SSI Caretaker Cases, Child Support, and Economic Well-Being

Hwa-Ok Park Analysis of Administrative and Survey Data

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Executive Summary

The Caretaker Supplement (CTS) provides a cash benefit to parents who are receiving SSI payments and raising minor children in the State of Wisconsin. It is a relatively new program that was introduced in 1997 as part of a reorganization of the public income support systems for low-income families that resulted from the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). As of January 2004, there were almost 6,000 SSI parents who received benefits for 12,300 children. Little is known about parents with disabilities who are raising minor children, about the role of CTS in their economic well-being, or about child support outcomes among these families.

This report presents data from two studies of CTS recipients that used two different methodologies, quantitative and qualitative, in order to gain a deeper understanding of the program and its recipients. The first study was a quantitative analysis that used State administrative records and data from the Wisconsin Works (W-2) Child Support Demonstration Project (CSDE) to examine the economic status of mothers who ever received CTS benefits during the period from December 1997 to December 2003. The second study was a qualitative approach that used six focus groups of CTS recipients who were mothers to explore how they view the CTS program, how they make ends meet, and to what extent they utilize child support and other economic resources.

In the analysis of administrative data, we examined the characteristics of mothers in the CTS program, the transition and income patterns of mothers who transitioned from W-2 to CTS, and the economic well-being of mothers receiving CTS compared to those receiving W-2. The average age of participants was 32, over half were African American, and 62 percent lived in Milwaukee County. When they made the transition to CTS, over half had never been married and on average they cared for three children in the household. Forty-two percent had a high school education or equivalent. Compared to W-2 participants, the CTS mothers were older and were caring for older children.

Overall, the transition to CTS generally took place within a year after entry into SSI. Almost 60 percent of mothers received their first CTS payments within 6 months after the first SSI receipt (or after

December 1997 if they had received SSI prior to that month). Once mothers transitioned to CTS, the majority (over 80 percent) were likely to stay at least a year. Those who continued to receive the benefit for two years were very likely to stay for the full period observed. Grandfathered cases tended to stay longer on CTS than cases that entered CTS without an AFDC history. Older mothers were more likely to stay longer on CTS, whereas mothers receiving higher levels of child support were less likely to stay.

Sources of income changed dramatically after the transition to CTS. Income from earnings and cash welfare benefits declined considerably, but SSI and CTS benefits offset (or exceeded) that decrease in income. Food Stamp benefits declined somewhat, but less so than cash welfare. Child support steadily increased over time—both receipt of any amount and the level of amounts received. Child support became more important in the mothers' income package, even post-CTS. Even though mothers were better off after the transition to CTS, their income was on average below the official poverty line for a family of four. In both years of the Survey of Wisconsin Works Families, mothers receiving CTS were a more disadvantaged group than mothers remaining on W-2, considering family characteristics, poverty status, and economic hardship, in addition to their health limitations.

In the focus group study, we invited recipients from three racial/ethnic groups—African

American, non-Latino white, and Latino—who resided in Dane and Milwaukee Counties. Two groups

were conducted in Spanish in order to learn about the experiences of this population. Sixty-five percent of
participants were African American, 29 percent Latino and 16 percent non-Latino white. The average age
of the participants was 40 and the average age of their children was 14.

We found that, overall, participants were appreciative of the CTS program, especially in comparison to W-2. However, participants described in detail the use of many community resources (e.g., food pantries and used clothing stores) to make ends meet and stated that CTS payments were not enough. Some participants described problems with CTS such as confusion about the workings of the program and complaints about interaction with caseworkers. Only a minority of the participants received child support and those who did reported receiving insubstantial amounts.

Many of the participants talked about the challenges of raising adolescents as single parents, and many also had children with disabilities. An alarming finding was that the topic of depression came up in every focus group. Some participants talked about being depressed, feeling hopeless, or taking antidepressant medication. Participants expressed desire for employment, but had little information about SSI work incentive programs or regulations.

In summary, the CTS program is clearly a valuable program for women with disabilities who are raising children in Wisconsin. Our quantitative analysis suggests that CTS recipients are clearly better off financially than before they became recipients of this program. However, this appears to be a population that is disadvantaged even in comparison to other poor women by many measures. For this reason, improvements in the program (e.g., increased economic resources, working with SSA on enhancing the use of work incentive programs, support groups, caseworker training, and connecting mothers to community and social resources) should be considered.

I. INTRODUCTION

Since passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in 1996, extensive changes have occurred in state public income support systems for low-income families. The Aid to Families with Dependent Children (AFDC) program has been replaced by Temporary Assistance for Needy Families (TANF), which links work requirements and time limits to receipt of cash welfare benefits. In addition, PRWORA reformed the Supplemental Security Income (SSI) program, which provides income support to aged, blind, or disabled individuals with limited income and resources. The criteria for designating child disability became more restrictive, and drug addiction and alcoholism were eliminated as diagnoses (Schmidt, 2004). Potential interactions between AFDC and SSI have been well documented in previous research, showing that many AFDC recipients experience physical or mental problems, and former SSI recipients are likely to rely on cash welfare when their eligibility for SSI is pending or terminated (Wilkins, 2003; Wittenburg, Stapleton, and Chan, 2000). Given the overlap in the populations served by AFDC and SSI, changes in one may well affect the other.

In Wisconsin, the SSI Caretaker Supplement (CTS) benefit program was introduced in 1997 because, under the new welfare reform, parents receiving SSI no longer received supplemental income for their children, as they had under AFDC (termed AFDC child-only cases). SSI parents and their children are not eligible for benefits under Wisconsin's TANF program, Wisconsin Works (W-2). When CTS began in December 1997, about 5,700 SSI parents received a cash benefit for their 11,000 children who met eligibility requirements under AFDC. While W-2 caseloads have declined dramatically, the number of families receiving CTS has grown: almost 6,000 SSI parents received CTS benefits for 12,300 children as of January 2004 (Wisconsin Department of Health and Family Services, 2004). However, little is

¹Under AFDC, parents with a disability received a grant of \$248 per month for one child, \$440 a month for two children, and \$517 for three children at maximum.

known about this population, about the role of CTS in economic well-being, or about child support outcomes among families in which a parent is a person with a disability.

In this report, we first provide a brief overview of the CTS application process and eligibility requirements, and then examine the economic status of single mothers receiving CTS, primarily using administrative data. We consider the relative contribution to individual income packages of benefits (including the CTS), earnings, and child support receipt. For those who made a transition from W-2 to CTS, we use survey reports to obtain information unavailable in administrative data, such as family income, child's health, and economic hardship. We also discuss findings from a focus group study of mothers who were CTS recipients. The focus group study was conducted to understand how CTS recipients view the program, how they make ends meet, and to what extent they utilize other economic resources to supplement their income. We were also interested in learning about the parenting challenges faced by these low-income women with disabilities who are raising children.

II. OVERVIEW OF THE SSI CARETAKER SUPPLEMENT (CTS) PROGRAM

The Caretaker Supplement provides a cash benefit to parents who are receiving state SSI payments and are caring for minor children. The CTS amount was \$77 a month per child until July 1998, when it was raised to \$100 a month per child. Effective November 1999, the benefit level increased to \$250 for the first child and \$150 for each subsequent eligible child.

Funded by a combination of state tax dollars and federal TANF dollars, the CTS program is administered by the Wisconsin Department of Health and Family Services (DHFS) and local county and tribal economic support agencies. The local human services or social service agencies are the point of application for CTS, whereas SSI is applied for at local Social Security offices. Since January 1996,

parents with a disability are entitled to CTS only if they qualify for state SSI benefits.² The majority of SSI recipients in Wisconsin receive federal and state SSI benefits. A small group receives only state SSI benefits. Both groups of recipients are eligible for CTS. In November 1995, approximately 17,500 state-only SSI recipients were granted continued eligibility for state SSI benefits and Medicaid. These cases are "grandfathered state-only" SSI recipients.

General information about CTS must be provided to SSI parents by county or tribal human or social service workers. Local agencies have 30 days to process the CTS application once it is filed, unless they need an extension to verify applicants' information at least ten days prior to the end of the month.

As shown in Table 1, SSI parents and children must meet both nonfinancial and financial eligibility requirements to qualify for CTS. Parents with a disability who receive a state SSI payment must care for their own minor children. The qualifying children must have limited income and assets and must not receive SSI themselves. If there are two parents in the household, both parents must receive SSI benefits to qualify for CTS.

Financial eligibility determinations for parents and for children are processed at different time points: the income and assets of parents are assessed when they apply for SSI, whereas the income and assets of children are assessed when their parents apply for CTS. The eligibility determination for parents on SSI would ultimately influence the eligibility determination of children on CTS. For instance, SSI parents who have substantial earnings could lose their CTS eligibility, even though their income and

assets are not counted when their children's eligibility for CTS is determined. This is because SSI parents' earnings are considered as countable income against their SSI eligibility and benefits after disregarding the first \$20 of monthly income (from any source) and the first \$65 of monthly earnings. If

²In 2004, Wisconsin maximum SSI benefits were \$647.78 for individuals (including \$564 from federal SSI and \$83.78 from state supplement) and \$978.05 for couples (\$846 from federal SSI and \$132.05 from state supplement) when they are living independently.

TABLE 1 SSI and CTS in Wisconsin

	ISS	CTS
Who administers the program	Federal Social Security Administration and state Department of Health and Family Services (DHFS), Division of Disability and Elder Services	State Department of Health and Family Services (DHFS) and local county and tribal economic support agencies
Who may apply	Persons with a disability or those who are aged (65 or older) or blind and have limited resources.	Parent who receives SSI state supplemental benefit payments (SSP) in Wisconsin
	Disability refers to a physical or mental condition that prevents a	 Farents may receive boun rederal and SSF of SSF only ("grandfathered" state-only SSI recipient)
	person from working and is expected to last at least a year or to result in death.	• In a two-parent household, both parents must receive SSI to qualify for CTS. CTS payments are added to the SSI monthly payments of one of the SSI parents
		 Parents eligible for federal SSDI benefits who do not also receive SSI benefits do not qualify for CTS
		 Parents who were SSI recipients but became ineligible for SSI cash benefits because of earnings do not qualify for CTS [i.e., parents eligible for Medicaid under s.1619(b) of the Social Security Act]
		Eligible children must not receive SSI for themselves
		• Currently married or divorced persons under the age of 18 are not regarded as minor children for CTS
Where to apply	Local Social Security offices	County and tribal economic support agencies (cannot apply for CTS at local Social Security offices)
Benefits	2004 maximum SSI payment in Wisconsin is \$647.78 for individuals and \$978.05 for couples. These payments included a Wisconsin state supplement payment of \$83.78 for individuals and \$132.05 for couples.	\$250 for the first eligible child and \$150 for each subsequent eligible child.

(table continues)

TABLE 1, continued

	SSI	\mathbf{I}	CTS	S
Nonfinancial eligibility	•	Citizen or lawfully admitted for permanent residency	•	Citizen or lawfully admitted for permanent residency
requirements	•	Considered medically disabled	•	Wisconsin resident
	•	Must accept vocational rehabilitation services if referred	•	Temporary absence of parents or children from home is not
	•	Has limited work history		allowed
	•	Must be unable to work or, if working, earn less than a level of substantial gainful activity (e.g., earnings less than \$800 a	•	18-year-old child is eligible for CTS as long as the child is enrolled in school and expected to graduate prior to the age of 19
		month in 2003 with impairment-related expenses disregarded)		
			•	SSI parents must care for their own children by birth or adoption to quality for CTS. For example, when SSI parents live with their minor child who has a child of his or her own in
				the household, the SSI parents do not qualify for the grandchild.
			•	Cooperation with child support agency
			•	Concurrent eligibility with W-2 or Kinship Care is not allowed
			•	Verification of required information
		(table continues)		

TABLE 1, continued

	ISS	18	CTS	
Financial eligibility	•	Eligible person's monthly income limit is the current federal SSI payments, \$564 for individuals and \$846 for couples in 2004	Income and assets of adults and children are cour Gross Income Test and the Net Income Test The asset limit is \$1,000 for the assistance group	Income and assets of adults and children are counted for the Gross Income Test and the Net Income Test The asset limit is \$1,000 for the assistance group
	•	The annual Social Security limit is \$6,864 for individuals and \$10,188 for couples in 2004	Income and assets of any morents) are not counted	Income and assets of any member on SSI (including SSI parents) are not counted
	•	The assets limit is \$2,000 for individuals and \$3,000 for couples	Both earned income from w earned income disregard an	Both earned income from work (after the \$30 or \$30 and 1/3 of earned income disregard and deduction of \$90 in work-related
	•	Earned income includes wages, such as money from a sheltered workshop or work activity center, self-employment earnings, and rovalties and honoraria	expenses) and unearned income a dependent payments are counted	expenses) and unearned income such as Social Security dependent payments are counted
	•	Uneamed income includes money from all other resources such	tine is disregarded	The income of a working finner who is attending school fun- time is disregarded
		as gifts, interest, Social Security, veterans' benefits or pensions, and in-kind income (free food, shelter, or clothing) and "deemed" income (the income of a spouse, parent, or sponsor of an alien)	If court-ordered child supporting the first \$50 of the assistance group (not for earlier engaged Child support	If court-ordered child support income is paid to one or more children, the first \$50 of the total support per month for the assistance group (not for each child receiving the support) is disregarded. Child support income is regarded as income to the
	•	The first \$20 of monthly income from any source and the first \$65 of monthly earned income are disregarded	child for whom it is paid, not the SSI parent	ot the SSI parent
	•	If a SSI child has child support income in a month, one-third of the child support is disregarded when determining the SSI payment		
	•	However, in Wisconsin, if court-ordered child support is paid for the child receiving SSI, the full amount of support is passed through		
Eligibility review	•	The SSA and the DHFS-Disability Determination Bureau (DDB) perform a periodic review to determine whether a person remains eligible for federal and state SSI payments	Reviews may be face-to-face, by phone, or by mail One grace month of eligibility is allowed before a will close because a review has been missed	Reviews may be face-to-face, by phone, or by mail One grace month of eligibility is allowed before a CTS case will close because a review has been missed
	•	The SSA is to review the person's financial eligibility and the DDB is to review disability standards eligibility. The frequency of the review by DDB depends on a case. SSI payments may be terminated for those who do not meet the requirements during		

Sources: Committee on Ways and Means, U.S. House of Representatives (2004), Wisconsin Department of Health and Family Services (dhfs.wisconsin.gov), and Social Security Administration (2004).

the review.

earnings go over the limit of SSI requirements, SSI eligibility is terminated, and this could result in disqualification for CTS.

One of the requirements for CTS eligibility is cooperation with the child support agency when a child has an absent parent. If the child receives support from the absent parent, that child support amount is counted in the child's income for CTS eligibility determination. Regardless of the number of children in the family who receive child support, the first \$50 of child support received in a month is disregarded per family group.

CTS applicants and recipients are required periodically to verify both nonfinancial and financial information. Failure of verification results in termination of CTS eligibility. Eligibility must be reviewed by the local agency every 6 months. If this is not done, a CTS case will close after a one-month grace period. Once periodical verification is fulfilled, there are no time limits on receipt of CTS benefits.

III. ECONOMIC WELL-BEING OF MOTHERS RECEIVING CTS

This section of the report examines the economic status of mothers who ever received CTS benefits during the period December 1997 to December 2003. State administrative records are the primary data source for this analysis.

A. <u>Data, Sample, and Approach</u>

We used data from the CARES system (Client Assistance for Re-Employment and Economic Support) to identify CTS recipients, demographic characteristics of those recipients and their children, monthly CTS benefits, and monthly amounts of public income assistance, including W-2 grants (AFDC if before September 1997), Food Stamps, and SSI.³ We used KIDS (Kids Information Data System) data to

³SSI payments are available in CARES only if individuals receive a benefit that is managed by CARES. Given that most CTS applications begin with a request for Medicaid for their eligible children, 99 percent of the CTS sample has at least one match in CARES. Because SSI payments are not regularly recorded in CARES, we

measure child support received by the mothers, and Unemployment Insurance Wage Files (UI) to measure the mothers' earnings. For those who were included in the Survey of Wisconsin Works Families (Krecker, 2001), a parent survey conducted in 1998 and 1999 under the Wisconsin Child Support Demonstration Evaluation (CSDE), reports from the survey on family income, focal child's health, and economic hardship were used to supplement the administrative records.

A total of 12,383 mothers received CTS benefits at some point between December 1997 and December 2003. Our analysis considers adult (18 or older) mothers with a child under 18 as of December 2003, for whom we observe at least one month of simultaneous SSI receipt (for the mother) and CTS receipt (for the child(ren). As described in greater detail in Appendix I, these restrictions and other data limitations result in a final sample of 8,108. In particular, we analyze 1,028 mothers who were part of the first cohort⁴ of the CSDE, meaning that they entered W-2 during the period September 1997–June 1998 and had transitioned to the SSI-CTS program as of December 2003. This sample was selected in order to

impute payments for up to 11 months following an actual record when there are gaps between the months with records. Most programs require recertification every 12 months, so if there is a larger gap, it may indicate the individual is no longer receiving any benefits in Wisconsin, although it also may instead simply indicate they are no longer receiving any benefit managed by CARES.

⁴Cohort 1 of the CSDE includes cases that entered W-2 during the first three quarters of the experiment, i.e., September 1, 1997 through July 8, 1998 and were demographically eligible for child support (there was a nonresident parent living else where). For detailed information about sample selection procedures, see Meyer and Cancian (2001). The number of mothers included in Cohort 1 for the current report (n=19,681) is larger than that is shown in Meyer and Cancian (2001) (n=15,977) mostly because we included mothers with children who are receiving SSI (based on our assumption that these mothers might have other children who do not receive SSI and qualify for CTS) and mothers who entered W-2 30 days after they received a random assignment. These mothers were excluded from analysis in the previous report. Nevertheless, the characteristics of Cohort 1 in this report are similar to those in the previous report: most entered W-2 in W-2 Transition or in a Community Service Job (61 percent), most mothers were 30 years old or younger (67 percent), African American (63 percent), had less than a high school diploma (53 percent), had at least one child of preschool age or younger (75 percent), had one or two children (59 percent), and resided in Milwaukee County (75 percent).

⁵For those who were included in the CSDE sample, additional criteria included tier participation in W-2 and children with a noncustodial father living elsewhere. Moreover, only mothers who made the first transition from W-2 to CTS were included. Rationale for and potential limitations of each criterion and the number of mothers affected are summarized in Appendix I. Descriptive characteristics of mothers excluded are shown in Appendix II. As noted in Appendix I, the characteristics of excluded mothers suggest that older mothers were systematically excluded based on the selection criteria; however, their total income pre- and post-CTS is likely to be comparable to that of the mothers included in the analyses.

observe transition patterns and changes in economic well-being among those who moved from W-2 to CTS. An additional analysis examined the economic status of the remaining 7,180 custodial mothers who received CTS but never participated in W-2. Among these mothers, 3,216 were grandfathered cases in which eligible children received an AFDC benefit in the months of November or December 1997.

We begin in Section B by describing demographic characteristics of the CTS sample transitioning from W-2 in comparison to a larger sample of all mothers in Cohort 1 of the CSDE, and to the sample of CTS mothers who were not W-2 participants. In Section C we examine mothers who transitioned from W-2 to CTS, focusing on transition patterns (i.e., from W-2 to SSI and from SSI to CTS), sources of income, patterns of child support receipt, and the contribution of child support and CTS benefits to their income package. Differences in the probability and the timing of transition to CTS and the length of stay on CTS are examined among child support full or partial pass-through groups. We also explore factors associated with the transition to and the length of time on CTS. Survey reports are used to compare mothers who transitioned to CTS with those who remained in the W-2 program in such characteristics as family income, economic hardship, the health of the focal child, and neighborhood quality. Outcomes of mothers who received CTS but never participated in W-2 are examined in Section D. Grandfathered vs. new CTS cases are compared with regard to the sources of income and the length of stay on CTS. In addition, factors associated with the length of stay on CTS are explored. Section E summarizes the results.

B. <u>Characteristics of Mothers on CTS</u>

Table 2A first presents descriptive characteristics for the sample of 1,028 mothers who transitioned from W-2 to CTS. Slightly more than half of the mothers were assigned to a group that received a full pass-through of child support (52 percent), and about 80 percent initially participated in the lower tiers of W-2. Almost one-fifth of the mothers were over age 40 when they entered W-2; the mean age was 32. Over half were African American (53 percent) and 29 percent were Caucasian; a smaller proportion were Hispanic or other minority group (8 or 9 percent, respectively). Forty-two percent had at

Table 2A
Characteristics of Sample

Charact	teristics of Sa	mple		
	CTS	Mothers	CSDE	Mothers
	Transition	ing From W-2	in C	ohort 1
		= 1028	N =	= 19681
		Percentage		Percentage
	N	(weighted)	N	(weighted)
Child Support Group Assignment				
Partial pass-through	208	47.9	4,338	49.6
Full pass-through	820	52.1	15,343	50.4
Initial Tier at W-2 Entry				
Unsubsidized Job or Trial Job	141	15.1	5,914	29.9
Caretaker of Newborn	49	4.4	1,797	9.3
W-2 Transition or Community Service Job	838	80.6	11,967	60.8
Unknown	0	0.0	3	0.03
Mother's Age at Baseline				
18-25	233	22.7	9,102	46.7
26-30	219	20.6	4,099	20.9
31-40	399	38.8	5,298	26.5
41 +	177	17.8	1,182	6.0
Mean	1,028	32.4	19,681	27.7
(sd)		(8.1)		(7.3)
Mother's Dage (from CSDE)				
Mother's Race (from CSDE) Caucasian	298	29.3	4,798	24.9
	542	53.3		
African American			12,447	63.0
Hispanic	81	8.1	1,597	7.9
Asian	79	7.0	266	1.3
American Indian	22	2.0	435	2.2
Other	3	0.4	21	0.1
Unknown	3	0.2	117	0.6
Mother's Education at Baseline (from CSDE)				
No high school degree	558	52.1	10,458	52.8
High school degree or equivalent	298	31.4	7,139	36.6
Beyond high school	104	10.3	1,892	9.6
Unknown	68	6.3	192	1.0
Age of Youngest Child at Baseline (from CSDE)		5 0	2.054	10.4
Unborn but born within 7 months of baseline	62	5.8	2,054	10.4
0-2	344	33.7	8,999	46.0
3-5	234	22.1	3,594	18.2
6-12	387	38.4	3,758	19.3
13-17	1	0.1	1,218	5.9
Unknown	0	0.0	58	0.3
Mean age if born at baseline	966	5.0	17,569	4.4
(sd)	700	(3.5)	17,507	(4.4)
(SU)		(3.3)		(<i>4.4)</i>

(table continues)

Table 2A, continued

	Transition	Mothers ing From W-2 = 1028	in C	Mothers ohort 1 = 19681
	N	Percentage (weighted)	N	Percentage (weighted)
Total Number of Children (from CSDE)				
0	6	0.7	317	1.6
1	230	21.6	6,227	31.3
2	270	27.6	5,489	28.0
3 or more	522	50.2	7,648	39.0
Mean	1,02	(1.8)	19,681	2.4
(SD)	8	2.9		(1.5)
County of Residence at Baseline (from CSDE)				
Milwaukee Co: Region 1	87	8.1	1,661	8.6
Milwaukee Co: Region 2	114	10.6	2,021	10.2
Milwaukee Co: Region 3	94	9.5	2,734	13.5
Milwaukee Co: Region 4	116	11.4	2,958	15.1
Milwaukee Co: Region 5	112	10.9	2,729	14.0
Milwaukee Co: Region 6	114	11.1	2,487	12.8
Milwaukee Co: Region unknown	5	0.5	110	0.5
Other urban counties	287	28.4	3,360	17.1
Rural counties	99	9.5	1,621	8.3

Table 2B Characteristics of Sample

	Transition	Mothers ling from W-2 = 1028	Transition	Iothers Not ning from W-2 = 7180
	N	Percentage (unweighted)	N	Percentage (unweighted)
Case Type				
Grandfathered AFDC case	NA		3,216	44.8
New CTS case	NA		3,964	55.2
Mother's Age as of 12/31/2003				
18-25	45	4.4	1,039	14.5
26-30	149	14.5	1,203	16.8
31-40	427	41.5	2,852	39.7
41 +	407	39.6	2,086	29.1
Mean	1,028	38.3	7,180	35.7
(sd)	,	(8.1)	Ź	(9.2)
Mother's Race (from CTS)				
Caucasian	287	27.9	2,847	39.7
African American	535	52.0	3,161	44.0
Hispanic	94	9.1	545	7.6
Asian	77	7.5	383	5.3
American Indian	20	2.0	97	1.4
Other	5	0.5	41	0.6
Unknown	10	1.0	106	1.5
Mother's Education at CTS Entry (from CTS)				
No high school degree	554	53.9	3,723	51.9
HS degree or equivalent	453	44.1	3,240	45.1
Beyond high school	21	2.0	217	3.0
Mother's Marital Status at CTS Entry (from CTS)				
Married	89	8.7	765	10.7
Divorced	183	17.8	1,225	17.1
Separated	188	18.3	1,052	14.7
Widowed	16	1.6	124	1.7
Never married	552	53.7	4,014	55.9
Age of Youngest Child as of 12/31/03 (from CTS)				
0-2	37	3.6	717	10.0
3-5	150	14.6	927	12.9
6-12	505	49.1	3,337	46.5
13-17	336	32.7	2,199	30.6
Mean	1,028	10.4	7,180	9.8
(SD)		(4.3)		(4.8)
(tab	le continues)			

Table 2B, continued

		Mothers ning from W-2		Iothers Not ning from W-2
	N:	= 1028	N	= 7180
	N	Percentage (unweighted)	N	Percentage (unweighted)
Total Number of Children (from CTS)				
0	7	0.7	243	3.4
1	136	13.2	1,733	24.1
2	263	25.6	1,845	25.7
3 or more	622	60.5	3,154	43.9
Unknown	0	0.0	205	2.9
Mean (SD)	1,028	3.4 (2.0)	6,975	2.6 (1.7)
County of Residence at the First Month on CTS (from CTS)				
Milwaukee Co: Region 1	73	7.1	373	5.2
Milwaukee Co: Region 2	108	10.5	460	6.4
Milwaukee Co: Region 3	107	10.4	520	7.2
Milwaukee Co: Region 4	112	10.9	612	8.5
Milwaukee Co: Region 5	113	11.0	597	8.3
Milwaukee Co: Region 6	117	11.4	538	7.5
Milwaukee Co: Region unknown	2	0.2	204	2.8
Other urban counties	293	28.5	2,577	35.9
Rural counties	103	10.0	1,299	18.1

NA: Not applicable.

least a high school diploma or its equivalent. Ninety-two percent were English speakers. The mean age of the youngest child at W-2 entry was about 5, and almost two-fifths had youngest children aged 6–12 (38 percent). Over three-fifths of the mothers lived in Milwaukee County when they entered W-2 (62 percent). When they made a transition to CTS, over half had never been married, and on average they cared for three children in the household (Table 2B).

Tables 2A and 2B also show characteristics of the larger sample of mothers in Cohort 1 of the CSDE and the larger sample of CTS mothers who did not participate in W-2 prior to receiving CTS. Both of these samples met the selection criteria⁶ described earlier. When compared with mothers in CSDE Cohort 1, the mothers who made a transition were more likely to have been in a lower tier at W-2 entry, older, and more likely to be Asian. Their youngest child was older, and these mothers were more likely to care for a greater number of children. On the other hand, they were less likely to be African American and less likely to reside in Milwaukee County at W-2 entry.

When compared with the larger sample of mothers who ever received CTS as of December 2003, the mothers who had been W-2 participants were older and had older children, at least in part because of the sample definition. The W-2 participants were also less likely to be white or to live in Milwaukee County, and on average cared for a greater number of children. The two samples were similar in other respects.

⁶From the total of 23,295 mothers in CSDE cohort 1, excluded were mothers whose age was under 18 at W-2 entry (n=62), who never participated in a W-2 tier (n=1,621), whose children's noncustodial parent was deceased (n=29), who were mistakenly reassigned to AFDC (n=257) or never assigned to a group for the child support pass-through experiment (n=18). These criteria yield 19,680 CSDE mothers who are comparable to the mothers who made a transition from W-2 to CTS included in the analysis.

⁷To be included in the CSDE sample, mothers had to be 18 or older when they entered W-2 (between September 1, 1997, and July 8, 1998). To be in the CTS sample, mothers had to be 18 or older at the end of the observation period (December 31, 2003).

C. Mothers Who Transitioned from W-2 to CTS

Transition Patterns

Approximately 7 percent of all mothers who entered W-2 during the first three calendar quarters of the program had made a transition to CTS by the end of 2003. Among the mothers who were W-2 participants and had at least one month of SSI benefits, 84 percent had received CTS payments at some point as of December 2003. Among those transitioning to CTS, the median length of time from SSI entry to CTS entry was two months, although 11 percent of them took longer than two years, probably because of financial ineligibility.

As shown in Table 3, almost 60 percent of SSI recipients received their first CTS payment within 6 months after their first SSI payment (or after December 1997 if they received SSI prior to that month).

Once the mothers had transitioned to CTS, most remained on the program for the full period observed. Table 4 shows that the majority (over 80 percent) continued to receive CTS for more than three years after their first CTS payment.

The Economic Status of Mothers Five Years after W-2 Entry

Figure 1 shows changes in the sources and levels of income during the five-year period after W-2 entry (defined as the first month of W-2 payment the mothers received). Sources of income changed dramatically as more cases transitioned to CTS. Mothers' earnings decreased from \$1,450 to \$500, potentially because of disabilities that might prevent them from working. Child support steadily increased over time, and the annual mean child support amount received almost doubled by the fifth year. The share of cash welfare in mothers' income was replaced by SSI and CTS payments over the five years. Food Stamp benefits also decreased, but to a lesser extent than cash welfare.

The mean total income of these mothers shows a substantial increase over the five years (from \$9,630 in the first year to \$13,030 in the fifth year), reflecting the contribution of SSI and CTS payments.

Nevertheless, their annual income in 2003 was below the official poverty line for a family with two or

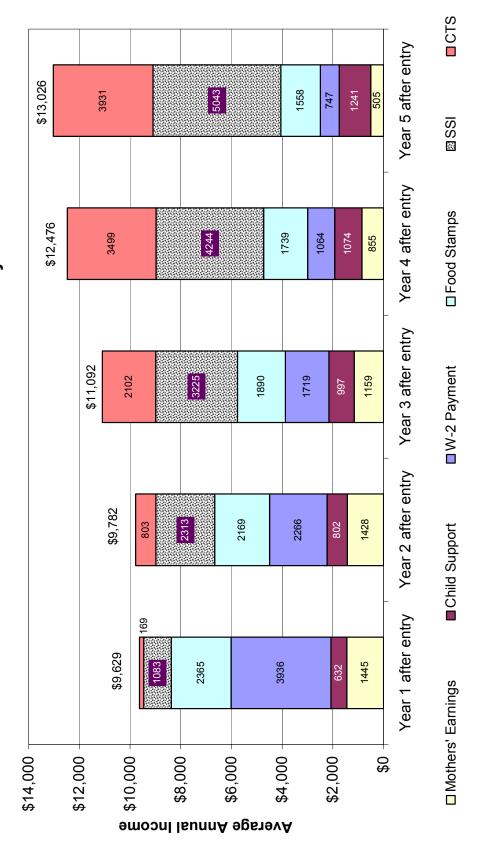
Table 3
Distribution of Time from SSI Entry to CTS Entry among Mothers Who Were W-2 Participants

Time	Percentage of Sample
Never received CTS	15.7
0 month	18.0
1-6 months	40.9
6-12 months	7.3
13-18 months	5.6
19-24 months	3.8
25-30 months	2.6
31-36 months	1.6
36 months or more	4.5

Table 4
Mothers Continuing to Receive CTS after Entry, as of December 2003

	Number of -		Y	ears after Ent	ry	
Time of CTS Entry	Mothers	Year 1	Year 2	Year 3	Year 4	Year 5
Mothers entering before 1/1999	130	83.6%	63.5%	75.8%	80.8%	80.4%
Mothers entering before 1/2000	229	88.9	76.4	83.9	86.8	
Mothers entering before 1/2001	411	91.9	85.4	86.8		
Mothers entering before 1/2002	643	94.3	87.6			
Mothers entering before 1/2003	853	94.6				

Sources of Income of Mothers Who Transitioned to CTS in Five Relative Years after W-2 Entry* Figure 1



Sample: Mothers in the CSDE Cohort 1 who transitioned to CTS between 12/1997 and 12/2003.

 * W-2 entry is defined as the first month receiving W-2 payment. Sample size N=1,028 Weight: weight2

three children⁸ (the mean number of children is 2.9 for these families, with a median of 3—from Table 2A).

As shown in Figure 2, among all mothers⁹ who transitioned from W-2 to CTS from December 1997to December 2003, the percentage of mothers receiving any child support increased from 37 percent to 49 percent over the three years after W-2 entry (i.e., the percentage of mothers with zero child support declined from 63 to 51 percent), and then remained relatively stable. The percentage of mothers receiving high amounts (more than \$2,401) of support increased over the full period (from 10 percent to 20 percent).

The proportion of mothers whose child support income amounted to over 20 percent of total personal income (not in figures 1 and 2) increased from 12.9 percent in the first year to 18.7 percent in the fifth year after entry, indicating that child support became increasingly important in their income package. Moreover, once the mothers transitioned to CTS, the share of CTS in their personal income became considerable. In the fifth year after W-2 entry, for example, the contribution of CTS to total personal income was over 30 percent for almost half of the mothers.

The Economic Status of Mothers One Year before and One Year after CTS Entry

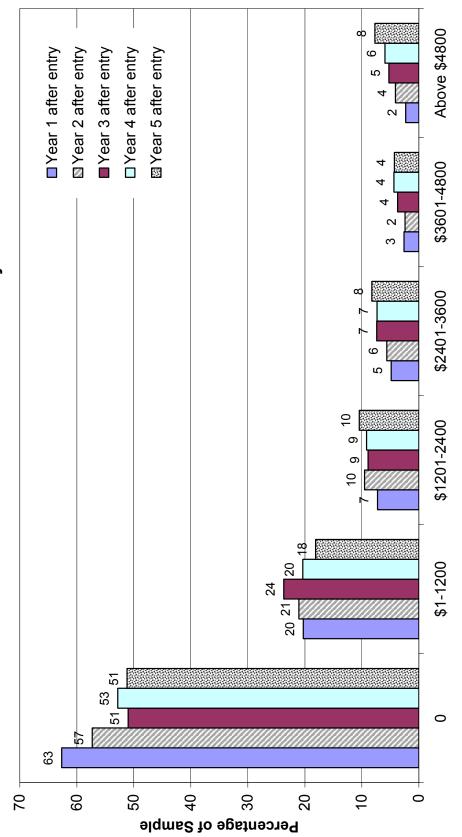
We also examined the economic status of the mothers one year prior to and after CTS entry. In order to observe a full year post-CTS, only mothers who made the transition at the end of 2002 or earlier were included in the analysis.

As shown in Figure 3, changes in the sources and levels of income show similar patterns to those previously observed. Mothers' earnings were very low even before entering CTS, but then dropped substantially, from \$665 to \$211 on average. Child support increased by about \$300 and Food Stamp

⁸For a family with two children, the official poverty threshold was \$13,133 in 1998 and \$14,824 in 2003. For a family with three children the poverty level was \$16,588 in 1998 and \$18,715 in 2003.

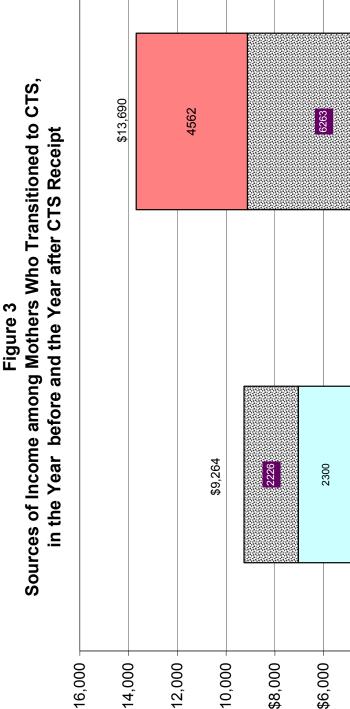
⁹Approximately 78 percent of these 1,028 mothers were found to have child support orders.

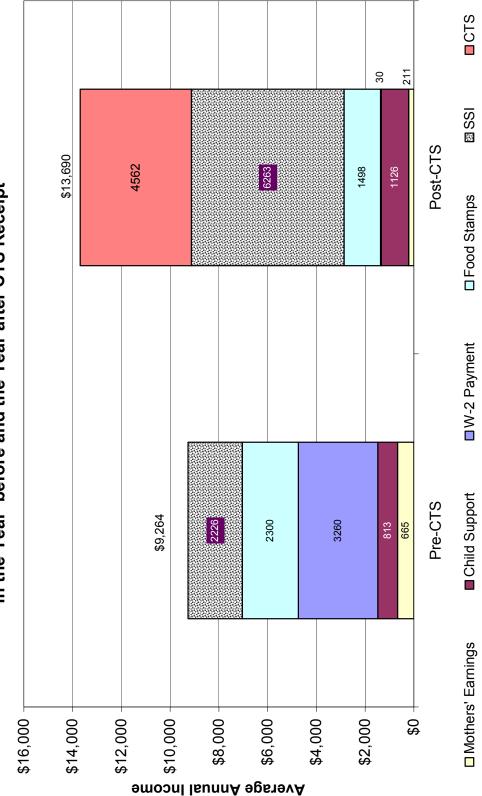
Average Amounts of Child Support Received among Mothers Who Transitioned to CTS in Five Relative Years after W-2 Entry* Figure 2



Sample: Mothers in the CSDE Cohort 1 who transitioned to CTS between 12/1997 and 12/2003. * W-2 entry is defined as the first month receiving W-2 payment.

Sample size N=1,028 Weight: Weight2





Sample: Among the 1,028 mothers in the CSDE Cohort 1 who transitioned to CTS between 12/1997 and 12/2003; Figure 3 includes only those who made a transition before 12/2002 in order to obtain a full-year observation after the transition.
Sample size N=853
Weight: weight2

benefits decreased by one-third after CTS entry. The most dramatic change was the addition of CTS payments and an increase in SSI payments, which coincided with the decline in W-2 cash welfare benefits.

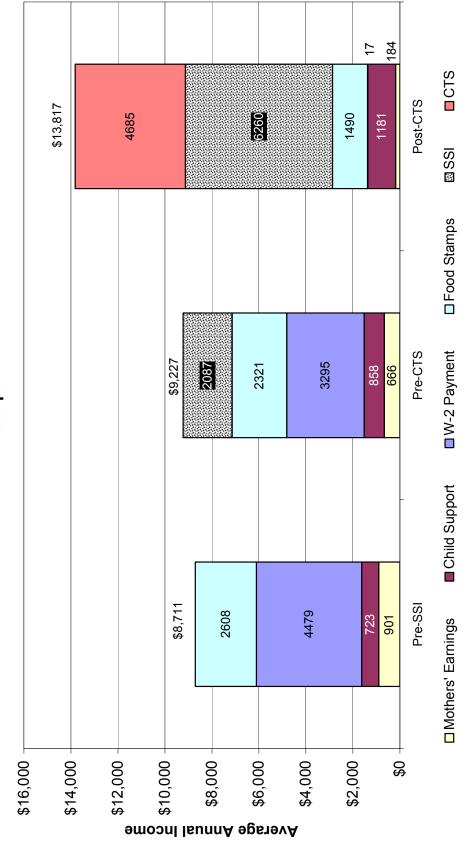
Figure 3 also shows the results of the time gap between SSI entry and CTS entry: about 570 of the 853 mothers received SSI before they were eligible for CTS. The mean SSI benefit received in the year prior to CTS entry was \$3,458.

As shown in Figure 4, we also measured personal income in the year prior to SSI receipt. In order to consider personal income pre-SSI, we examined only those who received their first SSI payment after December 1997.¹⁰ Although the periods of pre-SSI and pre-CTS will overlap in most cases, the figure provides trends in changes in sources and levels of income over time. The results indicate that mothers had higher earnings and higher levels of W-2 cash welfare and Food Stamp benefits before they received SSI or CTS.

Figure 5 shows that the proportion of mothers receiving no child support dropped from 59 percent to 53 percent after CTS entry. The proportion of mothers receiving over \$2,400 a year in child support increased by about 5 percent. Despite the increases in the absolute amount of support, the percentage contribution of child support to total personal income was unchanged pre- and post-CTS because of the increase in income. For example, the proportion of mothers whose child support income constituted over 20 percent of their personal income was about 15 percent in both pre- and post-CTS periods. In contrast, the contribution of CTS to the income package was considerable: the proportion of mothers whose CTS benefits constituted over one-fifth of their personal income was over 80 percent.

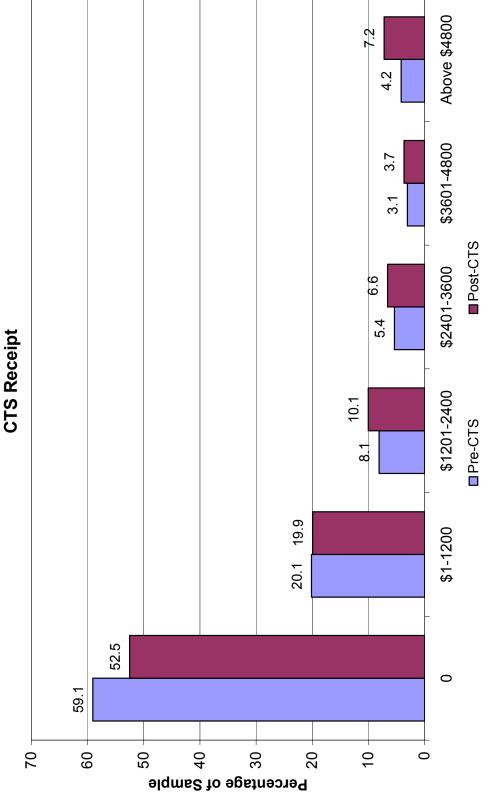
¹⁰Because of the change in sample there are small differences in the estimates of post-CTS income in Figures 3 and 4.

in the Year before SSI Receipt and in One Year before and One Year after CTS Sources of Income among Mothers Who Transitioned to CTS, Figure 4 Receipt



Sample: Among the 1,028 mothers in the CSDE Cohort 1 who transitioned to CTS between 12/1997 and 12/2003, Figure 4 includes only those who made a transition before 12/2002 and who received their first SSI payment after 12/1997. The period of pre-SSI and pre-CTS could overlap.
Sample size N=796
Weight: weight2

among Mothers Who Transitioned to CTS, in the Year before and the Year after Average Amounts of Child Support Received **CTS Receipt** Figure 5



Sample: Among the 1,105 mothers in the CSDE Cohort 1 who transitioned to CTS between 12/1997 and 12/2003, Figure 5 includes only those who made a transition before 12/2002 in order to obtain a full-year observation after the transition.
Sample size N=853
Weight: weight2

Child Support Pass-Through Differences in the Transition to and Period on CTS

Mothers who received only some of the child support paid to children (i.e., the control group in the Child Support Demonstration Evaluation, subject to a partial pass-through) transitioned from W-2 to CTS, and from SSI to CTS, somewhat faster than did those in the experimental group, who received all of the support paid (the full pass-through; see Figure 6 and Table 5); however, the differences were not statistically significant.

On average, mothers in the control group made an earlier transition to CTS and received the benefits for a longer period of time than did those in the experimental group (29.8 vs. 27.3 months, respectively, statistically significant at .05). Once women were on CTS, there was no significant difference in the probability of exit among the two groups.

Factors Associated with the Transition to and Length of Stay on CTS

To provide information on the characteristics of mothers likely to make a transition to CTS and the factors associated with the timing of transition and the length of stay on CTS, we estimated descriptive multivariate regressions. The results of our analysis among W-2 participants are reported in

Table 6. The findings suggest that mothers who made a transition to CTS were more likely to be older, have a youngest child of relatively younger age, care for a greater number of children in the household, and have been AFDC recipients before entering W-2. Mothers who made a transition were also more likely to have participated in the W-2 Transition or Community Service Job (CSJ) tiers of W-2 and to live in counties that performed better in understanding/explaining the child support pass-

¹¹W-2 participants are placed in one of four tiers of employment experience. The job-ready applicants are placed in an Unsubsidized Job or Trial Job tier and are provided case management to help them improve their current job status. Participants in these two tiers receive no cash payments from the state. On the other hand, participants in a W-2 Transition or CSJ tier receive a monthly W-2 payment of \$628 or \$673, respectively. CSJs are public service jobs, whereas W-2 Transition is for those least able to work, mostly because of their own disability or the need to care for a child with a disability. For more information, see Meyer and Cancian (2001).

ACY CON CONTRACTOR CON Difference in the Time of Transition to CTS among Mothers Who Transitioned, Relative Quarters after W-2 Entry Full pass-through by Pass-Through Status Partial pass-through Figure 6 OZOG φ[¢] 204 \$ \$ \$ \$ \$ \$ \$ \$ 100 90 80 20 09 20 40 30 20 19 0 Percentage of Mothers Remaining in W-2

Sample: Mothers in the CSDE Cohort 1 who transitioned to CTS during 12/1997-12/2003. Sample size N=208 for partial pass-through; N=820 for full pass-through Weight: Weight2

Difference between Those Receiving Full and Partial Child Support Pass-Through Table 5

	Partial Pass-Through $N = 4,590$	Full Pass-Through $N = 16,297$	Difference	P-value
Mothers who ever received SSI as of 12/2003 (%) Mothers who ever received CTS as of 12/2003 (%)	5.7	5.9	-0.2	su su
Among those who made a transition to CTS				
Sample size	208	820		
Mean number of months between SSI entry and CTS entry	7.3	8.3	-1.1	ns
(1) Mean number of months with CTS receipt	29.8	27.3	2.5	0.030
(2) Mean number of months as of 12/2003 after CTS entry	34.8	33.3	1.4	su
(3) Proportion of eligible months with CTS receipt ^a	898.0	0.861	0.007	su

Notes: 29.1 percent of mothers in the partial pass-through group and 29.3 percent of mothers in the full pass-through group exited CTS (exit being defined as two consecutive months without benefit).

ns: not significant at .10 aProportion of months receiving CTS during the period from first CTS payment to 12/2003.

Table 6 Multivariate Analysis: Factors Associated with Transition to and Stay on CTS

		Transition from W-2 to CTS			Time of Transition from W-2 to CTS	on S	(Propor Ler among´	(Proportion of Months on CTS) Length of Stay on CTS among Those Who Transitioned	on CTS) TTS sitioned
Independent Variables	Coeff.	Std. Error	P-val	Coeff.	Std. Error	P-val	Coeff.	Std. Error	P-val
Age of Resident Parent (Compared to 18-25 Years)									
26-30	0.26	0.05	<.0001	1.02	1.93	0.598	0.07	0.03	0.011
31-40	0.37	0.05	<.0001	0.94	1.86	0.615	0.07	0.03	800.0
41+	09.0	0.07	<.0001	-0.43	2.33	0.855	0.10	0.03	0.003
Race of Resident Parent (Compared to white)									
African American	90.0-	0.05	0.232	0.19	1.80	0.916	0.02	0.02	0.539
Hispanic	-0.20	80.0	0.010	-0.60	2.81	0.831	0.02	0.04	0.610
Other (mostly Pacific Islander or Southeast Asian)	0.07	80.0	0.369	-7.32	2.69	0.007	-0.01	0.04	0.830
Unknown	-0.39	0.27	0.150						
Education of Resident Parent (Compared to less than HS)	HS)								
High school diploma or equivalent	-0.13	0.04	0.000	86.0	1.39	0.480	-0.01	0.02	0.703
Beyond high school	-0.07	90.0	0.198	-4.24	2.04	0.038	-0.10	0.03	0.000
Language of Resident Parent (Compared to non-English)	ish)								
English	-0.31	60.0	0.000	-0.06	2.71	0.982	-0.06	0.04	0.104
Age of Youngest Child at Baseline (Compared to 1-2)									
Unborn child at baseline	-0.07	90.0	0.245	0.43	2.62	0.870	0.01	0.04	0.721
3-5	0.16	0.04	0.000	1.42	1.66	0.394	0.01	0.02	0.677
6-17	90.0	0.05	0.200	0.20	1.64	0.905	0.01	0.02	0.563
Number of Children (Compared to 0 or 1)									
2	90.0	0.05	0.200	-2.90	1.74	0.095	0.03	0.02	0.252
3+	0.12	0.05	0.008	-1.30	1.70	0.443	0.05	0.02	0.039
Household Structure (Compared to live with other adults)	lults)								
Resident parent is only adult	0.04	0.03	0.188	-1.98	1.24	0.1111	0.00	0.02	0.814
			(table continues)	es)					

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		Transition from W-2 to CTS		T -	Time of Transition from W-2 to CTS	a so	(Propor Ler among	(Proportion of Months on CTS) Length of Stay on CTS among Those Who Transitioned	on CTS) TTS sitioned
Independent Variables	Coeff.	Std. Error	P-val	Coeff.	Std. Error	P-val	Coeff.	Std. Error	P-val
Resident Parent's Earnings in the 8 Quarters before Entry (Compared to 0)	re Entry (Comp	ared to 0)							
\$1-\$5000	-0.19	0.04	<.0001	3.57	1.31	9000	0.01	0.02	0.768
\$5001 +	-0.54	0.07	<.0001	-1.55	2.87	0.588	0.02	0.04	0.610
AFDC Receipt in 24 Months before Entry (Compared to 0)	red to 0)								
1-6 months	0.14	80.0	0.063	-1.57	3.00	0.602	0.05	0.04	0.220
7-18 months	0.15	90.0	0.021	1.55	2.50	0.535	0.10	0.03	0.004
19-24 months	0.27	90.0	<.0001	-1.23	2.37	0.605	0.10	0.03	0.002
Location (Compared to other urban counties)									
Milwaukee Co: Region 1	-0.38	0.07	<.0001	7.15	2.45	0.004	90.0	0.03	0.080
Milwaukee Co: Region 2	-0.36	90.0	<.0001	60.9	2.29	0.008	0.00	0.03	0.899
Milwaukee Co: Region 3	-0.52	0.07	<.0001	12.19	2.46	<.0001	0.01	0.03	999.0
Milwaukee Co: Region 4	-0.49	90.0	<.0001	5.21	2.31	0.025	90.0	0.03	0.054
Milwaukee Co: Region 5	-0.45	90.0	<.0001	4.47	2.26	0.048	80.0	0.03	0.014
Milwaukee Co: Region 6	-0.41	90.0	<.0001	3.93	2.14	990.0	0.07	0.03	0.017
Milwaukee Co: Region unknown	-0.29	0.22	0.190	5.68	8.37	0.497	-0.17	0.12	0.139
Rural counties	-0.19	90.0	0.004	-2.72	2.27	0.231	-0.11	0.03	0.001
Group Assignment (Compared to full pass-through)	p)								
Partial pass-through	-0.03	0.04	0.447	-1.42	1.44	0.326	0.02	0.02	0.376
Initial W-2 Assignment (Compared to Unsubsidized Job or Trial Job)	ed Job or Trial	Job)							
W-2 transition and Community Service Job	0.49	0.04	<.0001	-7.09	1.72	<.0001	0.01	0.02	0.751
Caretaker of Newborn	0.30	80.0	0.000	1.70	3.26	0.603	0.07	0.05	0.113
Child Support Pass-Through Implementation (Compared to all oth	mpared to all ot	her counties)							
High-performance counties	0.55	0.15	0.000	6.36	4.64	0.170	0.02	90.0	0.706
Child Support Order at Entry (Compared to no order)	rder)								
Have a child support order	0.02	0.04	0.549 (table continues)	0.17	1.49	0.909	0.02	0.02	0.371
				(5)					

Table 6, continued

		Transition from W-2 to CTS		T	Fime of Transition from W-2 to CTS	n S	(Propor Ler among´	(Proportion of Months on CTS) Length of Stay on CTS among Those Who Transitioned	on CTS) CTS nsitioned
Independent Variables	Coeff.	Std. Error	P-val	Coeff.	Std. Error	P-val	Coeff.	Std. Error	P-val
Child Support History before Entry (Compared to 0)									
81-8999	0.05	0.05	0.326	-0.84	1.73	0.626			
\$1000 or more	-0.05	0.05	0.324	-1.97	1.90	0.300			
Child Support Received in One Year Post-CTS (Compared to 0)	npared to 0)								
\$1-\$1200							-0.02	0.02	0.412
\$1201-\$2400							0.05	0.03	0.146
\$2401-\$3600							0.03	0.04	0.470
\$3601 or more							-0.03	0.03	0.303
ransition after 1/2003							0.00	70.0	0.009
Case Type (Compared to Paternity)									
Divorce	0.05	0.05	0.384	-3.73	1.95	0.056	0.02	0.03	0.471
Combination	0.10	0.05	0.024	-1.44	1.62	0.376	0.01	0.02	0.560
Unknown	0.18	0.16	0.260	-6.82	4.91	0.165	-0.12	0.07	0.076
Nonresident Parent's Earnings in the 8 Quarters before Entry (Co	ore Entry (Co	mpared to 0)							
\$1-\$5000	0.03	0.04	0.421	-1.57	1.49	0.293	0.01	0.02	0.681
\$5001-\$15000	60.0	0.05	0.065	0.91	1.79	0.613	0.04	0.02	0.119
\$15001+	0.05	90.0	0.487	1.15	2.36	0.626	-0.06	0.03	0.064
Intercept	-1.77	0.12	<.0001	44.72	4.36	<.0001	0.67	90.0	<.0001
Log Likelihood	-3659.042								
Total R ²				0.135			0.137		
Adjusted R ²				0.099			0.098		
Overall F test				F(41, 983) = 3.74**	3.74***		F(44, 980) = 3.53***	3.53***	
Motor: Deshobility realises of 0.05 or less above in bold true	Ţ	TO OLD	Jahr. Commle -	20 013 mothors	ition to CTS (Duckit): Somelo - 20 013 mothers in the CSDE policet 1 from the educinistantive data Timine of Transition	hort 1 from the	oritortoinion bo	doto Timing	f Transition

Notes: Probability values of 0.05 or less are shown in bold type. Transition to CTS (Probit): Sample = 20,812 mothers in the CSDE cohort 1 from the administrative data. Timing of Transition from W-2 to CTS (Regression): Sample = 1,025 mothers who made a transition from W-2 to CTS. Timing of transition to CTS was measured by the number of months between the baseline date and the first month receiving CTS. The length of stay on CTS (Regression): Sample = 1,025 mothers who made a transition to CTS. The stay on CTS was measured by the proportion of the number of months after transition as of 12/2003.

**There are 175 mothers who made a transition after 1/2003 and their mean child support during 2003 is \$1120.

through.¹² On the other hand, mothers were less likely to make a transition when they were Hispanic (compared to non-Hispanic mothers), had a high school diploma (compared to those without a high school diploma), were native English speakers (compared to non-English speakers), or had an earnings history before they entered W-2 (compared to those with no earnings history before W-2 entry). Finally, those living in Milwaukee County or rural counties were less likely to move from W-2 to CTS than those in other urban counties.

The results also suggest that the timing of the transition from W-2 to CTS was associated with race and educational attainment: the time to transition was shorter for mothers categorized as "other race," primarily Pacific Islander or Southeast Asian, and for mothers with education beyond a high school diploma. The transition period was shorter when the mother's initial tier was W-2 Transition or CSJ. The transition time was likely to be slower when the mother had an earnings history (compared to those without earnings history) or when she lived in Milwaukee County (compared to those living in other counties).

Several characteristics were associated with the length of stay on CTS. ¹³ Older mothers and those caring for a greater number of children were more likely to receive CTS for a longer period of time. Mothers with an AFDC history and those living in Milwaukee County, Regions 5 and 6, were more likely to remain on CTS. With regard to child support receipt post-CTS, 175 mothers transitioned to CTS after January 2003, and the mean child support received by these mothers during 2003 was \$1,119.60. These mothers remained on CTS for a longer period of time. Mother's education was also significantly associated with length of stay: those with some education beyond high school were less likely to remain on CTS. Those living in rural counties were less likely to remain on CTS than those in other urban

¹²For detailed information, see Kaplan, Corbett, and Mayer (2001).

¹³Since approximately 80 percent of the mothers transitioning from W-2 remained on the CTS program as of December 2003, we examined an alternative measure of probability of ever leaving CTS, where an exit is defined as two consecutive months without a CTS payment as of December 2003. The results were almost identical, confirming that the two outcome measures (i.e., remain on or exit from CTS) are the flip side of each other.

counties. However, there was no discernible relationship between the length of stay on CTS and mother's race and ethnicity, age of youngest child, mother's earnings history, or W-2 experience.

Analysis of Survey Reports

Using the reports from the two waves (1998 and 1999) of the Survey of Wisconsin Works

Families, we compared mothers who transitioned to CTS and mothers who did not transition to SSI-CTS,
looking at the health status of the mothers and their focal children, family income, poverty status,
economic hardship, and the quality of the neighborhood.

The results in Table 7 suggest that mothers who transitioned to CTS were more disadvantaged than those who stayed on W-2. The CTS group was less likely to have a high school diploma, and more likely to care for other family members or children with a disability. The mothers who moved to CTS were worse off than those not moving to CTS: they had lower family income¹⁴ and lived in poverty. Furthermore, about half of the mothers who transitioned to CTS reported experiencing food, housing, or phone hardship at the time of the second interview. Mothers transitioning to CTS were also older and more likely to be divorced. Because mothers transitioning to CTS include a higher proportion of parents who have been divorced, it follows that these mothers are more likely to get child support. As expected,

¹⁴Sources of family income include child support, SSI, Food Stamps, W-2 payment, mother's earnings, other personal income (such as unemployment compensation, worker's compensation, Social Security benefits, alimony, money from family or friends), partner's income if any, and estimated EITC excluding payroll and income taxes. We calculate income taxes and credits (other than payroll taxes) with the "TAXSIM" program (http://www.nber.org/~taxsim), developed by the National Bureau of Economic Research for computing liabilities under U.S. federal and state income tax laws from survey data (Feenberg and Coutts, 1993). We assume married women living with their spouses filed joint tax returns, and women who were not married filed as single head of household because they all have a minor child in our data. Payroll taxes were estimated at 7.65 percent of earnings. Further detailed information about sources and computations of family income is available in Chapter 6 of the report by Cancian and Meyer (2001), "Mothers' Income and Economic Well-Being."

Table 7
Comparison between Mothers Who Transitioned to CTS and Mothers Who Remained in W-2

	1998		19	99
	Mothers Transitioning to CTS	Mothers Not Transitioning to CTS	Mothers Transitioning to CTS	Mothers Not Transitioning to CTS
Total N	107	2,188	98	2,144
N, Total Income >=0	95	2,055	87	1,922
Mother's Age at Time of Interview				
18-24	20.9%	40.4%	17.1%	35.0%
25-29	9.5	24.1	12.1	25.7
30-34	26.1	15.6	19.3	16.4
35-39	26.7	11.5	27.3	12.5
40 or older	16.8	8.3	24.3	10.4
Mother's Education				
Less than high school graduate	60.1	46.6	60.8	42.2
High school diploma or equivalent	27.2	35.9	21.6	38.5
Beyond high school	12.7	17.5	17.6	19.3
Current Marital Status at Time of Interview				
Married	8.0	8.9	6.3	11.2
Cohabiting	13.8	13.5	13.0	16.1
Separated	5.8	3.0	7.5	1.9
Divorced	18.7	9.2	20.0	9.0
Widowed	0.0	0.3	0.0	0.5
Never married	53.7	65.0	51.9	60.9
Unknown	0.0	0.0	1.5	0.4
Mother Has Health Conditions that Limit Type or Amo	ount of Work			
Yes	67.8	19.1	78.7	17.7
Other Family Member has Health Conditions that Affe	ct Mother's Abil	ity to Work		
Yes	11.9	9.2	12.2	8.7
Focal Child's General Health				
Excellent	36.3	44.6	30.7	43.5
Very good	26.9	28.4	33.2	28.9
Good	21.5	16.0	18.5	17.1
Fair	12.5	9.6	14.6	9.4
Poor	2.9	1.3	3.0	0.1
Focal Child with Developmental or Learning Disability				
Yes	22.2	13.0	20.5	15.0

(table continues)

Table 7, continued

	19	998	19	99
	Mothers Transitioning to CTS	Mothers Not Transitioning to CTS	Mothers Transitioning to CTS	Mothers Not Transitioning to CTS
Family Income	\$13,856	\$15,686	\$13,269	\$17,614
Child support	755	580	1,088	837
SSI	987	144	2,033	54
Food Stamps	2,211	2,048	2,336	2,003
W-2	4,343	3,419	2,723	1,641
Mother's Earnings	2,866	6,290	2,572	8,619
Other personal income	756	301	1,357	832
Partner income Estimated EITC excluding Social Security and income	1,215	1,750	581	2,697
taxes	723	1,153	578	932
Poverty Status				
<%50 PL	9.2%	9.0%	10.2%	11.1%
50-100% PL	60.2	43.5	62.8	31.9
100-150% PL	16.5	29.8	18.0	35.0
150-200% PL	8.2	13.0	7.1	14.6
>200% PL	5.9	4.6	1.9	7.4
Economic Hardship				
Food problems	12.2	8.5	16.3	14.1
Food help	29.4	22.0	52.4	37.1
Food risk (problems or help)	33.7	24.5	55.1	42.6
Housing problems	23.1	18.5	33.0	32.3
Housing help	17.9	17.6	27.1	27.9
Housing risk (problems or help)	31.0	26.1	47.5	45.2
Phone problems	28.5	26.9	42.9	47.9
Phone help	16.1	12.8	20.8	19.3
Phone risk (problems or help)	35.9	30.4	53.2	53.3
Quality of Neighborhood				
Very bad	13.7	9.4	12.6	8.0
Bad	5.9	10.4	8.1	10.0
Fair	44.0	45.6	50.5	46.7
Very good	20.7	21.2	16.7	21.6
Excellent	14.1	12.7	10.5	13.0
Unknown or not asked	1.7	0.7	1.6	0.4

Source: Survey of Wisconsin Works Families

mothers who transitioned to CTS were more likely to report having a physical, mental, or other health condition¹⁵ which limits the kind or amount of work they can do at the time of interview.

D. Mothers Who Received CTS without a W-2 Participation History

Our primary analysis has focused on women who made a transition from W-2 to CTS. However, most CTS recipients have never participated in W-2. We also examined a larger group of 7,180 mothers who received CTS at some time between December 1997 and December 2003 but did not participate in W-2.

Among these mothers, the mean number of months receiving CTS was 31.2; the median was 24. Once they began to receive CTS benefits, almost two-thirds of the mothers continued to do so for at least three years (Table 8).

Figure 7 shows changes in the sources and level of income before and after CTS entry. The trend in income sources was similar to that found among mothers who transitioned from W-2. The only

exceptions were Food Stamps and earnings, which rose somewhat for this sample in contrast to the patterns for women moving from W-2. Child support income doubled after receiving CTS. Overall, SSI and CTS benefits together constituted almost three-fourths of the mothers' personal income. The mean personal income of these mothers both before and after CTS entry was lower than among those who had participated in W-2.

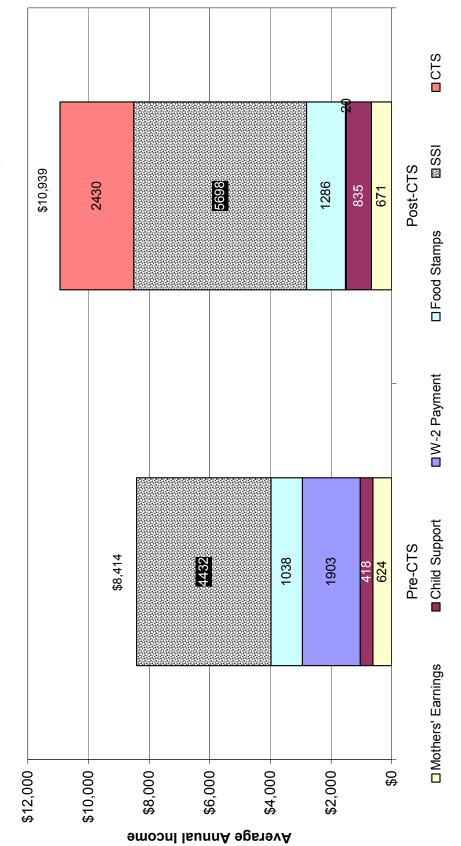
Among 7,180 mothers who were not W-2 participants prior to receiving CTS, we examined child support outcomes for all mothers eligible for child support (i.e., those who had at least one match in child support owed or received in the data files) and for whom we had income reports. As shown in Figure 8,

¹⁵According to the *2004 Greenbook* (Committee on Ways and Means, 2004): [d]isabled individuals are those unable to engage in any substantial gainful activity by reason of a medically determined physical or mental impairment expected to result in death or that has lasted, or can be expected to last, for a continuous period of at least 12 months. The test of "substantial gainful activity" in calendar year 2003 is to earn \$800 monthly in counted income, with impairment-related expenses subtracted from earnings. Generally, the individual must be unable to do any kind of work that exists in the national economy, taking into account age, education, and work experience.

Table 8
Mothers Not Previously on W-2 Who Continued to Receive CTS after Entry, as of December 2003

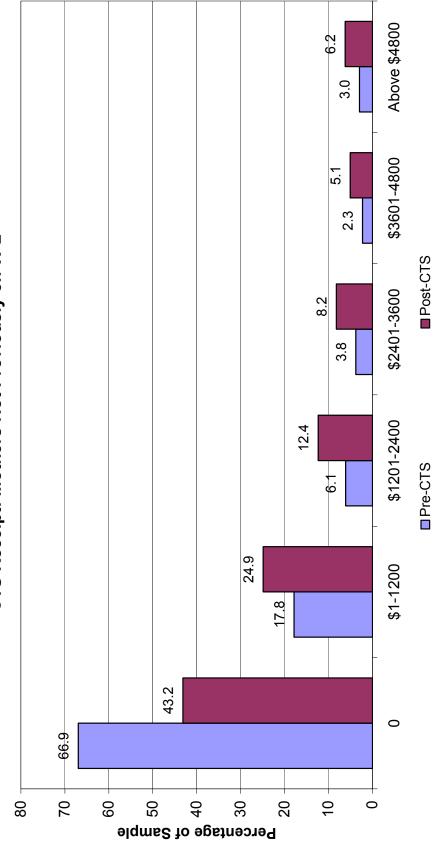
	Number of -		Y	ears after Ent	ry	
Time of Mothers' CTS Entry	Mothers	Year 1	Year 2	Year 3	Year 4	Year 5
Before 1/1999	3,640	94.0%	57.8%	62.0%	67.9%	69.5%
Before 1/2000	3,816	94.1	59.1	63.0	68.3	
Before 1/2001	4,292	93.8	63.0	65.6		
Before 1/2002	5,133	94.4	66.4			
Before 1/2003	6,297	94.1				

in the Year before and the Year after CTS Receipt: Mothers Not Previously on W-2 Sources of Income of Mothers Receiving CTS Figure 7



Note: Sample is mothers who received CTS between 12/1997 and 12/2003 and never participated in W-2. Figure 7 includes only those who began to receive CTS as of 12/2002.
Sample size = 6,297.

among Mothers Who Transitioned to CTS, in the Year before and the Year after Average Amounts of Child Support Received CTS Receipt: Mothers Not Previously on W-2 Figure 8



Note: Sample: Among 7,180 mothers who received CTS between 12/1997 and 12/2003 and never participated in W-2, Figure 8 includes only those who have at least a one-month match in the "child support received or owed" datafile and who have no missing income reports. Sample size = 4,316

among 4,316 mothers who had child support records, the percentage receiving no child support dropped substantially, from 67 percent to 43 percent, after they began receiving CTS. Those receiving more than \$2,400 in child support increased by 10 percentage points after CTS entry. This might have occurred because they were required to cooperate with the child support agency when applying for CTS.

As the mothers began receiving higher child support amounts post-CTS, the contribution of child support to their personal income became more significant: the proportion of those for whom child support represented more than 20 percent of income increased from 13 percent to 20 percent. The share of CTS in their income was also considerable: for almost half of the mothers (48 percent), CTS represented more than 20 percent of total income.

The groups of grandfathered and new CTS¹⁶ cases differed significantly in their length of stay on CTS. Given that grandfathered cases began to receive CTS in December 1997, they could have had longer spells of CTS than those who entered CTS later. Nevertheless, after the time of CTS entry was taken into account, grandfathered cases were less likely to stay on CTS than new cases. More specifically, the proportion of potentially eligible months with CTS receipt is 0.65 for grandfathered cases, while the proportion is 0.75 for new CTS cases, and the difference is statistically significant (p < .0001).¹⁷ Finally, we estimated a multivariate regression to examine the characteristics of mothers who were more likely to

¹⁶"Grandfathered" CTS cases refer to mothers with children who received AFDC in November 1997 and transitioned to CTS, whereas "new" CTS cases refer to mothers with children who directly entered CTS without an AFDC history.

¹⁷This may be because grandfathered CTS cases are more likely to lose their eligibility for CTS owing to their financial status over time. Descriptive results suggest that grandfathered CTS cases had higher mean total income (\$11,980 on average in calendar year) than new CTS cases did (\$7,363 on average in calendar year) during the period of observation, i.e., from 1997 to 2003.

receive CTS for a longer time (Table 9). The length of stay on CTS was measured by the number of months the mother received CTS as a proportion of the total number of months between her entry into CTS and December 2003. The results indicate that the length of stay on CTS was significantly longer for mothers who were older, Asian (compared to Caucasian), and never married (compared to married). Mothers caring for a greater number of children and living in Milwaukee County (compared to other urban counties) were also more likely to remain on CTS. When mothers had some child support income (i.e., \$3,600 or less), they were more likely to stay on CTS. On the other hand, those who stayed on CTS for a shorter period of time were those grandfathered in and those whose youngest child was older.

E. <u>Summary</u>

Overall, the transition to CTS generally took place within a year after entry into SSI. Almost 60 percent of mothers received their first CTS payments within 6 months after the first SSI receipt (or after December 1997 if they had received SSI prior to that month). Once mothers transitioned to CTS, the majority (over 80 percent) were likely to stay at least a year. Those who continued to receive the benefit for two years were very likely to stay for the full period observed.

Sources of income changed dramatically after the transition to CTS. Income from earnings and cash welfare benefits declined considerably, but SSI and CTS benefits offset (or exceeded) that decrease in income. Food Stamp benefits declined somewhat, but less so than cash welfare. Child support steadily increased over time—both receipt of any amount and the level of amounts received. Child support became more important in the mothers' income package, even post-CTS. For those who transitioned to CTS, the share of CTS as a proportion of income was considerable. Even though mothers were better off

¹⁸Alternatively, we also examined factors associated with ever exiting from CTS as of 12/2003. The results were similar in every respect. In the results for probability of exit, mothers with higher child support (\$3,600 or greater) were more likely to leave CTS, where an exit is defined as two consecutive months without benefit over the full period observed.

Table 9
Multivariate Analysis of Factors Associated with Length of Stay on CTS:
Mothers Not Previously on W-2

	Le	rtion of Months o ength of Stay on C Those who Trans	CTS
Independent Variables	Coeff.	Std. Error	P-val
Case Type (Compared to New CTS case)			
Grandfathered AFDC case	-0.06	0.01	<.0001
Age of Resident Parent (Compared to 18-25 years)			
26-30	0.02	0.02	0.283
31-40	0.04	0.02	0.005
41 +	0.08	0.02	<.0001
Race of Resident Parent (Compared to white)			
African American	-0.01	0.01	0.658
Hispanic	0.03	0.02	0.162
Asian	0.14	0.02	<.0001
Other	0.02	0.03	0.397
Unknown	-0.24	0.03	<.0001
Education of Resident Parent (Compared to less than HS)			
High school diploma or equivalent	-0.01	0.01	0.162
Beyond high school	0.00	0.02	0.990
Language of Resident Parent (Compared to non-English)			
English	-0.04	0.02	0.063
Mother's Marital Status at CTS entry (Compared to married)			
Divorced	0.03	0.02	0.072
Separated	0.02	0.02	0.145
Never married	0.04	0.01	0.013
Widowed or annulled	0.01	0.03	0.763
Age of Youngest Child at Baseline (Compared to 1-2)			
3-5	-0.02	0.02	0.190
6-12	-0.10	0.02	<.0001
13-17	-0.12	0.02	<.0001
Number of Children (Compared to 0 or 1)			
2	0.00	0.01	0.726
3			
3	0.03	0.01	0.012
4 plus	0.03 0.06	0.01 0.01	<.0001

(table continues)

Table 9, continued

	Le	rtion of Months o ngth of Stay on C Those who Trans	CTS
Independent Variables	Coeff.	Std. Error	P-val
Location (Compared to other urban counties)			
Milwaukee Co: Region 1	0.02	0.02	0.356
Milwaukee Co: Region 2	-0.02	0.02	0.414
Milwaukee Co: Region 3	0.06	0.02	0.002
Milwaukee Co: Region 4	0.02	0.02	0.162
Milwaukee Co: Region 5	0.04	0.02	0.035
Milwaukee Co: Region 6	0.03	0.02	0.128
Milwaukee Co: Region Unknown	0.03	0.03	0.263
Rural counties	-0.01	0.01	0.508
Child Support Received in One Year Post-CTS (Compared to 0)			
\$1-\$1200	0.05	0.01	0.000
\$1,201-\$2,400	0.06	0.02	0.000
\$2,401-\$3,600	0.06	0.02	0.002
\$3,601 or more	-0.03	0.02	0.068
Transition after 1/2003	0.17	0.01	<.0001
Intercept	0.74	0.03	<.0001
Log Likelihood			
Total R ²	0.060		
Adjusted R ²	0.055		
Overall F test	F(36, 7143) =	24.8***	

Note: Probability values of 0.05 or less are shown in bold type. Length of Stay on CTS (Regression): Sample - 7180 mothers who made a transition to CTS. The length of stay on CTS was measured by the proportion of the number of months on CTS to the total number of months after transition as of 12/2003.

after the transition to CTS, their income level on average was below the official poverty line for a family of four.

No significant difference was found between the full and partial child support pass-through groups with regard to transition patterns and the length of stay on CTS.

In both years of the Survey of Wisconsin Works Families, mothers receiving CTS were a more disadvantaged group than mothers remaining on W-2, considering their family characteristics, poverty status, and economic hardship in addition to their health limitations.

Grandfathered cases tended to stay longer on CTS than cases that entered CTS without an AFDC history. Older mothers were more likely to stay longer on CTS, whereas mothers receiving higher levels of child support were less likely to stay.

IV. FOCUS GROUP DISCUSSIONS OF THE CTS PROGRAM

In addition to analyzing administrative and survey data to obtain an overall picture of the use of CTS and the role of child support, we also conducted a set of focus group discussions, summarized in this section. The purpose of the groups was to explore how CTS recipients view the program, how they make ends meet, and to what extent they utilize child support and other economic resources to supplement their income. We were also interested in learning about the parenting challenges faced by CTS recipients. We describe the focus group methods and the focus group participants and present results.

A. Methods

Participants

There were 35 participants in 6 focus groups. Participants were identified through CARES data files. In order to obtain a sample including African Americans, Latinos, and non-Latino whites, we conducted an analysis by region and race/ethnicity. It was determined that Dane County and Milwaukee Region 6 were the most diverse in this regard. Region 2 was also selected because it had the largest number of monolingual Spanish-speaking participants, and we were interested in their perspectives. Two

focus groups were held in each region/area. Because the majority of CTS recipients are mothers, we selected only mothers for the focus groups. For each focus group in Dane County and Region 6 (focus groups 1–4), approximately 15 letters were mailed to participants from each of the three racial/ethnic groups (see Appendix III). For Region 2, the same letter translated into Spanish was mailed to 40 participants for each focus group. For all focus groups, follow-up calls were made to each person to whom a letter had been sent (in Spanish for Region 2). Those who agreed to participate were given confirmation calls the day before the scheduled focus group.

One of the limitations of using a focus-group methodology for women with disabilities is that some women with severe disabilities would not be able to attend a group meeting. Further, only four non-Latino white recipients participated in the groups. African American and non-Latino white recipients were sent the same number of letters, and had similar refusal rates. However, non-Latino whites were less likely to be reached on the phone, and had a higher no-show rate. Many recipients were not reached directly because the phone was disconnected, they were not at home, or most likely in some cases, were not picking up the phone (a privacy manager service was frequently utilized). Non-Latino white recipients were less likely to answer the phone or return messages than African American recipients.

Participants were on average about 40 years old (see Table 10). One participant was 21, but the majority were over 30, and more than 60 percent were between 40 and 50, making this a group of primarily midlife mothers. The average number of children in each family was two to three; the average age was 14. One-third of the mothers had at least one child aged 18 or older. All but four had at least one child between 13 and 17 years old, indicating that many participants were facing the challenges of raising adolescents. In the four English-speaking groups, 65 percent of the participants were African American, 29 percent were Latino, and 16 percent were non-Latino white.

¹⁹Privacy manager is a service offered by telephone companies to allow customers to monitor their incoming calls.

Table 10
Descriptive Characteristics of the Focus Group Participants (N's in Parentheses)

Average Age	39.8 (range 21–50)		
Age 40 or Over	61.8%		
Married	22.9% (8)	Average No. Children	2.71 (range 1–6)
Receiving Child Support	22.9% (8)	Average Age of Children	14.02 (range
			1–27)
Education (highest		Where Born	
grade)	11.8% (4)	Wisconsin	20.0% (7)
Less than high school	71.5% (25)	Illinois	20.0% (7)
9-12 or GED	14.7% (5)	Other state	28.6% (10)
More than high school		Puerto Rico	25.7% (9)
		Mexico	5.7% (2)
Primary Diagnosis		Race/Ethnicity	
Physical disability	51.4% (18)	Non-Latino white	11.4% (4)
Mental illness	31.4% (11)	Latino	48.0% (17)
Cognitive disability	17.1% (6)	African American	40.0% (14)
Avg. No. Prescribed	2.9 (range 0–18)	Average No. Relatives in Area	2 (range 0–7)
Medications for			, -
Disability			

Procedure

Focus groups were held at Job Centers in the region. The two Dane County focus groups (containing 5 and 3 participants respectively) were held at the Dane County Job Center, the two Milwaukee Region 6 focus groups (10 and 8 participants) were held at the Maximus Job Center in West Allis, and the two Spanish-speaking focus groups (5 and 4 participants) were held at United Migrant Opportunity Services (UMOS). When participants arrived at the meeting, the focus group study was explained to each participant individually by Sandy Magaña and a UW graduate student, Lynn Au, and the informed consent form was reviewed and signed by the participant. Participants were asked to fill out the information sheet (Appendix IV). Assistance was given when needed. Refreshments were provided at each focus group. Sandy Magaña conducted all focus groups, with Lynn Au as coleader. (The focus group interview guide is in Appendix V.) The group discussions lasted about one and a half hours. All focus groups were tape recorded and transcribed. A bilingual, bicultural graduate student transcribed the Spanish-speaking focus groups. A professional translator translated into Spanish the focus group invitation letter, information sheet, informed consent, and focus group interview guide. At the completion of each focus group, participants received \$25.

B. Findings

How Recipients Viewed the CTS Program

In the quantitative analysis, we found that CTS was beneficial economically for recipients and made them better off than under their previous W-2 experiences. In the focus groups, we were able to gain the perception of recipients concerning how CTS benefitted them economically and emotionally. Many participants expressed gratitude for CTS and felt that it provided security for them and helped them deal with some of their children's expenses.

"My son is 9 months old and the caretaker supplement it helps me buy him diapers. You know diapers are expensive. And then he runs out of milk. Milk is expensive. So I really appreciate you know, the program."

"The caretaker supplement helps me a lot with my daughter because she's a big, you know, she's a big young lady to be 14 years old and clothes are very expensive."

"A mi a venido bien porque antes recibía menos...(SSI) no era suficiente como para yo, especialmente a comprarle las cosas a la nena para el colegio." (For me it's going well because before I received less...(SSI) wasn't sufficient for me, especially to buy things my daughter needs for school.)

"But this program, this caretaker program, you know, has helped us. Because it could be like, uh you can have nothing to raise your kids. At least there's something. Cuz I know in the Middle East they don't have such programs. So those people, if there the kids' parents die or something like that, these kids are left on their own. And they are on the streets. So when I think about that, then I have to thank God that at least there's something and you just have to use what you have and you know, go on with you life. And that's it."

"Ha sido un gran ayuda." (It has been a huge help.)

Those who had received W-2 benefits preferred CTS, which, they said, recognizes their disability. Participants indicated that the constant threat of sanctions under the W-2 program for not fulfilling work requirements or not showing up for reviews was too stressful on top of having a disability.²⁰

"I was on W-2 before I got approved for SSI and they took me through mental hell." (Participant spelled the letters H E L L with her fingers rather than verbalizing it.)

"Si uno no puede trabajar por algun motivo, pues no estan bien, te deducen dinero." (If one can't work for some reason, well they're not OK, they deduct money from you.)

"Its really stressful because ... they will send you a letter and they come back again and again.

And you have to go to this program again and again."

Participants who had received public support in other states (Connecticut, Illinois, and Florida) indicated that these states did not have a CTS program. Recipients reported that Wisconsin was not only

²⁰W-2 is an employment and training program. W-2 program policy includes assessments of W-2 participants to determine employment capacities and any barriers to employment. W-2 participants are required to complete appropriate assigned activities as part of their Employability Plan.

better for public assistance, but also that private charities were more generous here. Some participants in the Spanish-speaking group talked about how much better Wisconsin is in general than Miami, despite the weather.

"Alla en Miami la gente van a comer, trabajar, dormir y ya. Y atienden las necesidades de ellos mismos. Nadie te dice "Hi", si necesitamos ayuda. Es muy difícil. No es como aqui, aqui es mas ayuda, mas compañerismo" (There in Miami people eat, work, sleep and that's it. No one says "Hi" to you if we need help. It's very difficult. Its not like here, here there is more help, more companionship.)

In a different Spanish-speaking focus group a participant expressed similar sentiments:

"Yo vivi en Florida, vivi en Chicago, y Puerto Rico. Este es el estado mas rico en información, en vivienda, en ayuda de gobierno." (I lived in Florida, I lived in Chicago and Puerto Rico. This is the state that is richer in information, housing, and government assistance [other participants verbally agreed].)

Insufficiency of CTS

Although recipients expressed appreciation for the CTS program, they made it clear that it was not enough to support the needs of their families. This message was expressed both directly and during the long discussions about other resources recipients have to use in order to survive.

"What I'm looking at is it's really not enough money. You know. Especially if you got to really pay high rent. And by being a mom that's disabled, I guess the most important thing I look at make sure my check is there. And once you pay the rent and do this and do that and supporting 4 girls without any child support or anything, it's a mess."

Several reported that after paying bills at the beginning of the month, \$25 or \$50 remained to last them the rest of the month. Many talked about not being able to buy their children basic school things—for example, field trip fees and cap and gown for graduation.

"I think the caretaker is a very good idea, but really it's not enough."

"Well what we need to put in big black bold letters: **need more money!**"

Use of Supplemental Resources

Most participants utilized food pantries, clothing closets, utility assistance, and other community resources to supplement their income. Some were isolated and knew little about these resources. These participants were anxious to learn from the others. There was much sharing of information during the focus groups. Some borrowed from friends and then paid them back at the beginning of month.

"I mean I'm borrowing from her to pay him to pay him to pay her. So by the time the first and the third rolls around again, I'm issuing out money that I owe, that's half the check."

Some participants had housing assistance. Others received small amounts of Food Stamp benefits.

Many talked about shopping at thrift shops and payless type stores to stretch their budget.

Often bills were skipped and accumulated. One mother had a child with a mental disability and received financial help from Family Support (a program administered by counties that provides resources to families who have children with disabilities). Two participants jokingly talked about needing to find a man to supplement income.

"Yo lo que les digo a mis hijos, voy a tener que buscarme yo un padrasto or un hombre que sea milionario." (What I tell my kids, I'm going have to look for a stepfather [meaning 'sugar daddy'] or a man who's a millionaire.)

Work Incentive Programs

Some participants wanted to be able to work to supplement income. Most were unfamiliar with Ticket to Work²¹ and other incentive programs. Some recalled receiving something about it in a letter. One said she was told about the Ticket to Work program by her worker, but the worker couldn't answer questions about how much she could earn, so she dropped the idea. Some said they had worked and their income was reduced (participants did not specify which sources of income were reduced. It is our belief

²¹Ticket to Work is a program of the federal Social Security Administration and there is no local role in the program at the present time.

that they were not clear on this). Others expressed fear of income reduction and lacked knowledge about how this process worked.

"So if they would allow like a leeway between, okay here's your food stamps, here's your caretaker, there's your medical. But you can make so much money. At least, maybe \$50 you know. And not touch the rest of them. But if you make \$50, you're cut somewhere."

Recipients also expressed distrust. Referring to receiving a letter about work programs, one recipient said,

"Si pero ellos lo hacen para que te vayas a trabajar para quitarte el beneficio." (Yes but they do it so you go to work and they can take away your benefits.)

Some participants talked about work being important to reduce depression. One reported that SSI and Social Security Disability have different work rules. She stated that Disability allowed recipients to earn more money than SSI did. Other participants felt that realistically they couldn't hold a job because of their disability. One participant expressed the need for retraining and higher education to be made available. She was planning to go to college to enter a new career that could accommodate her disability. There appeared to be a desire for clear information about work programs and work restrictions.

Problems with CTS

There was some confusion about CTS and how it operates. Participants shared information with each other about how much the first and subsequent children receive. Usually they were accurate in reporting that the first child received \$250 per month and subsequent children received \$150 each per month. One participant misunderstood payments, however, and stated that her sixth child received only \$50 a month.

Some participants reported having financial reviews every 6 months, and others said yearly, so there was some confusion about the timing of reviews. Some participants were frustrated about children being cut off once they turned 18. Others were cut off because their income was too high in certain months (child support sometimes brought their income over the edge). Some frustration was expressed

about interactions with caseworkers, who were at times found to be insensitive and careless with recipients' lives. One said that the worker misplaced the income review report and the recipient was penalized—her check was withheld. Another stated that she was penalized because the worker went on vacation and didn't make sure that her case was covered. Another reported that she was penalized because she moved and the new landlord was slow in verifying the new address.

"They need to really be realistic about life. You know don't play games with someone else's life.

Cuz you taken stuff out of their body in a way to make yourself."

Another participant reported that she had been cut off CTS because she worked too many hours and was due to get back on for a particular month, but her check was delayed by a month owing to bureaucratic errors.

"For some odd reason, you know, the Fourth of July coming up, you know, people want to start their vacations. But it messed me up because I had the paperwork that my social worker here told me to you know have in, had it in before the 18th. Unfortunately the state didn't get the necessary information, so in July, I didn't receive anything."

Some participants reported that at times it was impossible to reach workers, and that workers often did not return phone calls. When an error was made, some recipients reported that the check was never replaced for the month it was missed. Not all recipients were unhappy with their workers, however. Some participants reported having caring workers and felt they were treated fairly.

Child Support

As noted earlier, all CTS recipients whose children have an absent parent are required to cooperate with the conditions of the local child support agency. However, the majority of focus group participants did not receive child support. Most of those who did received only small amounts.

Participants who did not receive child support wanted to receive it but described challenges in getting child support orders enforced. One missed an appointment because of illness and reported that the case was closed. Others felt that the child support agency did not pursue cases adequately; still others reported

that the fathers could not be located or did not have jobs. The following conversation illustrates the difficulties participants expressed with respect to getting fathers to pay child support:

Participant 1: "I think if you live here in Wisconsin and let's say if the fathers live in Chicago, it's hard for them to get Chicago to cooperate with them."

Participant 2: "And they don't want to do it." ("they" refers to the child support enforcement agency)

Participant 1: "Right cuz I got like \$13 from the child support. And my son was 16 years old.

Out of all those years, I was like, all these years you finally caught up with him and all he can give is 13 bucks?"

Participant 2: "The one thing about Wisconsin, they're good at finding those men out of state.
They will find them."

Participant 3 "But they don't have jurisdiction...If they're in another state, it's hard for them to do it. It takes longer."

One participant reported that after many years, she received a large back payment of \$2,200 in child support. After that she received small checks.

"I even got a 15 cent check one time. So it was um, I mean they often had said the reason we got so little was because he had so many children. You know. And so, I would call it milk money."

Some participants who received child support were worried about how additional child support money might affect income limits. Child support is counted as unearned income with a \$50 disregard. The participant above did not discuss whether she became ineligible for CTS after receiving the lump sum of child support. However, this money does get counted as unearned income for the month in which it is received, which could make the recipient ineligible for that month and subsequent months (Wisconsin Department of Health and Family Services, 2004).

Raising Adolescents and Young Adults

The majority of participants were raising adolescents and about one-third of them had adult children. Some expressed the difficulty of being a single mother raising young men. Often mothers felt pushed around by their sons. Often sons were physically bigger than their mothers, making it difficult for the mothers to assert control.

"My boys are a challenge to raise. The two youngest are always having sibling rivalries...My 18 year old, he tries to assert his manhood and thinks that he can run the household sometimes, but I have to remind him often you know, I'm not your wife. I'm not your girlfriend, I am your mother."

In one of the Spanish-speaking groups, participants discussed the difficulties raising sons as single mothers.

"Estoy de traz de ellos para que ellos no viajen por el mal camino...Es duro, yo camparezco las mujeres que estan solas luchando con sus hijos. Pero las hembras no tanto pero con los varones." (I'm on top of them so they don't take the wrong path. It's hard, I compare the women that are struggling with their sons alone. But the girls aren't as hard as the boys.)

Another participant talked about how boys are more subject to peer pressure.

"Pero los muchachos no son malos...lo que son es desinquietos. Que cuando estan con otro amigo quieren hacer los mismo que hacen os otros, los demas." (But the boys aren't bad, what they are is restless. When they are with another friend, they want to do the same as the rest of them.)

Other challenges described were trying to keep sons from getting someone pregnant or going to jail. For daughters, mothers expressed the challenge of teaching them why it is important not to get pregnant, and helping them to have healthy views about men and having children in the future.

Strong Religious and Moral Convictions

The mothers expressed strong moral values and stated that the system often contradicted them in teaching these values to their children. One mother described her daughter's frustration when she turned

18 and couldn't find work. The daughter was told by a benefits worker that she could not help her unless she got pregnant.

"I looked at her and said 'let me tell you something. God does not like that. You be patient. He's gonna help you. You don't go have a baby just to get yourself some food or something.' I said 'I don't care if we just all has to share the same food on one plate. This is better than to go out and have a baby. That's gonna cause more problems.""

Another mother said:

"Exactly. But if you guys record anything, record her statement. Because my 23 year old feels the same way. Anybody that's 18, 19, 20 if they want to better themselves, step outside from the home, and we teaching them 'no you don't need to be pregnant."

In order to receive CTS, both parents in two-parent households have to be SSI recipients.²² There was a conversation about the wisdom of hiding the fact that one is married. One participant said:

"It shouldn't come to the point where we have to lie. If you get married it's a good thing. Better than shacking up."

Others talked about how they are prevented from physically disciplining their children because of concerns regarding child protective services and then are asked to pay for later repercussions (e.g., adolescents getting in trouble with the law).

Children Suffer from Poverty and Having to Step in for Mother

Mothers expressed sadness about not being able to address their children's economic needs. They talked about their children making sacrifices and being understanding by not asking for too much.

However, they felt their children were made fun of for wearing thrift store attire. Other mothers talked about their children needing to step in and take care of them because of their disability.

²²According to CTS policy, marital status is irrelevant to CTS eligibility. However, when both parents of a dependent child are present in the household, both must be recipients of SSI in order for the dependent child to meet a fundamental CTS eligibility criterion

Children with and without Disabilities

Many households had at least one child with a disability, in addition to a CTS-eligible child. Sometimes these children received SSI; in other cases the children's disabilities were not severe enough to qualify them for benefits. Types of disabilities ranged from asthma and diabetes to mental disabilities, autism, bipolar disorder, depression, and attention deficit disorder. One mother was concerned about her teenage daughter, who was suffering from depression, missing school.

"I've got this problem. I told you my daughter is sick right now. And last year she have to get off school because she had all these depression (feelings). And um, I don't know how to deal with her this year because she don't want to go nowhere. And it's scary, you know, she's going to lose another year. I don't know how to handle this."

Depression

Depression came up in every focus group (about one-third of participants were taking antidepressants). Sometimes it was in relation to economic hardships. This mother was referring to her interaction with a utility company:

"Listen, why do you want to take milk from my cow that is not there? It is dry. So you know, its like I tell them 'you are depressing me.' When I come here I'm trying to get some hope... I just wanted to put my head in the oven, so you know give me a break."

Other times, depression was expressed in relation to raising children:

"Sometimes you get depressed because you look at your children and there's so much you want to give them, but you can't."

Other participants commented about being treated for depression, difficulties getting up in the morning, and hopelessness.

How Participants Cope

Religion was the primary coping strategy identified by participants. Mothers used religion to teach values to their children, to accept their economic situation, and to bring them strength. Religion helped them respect authority.

"I trust God more than anything. But I also trust the government. And a lot of people that well, when I do call 'em up or write to 'em, and I tell 'em 'I trust God, but I also trust you.' And between the two of y'all, y'all better do something for me."

Some talked about informal social supports such as family and friends, but most had minimal support networks. One-quarter of the participants reported having no relatives in the area. For those who had relatives nearby, some did not always consider them supportive, as they were often struggling with their own survival needs.

"Like she said, you know I have family here. But it's not like they here because sometimes family can be the worst people to be with. So basically, its me and my two children and a significant other."

Other participants relied on their family a good deal. One talked about her sisters, who provided assistance with her children and with food.

"They my blessing. If it wasn't for them, I don't know where I would be. They just they take a lot. Like they take my son. And they come to get him. You know we don't have enough food. And my sister, you know she help me with whatever."

This participant was severely affected by the tragic death of one of her sisters:

"I went through a depression mode about 3 years ago, my sister was killed on Christmas Eve. I dropped all the way down, I think it was to 100 pounds. I hadn't ate in weeks...I couldn't eat, I couldn't sleep and I had to be hospitalized. So if it wasn't for family. You know, family is they, they my heart. You know, and they my blessing. Family is always good to have."

Some relied on social workers, social agency personnel, and support groups for emotional support. One mother talked about attending an alcohol and drug recovery clubhouse in order to avoid being alone and depressed.

"I'm not in recovery but I just like to go to the club. If it weren't for the club, I don't know where I would be. Because they even have meetings like this. You sit around. We talk. We have dances."

V. CONCLUSIONS AND POLICY IMPLICATIONS

Both quantitative and qualitative analyses confirm that CTS recipients are more likely to be midlife mothers with older children than are mothers in the W-2 program. In the focus groups, recipients

reported that they are grateful for the CTS program and that it provides some level of economic security. Recipients are relieved that they do not have to be overconcerned about showing up for frequent, mandatory meetings and fulfilling work requirements. They feel that the CTS program acknowledges their disability and recognizes that they are unable to meet strict work requirements. Our quantitative data also show that recipients are better off economically after receiving SSI and CTS than when on W-2.

Recipients wanted policy makers to know that although the income support is welcome and appreciated, it is not enough to meet even their basic survival needs. Recipients not only stated this directly, but also felt that their frequent use of food pantries and other resources served as a testimonial to this point. Our quantitative analysis of the CSDE survey shows that although CTS recipients are better off than they were before CTS, in comparison to W-2 participants in general, they face more challenges.

They are more likely to be older, to have a child with a disability, to have lower family income, to have experienced lack of food, and to live in a poor-quality neighborhood than W-2 participants. One defining difference between CTS and W-2 recipients that compounds these issues is that CTS recipients have a diagnosed disability. Because many of the participants are likely to have a permanent disability, policy makers could view this program as less transitional, and more geared to addressing the economic needs of recipients than other public assistance programs.

Some recipients expressed frustration in dealing with their caseworker on CTS issues. These recipients felt their workers were not sensitive enough to their needs and sometimes were a little too careless with the recipient's lives. Missing one check because of an error or oversight meant a utility bill was not paid or basic needs were not provided in the household. These participants suggested training for caseworkers that would educate them about the life issues faced by recipients. Recipients in the Dane County and Milwaukee County focus groups expressed similar frustration with workers.

Our quantitative data showed that in Milwaukee County W-2 recipients were less likely to transition to CTS, and the transition time from W-2 to CTS took longer. However, once a person began

receiving SSI, the transition time was shorter in Milwaukee County than other counties. The longer transition from W-2 to CTS could be a factor of the time it takes for recipients to obtain SSI.

Almost 52 percent of the CTS recipients in the quantitative analysis did not receive any child support. An even smaller proportion of focus group participants reported receiving child support. CTS recipients in the quantitative analysis were slightly more likely to receive child support than they did before receipt of CTS began. Of those who did receive child support, a majority received \$200 or less per month. Child support constituted 20 percent or less of their income for the majority of CTS recipients. The recipients in the focus groups reported receiving fairly small amounts of child support, and they referred to it as "candy" or "milk" money. However, in one case the recipient reported being removed from CTS because she received too much child support. This is consistent with the quantitative data which shows that those receiving \$3,600 a year or more stay on CTS less time.

Participants expressed a sense of hopelessness concerning their economic situation. This sense that they could not see a way out of their current predicament may contribute to the depression so many reported. The challenges faced by these women with disabilities (who were primarily single parents) in raising adolescents and young adults may also contribute to sadness and depression. In addition to economic support, being connected to programs that help youth to be successful may be helpful to these households. Some mothers shared information about Big Brothers/Big Sisters and YMCA programs.

Many of the focus group participants used religion as a way of coping with the challenges they faced, and wanted others to recognize the importance of this. However, there are other things that could be promoted by the social service system that could be helpful. Many of the participants expressed interest in working part time, which would not only contribute to their income, but would also help them do something constructive. Some participants felt that keeping busy was an important strategy in treating their depression. Our quantitative data shows that CTS recipients have lower earnings than W-2 recipients. It is likely that many are prevented from work because of their disability. However, many recipients appear to be fearful of working to any degree because they believe their benefits may be

eliminated or reduced. Programs exist under the auspices of SSA to help SSI recipients work (e.g., Ticket to Work), but the focus group participants had very little information about them. Perhaps SSA could provide resources to state programs such as the Wisconsin CTS program to help SSI recipients become more acquainted with these work incentive programs. More resources would allow caseworkers to provide regular information to recipients about these programs, for example. Some recipients acknowledged receiving information in the mail, but did not pay a lot of attention to it. Having caseworkers available to verbally share information and answer questions might be most helpful.

Focus group participants seemed to value the group discussions. Some were disappointed to hear it was a one-time event. Focus group members shared a good deal of information about resources, offered support to one another, and often exchanged phone numbers. One group of participants suggested that support groups should be available to women in the CTS program. Counties might consider ways to bring together community resources that could offer support groups to CTS recipients.

In summary, the CTS program is clearly a valuable program for women with disabilities who are raising children in Wisconsin and appears to be ahead of other states in addressing the needs of this population. Our quantitative analysis suggests that CTS recipients are clearly better off financially than before they became recipients of this program. However, this appears to be a population that is disadvantaged even in comparison to other poor women by many measures. For this reason, improvements in the program (e.g., increased economic resources, assistance utilizing work incentive programs, support groups, caseworker training, and connecting mothers to community and social resources) should be considered.

APPENDIX I

SAMPLE SELECTION

A. Sample I for Analysis (N=1,028; Partial Pass-Through=208 [48%], Full Pass-Through=820 [52%])

The major analysis sample is restricted to mothers who entered W-2 during the first three quarters of the program (that is, Cohort 1) and ever made a transition to CTS as of December 2003. There were additional criteria for sample selection such as a youngest child aged 18 or younger as of December 2003 to ensure the child's eligibility for child support and CTS during the period of observation. These criteria yielded about one thousand mothers.

B. <u>Sample II for Analysis (N=7,180; Grandfathered Old AFDC CTS Cases=3,216 [45%], New CTS Cases=3,964 [55%])</u>

Mothers who ever received CTS between December 1997 and December 2003 but do not have a match in the CSDE Cohort 1 sample (n=10,756)

Appendix I, Table 1 Sample Selection Criteria

		Sample 1	le I	Sample II	e II
		CTS Mothers in CSDE	s in CSDE	CTS Mothers not in CSDE	not in CSDE
		Number of	Number of	Number of	Number of
Criteria for		Cases	Remaining	Cases	Remaining
Sample Selection	Rationales and Concerns	Excluded	Cases	Excluded	Cases
Females	This study focuses on mothers.	99	1,693-66 =1,627	1,816	1,816 12,572-1,816 =10,756
Mothers aged 18	Small number of mothers who were minor at the time of W-2 entry (for	2	1,627-2	35	10,756-35
or older at W-2 entry or as of 12/2003	Sample I) or as of December 31, 2003, were excluded from the analysis.		=1,625		=10,721
Mothers who have a match in the CTS benefits	Without CTS benefits records, an analysis of the CTS benefits is not feasible.	190	1,625-190 = $1,435$	1,429	10,721-1,429 $=9,292$
file	One reason for no match would be that a person is not the first designated caretaker (i.e., caretaker 1). According to the CTS benefits file documentation, caretaker 1 is the person who receives CTS benefits.				

Finally, it needs caution regarding the accuracy of the CTS benefits file given that there are considerable duplicates from multiple sources (sometimes inconsistent observations for a case or a person).

On the other hand, 178 out of 190 these mothers were caretaker 1, but were not shown in the benefit file. It is assumed that they made a transition to SSI (given that they have a record in SSI file) but did not make a transition from SSI to CTS.

(table continues)

APPENDIX I, Table 1, continued

		Sample I	ole I	Sample II CTS Mothers not in CSDE	le II
		Number of	Number of	Number of	Number of
Criteria for Sample Selection	Rationales and Concerns	Cases Excluded	Remaining Cases	Cases Excluded	Remaining Cases
Mothers with a youngest child whose age is under 18 as of	This is used to exclude mothers with their youngest child who aged out during the period of observation. This criterion ensures a minor child's age eligibility for child support and CTS given that state statute defines children as dependent 18-year-olds.	193	1,435-193 =1,242	1,897	9,292-1,897 =7,395
00110171	One exception is the CTS regulations that allow an 18-year-old child to receive CTS as long as the child is enrolled in school and expected to graduate before they reach age 19.				
	In these samples, 75 out of the excluded 193 children for <i>sample I</i> , or 447 out of 1897 for <i>sample II</i> , were age 18 or older but under age 19. These children might be eligible for CTS, but were excluded from the analysis.				
	One of the concerns about this exclusion would be that older mothers are systematically excluded from the analysis.				
Mothers participated in W-2 and child	In order to examine the transition from W-2 to CTS, a mother needs to be a participant in the W-2 program (with tier assignment).	118	1,242-129 =1,113	NA	NA
had a noncustodial father	In order to examine child support outcomes, a mother needs to have a child with a noncustodial father.	-			
	Cases were mistakenly reassigned to AFDC.	10			

(table continues)

APPENDIX I, Table 1, continued

		Sample I	ple I	Sample II	le II
		CTS Mothers in CSDE	rs in CSDE	CTS Mothers not in CSDE	not in CSDE
		Number of	Number of	Number of	Number of
Criteria for		Cases	Remaining	Cases	Remaining
Sample Selection	Rationales and Concerns	Excluded	Cases	Excluded	Cases
Mothers never received CTS	Given that multiple transitions are possible between W-2 and CTS over time, the analysis focuses on the first transition from W-2 to CTS.	8	1,113-8 =1,105	NA	NA
prior to W-2	To do this, it is necessary to exclude those with CTS receipt prior to W-2				
	entry.				
Mother never received CTS prior to SSI	There are mothers receiving CTS who don't have a match in SSI in the month of CTS receipt. In theory, it is not possible to receive CTS without SSI eligibility.	77	1,105-77 =1,028	215	7,395-215 =7,180
	Moreover, parents receiving federal SSDI benefits do not qualify for CTS benefits (Caretaker Supplement Handbook, p. 10).				
	These might be errors or data limitations given that we relied on data from the CARES system for monthly SSI benefits records. In order to examine the time from SSI entry to CTS entry, it is necessary to exclude those with CTS receipt prior to SSI entry.				

NA: Not Applicable.

APPENDIX II Characteristics of Mothers Excluded from the Analyses

		ers Excluded n Sample I		thers in CSDE Sample II
Sample Size	599		3,576	
	N	Percentage (unweighted)	N	Percentage (unweighted)
Case Type				
Grandfathered AFDC case	27	4.5	1,395	39.0
New CTS case	382	63.8	752	21.0
No CTS benefit records	190	31.7	1,429	40.0
Mother's Age as of 12/31/2003				
Under 18	0	0.0	35	1.0
18-25	15	2.5	244	6.8
26-30	31	5.2	194	5.4
31-40	158	26.4	739	20.7
41 +	395	65.9	2,364	66.1
Mean	599	44.1	3,576	43.3
(sd)		(9.1)	2,2 / 2	(10.9)
Mother's Race (from CTS)				
Caucasian	188	31.4	1,528	42.7
African American	232	38.7	1,384	38.7
Hispanic	69	11.5	250	7.0
Asian	101	16.9	235	6.6
American Indian	2	0.3	67	1.9
Other	3	0.5	10	0.3
Unknown	4	0.7	102	2.9
Mother's Education at CTS entry (from CTS)				
No high school degree	236	39.4	1,119	31.3
HS degree or equivalent	162	27.1	1,013	28.3
Beyond high school	11	1.8	15	0.4
Unknown	190	31.7	1,429	40.0
Mother's Marital Status at CTS entry (from CTS)				
Married	100	16.7	279	7.8
Divorced	83	13.9	683	19.1
Separated	56	9.4	381	10.7
Widowed	21	3.5	81	2.3
Never married	148	24.7	723	20.2
Unknown	191	31.7	1,429	40.0

(table continues)

APPENDIX II, continued

Sample Size		ers Excluded n Sample I 599	from	hers in CSDE Sample II 3,576
•	N	Percentage (unweighted)	N	Percentage (unweighted)
Age of Youngest Child as of 12/31/03 (from CTS)				
0-2	7	1.2	53	1.5
3-5	26	4.3	53	1.5
6-12	119	19.9	101	2.8
13-17	64	10.7	43	1.2
18-20	139	23.2	1,061	29.7
21-30	54	9.0	833	23.3
31 or older	0	0.0	3	0.1
Unknown	190	31.7	1,429	40.0
Mean	409	14.9	2,147	19.2
(SD)		(5.8)		(4.9)
Total Number of Children (from CTS)				
0	7	1.2	113	3.2
1	116	19.4	1,144	32.0
2	142	23.7	1,059	29.6
3 or more	334	32.6	1,042	29.1
Unknown	0	0.0	218	6.1
Mean	599	3.1	3,358	2.1
(SD)		(2.1)		(1.3)
County of Residence at the First Month on CTS (from C	CTS)			
Milwaukee Co: Region 1	24	4.0	97	2.7
Milwaukee Co: Region 2	44	7.4	131	3.7
Milwaukee Co: Region 3	37	6.2	139	3.9
Milwaukee Co: Region 4	32	5.3	157	4.4
Milwaukee Co: Region 5	45	7.5	167	4.7
Milwaukee Co: Region 6	50	8.4	152	4.3
Milwaukee Co: Region Unknown	9	1.5	114	3.2
Other Urban Counties	130	21.7	753	21.1
Rural Counties	38	6.3	437	12.2
Unknown	190	31.7	1,429	40.0
Mean Annual Total Income Pre-CTS	409	9057.4	2,147	8186.8
Mean Annual Total Income Post-CTS	376	11437.8	2,026	9141.52

APPENDIX III

TO: Participant of the Caretaker Supplement Program (CTS)

FROM: Sandra Magaña

RE: Focus Group – July 29, 2004 or August 5, 2004

DATE: July 15, 2004

I would like to invite you to participate in a focus group (group discussion) with other parents to be held at the Milwaukee Job Center Southwest (Maximus), 1304 S. 70th Street, West Allis, WI 53214.

The purpose of the focus group is to gather information from parents who receive the Caretaker Supplement on their experiences with the caretaker and child support programs, and experiences with parenting. We will talk about what challenges you face and what helps you with these challenges.

The focus group will last anywhere from 1 ½ to 2 hours. You will be given twenty five dollars (\$25.00) for your time and light refreshments will be provided. You will only have to attend one focus group. We are offering two possible dates for your convenience.

One focus group will be held Thursday, July 29, 2004 from 10:00 am to 12:00 noon. A second focus group will be held Thursday, August 5, 2004 from 10:00 am to 12:00 noon.

The focus group will be conducted by the Institute for Research on Poverty at the University of Wisconsin – Madison. The research is sponsored by the Wisconsin Department of Workforce Development and the federal Department of Health and Human Services.

Your opinion is valuable! We look forward to your participation.

If you are interested in participating or have any questions, please contact:

Sandra Magaña or Lynn Au Institute for Research on Poverty University of Wisconsin-Madison Phone: (608) 263-4631

If you have questions about the study you can also call: Kathleen Luedtke, BA, SW, CPM State SSI Coordinator (608)-266-6890

APPENDIX IV

Wisconsin W-2 and Child Support Project Participant Sheet

Name (first or fictional name to be used in focus group)	
What state (or Country) were you born in?	
What is your gender?FemaleMale	
Age	
Are you currently receiving the caretaker supplement? Yes	No
If not, why were you discontinued (to the best of your understanding)?	
Are you currently receiving child support? Yes No	
What is the highest grade level completed?	
1. Elementary (1-5 Grade) 2. Middle School (6-8 Grade) 3. High School (9-12 Grade) 4. GED 5. Associate's Degree 6. Bachelor's Degree 7. Master's Degree 8. Other (please specify)	
What is your disability that gives you eligibility for SSI?	
Do you take medications for this disability? YesNo	
If you do, what medications do you take?	
Are you currently married?	
Yes No	
If Yes, How Long? Do you have relatives that live nearby (within 1 hour drive)?	
Yes No	

If yes, what relativ	ves live within 1 hour drive (check	or indicate how many)	
Mother _	sisters (how many)	brothers (how many)	
Father	adult children (how many)	grandparents (how many))
aunts/uncles	s (how many)Cousins (how i	many)	
List all of your ch	ildren, their age, gender (boy or gir	rl) and where they live.	
For example			
Name	Age	Gender	Home
Name	Age	Gender	Home
If you need more s	space, please write on the back of t	his sheet.	
Do you care for chechild or grandchild	nildren other than your own childredren)	en? (such as a new girlfriend of	or a new boyfriend's
Yes	No		
What is your curre	ent living arrangement? Check all t	hat apply.	
2. Livin 3. Livin 4. Livin	g with your child's other parent. If g with a new partner g with a family member g in your own apartment g in a shelter	married to this person check	here
6. No pe	ermanent place of residence please describe	_	

Thank you for completing this form!

APPENDIX V Focus Group Interview Guide

- 1. Everyone share with each other your first name (can be fictitious name if you prefer), how old your children are and whatever you would like to share about yourself and your kids.
- 2. How have Caretaker Supplement payments worked for you?
 - a. How does the CTS benefit compare to W-2, i.e. did you/do you use other financial resources more or less with CTS. Resources can include formal and informal resources like food pantry, energy assistance, free school supplies, free school lunches, etc.
 - b. Have participants participated in SSI work incentive programs such as "Ticket to Work" or "Pathways to Independence?"
 - c. Are you receiving child support and how is that going?
- 3. What are the challenges you face raising your children?
- 4. How do you cope with the financial and parenting challenges you just discussed?
 - a. What kinds of support do you use to help you in caring for your family? Support can include family, friends, church, agencies, services, professionals
 - b. Do you have income from other sources that you do not report to your economic support worker?

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