987 and 1988 in major assistance programs ²	
	Number	Percent
Total	17,137	7.4
Sex		
Male	6,759	6.0
Female	10,378	8.7
Family status		
In families	14,444	7.1
In married-couple families	5,625	3.4
In families with a female householder, no spouse present	8,578	27.5
Unrelated individuals	2,693	9.5

¹Bases for percentages can be found in the detailed tables.

²Major assistance programs include AFDC or other cash assistance, SSI, food stamps, Medicaid, and housing assistance.

Median family benefits from food stamps and AFDC or other cash assistance were somewhat higher for participants in married-couple families than for participants in female-householder families in both 1987 and 1988, as shown in table D. However, except between married-couple and female-householder families in the median amount of food stamp benefits received in 1987, these differences were not statistically significant. Still, it is not surprising, given that, on average, female-householder families are smaller than other families⁹ (2.97 versus 3.21 persons in 1987) and family benefit amounts depend in part on family size.

Unlike benefits from a particular assistance program, the median sum of benefits from cash assistance plus Food Stamp programs was higher for persons in families with a female householder than for persons in

married-couple families. As can be seen in table D, median combined family benefits for persons in female-householder families amounted to \$486 in 1987, which is substantially higher than the \$268 received by their counterparts in married-couple families. In 1988, the benefit amounts were \$466 and \$284, respectively. This suggests that female-householder families drew benefits from more programs or from a different mix of programs than married-couple families, rather than more benefits from any given program. Households composed entirely of recipients of AFDC or SSI are automatically eligible for food stamps as long as they meet food stamp employment-related requirements.¹⁰ Multiple program participation through "categorical" eligibility explains in part the higher combined median benefits of female-householder families compared to married-couple families. In addition, not only is the poverty rate of persons in female-householder families significantly higher than that of persons in all other families (38.3 versus 7.4 percent in 1987)¹¹, but persons in female-householder families were also significantly more likely to have family incomes below one-half of their respective poverty thresholds (18.6 versus 2.3 percent in 1987)¹². Such low income levels make multiple program participation, and therefore higher combined benefits, more likely.

Race and Hispanic origin. There was a strong association between race and Hispanic origin and the likelihood of receiving means-tested assistance. Whites had significantly lower participation rates than Blacks, and persons of Hispanic origin¹³ had rates intermediate between Whites and Blacks. In 1987, 8.0 percent of White persons participated in a major assistance

⁹U. S. Library of Congress. Congressional Research Service. Cash and Noncash Benefits for Persons With Limited Income: Eligibility Rules, Recipient and Expenditure Data, FY 1986-88. Report for Congress No. 89-595 EPW, compiled by Vee Burke. Washington, DC 1989. 86 p.

¹⁰U. S. Bureau of the Census, op cit.

¹¹U. S. Bureau of the Census, op cit.

¹²Persons of Hispanic origin may be of any race.

Table D. Median Monthly Family Benefits, by Family Status: 1987 and 1988¹

Family status	1987				1988			
	Major assistance programs ²	AFDC or other cash assistance	SSI	Food stamps	Major assistance programs ²	AFDC or other cash assistance	SSI	Food stamps
All persons receiving benefits	\$358	\$373	\$268	\$148	\$361	\$341	\$286	\$157
Family status								
In families	390	379	297	155	398	350	317	164
In married-couple families	268	395	241	166	284	372	314	172
In families with a female householder, no spouse present	486	373	335	152	466	348	334	164
Unrelated individuals	169	190	230	45	179	184	232	41

¹Standard errors are provided in appendix D, table D-6.

²Major assistance programs include AFDC or other cash assistance, SSI, and food stamps.

program in an average month, compared to 33.7 percent of Blacks and 22.1 percent of persons of Hispanic origin. As shown in table E, this pattern of differences held also for persons who ever participated during 1987 and 1988 and for those who participated during all of 1987 and 1988. Over one-fourth of all Blacks received assistance from a major assistance program during all 24 months of 1987 and 1988. The comparable figures for Whites and persons of Hispanic origin were 4.6 percent and 14.6 percent, respectively.

In both years, the median sum of means-tested family benefits was higher for Black and Hispanic-origin participants than for their White counterparts (see table F). Whites received median benefits of \$318 in 1987 (\$347 in 1988), compared to \$379 (\$366) for Blacks and \$396 (\$409) for persons of Hispanic origin. In contrast, the median benefits from AFDC and other cash assistance received by Black participants were substantially lower than those received by their White and Hispanic-origin counterparts.¹⁴

Compared to Black and Hispanic-origin participants, a smaller proportion of White participants had incomes

that consisted mainly of benefits, as can be seen in table G. When income is defined to include money income plus the value of food stamps and WIC benefits, 45.8 percent of White participants received more than 50 percent of monthly income from means-tested programs in 1987, compared to approximately 57 percent of Blacks and Hispanic-origin persons. A similar pattern can be observed for 1988. Furthermore, while benefits constituted the only income for 26.2 percent of White participants in 1987, they did so for approximately 38 percent of Hispanic-origin and Black participants.

The differences between Whites, Blacks, and persons of Hispanic origin in the likelihood of receiving means-tested assistance result from differences in poverty status and its correlates, such as family type. In 1987, 33.1 percent of Blacks and 28.2 percent of persons of Hispanic origin lived in poverty as compared to 10.5 percent of Whites. In the same year less than 10 percent of Whites lived in female-householder families without a spouse present, compared to 36.1 percent of Blacks and 18.6 percent of persons of Hispanic origin.¹⁵

Despite significantly higher participation rates for Blacks and persons of Hispanic origin, most participants

¹⁴The median benefits from AFDC and other cash assistance received by Whites were not significantly different from those received by their Hispanic-origin counterparts in both 1987 and 1988.

¹⁵U. S. Bureau of the Census, op.cit.

Table E. Program Participation Status, by Race and Hispanic Origin: 1987 and 1988¹

(Numbers in thousands)

Numbers in thousands)

Race and Hispanic origin	Average monthly participation in major assistance programs ²				Persons ever participating in major assistance programs ²				Persons participating all of 1987 and 1988 in major assistance programs ²	
	1987		1988		1987		1988			
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total	27,412	11.4	27,027	11.2	34,858	14.8	33,773	14.2	17,137	7.4
Race and Hispanic origin										
White	16,258	8.0	16,138	7.9	21,556	10.8	21,075	10.5	8,921	4.6
Black	9,775	33.7	9,635	32.9	11,434	40.2	11,153	38.5	7,227	25.9
Hispanic origin ³	4,197	22.1	4,324	22.0	5,097	28.5	5,137	27.3	2,539	14.6

¹Bases for percentages can be found in the detailed tables.

²Major assistance programs include AFDC or other cash assistance, SSI, food stamps Medicaid, and housing assistance.

³Persons of Hispanic origin may be of any race.

Table F. Median Monthly Family Benefits, by Race and Hispanic Origin: 1987 and 1988¹

Race and Hispanic origin	1987		1988	
	Major assistance programs ²	AFDC or other cash assistance	Major assistance programs ²	AFDC or other cash assistance
All persons receiving benefits	358	373	361	341
Race and Hispanic origin				
White	318	394	347	382
Black	379	294	366	270
Hispanic origin ³	396	406	409	359

¹Standard errors are provided in appendix D, table D-6.

²Major assistance programs include AFDC or other cash assistance, SSI, and food stamps.

³Persons of Hispanic origin may be of any race.

Table G. Average Monthly Participation in Means-Tested Programs,¹ by Monthly Family Benefits as a Percent of Family Income, Race and Hispanic Origin: 1987 and 1988

(Numbers in thousands)

Race and Hispanic origin	1987		1988	
	Number	Percent distribution	Number	Percent distribution
All persons				
Total	22,071	100.0	21,387	100.0
Monthly family benefits as a percent of family income ²				
Under 50 percent	10,889	49.3	10,876	50.8
50 percent and above	11,182	50.7	10,512	49.2
100 percent	6,872	31.1	6,283	29.4
White				
Total	13,187	100.0	12,837	100.0
Monthly family benefits as a percent of family income ²				
Under 50 percent	7,147	54.2	6,889	53.7
50 percent and above	6,038	45.8	5,948	46.3
100 percent	3,459	26.2	3,326	25.9
Black				
Total	7,804	100.0	7,640	100.0
Monthly family benefits as a percent of family income ²				
Under 50 percent	3,328	42.6	3,652	47.8
50 percent and above	4,475	57.3	3,988	52.2
100 percent	2,962	38.0	2,592	33.9
Hispanic origin³				
Total	3,389	100.0	3,501	100.0
Monthly family benefits as a percent of family income ²				
Under 50 percent	1,451	42.8	1,458	41.6
50 percent and above	1,938	57.2	2,044	58.4
100 percent	1,277	37.7	1,263	36.1

¹Means-tested programs include AFDC or other cash assistance, SSI, food stamps, WIC, and means-tested veterans' compensation or pensions.

²Based on money income excluding capital gains, plus the value of food stamps and WIC, and before taxes.

³Persons of Hispanic origin may be of any race.

were White. During an average month in 1987, 59.3 percent of all participants in major assistance programs were White. The respective percentages for Blacks and persons of Hispanic origin were 35.7 and 15.3, respectively.

Age. Children had higher average monthly rates of participation in major assistance programs than persons in other age groups, reflecting their higher likelihood of living in poverty. As shown in table H, 18.3 of all children

participated during an average month in 1987 in at least one major assistance program, while 8.3 percent of the nonelderly adults and 12.6 percent of the elderly did so. In the same year, the poverty rate of children was 20.6 percent, compared to 10.8 percent for nonelderly adults and 12.2 percent for the elderly.¹⁶

The elderly were more likely than other age groups to participate in SSI, due to its eligibility rules that require financially needy persons to be aged, blind, or disabled in order to qualify. Elderly participants also differed significantly from those in other age groups in their likelihood of participating in a major assistance program for the entire 1987-1988 period. As can be seen in tables H and I, of 4.0 million elderly who ever participated in major assistance programs during 1987, 2.7 million or roughly 68 percent participated during the entire 2-year period. Although not statistically different, the respective rates for nonelderly adults and children were 45 and 49 percent.

Table J shows median monthly family benefits from major assistance programs, both combined and separately. They were substantially higher in both years for children than for nonelderly adults, and were also higher for nonelderly adults than for the elderly.¹⁷

In 1987, benefits from AFDC or other cash assistance, SSI, WIC, means-tested Veterans assistance and food stamps accounted for over one-half of total family income for 56.1 percent of participating children (see table K). The proportions of nonelderly adults is nearly the same as children while the proportion of elderly who received over one-half of their income from those benefits was smaller, 40.5 percent. Benefits constituted the only income component for approximately 35 percent of all participating children and nonelderly adults, and 19.3 percent of elderly participants.

Education. Education of those 18 years and older is highly correlated with program participation. Table L shows that 20.8 percent of persons without a high school diploma participated in a major assistance program during an average month in 1987, compared with 7.3 percent of high school graduates without college and 2.9 percent of persons with at least 1 year of college. Moreover, 15.6 percent of all persons who had not completed high school participated in a major assistance program during all of 1987 and 1988, compared to 4.6 percent of high school graduates and 1.6 percent of persons who attended college.

In both 1987 and 1988, median family benefits from SSI were significantly larger for adults with a high school diploma than for those without.

¹⁶U. S. Bureau of the Census, op. cit.

¹⁷The sample of child recipients of SSI is too small for a meaningful assessment.

Table H. Program Participation Status, by Age: 1987 and 1988¹

(Numbers in thousands)

Age	1987				1988			
	Major assistance programs ²		SSI		Major assistance programs ²		SSI	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Average monthly participation								
Total	27,412	11.4	3,831	1.6	27,027	11.2	3,617	1.6
Age								
Under 18 years ³	11,608	18.3	3	-	11,417	17.9	15	-
18 to 64	12,260	8.3	2,071	1.4	11,954	8.0	2,013	1.3
65 years and over	3,544	12.6	1,757	6.2	3,656	12.8	1,788	6.3
Persons ever participating								
Total	34,856	14.8	4,060	1.7	33,773	14.2	3,804	1.6
Age								
Under 18 years ³	14,680	23.3	-	-	14,355	22.7	24	-
18 to 64	16,141	11.1	2,213	1.5	15,497	10.5	1,962	1.3
65 years and over	4,035	15.1	1,847	6.9	3,921	14.4	1,818	6.7

¹Bases for percentages can be found in the detailed tables.²Major assistance programs include AFDC or other cash assistance, SSI, food stamps, Medicaid, and housing assistance.³In the case of SSI, data in the SIPP is only collected for persons who are at least 15 years of age. The 'under 18 years' category therefore contains only 15 to 17 year old recipients of SSI.Table I. Long-Term Program Participation Status, by Age: 1987 and 1988¹

(Numbers in thousands)

Status	Persons participating all of 1987 and 1988 in major assistance programs ²	
	Number	Percent
Total	17,137	7.4
Age		
Under 18 years	7,185	11.4
18 to 64	7,213	5.0
65 years and older	2,738	10.9

¹Bases for percentages can be found in the detailed tables.²Major assistance programs include AFDC or other cash assistance, SSI, food stamps, Medicaid, and housing assistance.

Employment and Disability Status. Table N shows data on the relationship between the employment status of persons 18 years and older and their participation in major assistance programs. The average monthly program participation rate of unemployed persons was 26.9 percent in 1987, followed by 17.8 percent for persons out of the labor force, 6.4 percent for those employed part-time, and 2.8 percent for full-time workers. Unemployed workers also had the highest probability of participating at least 1 month in a given year, 37.4 percent in 1987. This was followed by 20.6 percent for persons who were out of the labor force, 10.2 percent for the part-time employed, and 4.5 percent for full-time workers.

There was no significant difference between the unemployed and persons out of the labor force in terms of their propensity to participate for a prolonged period of time in a major assistance program. The share of unemployed who participated the entire 1987-1988 period in a major assistance program was 14.6 percent, statistically indistinguishable from the 13.4 percent of persons out of the labor force who participated. The shares of full-time and part-time employees who participated in each month of the 2-year period were significantly lower, 1.2 and 3.7 percent, respectively.

As shown in table N, the presence of a work disability in persons 15 to 69 years of age increased the average monthly participation rate for major assistance programs from 6.5 to 21.0 percent in 1987. Over 26 percent of persons with a disability participated at least 1 month in 1987 and 16.5 percent participated in all months of 1987 and 1988. The respective shares for persons without a disability were 9.3 and 3.6 percent.¹⁸

Median monthly family benefits from major assistance programs were significantly higher for persons without a work disability than for persons with a work disability, as can be seen in table O. In 1987, a work disability was associated with a median monthly family benefit of \$288 for participants of major assistance programs. Participants without a work disability realized a median benefit of \$371 during the same year. Although

¹⁸The discrepancy in participation between persons with and without a work disability was largely due to differential reciprocity of SSI. For example, persons with a work disability were 40 times as likely as persons without a work disability to participate in SSI in an average month of 1987.

Table J. Median Monthly Family Benefits, by Age: 1987 and 1988¹

Status	1987				1988			
	Major assistance programs ²	AFDC or other cash assistance	SSI	Food stamps	Major assistance programs ²	AFDC or other cash assistance	SSI	Food stamps
All persons receiving benefits.....	\$358	\$373	\$268	\$148	\$361	\$341	\$286	\$157
Age								
Under 18 years.....	461	390	B	169	455	378	B	185
18 to 64 years.....	321	319	333	136	339	308	352	144
65 years and older.....	160	58	170	29	162	58	182	29

¹Standard errors are provided in appendix D, table D-6.²Major assistance programs include AFDC or other cash assistance, SSI, and food stamps.Table K. Average Monthly Participation in Means-Tested Programs,¹ by Monthly Family Benefits as a Percent of Family Income, and Age: 1987 and 1988.

(Numbers in thousands)

Age	1987		1988	
	Number	Percent distribution	Number	Percent distribution
All persons				
Total.....	22,071	100.0	21,387	100.0
Monthly family benefits as a percent of family income ²				
Under 50 percent.....	10,869	49.3	10,876	50.8
50 percent and above.....	11,162	50.7	10,512	49.2
100 percent.....	6,672	31.1	6,283	29.4
UNDER 18 YEARS				
Total.....	5,382	100.0	5,017	100.0
Monthly family benefits as a percent of family income ²				
Under 50 percent.....	2,362	43.9	2,247	44.8
50 percent and above.....	3,020	56.1	2,769	55.2
100 percent.....	1,912	35.5	1,682	33.5
18 TO 64 YEARS				
Total.....	12,611	100.0	12,429	100.0
Monthly family benefits as a percent of family income ²				
Under 50 percent.....	6,101	48.4	6,171	49.7
50 percent and above.....	6,509	51.6	6,256	50.3
100 percent.....	4,172	33.1	3,952	31.8
65 YEARS AND OLDER				
Total.....	4,078	100.0	3,941	100.0
Monthly family benefits as a percent of family income ²				
Under 50 percent.....	2,426	59.5	2,457	62.3
50 percent and above.....	1,652	40.5	1,485	37.7
100 percent.....	786	19.3	650	16.5

¹Means-tested programs include AFDC or other cash assistance, SSI, food stamps, WIC, and means-tested veterans' compensation or pensions.²Based on money income excluding capital gains, plus the value of food stamps and WIC, and before taxes.

Table L. Program Participation Status, by Educational Attainment: 1987 and 1988¹

(Numbers in thousands)

Status	Average monthly participation in major assistance programs ²				Persons participating all of 1987 and 1988 in major assistance programs ²	
	1987		1988		Number	Percent
	Number	Percent	Number	Percent		
Total	27,412	11.4	27,027	11.2	17,137	7.4
Educational attainment (persons 18 years and older)						
Less than 4 years of high school	8,936	20.8	8,748	20.5	6,147	15.6
High school graduate, no college	4,917	7.3	4,959	7.4	2,698	4.6
1 or more years of college	1,951	2.9	1,903	2.8	1,106	1.6

¹Bases for percentages can be found in the detailed tables.²Major assistance programs include AFDC or other cash assistance, SSI, and food stamps.Table M. Median Monthly Family Benefits, by Educational Attainment: 1987 and 1988¹

Status	1987				1988			
	Major assistance programs ²	AFDC or other cash assistance	SSI	Food stamps	Major assistance programs ²	AFDC or other cash assistance	SSI	Food stamps
All persons receiving benefits	\$358	\$373	\$268	\$148	\$361	\$341	\$286	\$157
Educational attainment (persons 18 years and older)								
Less than 4 years of high school	278	330	225	119	286	304	248	121
High school graduate, no college	288	302	306	118	299	295	315	127
1 or more years of college	291	310	338	117	296	299	353	100

¹Standard errors are provided in appendix D, table D-6.²Major assistance programs include AFDC or other cash assistance, SSI, and food stamps.Table N. Program Participation Status, by Employment and Disability Status: 1987 and 1988¹

(Numbers in thousands)

Employment and disability status	Average monthly participation in major assistance programs ²				Persons ever participating in major assistance programs ²				Persons participating all of 1987 and 1988 in major assistance programs ²	
	1987		1988		1987		1988		Number	Percent
	Number	Percent	Number	Percent	Number	Percent	Number	Percent		
Total	27,412	11.4	27,027	11.2	34,856	14.8	33,773	14.2	17,137	7.4
Employment status (persons 18 years and over)										
Employed full-time	2,610	2.8	2,642	2.8	4,000	4.5	4,227	4.6	1,070	1.2
Employed part-time	1,301	6.4	1,385	6.7	2,087	10.2	1,833	8.8	739	3.7
Unemployed	1,549	26.9	1,155	23.8	2,656	37.4	1,837	34.5	1,012	14.6
Not in the Labor force	10,344	17.8	10,427	17.9	11,432	20.6	11,522	20.5	7,129	13.4
Disability status (persons 15 to 69 years)										
With a work disability	5,700	21.0	5,493	20.9	6,629	26.1	6,343	25.9	4,001	16.5
With no work disability	9,240	6.5	8,998	6.2	13,065	9.3	12,414	8.7	4,993	3.6

¹Bases for percentages can be found in the detailed tables.²Major assistance programs include AFDC or other cash assistance, SSI, food stamps, Medicaid, and housing assistance.

Table C-1. Income Sources Included in Monthly Cash Income

Earnings from Employment

- Wages and salary
- Nonfarm self-employment income
- Farm self-employment income

Income from Assets (Property Income)

- Regular/passbook savings accounts in a bank, savings and loan or credit union
- Money market deposit accounts
- Certificate of deposit
- NOW, Super NOW, or other interest-earning checking accounts
- Money market funds
- U.S. Government securities
- Municipal or corporate bonds
- Other interest-earning assets
- Stocks or mutual fund shares
- Rental property
- Mortgages
- Royalties
- Other financial investments

Other Income Sources

- Social Security
- U.S. Government Railroad Retirement
- Federal Supplemental Security Income
- State Administered Supplemental Security Income
- State unemployment compensation
- Supplemental Unemployment Benefits
- Black Lung payments
- Worker's compensation
- State temporary sickness or disability benefits
- Employer or union temporary sickness policy
- Payments from a sickness, accident, or disability insurance policy purchased on your own
- Aid to Families with Dependent Children (AFDC), (ADC)
- General assistance or General relief
- Indian, Cuban, or Refugee assistance
- Foster child care payments
- Other welfare
- Child support payments
- Alimony payments
- Pensions from a company or union
- Federal Civil Service or other Federal civilian employee pensions
- U.S. Military retirement
- National Guard or Reserve Forces retirement
- State government pensions
- Local government pensions
- Income from paid-up life insurance policies or annuities
- Estates and trusts
- Other payments for retirement, disability or survivors, G.I. Bill/VEAP education benefits
- Income assistance from a charitable group
- Other unemployment compensation (Trade Adjustment Act benefits, strike pay, other)
- Veterans' compensation or pensions
- Money from relatives or friends
- Lump sum payments
- Income from roomers or boarders
- National Guard or Reserve pay
- Incidental or casual earnings
- Other cash income not included elsewhere

Table C-2. Weighted Average Poverty Thresholds in 1987 and 1988

Characteristics	Thresholds	
	1987	1988
One person (unrelated individual).....	\$5,778	\$6,024
15 to 64 years.....	5,909	6,155
65 years and over.....	5,447	5,674
Two persons.....	7,397	7,704
Householder 15 to 64 years.....	7,641	7,958
Householder 65 years and over.....	6,872	7,158
Three persons.....	9,056	9,435
Four persons.....	11,611	12,092
Five persons.....	13,737	14,305
Six persons.....	15,508	16,149
Seven persons.....	17,649	18,248
Eight persons.....	19,515	20,279
Nine persons or more.....	23,105	24,133

was a member of the 15th
Presbyterian Church.
Survivors include his wife of 47
years, Orianna Collins Syphax of
Washington and a brother, Dr.
Syphax, also of Washington.

HERBERT F. ANCIS THOMPSON Analyst

Herbert Francis Thompson, 48, an
intelligence analyst with the Federal
Emergency Management Agency,
died of a heart attack Jan. 31 at
Washington Hospital Center, where
he was awaiting heart surgery.

Mr. Thompson, who lived in
Washington, was born in Albuquer-
que, N.M. He graduated from the Univer-
sity of New Mexico and did grad-
uate study in management at Van-
dbilt University and in education
at Johns Hopkins University. He
served in the Navy and worked for
a city planning commission in
Memphis before moving to the
Washington area and joining the
FEMA at the Environmental Protec-
tion Agency in 1975.

He joined FEMA, which then was
part of the Department of Housing
and Urban Development, after a
brief period at EPA.

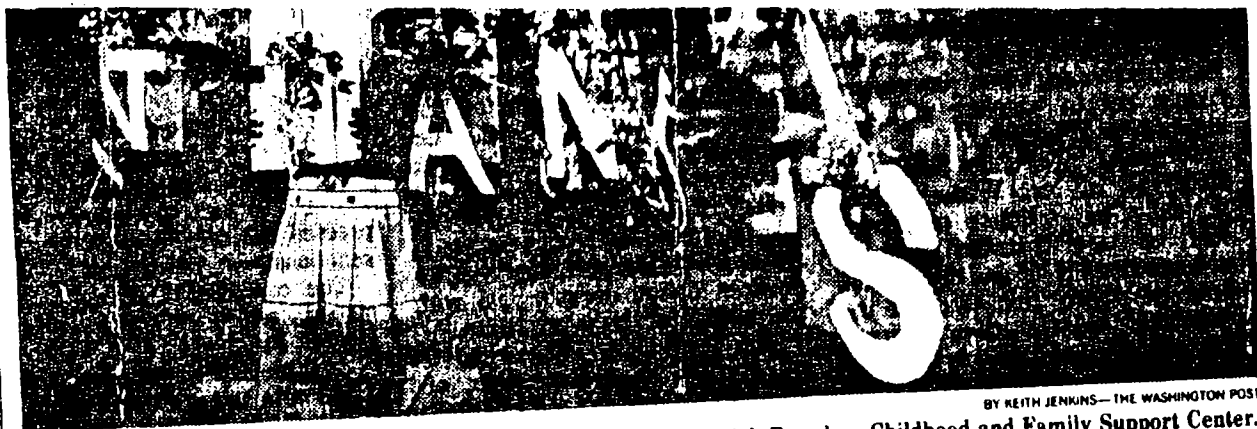
He worked in the Democratic
presidential campaigns of John F.
Kennedy and Robert Kennedy and Sen.
George McGovern of South Dakota.

Survivors include his wife, Sarah
Thompson, and a son, Elliot Thompson,
both of Washington; and his mother,
Elizabeth Thompson, and a brother,
Donald Thompson, both of Phoenix.

SALLY ZAMZOK LEFF Pianist and Vocal Coach

Sally Zamzok Leff, 99, a pianist
and vocal coach who had coached
several singers at the Metropolitan
Opera in New York, died Feb. 2 at
the Hebrew Home of Greater
Washington in Rockville after a
stroke.

Mrs. Zamzok was born in War-
saw. She came to the United States
in 1901 and settled in New York,



Children from Turner Elementary recite poem at dedication of Frederick Douglass Childhood and Family Support Center.

A Center of Hope for Troubled SE Area

By Ruben Castaneda
Washington Post Staff Writer

D.C. Mayor Sharon Pratt Kelly and
other officials and business leaders
officially opened a child-care and so-
cial service center yesterday in a
troubled Washington neighborhood.

To Kelly and the business leaders
who attended the opening of the
Frederick Douglass Early Child-
hood and Family Support Center,
the facility represents a model pub-
lic-private partnership. Officials
said they eventually hope to place
similar centers throughout the city.

The center, at 2000 Alabama
Ave. SE, in the Stanton Terrace
neighborhood, will provide child
care for up to 15 infants and tod-
dlers between the ages of 6 months
and 2 years, officials said. There
are 66 other licensed child-care
slots in Ward 8.

Parents who use the child-care
center will be charged between 40
cents a day and \$20.50 a day, based

on ability to pay and family size,
said Connie Reddix, director of the
center's child-care unit.

The center will provide other
services, including parenthood
classes, alcohol and drug abuse
counseling, employment and train-
ing programs and food stamp dis-
tribution, officials said.

Yesterday, seven children were
in the child-care unit, Reddix said.

Four of those parents have en-
rolled in classes to study for their
high school equivalency diplomas or
in vocational training programs,
steps they could not have taken
without the availability of low-cost
child care, Reddix said.

Anna Benson, 36, a single mother
of four who lives in public housing
and receives a \$575 monthly public
assistance check, is one of those par-
ents. She put her 16-month-old girl,
Valencia, in child care for the first
time yesterday while she attended an
adult education class to study for the
high school equivalency exam.

"It was impossible for me to get

[affordable] child care," Benson
said. "This will open doors for me."

Several D.C. government agencies
contributed money, staff, services
and the renovated building that had
been used by the Frederick Douglass
Dwellings, a public housing complex.

The D.C. Early Childhood Commu-
nity Support Group of private busi-
ness people raised \$200,000 to help
fund the center. An additional
\$800,000 in loans and technical sup-
port came from the Department of
Housing and Community Develop-
ment and the Development Zones
Administration.

"It takes a village to raise a child,"
Kelly said. "D.C. has come together
as one village, one community for the
betterment of our children."

The opening of the center "shows
how neighborhoods, individuals, or-
ganizations and government can
work together to bring about prog-
ress," said Katharine Graham, co-
chairman of the fund-raising group
and chairman of the board of The
Washington Post Co.

part of the city's efforts to
to a new Children's Defense Fund
report.

The city's efforts, including some
new and expanded programs, have
been fragmented and, despite tack-
ling many problems, have failed to
produce major results in any one
area, said Phyllis B. Wolfe, director
of the defense fund's District office.

"There have been little steps but
nothing really big to show that the
city has had a major impact on the
lives of a large number of children,"
Wolfe said. "In many cases, the
rhetoric has not been channeled
into measurable outcomes."

Vada Manager, spokesman for
Mayor Sharon Pratt Kelly, said the
mayor has made "substantial prog-
ress" in improving programs for
children. But in a time of fiscal con-
straints, "the government's yard-
stick for measuring progress ...
differs from that of advocacy
groups."

The defense fund, a nonprofit
advocacy group, has asked the Dis-
trict government to make a strong-
er commitment to children by add-
ing \$16.1 million to the fiscal 1994
budget and \$348,000 to this fiscal
year's supplemental budget.

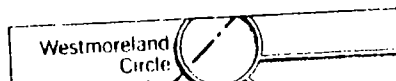
The group's 21-page analysis of
District programs recommends that
the additional money be used to
increase medical, housing and child
welfare services to families.

In the area of health care, the
report said the city continues to
have a high infant mortality rate—
20.5 deaths per 1,000 live births in
1991—and that a substantial num-
ber of children 2 and younger have
not been immunized against pre-
ventable childhood illnesses.

Although the mayor's immuniza-
tion campaign vaccinated nearly
1,000 children, the report said only

Army Locates

how many children your care at 1 time?



D.C. Council Blocks Water-B

... Off.

RISK FACTORS IN DRUG-EXPOSED CHILDREN

POOR ATTACHMENT/SENSE OF SELF

- Decreased use of adult for solace, play, object attainment and conflict resolution
- Indiscriminate attachment to strangers
- Decreased demand and response to verbal praise
- Regressive behavior
- Difficulty in making choices
- Delay in imitation, language and representational play

Marie Kanne Poulsen, Ph.D.
Children's Hospital Los Angeles

PROJECT DALSY



D.C.P.S. Project DAISY Awareness Training-82/ BOYDEN,B.