



# Patterns of Benefit Receipt among Families who Experience Homelessness

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## About the Family Options Study

This research brief takes advantage of data collected for the Family Options Study, sponsored by the U.S. Department of Housing and Urban Development. The study involves 2,282 homeless families with children who entered shelter between September 2010 and January 2012 in one of twelve communities across the country: Alameda County, CA; Atlanta, GA; Baltimore, MD; Boston, MA; Bridgeport and New Haven, CT; Denver, CO; Honolulu, HI; Kansas City, MO; Louisville, KY; Minneapolis, MN; Phoenix, AZ; and Salt Lake City, UT. At the time they were recruited to participate in the study, each family had spent at least a week in an emergency shelter. The Family Options Study's main purpose is to determine whether the offer of a particular type of housing program—a short-term rent subsidy, a long-term rent subsidy, or a stay in a facility-based transitional program with intensive services—helps a homeless family achieve housing stability and other positive outcomes for family well-being. To provide the strongest possible evidence of the effects of the housing and services interventions, the study uses an experimental research design with random assignment of families to each intervention. For more information, see [Gubits et al., 2015](#) and [Gubits et al., 2016](#).

The study collected data from the families at the time they were recruited in emergency shelters, revealing that these families are often living in deep poverty with significant levels of housing instability, weak work histories, and disabilities affecting both parents and children. The median age of the adults who responded to the survey was 29. Most had either one or two children with them in shelter, and half the families included at least one child under the age of three. Seventy percent included only one adult, almost always the mother. For almost two-thirds of the family heads, this was not the first episode of homelessness in their lives.

The study followed the families over the next 20 months and surveyed them again, collecting a rich set of information about sources of income, use of benefit programs, changes to the family's composition, and further episodes of homelessness. The 20-month survey also measured indicators of well-being such as the health and mental health of adults and children and the family's economic security. The study also surveyed families again at 37 months. While future briefs in this series will use data from the 37-month survey, this brief relies on data from the 20 months following families' stays in emergency shelter. While the Family Options Study sample is not nationally representative, it has broad geographic coverage, and study families are similar in age and gender of parents, number and ages of children, and race and ethnicity to nationally representative samples of sheltered homeless families. Therefore, it is a good sample for studying the experience of families that have an episode of homelessness.

This brief does not use the experimental design of the Family Options Study but instead provides descriptive information on how study families experiencing homelessness used public benefits and services. Because this analysis is exploratory, this brief occasionally reports differences that are not statistically significant but are consistent with other patterns.

This is the fifth in a [series of research briefs](#) commissioned by the Department of Health and Human Services (HHS) that draws on the Family Options Study to inform HHS and HHS grantees as they carry out their special responsibilities for preventing and ending the homelessness of families, children, and youth. It expands on the information in the first brief, [Are Homeless Families Connected to the Social Safety Net?](#) Topics of other briefs already published include the well-being of young children and adolescents following an episode of sheltered homelessness.

## Highlights:

- Families experiencing homelessness receive TANF cash assistance, SNAP benefits, and publicly funded health insurance at equal or greater rates than other families in deep poverty in the same communities.
- Younger parents, as well as those with fewer and younger children, were more likely to receive TANF cash assistance. Parents who were not married or with a partner were also more likely to participate in TANF. The pattern is similar for SNAP, with younger parents and those not married more likely to participate.
- Demographic characteristics analyzed for this brief do not help explain participation in publicly funded health insurance.
- Continued housing instability following a stay in emergency shelter is associated with somewhat lower participation in SNAP and publicly funded health insurance. The direction of this association is unclear. Housing instability may have disrupted a family's ability to enroll or remain enrolled in programs for which they were eligible. Alternatively, participating in benefit programs may have helped families retain stable housing.
- Among parents who were not receiving TANF in shelter, those who reported receiving help accessing benefits were more likely to participate in TANF 20 months after the initial stay in shelter. In contrast, receiving help obtaining benefits did not appear to have helped families retain TANF cash assistance that they had while in shelter.

Throughout this brief, statements that compare participation rates in benefit programs by families in the Family Options Study to participation rates of all families in deep poverty in the same counties are based on data from the American Community Survey. The participation rate is the percentage of a group of families that reports (to the study or to the ACS) that the family receives income or non-financial benefits from a particular source.

This brief controls for the study site in which the family stayed in emergency shelter when assessing the relationship between program participation rates and families' demographic characteristics, continued housing instability, and whether they received help enrolling in programs for which they were eligible, given varied overall program participation rates across communities.

## Families experiencing homelessness in shelter participate in public benefit programs at similar or higher rates as other families in deep poverty.

Lack of participation in benefit programs does not distinguish families who become homeless from those who do not. An earlier brief in this series<sup>1</sup> found that families who had been in emergency shelter received Temporary Assistance for Needy Families (TANF) cash assistance, Supplemental Nutrition Assistance Program (SNAP) benefits, and publicly funded health insurance (Medicaid, state funded health insurance, or Children's Health Insurance Program)<sup>2</sup> at similar or higher rates than all families in deep poverty (with incomes less than half of the federal poverty level, or FPL) in the same counties. More than 85 percent of study families received SNAP and publicly funded health insurance, similar to or somewhat higher than the rates for deeply poor families. Participation in TANF was lower than in SNAP and publicly funded health insurance but still was higher than for all deeply poor families in the same counties, 41 percent for families in shelter compared with 22 percent for all deeply poor families.<sup>3</sup> Twenty months following a stay in emergency shelter, families appeared to maintain this level of participation in benefit programs, particularly SNAP and publicly funded health insurance. Participation in all three benefits, and especially TANF, varied by the community in which the family stayed in emergency shelter.

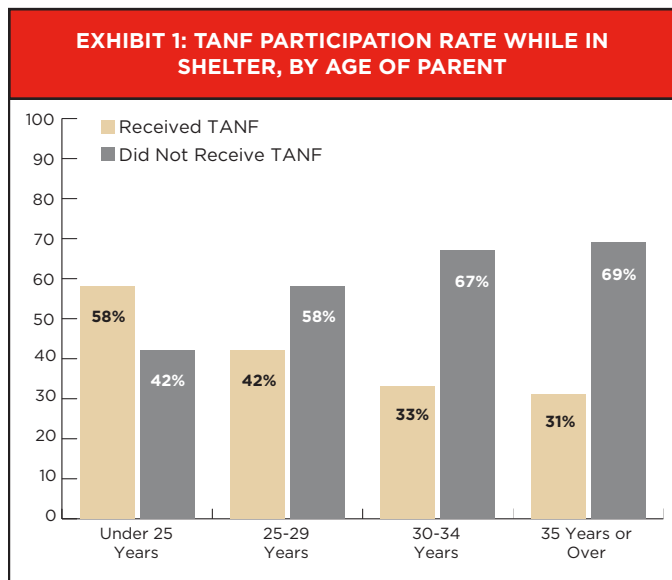
Building on these previous findings, this brief explores benefit receipt while families were in shelter and again 20 months later. Because participation in TANF, SNAP, and publicly funded health insurance varied by geographic location, this brief examines differences in family characteristics of participants and non-participants after controlling for the community in which the family stayed in emergency shelter. The brief also examines the connection between benefit receipt 20 months following a shelter stay and recent experiences of unstable housing, focusing on families who did *not* receive priority access through the study to a housing program to help them achieve housing stability. Finally, the brief explores whether assistance in obtaining benefits helps families receive benefits for which they are eligible.

## Younger parents were more likely to receive TANF cash assistance than older parents

Younger parents, under age 25, were more likely to receive TANF cash assistance while staying in emergency shelters than older parents. For example, 58 percent of parents under 25 received TANF, compared to only 31 percent of parents 35 years or older (Exhibit 1).<sup>4</sup> The pattern was the same 20 months later. Those receiving TANF also had fewer and younger children and were less likely to be married or staying in shelter with a partner. Differences in participation in TANF by race and ethnicity were not significant.<sup>5</sup>

One possible explanation for the differences in participation rates by age is that some older parents may have exhausted their TANF time limits—or were close enough to exhausting them that they chose not to receive cash assistance at the time they were in shelter or 20 months later. Another possible explanation has to do with marriage. Parents under the age of 25 were less likely to be married than those 25 and older (23 percent vs. 29 percent).<sup>6</sup> Marriage was negatively related to receipt of TANF, with only 34 percent of those who reported that they were married receiving TANF cash assistance compared to 44 percent of those who were not married.

This is consistent with patterns of TANF participation among the broader low-income population eligible for the program. Eligible single parents are more likely to receive TANF cash benefits than eligible two-parent families, perhaps reflecting variations in state rules and practices or in decisions to apply for the program made by different types of families.



Source: Family Options Study baseline survey data, all families who completed the baseline and 20 month follow up surveys.

A Chi-square test was used to test the difference in TANF receipt among age groups. The difference is statistically significant at the .01 level.

<sup>1</sup> Burt, Khadduri, and Gubits (2016).

<sup>2</sup> A family was considered to have participated in publicly funded health insurance if the survey respondent said yes to any of three response categories: Medicaid, state health insurance, or Children's Health Insurance Program (CHIP).

<sup>3</sup> Parents who had an earlier experience of homelessness—before the stay in emergency sheltered during which they were recruited into the study—were more likely to participate in TANF than parents who did not report such previous experience of homelessness to the study's baseline survey.

<sup>4</sup> Unless otherwise stated, differences are statistically significant at the .01 level.

<sup>5</sup> These estimates of the associations between benefits participation and demographic characteristics are for the entire study sample, regardless of the treatment arm to which the family was randomized.

<sup>6</sup> The rate of marriage drops after age 34 but is still higher than for those under 25.

## The same demographic characteristics associated with receipt of TANF cash assistance were also associated with receipt of SNAP benefits but not with publicly funded health insurance

Participation in SNAP was high among these families (85 percent). As was the case for participation in TANF, younger parents and those not married were more likely to participate in SNAP.<sup>7</sup> The factors that may explain this pattern for TANF do not apply to SNAP. For example, SNAP is not time limited for most participants. However, some families may apply for SNAP—and have their eligibility recertified-- at the same agency that administers TANF,<sup>8</sup> so TANF participation may relate to some degree to participation in SNAP.

As was the case for participation in TANF, differences in participation in SNAP by race and ethnicity were not significant. No demographic characteristics were strongly associated with participation in publicly funded health insurance.<sup>9</sup>

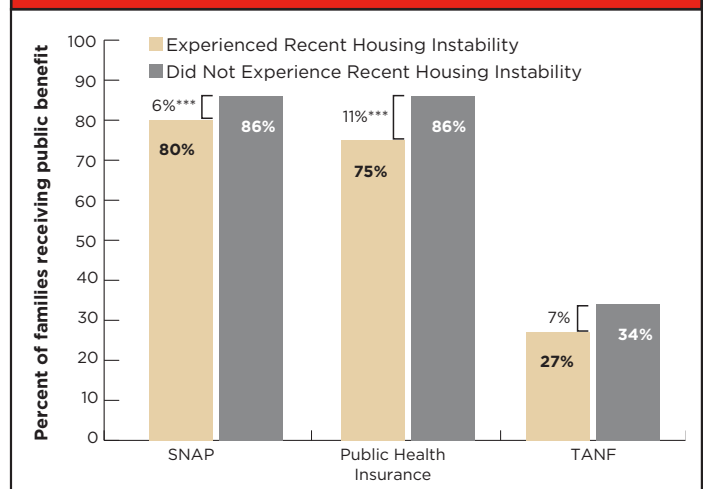
## Twenty months after a shelter stay, participation in publicly funded health insurance and SNAP was associated with greater housing stability during the past 6 months

While rates of participation in SNAP and publicly funded health insurance remained high 20 months after a family stayed in emergency shelter, continued housing instability was associated with somewhat lower receipt of these benefits.<sup>10</sup> The direction of this relationship is unclear. One possible explanation is that unstable housing may have disrupted a family's ability to enroll or remain enrolled in programs for which they are eligible. Another possible explanation is that participating in benefit programs helped families maintain stable housing by providing resources for other needs and leaving more income to pay rent.

Families experiencing continued housing instability were less likely to report receiving SNAP, publicly funded health insurance, or TANF benefits 20 months after a shelter stay. For example, families who reported spending at least one night in a shelter, in a place not meant for human habitation, or doubled up with another family in the past six months were less likely to be receiving SNAP 20 months after a shelter stay than those who had not experienced such housing instability (80 percent vs. 86 percent, Exhibit 2).<sup>11</sup> The difference in the rate of participation in publicly funded health insurance was even greater—75 percent participation rate for those who experienced recent housing instability compared with 86 percent who had not recently faced housing instability. The pattern is similar for TANF, but the difference in the rate of participation in TANF is not statistically significant.

This pattern also holds in reverse: families who reported receiving public benefits 20 months after a shelter stay were less likely to report continued housing instability. For example, 48 percent of families who received SNAP reported that they had been in shelter, doubled up, or in a place not suitable for human habitation at some time during the past 6 months, compared to 59 percent of those who were not receiving SNAP (Exhibit 3).<sup>12</sup> The pattern is similar for publicly funded health insurance, with 47 percent of those with such benefits also having a recent

**EXHIBIT 2: BENEFIT PROGRAM PARTICIPATION 20 MONTHS AFTER A SHELTER STAY FOR FAMILIES WITH AND WITHOUT RECENT HOUSING INSTABILITY**



Source: Family Options Study 20 month follow up survey data, families who did not receive priority access to a housing intervention (“usual care” control group families).

Note: \*\*\*/\*\*/\* denotes statistical significance at .01/.05/.10 level, respectively.

<sup>7</sup> Differences in SNAP participation by age of the parent are significant at the .05 percent level. Differences by marital status are significant at the .01 level.

<sup>8</sup> Some agencies use a single application form for both programs.

<sup>9</sup> Differences in participation rates for publicly funded health insurance were very small (less than two percentage points) or not statistically significant. A family was considered to have participated in publicly funded health insurance if the survey respondent said yes to any of three response categories: Medicaid, state health insurance, or Children's Health Insurance Program (CHIP). The response patterns suggest that many respondents identified the state's Medicaid program as a state program and said “no” to Medicaid and “yes” to state health insurance, possibly because states give their Medicaid programs a variety of names. Including CHIP added another few percentage points to the total participation rates of 86 percent while in shelter and 85 percent 20 months later.

<sup>10</sup> Patterns reported in this section are based on the sample of families that did not receive priority access to a housing intervention (the “usual care” group). The study's 20 month impact estimates found that priority access to a permanent housing subsidy increased housing stability and also increased participation in TANF and SNAP.

<sup>11</sup> Whether being doubled up with another family because of inability to find or afford housing is part of a definition of homelessness varies among federal agencies and programs.

<sup>12</sup> Difference is statistically significant at .10 level.

experience of housing instability compared with 64 percent of those without such benefits (Exhibit 3). The relationship between receiving TANF cash assistance and a recent experience of homelessness was also similar but not statistically significant.

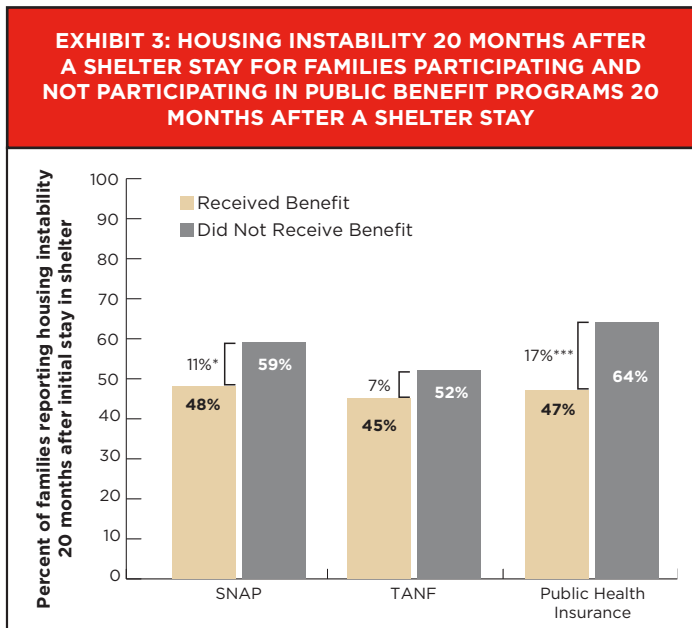
Thus, it is not clear whether lack of benefit receipt might help drive continued housing instability, or if housing instability disrupts a family’s ability to enroll for or maintain enrollment in benefit programs. Of course, other family characteristics may have influenced *both* a family’s ability to receive these benefits *and* its ability to maintain stable housing.<sup>13</sup>

## The effectiveness of homeless families getting help in receiving benefits for which they are eligible is unclear

About half (51 percent) of families who had been in shelter 20 months earlier and who did not receive priority access to a housing intervention reported that they had gotten assistance in receiving public benefits for which they were eligible. Details about the nature of that assistance are not available.<sup>14</sup> For these families, the patterns of accessing benefits are consistent with the hypothesis that help receiving benefits for which they are eligible is effective, but the differences are not statistically significant. In contrast, families *with* priority access to a permanent housing subsidy were significantly more likely to participate in TANF and SNAP.<sup>15</sup> For these families, the greater housing stability experienced by families with a housing subsidy may have helped the family maintain participation in other benefits for which they were eligible. Or the pathway between a housing subsidy and other benefit programs may be more direct, as public housing agency staff are required to ask families questions about their participation in income support programs such as TANF, since income from those programs reduces the amount of the housing subsidy.

Some families received benefits while in shelter but not 20 months later, while other families did not participate in a program as of the time they were in shelter but did so 20 months later. Assistance in obtaining TANF cash assistance *appears to have been helpful for those who were not yet receiving the benefit during a shelter stay*. Among the families who were not participating in TANF at the time of their shelter stay (60 percent of families),<sup>16</sup> 22 percent of those who reported help in obtaining benefits were receiving TANF cash assistance 20 months later, compared to 14 percent of those who did not receive such help.<sup>17</sup>

The pattern was similar for publicly funded health insurance and SNAP, although the differences were not statistically significant. For example, for the 11 percent of families not participating in SNAP while in shelter, 84 percent who reported that they had help receiving benefits were participating in SNAP 20 months later, compared to 78 percent of those who did not report receiving such help. For the 12 percent of families who did not have publicly funded health insurance while in shelter, the pattern is almost identical: 84 percent of those reporting assistance had such insurance by 20 months later, compared to 79 percent for those who did not report receiving help. Of course, other factors may have influenced different types of families’ decisions to participate in a benefit program and their ability to do so.



Source: Family Options Study 20 month follow up survey data, families who did not receive priority access to a housing intervention (“usual care” control group families).

Note: \*\*\*/\*\*/\* denotes statistical significance at .01/.05/.10 level, respectively.

<sup>13</sup> The study was not designed to provide causal explanations for participation in benefit programs or for housing instability—with the exception of the impacts of being assigned to one of the study’s treatment arms.

<sup>14</sup> The question was asked as of 20 months after a shelter stay so as to record any assistance that might have been received during the family’s initial participation in the study while in emergency shelter, or in the following 20 months. The wording of the question was: “Did you receive assistance in obtaining public benefits (food stamps, health care, energy assistance, etc.)?” TANF was not given as an explicit example, although interviewers may have mentioned it while prompting answers.

<sup>15</sup> These are impact findings based on the study’s experimental design. See Gubits et al., 2015.

<sup>16</sup> Because priority access to a housing intervention had an impact on benefit program participation (Gubits et al., 2015), this analysis shows relationships between assistance receiving benefits and program participation only for “usual care” families—that is, for study families who did not have priority access to a housing intervention

<sup>17</sup> Difference is statistically significant at the .05 level.

In contrast, assistance in obtaining public benefits *did not appear to have helped families retain TANF cash assistance that they had while in shelter*. Among the 40 percent of families receiving TANF cash assistance at the time they were in shelter, 48 percent continued to receive TANF 20 months later, regardless of whether the families said they had received assistance obtaining benefits. Other factors that affect TANF participation—time limits, sanctions, changes in family composition, and decisions not to seek or maintain TANF benefits by those who had earnings or whose earnings had increased - may have played a larger role in determining which families continued to receive TANF cash assistance.<sup>18</sup> For participation in SNAP and publicly funded health insurance, the pattern is consistent with the hypothesis that help maintaining a connection to benefit programs is effective, but again the differences are not statistically significant.

## Conclusion

Families staying in emergency shelter are connected to benefits programs at similar or greater rates compared to other deeply poor families in the same communities.

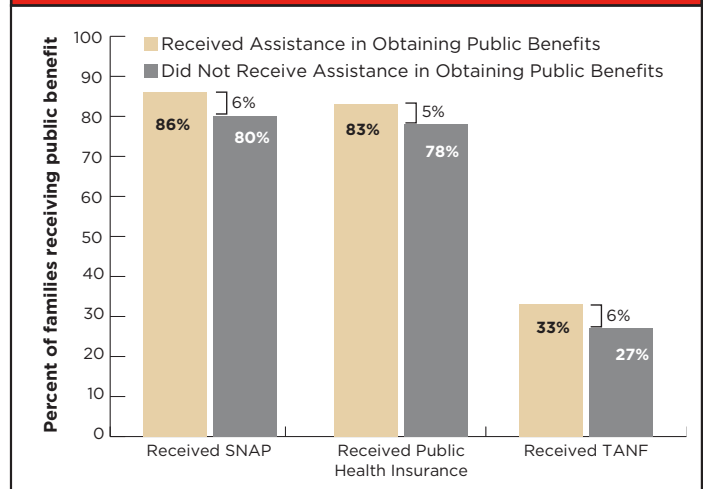
Among families who enter shelters, those with older parents and married parents are less likely to receive both TANF cash assistance and SNAP benefits.

This brief presents some evidence that continued housing instability makes families susceptible to either losing or having difficulty accessing public benefits. At the same time, being connected to benefit programs may help families who have been in shelter to avoid returning to homelessness. Although we cannot infer causality, receipt of benefits as of 20 months after a stay in emergency shelter appears to be associated with lower rates of housing instability. Agencies at all levels of government responsible for benefit programs may want to consider ways to assist families with unstable housing to maintain their benefits and also whether families with repeat episodes of homelessness should be targeted for special assistance obtaining or maintaining benefits for which they are eligible.

Evidence on the effectiveness of current efforts to help families who have experienced sheltered homelessness participate in benefit programs for which they are eligible is uncertain but suggests that help receiving benefits may make a difference in some cases. The strongest evidence is for families who were not receiving TANF cash assistance while in shelter, and there is suggestive evidence that this may be true for other programs. Providers and policymakers may want to consider implementing innovative strategies for providing such assistance and testing them for effectiveness.

Since this study used data on a set of families who had experienced sheltered homelessness, it did not examine the extent to which benefit programs may have protected other families from becoming homeless at all by mitigating the effect of the immediate crises that trigger homelessness. This is a question for future research.

**EXHIBIT 4: BENEFIT PROGRAM PARTICIPATION 20 MONTHS AFTER A SHELTER STAY FOR FAMILIES WHO DID AND DID NOT GET HELP RECEIVING BENEFITS FOR WHICH THEY WERE ELIGIBLE MONTHS AFTER A SHELTER STAY**



Source: Family Options Study 20 month follow up survey data, families who did not receive priority access to a housing intervention (“usual care” control group families).

Note: \*\*\*/\*\*/\* denotes statistical significance at .01/.05/.10 level, respectively.

<sup>18</sup> Burt, Khadduri, and Gubits (2016) found that those who lost TANF cash assistance in the time between the shelter stay and 20 months later were more likely to have earnings than those who still had TANF income, 50 vs. 24 percent.

## References

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