

# The Impact of Welfare Reform's TANF Program in Georgia

## *Criteria for Exemption from Its Work Requirements and Time Limits*

by Ed Risler  
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**The Impact of Welfare Reform's TANF Program in Georgia:  
Criteria for Exemption from Its Work Requirements and Time Limits**

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# Foreword

The 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) represents the most significant federal changes in welfare laws in modern times. Included in the new cash assistance program, Temporary Assistance for Needy Families (TANF), are lifetime limits of 60 months or less for benefits, work requirements, family cap, and teen parent provisions. PRWORA gave states flexibility in establishing the conditions and requirements of their welfare programs. In reaction to the new law, there has been an unprecedented drop in the numbers of individuals and families receiving cash assistance in Georgia.

This policy paper results from the Act's mandate that states conduct an in-depth analysis of the impacts of welfare reform on client expectations, attitudes, and behaviors, with attention to factors or barriers associated with successful movement toward independence and self-reliance. *The Impact of Welfare Reform's TANF Program in Georgia: Criteria for Exemption from Its Work Requirements and Time Limits* is a descriptive profile of remaining TANF recipients. It is intended to assist policy makers in identifying those remaining TANF recipients who are likely to struggle with meeting the work requirements and time limits as defined by the present welfare policy and presents the criteria through which those recipients might be eligible for placement in the 20 percent exempt category.

This paper is part of the Public Policy Research Series of the Carl Vinson Institute of Government. The series strives to present objective and systematic research findings on complex policy issues confronting the state of Georgia and its local governments. Clearly, the development of self-reliance by those citizens leaving the welfare roles, as well as the well-being of those less able to, is of importance to policy makers throughout our state.

The authors are affiliated with the Georgia Welfare Reform Research Project in the School of Social Work at the University of Georgia. Ed Risler and Larry Nackerud are members of the faculty of the School of Social Work, assistant professor and associate professor, respectively. Christopher R. Larrison is the director of research for the project, and Rebecca E. Rdesinski, MSW, is a research associate.

Charles R. "Mike" Swanson  
Director  
Carl Vinson Institute of Government

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## **Executive Summary**

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), a dynamic piece of federal legislation passed in August 1996, has now been fully interpreted and implemented in Georgia. Some of the most significant federal changes in the welfare laws include lifetime limits of 60 months or less, work requirements, family cap, and teen parent provisions. PRWORA mandated a switch from the traditional cash assistance welfare program, Aid to Families with Dependent Children (AFDC), to a new cash assistance program of Temporary Assistance for Needy Families (TANF). While all states were held to reporting standards pertaining to caseloads, some states such as Georgia chose to conduct a more in-depth analysis of the impacts of the new program.

PRWORA has given states flexibility in establishing the conditions and requirements of their welfare programs. In implementing TANF, Georgia chose a lifetime limit of 48 months. This means that expiration for the first large cohort of recipients will occur in January of 2001. In reaction to this 48-month limit and the work requirement provisions of the new law, there has been an unprecedented drop in the numbers of individuals and families receiving cash assistance in Georgia, currently slightly more than the national average.

As states conduct their in-depth analyses of the impacts of welfare reform on client expectations, attitudes, and behaviors, they will give significant attention to factors or barriers associated with successful movement toward independence and self-reliance. It is hoped that by developing a descriptive profile of remaining TANF recipients policy makers will be able to identify those remaining recipients who are likely to have difficulty meeting the work requirements and time limits as defined by the present welfare policy. And that profile will help to identify the criteria that will be used to determine a recipient's eligibility for placement in the 20 percent exempt category.

### **Methodology**

A major challenge of the state-mandated analysis was associated with the size of Georgia, geographically the largest state east of the Mississippi River. Georgia's 159 counties reflect significant variations with respect to population and economic factors associated with, among others, migration, employment, education, and overall quality of life. To illustrate those differences, a classification system of the 159 counties in Georgia developed by a noted demographer at the University of Georgia was used in the analysis. In this system, each county is classified into one of four categories or "strata": urban, suburban, rural growth, or rural decline.



The analysis further uses an administrative distinction in welfare cases as a basis of comparison. The Georgia Division of Family and Children Services (DFCS) assigns two designations regarding recipient cases that receive cash assistance: child only cases and family cases. In child only cases, children in a particular family are the clients and the sole beneficiaries of cash assistance. Unlike child only cases, in family cases, an adult, in addition to a child or children, is included in the award for cash assistance. Also, in family cases, the adult beneficiary must comply with the personal responsibility and work requirements associated with TANF.

As a first step in the research project, a pilot study was conducted with 60 TANF recipients in the counties of Habersham, DeKalb, Seminole, and Bibb. The reported July 1999 caseload of all individuals in Georgia receiving TANF (56,260) was chosen as the population to be used in the sampling procedure. The recipients were then selected at random from within each classified strata. Thus, the cases selected in the current research sample are considered representative of the remaining TANF recipients. The targeted figure of recipients needed, in each of the four classified strata, was calculated to address the variance found in the pilot study, while simultaneously achieving a confidence interval of 92.5 percent. In order to attain this confidence level in the data, 201 recipients were interviewed. A representative sample of 262 recipients was randomly selected to achieve this number of interviews. When 201 participants were interviewed, data collection was discontinued, leaving a return rate of 76.7 percent.

## Results

When looking at the entire picture of remaining TANF recipients—of both child only and family case designation—the data indicate that with the DFCS child care subsidy in place, day care (i.e., availability, type, and use) is not a significant barrier to those who would like to return to work.

*Of the remaining TANF recipients, the presence of a significant physical and/or mental health problem in an adult or child warrants inclusion into the exempt category regarding work requirements and time limits.*

Also, there is a powerful association between a first pregnancy before age 18 and difficulties with obtaining and retaining a job that provides enough income and benefits to achieve self-sufficiency. Furthermore, early pregnancy was associated with low educational attainment, limited job training, and lengthy absences from the labor market.

Third, the interviews reveal an overall support for TANF's emphasis on work. The recipients, some of whom suggest program changes such as lifting the work requirements and building in more access to higher education, generally like the motivating features of the work requirements and time limits.

Fourth, most of the remaining TANF recipients are able to drive or ride with someone to work. In fact, transportation issues appear to be a serious problem for only 5 percent of recipients.

Fifth, only 26 percent of remaining TANF recipients reported some use of alcohol. Of this group, 10 percent characterize themselves as having a problem with alcohol use. It is likely, however, that because the data collected were self-reported and there are social issues connected to alcohol and drug use, the findings underreport this issue.

Concerning family cases alone, recommendations are made concerning who should be exempt from the work requirements and time limits of TANF. The most prominent criterion is the presence of an adult or child with a physical and/or mental health problem. Thirty-five percent of adults from family cases reported a physical health problem; 23 percent of that group stated that the problem precluded them from working. Also, 14 percent of adults from family cases experienced some mental health problems. Beyond the health problems of the adults, physical and mental health problems are present at high rates among children from family cases. Based on these figures, it appears that the 20 percent exempt category could be filled with individuals in families who are experiencing a health problem that interferes with employability. This group is further defined by the fact that it receives no other federal or family support.

### **Policy Implications**

- Single women without a reported health problem are capable of moving from the welfare poor to a working-poor status. However, without higher or further education, the majority of this group will not be able to exit poverty.
- As the proportion of child only cases increases, the structure of families living in poverty is changed. Thus, work requirements may become less critical.
- The presence of a significant physical and/or mental health problem in an adult or child who receives welfare could warrant inclusion into the category that exempts them from the work requirements and the lifetime limits.

## Introduction

It has been four years since passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) [Pub.L. 104–193] with its predominant block grant, Temporary Assistance for Needy Families (TANF). The general tenor among social scientists and policy makers is that the switch from Aid to Families with Dependent Children (AFDC) to TANF has been successful (Joseph 1999). Understandably, declining caseloads have been the most prominent indicator of this success. However, there has been very little policy analysis about who remains on the welfare rolls and why they continue to need cash assistance (Born, Caudill, and Cordero 1999). The prevailing theory is that as the rolls decline the remaining recipients will be the most difficult to serve (Joseph 1999; Sorenson 1999). Anticipating this dilemma, the national legislation included a safety valve—in the form of a 20 percent exemption. This exemption enables states to identify and waive the federal work requirements and time limits for 20 percent of the current level of caseloads. This assumes that the individuals making up this exempt group would perhaps be the most needy.

Thus far, little attention has been paid to the exemption category because most states have not exceeded the time limits and therefore been confronted with large cohorts of recipients losing benefits (GAO 1997). As the hard-to-serve are left on welfare rolls and states anticipate imposing the time limits outlined in PRWORA, specific criteria must be identified by which persons will be placed in the exemption category. In an attempt to establish this criteria, the following research question was asked: Who from the present welfare caseload should be exempt from work requirements and time limits?

Under welfare reform, when looking for exemption criteria there are two generic case designations: family and child only. Consequently, the policy issue to be addressed here concerns heads of households from only the family cases because they are subjected to the work requirements and time limits of TANF. In Georgia, currently 45 percent of welfare cases are designated as child only, and by definition are already exempt from time limits and work requirements.

Based on a survey of Georgia's TANF recipients conducted in July 1999, a profile of welfare recipients was constructed around six dimensions. These are family relationships and living arrangements, physical and emotional health, child well-being, educational and vocational training, income and family resources, and employment and work history. Using the data collected concerning these factors, we were able to analyze the impact of welfare reform on the recipients who presently continue to receive welfare (see Table 1). A profile depicting demographic variance of remaining TANF re-

**Table 1.** The Recipient Profile

|   | Total Respondents   | Family              | Child Only          |
|---|---------------------|---------------------|---------------------|
| Case Designation                          |                     | 55%                 | 45%                 |
| Age                                       | 36                  | 29                  | 44                  |
| Female Gender                             | 97%                 | 98%                 | 96%                 |
| Ethnicity                                 | 78% (AA)<br>22% (W) | 83% (AA)<br>17% (W) | 71% (AA)<br>29% (W) |
| Average Number of Children                | 2.3                 | 2.4                 | 2.3                 |
| Average Monthly Income                    | \$1,052             | \$889               | \$1,257             |
| Average Monthly Benefit                   | \$201–\$300         | \$201–\$300         | \$101–\$200         |
| Percent with No High School Degree or GED | 47%                 | 43%                 | 52%                 |
| Percent with a Health Problem             | 49%                 | 35%                 | 67%                 |
| Percent Who Are Working                   | 34%                 | 39%                 | 28%                 |

African Americans (AA); Whites (W)

ipients was developed. Based on this research profile, we then conclude that, given existing conditions, the presence of an adult or child with a health problem is a major criterion that should be used in defining which recipients are exempted from the work requirements and time limits.

### Review of the Literature

The largest impact of PRWORA thus far has been the dramatic decline in the welfare rolls. During its first year of interpretation and implementation, August 1996–September 1997, more than 2,398,000 individuals and 843,000 families left the cash assistance rolls nationwide (U.S. Department of Health and Human Services 1998). While reports on the declining rolls vary across states, since 1994 over one-third of welfare families have exited the system (Golden 1998), reducing their rolls in some states by more than half (Tweedie and Reichart 1998). In Georgia, between August 1996 and June 1998, the cash assistance rolls declined from 330,302 to 180,195, a 45 percent decrease (U.S. Department of Health and Human Services 1998). Compared with the average reduction in rolls of 32 percent nationwide for that same period, Georgia appears to be ahead in the trend of declining welfare rolls. While much of the success of welfare has been tentatively attributed to the declining rolls, numerous studies have reported on variables associated with the employment of former recipients. Clearly, a significant factor related to long-term self-sufficiency pertains to an individual’s employability.

*Georgia appears to be ahead in the trend of declining welfare rolls, which was 32 percent nationwide during the period of August 1996 to June 1998.*

Employment rates for recipients and ex-recipients indicate that more adults are moving from welfare to work than ever before (Golden 1998). For those who have left the rolls nationwide, 50–60 percent are finding and maintaining employment, which is slightly higher than the employment rates attained by Aid to Families with Dependent Children (AFDC) recipients in earlier welfare-to-work efforts (Golden 1998). However, despite record numbers of welfare recipients working, average incomes of recipients and ex-recipients have not changed significantly (Golden 1998; Rolston 1998). Families with the adult working are somewhat better off financially than when they were on welfare, but few are making incomes above the poverty line (DeParle 1998; Tweedie and Reichart 1998).

Nevertheless, welfare reform in the United States continues to be touted, overall, as highly successful. President Clinton even declared, “It is fair to say the debate is over. We now know that welfare reform works” (Clinton 1997). Much of the current research has focused on the issues associated with those no longer receiving assistance and how they are faring. However, equally important questions further arise. The “success” of welfare reform must recognize that, while self-sufficiency has apparently been achieved for many, there are significant issues regarding those persons who will continue to need cash assistance through welfare.

As states move toward the fifth year of TANF, an important question is what happens when families hit the lifetime limit on TANF benefits. While the law allows states to exempt up to 20 percent of their caseloads from the maximum allowed 60-month time limit, more than that number of recipients will have substantial barriers to employment (Joseph 1999). Furthermore, preliminary results seem to suggest that, characteristically, those who continue receiving cash assistance benefits do not fit the stereotypical “welfare recipient.” Thus, considering the complexity of problems faced by these individuals, identifying those who are eligible to be included in the 20 percent exemption category becomes an increasingly difficult policy challenge.

*Preliminary results seem to suggest that, characteristically, recipients of cash assistance benefits do not fit the stereotypical “welfare recipient.”*

While states are just beginning to explore the 20 percent exemption category issue, reports suggest that the physical and emotional health issues of remaining TANF recipients tend not to rise to the level of current federal definitions of what a disability is. Resolving chronic health problems of a TANF recipient presents a greater challenge than resolving a lack of work experience or a high school diploma of an elderly recipient or a young single mother.

In fact, PRWORA includes a number of policy changes that further complicate the issue of health problem resolution amongst remaining TANF

recipients. Four principal changes were made to Medicaid eligibility by the national welfare reform legislation: decoupling welfare and Medicaid eligibility, narrowing Medicaid eligibility for disabled children in the Supplemental Security Income (SSI) program, terminating access to Medicaid for some legal immigrants because they lose SSI, and barring most future legal immigrants from Medicaid (Ku and Coughlin 1998).

A flurry of legislative activity to expand children's health care coverage occurred during the 1997 state legislative sessions. In general, states have taken three approaches to providing expanded coverage for low-income children: (1) broad coverage plans of Medicaid eligibility for family incomes well above federally mandated levels, (2) liberal plans that have set wide age limits and income levels for Medicaid through research and demonstration waivers, and (3) middle-of-the-road plans that include provisions to implement relatively large state health care programs in addition to Medicaid or setting Medicaid income and age limits somewhat above the federal mandates. The Balanced Budget Act of 1997 provided \$24 billion in federal funds over a five-year period to address low-income children's health concerns. Title XXI of the Social Security Act included authorization and grants to allow states to create and expand insurance programs for children in low income-producing families (Bruen and Ulman 1998).

A recent report from California concluded that the number of study participants with significant limitations on their ability to work appears to exceed the federally imposed 20 percent allowable exemption from the work requirements and time limits. It suggests that specialized services may be needed in greater amounts than anticipated to minimize departures from welfare that are unsuccessful (Speiglman et al. 1999). National estimates suggest that up to 60 percent of welfare recipients have disabilities, while another 10–20 percent of recipients have a dependent family member with a disability (National Council on Disability 1997). Thus, for families who have children with disabilities, a state's decision regarding mandatory participation in work activities and supportive services may significantly influence self-sufficiency (LeRoy, Harrison, and Johnson 1999)

## Methodology

Working from within a consortium of university-based researchers (i.e., Georgia State University, Clark-Atlanta University) contracted by Georgia's Division of Family and Children Services (DFCS) to conduct welfare policy related evaluation research, the welfare reform research project at the University of Georgia set out to determine who from the present welfare caseload should be exempt from work requirements and time limits. It was decided that a stratified random sampling technique and an intense in-home data collection process would be used. This methodology provided a sound basis for the determination of the 20 percent exemption criteria.

A major challenge for the welfare reform research project and the acquisition of accurate and necessary data concerned Georgia's size. Georgia, the largest state east of the Mississippi River, has 159 counties that reflect significant variations of population and economic factors associated with migration, employment, education, and overall quality of life. Data that analyzed in depth the impacts of welfare reform and the quality of life for individual recipients throughout the state were used to achieve sample data representative of the entire TANF population remaining in June 1999. The data also reflect client expectations, attitudes, and behaviors, with particular attention to factors (barriers—actual and perceived) associated with successfully moving toward independence and self-reliance.

### Classification by Quality of Life Characteristics

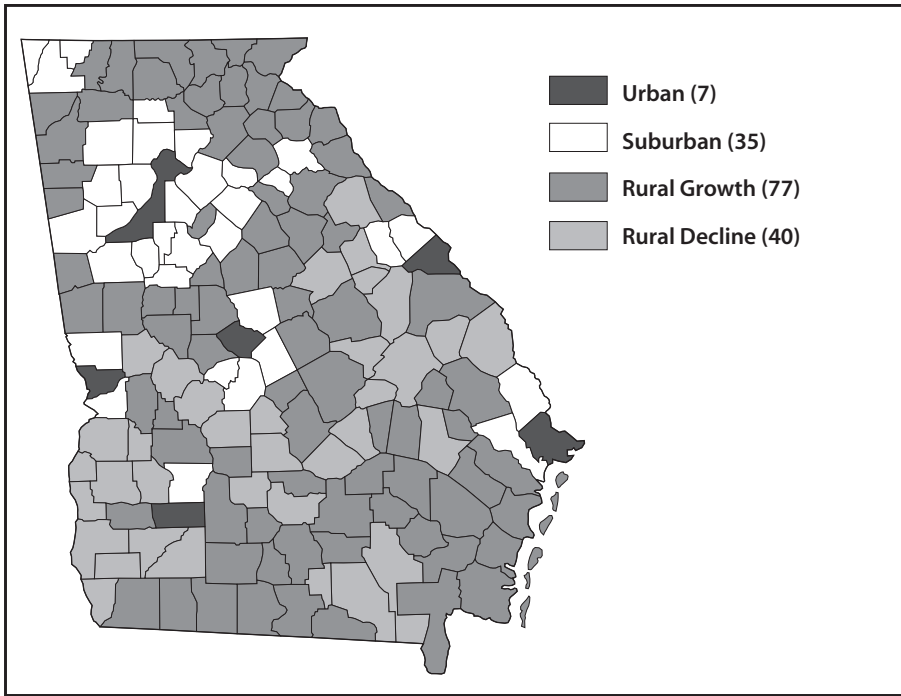
*As a basis of comparison in evaluating data, four areas were used in a classification system regarding quality of life—urban, suburban, rural growth, and rural decline.*

Two factors were used to build a basis of comparison in presenting the data. First, a classification system of Georgia's 159 counties, developed by Doug Bachtel, a noted demographer at the University of Georgia and author of the *Georgia County Guide*, was used. Variations in factors that characterize the quality of life in a particular geographic region such as income, employment, education, population migration, and housing are used as a basis for the classification of the counties. According to Dr.

Bachtel's criteria, each county is classified into one of four categories: urban, suburban, rural growth, or rural decline. Following is a brief description of the four areas within the classification. Of the 159 counties in Georgia, 7 are identified as urban, 35 as suburban, 77 as experiencing rural growth, and 40 as being in rural decline. (See Fig. 1.)

*Urban.* With populations over 50,000, the urban counties are characteristically the heart of Georgia's metropolitan centers. While a significant portion of their population have the general skills and resources to

Figure 1. Strata Classifications across Georgia



Source: Boatright and Bachtel (1998).

take advantage of available economic opportunities, an equally large number of people are young, poorly educated, and live at or below the federal poverty level.

*Suburban.* The suburban counties are for the most part metropolitan because a significant number of their residents commute to urban areas to work. Suburban counties are generally predominately white and affluent, and many of their residents have a high level of education attainment and income.

*Rural Growth.* Those counties identified as “growing rural Georgia,” while scattered across the state, tend to be concentrated in the north. These areas usually have either scenic beauty or some type of landscape that attracts tourism. They are also located near some regional growth center that contributes to the counties’ economic development.

*Rural Decline.* The counties identified as “declining rural Georgia” are the areas considered to be in the greatest peril. These counties are characterized as experiencing long-term population loss, lack of employment opportunities, and low levels of supportive services. Historically, these areas have a legacy of low education attainment and skill development. Many residents in these counties are therefore dependent on social welfare services.



## Classification by Case Designation

An administrative distinction in welfare cases was the second factor used as a basis of comparison. DFCS designates two types of TANF cases that receive cash assistance: child only cases and family cases. In child only cases, children in a particular family are the clients and the sole beneficiaries of cash assistance. Adults or guardians of the children in child only cases are not included in the determination of the assistance award. In these instances, the adults associated with a child receiving benefits are not required to comply with federal or state work requirements for welfare. On the other hand, in family cases an adult, along with a child or children, is included in the award for welfare assistance. In family cases, the adult who is the beneficiary must comply with the personal responsibility, work requirements, and time limits associated with welfare reform.

## Collecting the Data

To investigate accurately the impacts of welfare reform in Georgia, randomly selected welfare recipients under the TANF program responded to 185 quantitative and qualitative questions in an interview guide divided into eight comprehensive sections (see Table 2). The questions were developed after a thorough review of the scholarly as well as professional literature and extensive conversations with more than 200 county-based DFCS county directors, Family Connection directors, and members of the Georgia SAFETY-NET, an advocacy group concerned about the potential negative outcomes of welfare reform (Nackerud, Risler, and Brooks 1998). Quantitative questions generated data on specific life issues and variables impacted by welfare reform, such as family relationships and living arrangements, physical and emotional health, child well-being, educational and vocational training, income and family resources, employment and work history, and other issues. For the qualitative data, participants responded to items associated with psychological well-being. Finally, in order to determine current relevant issues, respondents were also asked several open-ended questions.

Once the Office of Human Subjects Review at the University of Georgia gave the go-ahead, the interview guide was pilot tested on approximately 60 TANF recipients selected proportionately from Bibb, Dekalb, Habersham, and Seminole counties, which represented the four county classifications. The analysis of the pilot data allowed for necessary adjustments to particular items in the interview guide and determined the appropriate population parameters to be used in selecting a representative sample from the strata. The degree of data accuracy is determined by how the findings from the sample can be generalized to the total population of remaining TANF recipients. Thus, the cases selected in the current research sample were considered representative of the remaining TANF recipients and evaluated in a stratified random-sampling procedure.

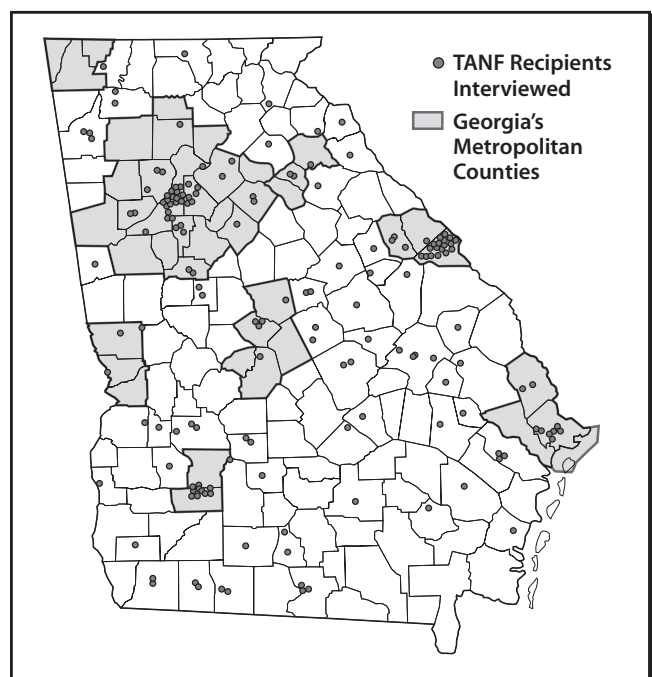
**Table 2.** Study Areas and Variables

| State Regions   |   |   |               |
|---|---|---|---------------|
| Urban   | Suburban  | Rural Growth  | Rural Decline |
| Study Areas and Variables   |   |   |               |
| Economic Influences   | Recipient Issues  | Other Relevant Issues   |               |
| Private sector support<br>Employment opportunities<br>Program support<br>Barriers | Day care<br>Transportation<br>Homelessness<br>Domestic violence and child neglect | Organizational<br>Climate<br>Client attitude and self-esteem<br>Most difficult to serve |               |

The reported July 1999 caseload ( $N = 56,260$ ) of all individuals in Georgia listed as receiving TANF was the population used in the sampling procedure. Based on the recipient's county of residence, the total July welfare population was initially stratified according to one of the four county designations. The recipients were selected at random from within each of these classified strata, with the targeted figure calculated to address the variance found in the pilot study, while simultaneously achieving a confidence interval of 92.5 percent. To achieve this level of confidence, 201 recipients were needed. The targeted figures from each classified strata were urban, 77; suburban, 45; rural growth, 53; and rural decline, 26. To ensure accurate representation, 262 recipients were randomly selected from the July 1999 TANF welfare population as potential participants. Data collection was discontinued when 201 of the recipients were interviewed, leaving a return rate of 76.7 percent. From the initial sample, 6 people refused to participate, 47 could not be located, and 8 were not needed. The GIS map (Fig. 2) illustrates the dispersion of the sample across Georgia.

The data presented in this report were collected between August and mid-November of 1999. The one-hour interviews took place in the recipients' homes; recipients were compensated \$25 each for their cooperation.

**Figure 2.** Dispersion of Sample across Georgia



## Findings

This section presents the self-reported data collected from the 201 TANF recipients in the sample interviewed. The quantitative questions generated data on six specific life issues and variables impacted by welfare reform: family relationships and living arrangements, physical and emotional health, child well-being, educational and vocational training, income and family resources, and employment and work history—and other relevant issues associated with an individual’s experience with welfare reform. Comparisons in the data regarding the strata classifications and welfare case designations are presented throughout the report. The quantitative data were analyzed primarily by the use of descriptive statistics.

### Profile of TANF Welfare Recipients

#### Family Relationships and Living Arrangements

While it appears that the majority of welfare recipients in the study are clustered around the state’s metropolitan areas, all counties within their respective strata have some citizens living at or below the federal poverty level. Moreover, the overwhelming majority of the poor citizens with children in Georgia who receive cash assistance are African American (78 percent) and women (97 percent).

Of those recipients in the study sample, slightly more than half (55 percent) were family cases, while the remaining 45 percent consisted of the child only cases. Characteristically, the average age for an adult in a family case receiving TANF benefits is 29 and ranges from 18 to 52 years. In comparison, the average age for an adult in a child only case is 44 and ranges from 18 to 76 years. One explanation for the wide range in ages is that, particularly in child only cases, the custodian of the child receiving TANF benefits may be an elderly relative, such as a grandparent. Obviously, important for any family’s survival is the number of adults who contribute support and resources to the well-being of the household. However, most of the respondents who receive TANF benefits are single women (84 percent). While almost a third (27 percent) of the cases reported being separated or divorced, only 16 percent of the respondents indicated that they are currently married. Furthermore, of all the women reportedly married, 88 percent are from child only cases and only 4 percent are from family cases (see Figs. 3 and 4). Further, not only are the women in child only cases more likely to be married, they are almost three times as likely to be living with someone as a couple (30 percent), when compared to the women in family cases (11 percent). This suggests that many of the families in child only cases benefit

Figure 3. Child Only Cases: "What is your current marital status?"

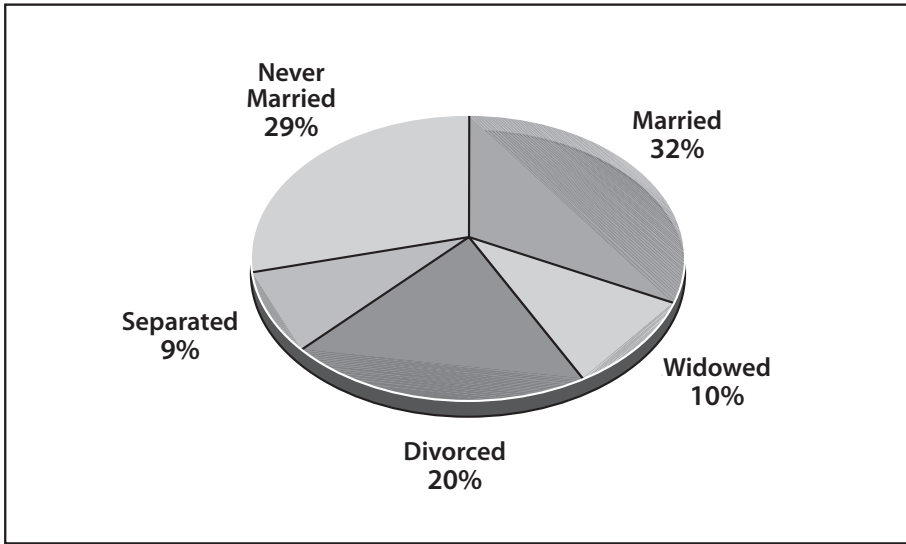
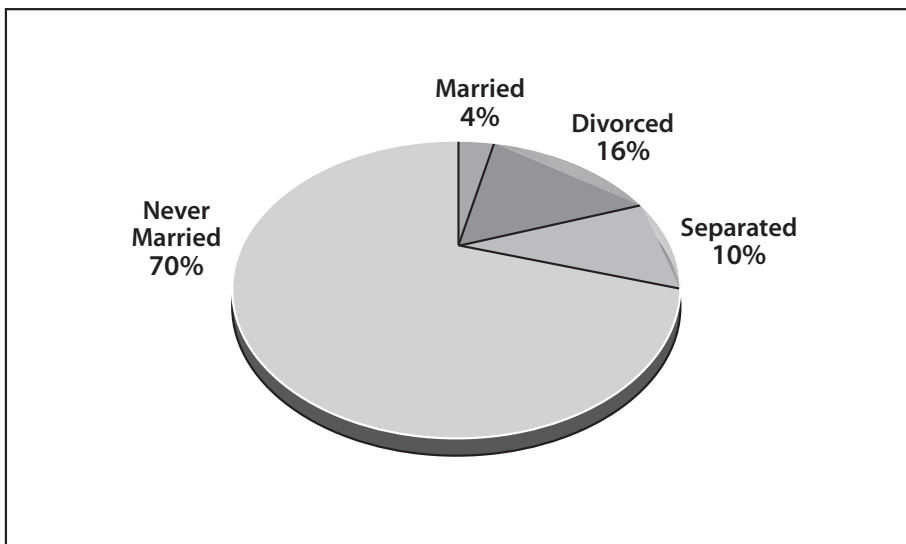


Figure 4. Family Cases: "What is your current marital status?"



from the resources and support of an additional adult in the household. On the other hand, it would seem that the single women with children in family cases, with few social supports, may be the most vulnerable. They also appear to be most representative of the remaining TANF recipients. Furthermore, the percentage of African American respondents who have never been married (62 percent) is significantly higher than the percentage of white respondents who have never been married (16 percent).\* (See Table 3.)

\*Pearson  $\chi^2$  (2, N = 201) = 35.95,  $p = .000$ .

**Table 3.** Marital Status, by Ethnicity

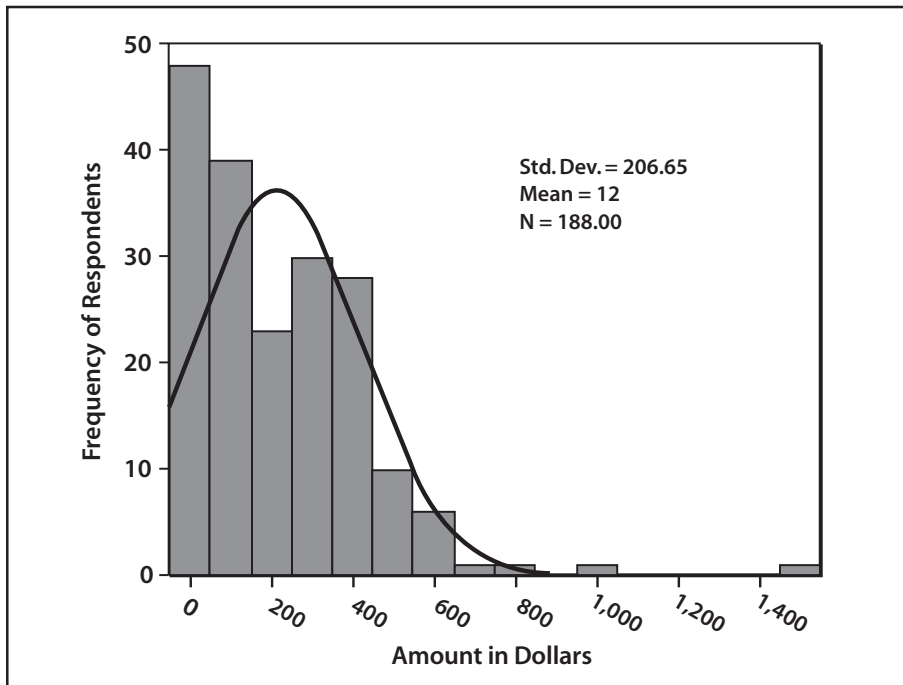
|                           | What is your current marital status? |         |          |           |               | Total |
|---------------------------|--------------------------------------|---------|----------|-----------|---------------|-------|
|                           | Married                              | Widowed | Divorced | Separated | Never Married |       |
| <b>African American</b>   |                                      |         |          |           |               |       |
| Percent within population | 10.9                                 | 3.8     | 13.5     | 9.6       | 62.2          | 100   |
| <b>White</b>              |                                      |         |          |           |               |       |
| Percent within population | 35.6                                 | 6.7     | 33.3     | 8.9       | 15.6          | 100   |
| <b>Total</b>              |                                      |         |          |           |               |       |
| Percent within population | 16.4                                 | 4.5     | 17.9     | 9.5       | 51.7          | 100   |

While welfare families are generally characterized as consisting of a single woman who began having large numbers of children at a young age, the data suggest otherwise. In fact, the majority (68 percent) of respondents reported having only one or two children living in the home. This is equally true when the number of children living at home is compared across race. Furthermore, with an average age of 18 for both African American and white respondents, more than 60 percent of the respondents were between the ages of 17 and 24 years when they gave birth to their first child. However, this birthrate is almost twice that, overall, of the general population in this age group in Georgia (35 percent). Interestingly, although women in the family cases, on the average, were one year older than the overall average (18) when they gave birth to their first child, other comparisons in the data across strata and case distinction were marginal.

When respondents were asked to specify their housing arrangement, it was no surprise to discover that the majority rent housing (61 percent) or live with other family members (15 percent). The average cost of renting a home or apartment for a welfare recipient in Georgia obviously varies with location. When compared across strata, rent for monthly housing averages from \$160 to \$334 in the urban and suburban counties, respectively, whereas in the rural areas it averages from \$170 to \$207. (See Fig. 5.) Interestingly, almost a fourth (24 percent) of all the respondents reported that they had some form of ownership of the property where they live. However, the majority (96 percent) of them were respondents from child only cases located primarily in the rural strata.

Clearly, the quality of life for anyone is related to where he or she lives. For most families, a neighborhood that fosters the healthy growth

**Figure 5.** Monthly Housing Expenses  
 “How much do you pay each month for this living arrangement?”



of children is important to their quality of life. Respondents were asked how they felt their particular neighborhood rated as a place to raise children. (See Fig. 6 and Table 4.) Although slightly over three-fourths (77 percent) believe that their neighborhood, overall, is a good or better place to raise their children, 22 percent consider their neighborhood unsatisfactory. Not surprisingly, of those who rated their neighborhood as “not too good” or “awful,” more than half (59 percent) live in the urban strata. When compared to child only cases, the majority of the respondents with a negative view of their neighborhood (66 percent) are from family cases. Furthermore, African Americans are twice as likely as the white respondents to perceive their neighborhood negatively.\*

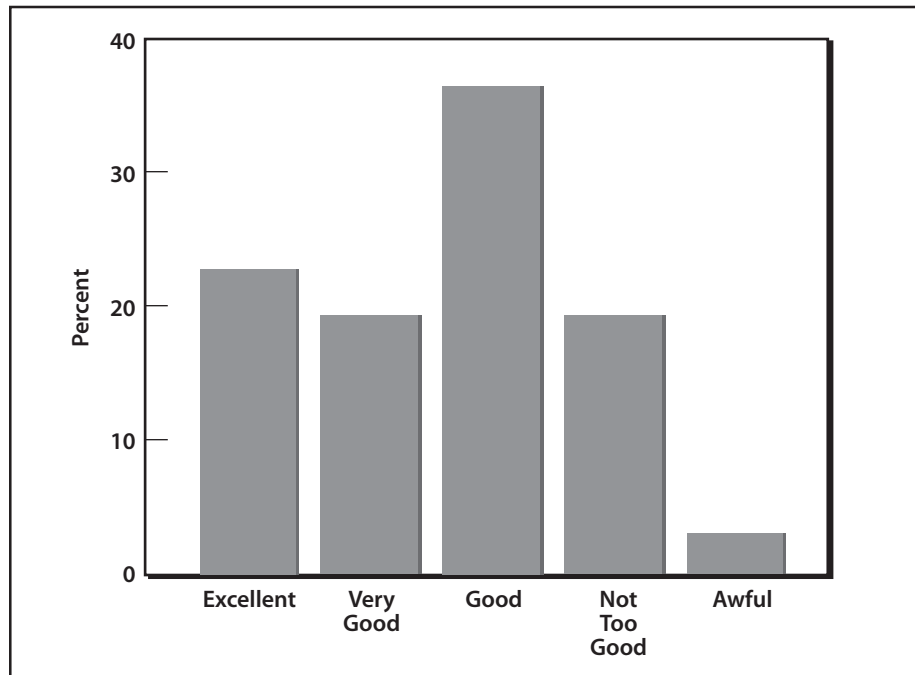
This again underscores the emerging trend that it is the remaining TANF recipients with the fewest resources who will likely end up living in less desirable neighborhoods.

### Health

Across all four strata and both case designations, 92 percent of adults and 99 percent of children have some form of health insurance (see Fig. 7).

\*Pearson  $\chi^2$  (4, N = 199) = 24.72, p = .000.

**Figure 6.** Neighborhood Ratings  
 “As a place to raise your children, how would you rate your neighborhood?”



**Table 4.** Neighborhood Ratings, by Ethnicity

|                           | As a place to raise your children,<br>how would you rate your neighborhood? |           |      |              |       | Total |
|---------------------------|---|-----------|------|--------------|-------|-------|
|                           | Excellent   | Very Good | Good | Not Too Good | Awful |       |
| <b>African American</b>   |   |           |      |              |       |       |
| Percent within population | 14.9  | 21.4      | 39.0 | 22.1         | 2.6   | 100   |
| <b>White</b>              |   |           |      |              |       |       |
| Percent within population | 48.9  | 11.1      | 26.7 | 8.9          | 4.4   | 100   |
| <b>Total</b>              |   |           |      |              |       |       |
| Percent within population | 22.6  | 19.1      | 36.2 | 19.1         | 3.0   | 100   |

Case designation had a significant impact on the type of insurance used by adults. For family cases, 92 percent of adults rely on Medicaid; for child only cases, only 49 percent do so.\* Table 5 gives the breakdown of both case designations. Adding Medicare usage by family cases (1 percent) and child only cases (14 percent) raises the rate of government-provided health care to 63 percent among adults from child only cases and 93 percent of adults from family cases. The majority of the remaining adults from child only cases (34 percent) rely on employer-provided health insurance, while only 6 percent of adults from family cases do so.

\*Pearson  $\chi^2$  (3, N = 189) = 48.12, p = .000.

Figure 7. Health Insurance: "What type of health insurance do you have?"

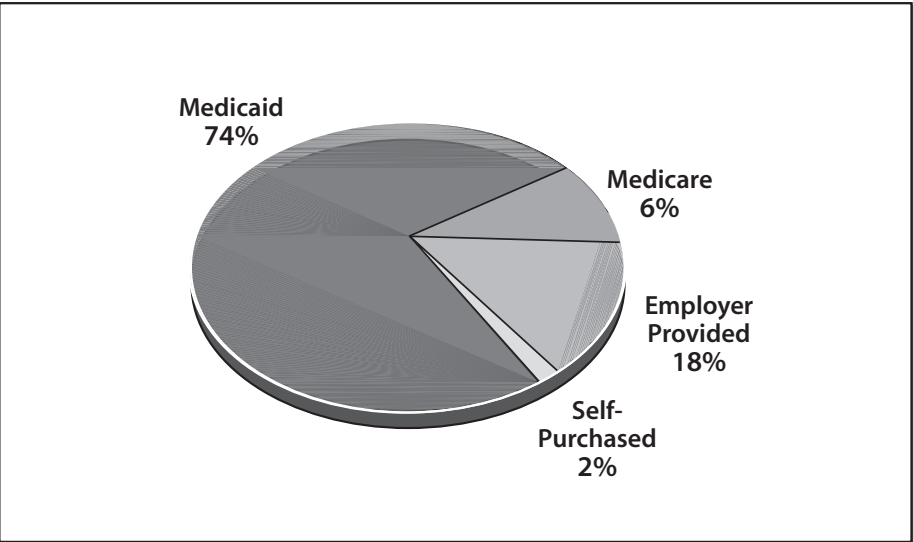


Table 5. Health Insurance, by Case Designation

|                           | What type of health insurance do you have? |          |                   |                | Total |
|---------------------------|--|----------|-------------------|----------------|-------|
|                           | Medicaid                                   | Medicare | Employer Provided | Self-Purchased |       |
| <b>Child Only</b>         |  |          |                   |                |       |
| Percent within population | 49.4                                       | 13.9     | 34.2              | 2.5            | 100   |
| <b>Family</b>             |  |          |                   |                |       |
| Percent within population | 92.4                                       | 1.0      | 5.7               | 1.0            | 100   |
| <b>Total</b>              |  |          |                   |                |       |
| Percent within population | 73.9                                       | 6.5      | 17.9              | 1.6            | 100   |



Of the 99 percent of insured children, 96 percent rely on Medicaid for health coverage. This use of Medicaid by children was consistent across the four strata and both case designations, indicating the importance of government-supported health care for children living in poverty. One percent of the remaining insured children use Peach Care, 3 percent are covered by employer insurance, and .5 percent purchase their own.

Case designation plays an important role in determining where people receiving TANF support seek medical care. Family case recipients are more than twice as likely to access hospital emergency rooms (24 percent compared to 10 percent of child only cases) and county health departments (9 percent compared to 4 percent of child only cases) than are recipients from child only cases. By far the majority of all TANF recipients with Medicaid used private doctors to meet their health care needs. Again, a dramatic difference between the two case designations occurs: 86 percent of child only cases compared with 65 percent of family cases access private doctors.

Thirty-five percent of TANF recipients reported that their child has a health problem. There were two exceptions to this rate: African Americans living in the rural decline strata and whites living in urban areas. Both groups reported higher rates of health problems among their children than the rest of the TANF population, 48 percent and 60 percent, respectively. The predominant health problem among children is asthma (49 percent). Coupling this with the rates of allergies (7 percent) and bronchitis (6 percent) indicates that respiratory problems are significant among children of Georgia welfare families. The remaining 38 percent of children have a variety of health problems such as Attention Deficit Disorder, migraines, and cancer. Seven percent of the 35 percent of children with health problems were reported as having disabling ones. This rate of disability among children remains fairly constant across the four strata and two case designations.

Both race and case designation influence the rate of reported health problems among the TANF adults interviewed. When looking at race in contrast to recent medical research (Murray-Garcia 1999), the rate of health problems among African American adults receiving TANF (45 percent) is lower than that of white TANF recipients (61 percent). The primary health problem reported by African Americans is high blood pressure (25 percent), while that among whites is heart problems (30 percent). Other reported health problems include asthma, diabetes, mental retardation, mental health issues, and back injuries.

The rate of health problems among TANF adults differs significantly when broken out by case designation. Nearly 67 percent of adults from child only cases reported health problems, almost twice the rate experi-

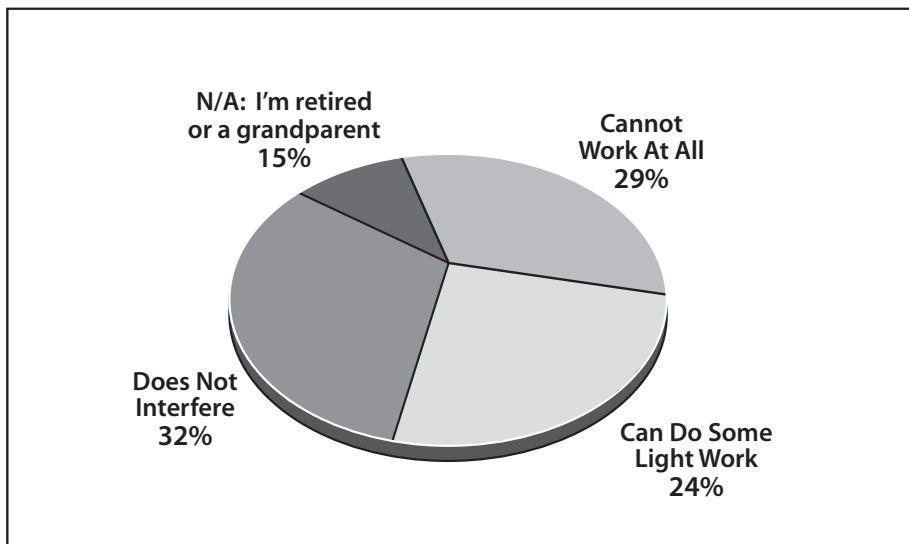
enced in family cases (35 percent).<sup>\*</sup> Generally, this high rate reported by adults from child only cases reflects the large number of older adults taking care of grandchildren and other related children more than a generation removed. Of the 35 percent of adults from family cases who reported experiencing health problems, 23 percent stated that their problem precludes them from work, and another 31 percent said they could only do light work (see Fig. 8). Another factor affecting the employability of adults from family cases is children’s health problems: 17 percent reported that they had lost a job because they have to care for a sick child of their own.

Despite a fairly significant rate of debilitating health problems among adult TANF recipients, very few receive benefits from one of the federal disability programs (4 percent). The adults from child only cases reported a higher rate of a disability that is recognized by a federal program (34 percent), but, as noted earlier, they are not required to adhere to TANF work requirements and time limits.

The predominant type of disability program used by TANF recipients is Social Security Disability Income, with 65 percent of all recipients with disabilities accessing this program. Case designation and race affected the rate of recipients who stated that they have a disability but receive no benefits or payments for that disability: child only cases, 8 percent; family cases, 21 percent. Concerning race, white recipients reported 22 percent, and African Americans reported 7 percent. Claiming a disability but receiving no benefits occurs more among adults.

<sup>\*</sup>Pearson  $\chi^2$  (1, N = 199) = 18.68,  $p = .000$ .

**Figure 8.** Health Problems and Work  
 “How much does this health problem limit your ability to work?”

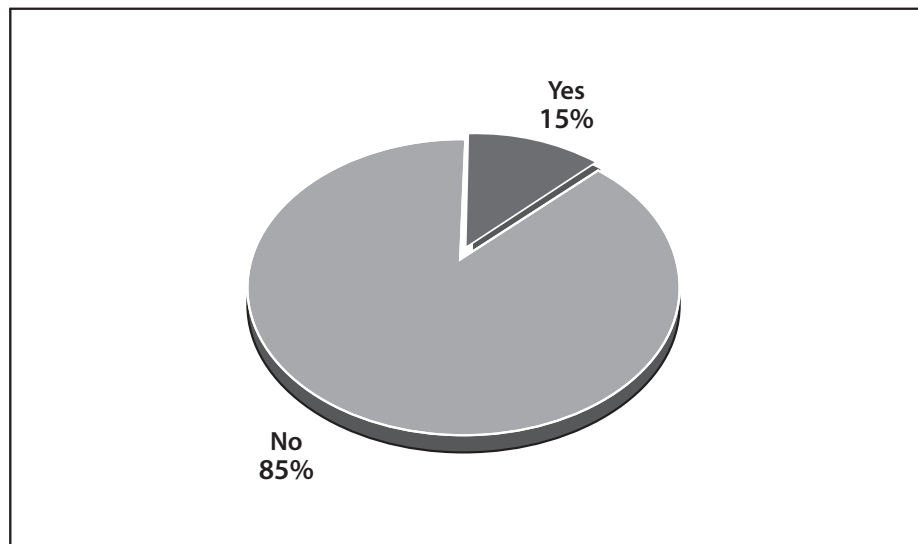


The rate of attending mental health counseling among adult TANF recipients varies across strata, race, and case designation. People living in the rural decline strata reported the lowest rate of accessing mental health services (8 percent): African Americans, 16 percent; and whites, 35 percent. These rates reflect the cultural issues associated with how African Americans and whites seek assistance concerning mental health issues as well as the availability of mental health services in rural areas. Typically, whites are much more likely to access mental health services than are African Americans, who are apt to rely on family and relative assistance. Also, adults from family cases reported a lower rate of accessing mental health services (14 percent) than did those from child only cases (26 percent). This is consistent with other health trends that show adults from child only cases reporting higher levels of health problems across the spectrum of health issues.

The rates of hospitalization for emotional and mental illness or substance abuse among adults remain fairly consistent across all strata, case designations, and race. Ten percent reported that they had been hospitalized for an emotional or mental illness, and 5 percent reported that they had been in treatment for substance abuse problems.

For the children of families that receive TANF benefits, case designation and race (see Figs. 9 and 10) play a significant role in determining the level of use of counseling services for mental and emotional problems. In line with that among adults, the rate for African American children is 15 percent compared to the much higher rate of 41 percent for white chil-

**Figure 9.** African American Mental Health: "Have any of your children ever been in counseling for an emotional or a mental illness?"



dren.\* A further similarity to adult rates occurs between child only cases and family cases. More than twice the number of children from child only cases (31 percent) were reported as receiving counseling services as compared with the children from family cases (13 percent).\*\* This high rate among children from child only cases may be linked to the fact that many of these children have been separated from their parents. The rates of hospitalization for emotional and mental illness or substance abuse among children remain fairly consistent across the strata, case designations, and race: 7 percent for emotional or mental illness and 2 percent for substance abuse problems.

Among the TANF recipients surveyed, 27 percent of adults and 2 percent of children reported some use of alcohol. Of these, 10 percent stated that they are not normal drinkers, which means that they consume more than the typical amount of alcohol associated with social drinking. Because the data collected for this survey were self-reported and there is a negative social perception of alcohol and drug use, the findings most likely underreport this issue.

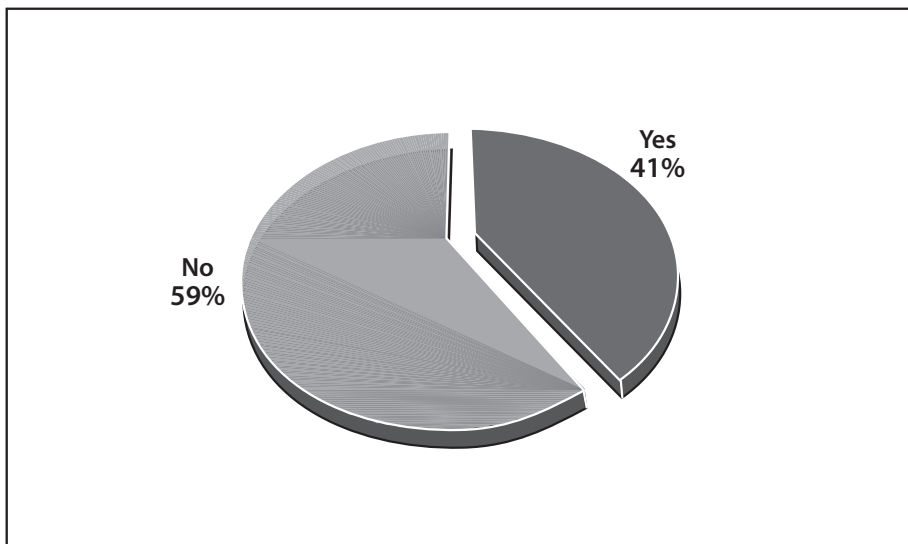
### Child Well-Being

As implementation of welfare reform takes place nationwide and in Georgia, how welfare reform impacts the lives of children is of major impor-

\*Pearson  $\chi^2 (1, N = 196) = 13.71, p = .000$ .

\*\*Pearson  $\chi^2 (1, N = 196) = 8.74, p = .003$ .

**Figure 10.** White Mental Health: "Have any of your children ever been in counseling for an emotional or a mental illness?"

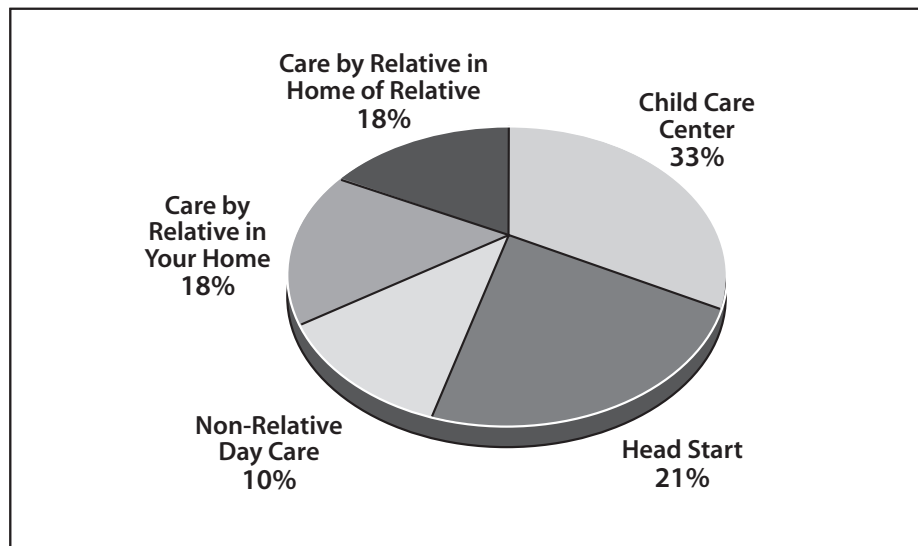


tance. Prominent concerns for the well-being of children during this period include child care (e.g., type, availability, quality, and cost supports), access to and use of school-based food programs, participation in after-school activities, parent-child relations, contact with and support from non-custodial biological parents, and resources in the home (e.g., books and computers).

The ability of remaining TANF recipients to find, arrange, or develop day care services for their children appears not to be a problem. An overwhelming majority of these children, both in family and child only cases, are reported to be in day care arrangements five or more days a week. The rates among strata for five to seven days a week: 93 percent for urban children; and for at least five days a week: 40 percent for suburban, 80 percent for rural growth, and 88 percent for rural decline children. The amount of hours a child or children are in that day care arrangement varies a good deal. Across all four strata, the hours range from 1 to 10. Except in the rural decline area, TANF children are most often found in center-based day care arrangements, with care by a relative in their own homes ranking second. In the rural decline counties, however, relative care in a relative's home (50 percent) is the most common child care arrangement, while relative care in the recipient's own home (25 percent) also ranks second. (Fig. 11 shows overall day care arrangements.)

A respondent's satisfaction or dissatisfaction with his or her current day care arrangement was determined through the question: "Would you like to change your child care facility?" The results are mixed: over 62 percent of urban respondents stated that they would not like to change their

**Figure 11.** Day Care: "What type of day care is your child attending?"



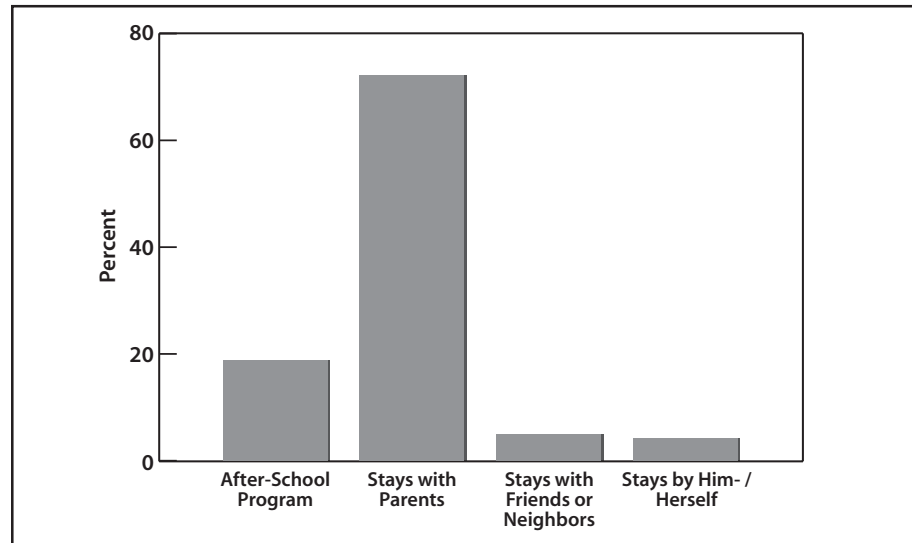
current child care arrangement, while 38 percent answered that they would. Nearly 40 percent of remaining TANF recipients in the urban strata, then, are dissatisfied with some element of their current day care arrangement. The degree of dissatisfaction with the current day care arrangement is even higher in the suburban strata, with 75 percent of respondents stating that they would like to change their arrangement. Respondents in both rural strata expressed a slightly higher degree of satisfaction with the current day care arrangement. In the rural growth counties, 80 percent answered “No” when asked if they would like to change their day care arrangement; in the rural decline counties, 75 percent answered “No.” This, however, may be partially explained by the high rates of care by a relative and perceived satisfaction for TANF children in those areas.

Fifty percent of respondents in the urban, 75 percent in the suburban, 38 percent in the rural growth, and 50 percent in the rural decline strata reported receiving money from sources other than their own incomes to help defray their day care costs. In all four strata—urban (75 percent), suburban (100 percent), rural growth (50 percent), and rural decline (67 percent)—the government, specifically the Georgia Division of Family and Childrens Services (DFCS), is cited as the most common source from which TANF recipients receive such help. A relative, especially the child’s father, is cited most often as an additional source of money to support child care expenses. Importantly, in all four strata, an overwhelming majority of the respondents—urban (67 percent), suburban (75 percent), rural growth (63 percent), and rural decline (100 percent)—reported that their child care costs do not affect their overall financial situation. However, 25 percent of suburban respondents stated that they need to borrow money from friends and family to meet their day care costs, and 25 percent of rural growth respondents stated that they went on TANF in order to be able to meet day care costs on their own.

Children in TANF families, both child only and family cases, appear to participate in the federal food subsidy programs delivered through the public schools. Over 82 percent of children in all strata, with rural decline respondents actually reporting 100 percent, participate in the federal school breakfast program. As well, over 88 percent of children in the four strata, with rural decline respondents again reporting 100 percent, participate in the federal school lunch program. Even when comparing the case designations, participation in the federal breakfast and lunch programs remains high and not significantly different: breakfast, child only (80 percent), family (90 percent); and lunch, child only (93 percent), family (96 percent).

With the renewed call for TANF recipients to meet work requirements, there is concern about what children in these families might be doing after school (see Fig. 12). The most common response to the inter-

**Figure 12.** After-School Supervision  
 “What does your child do on a regular basis after school?”



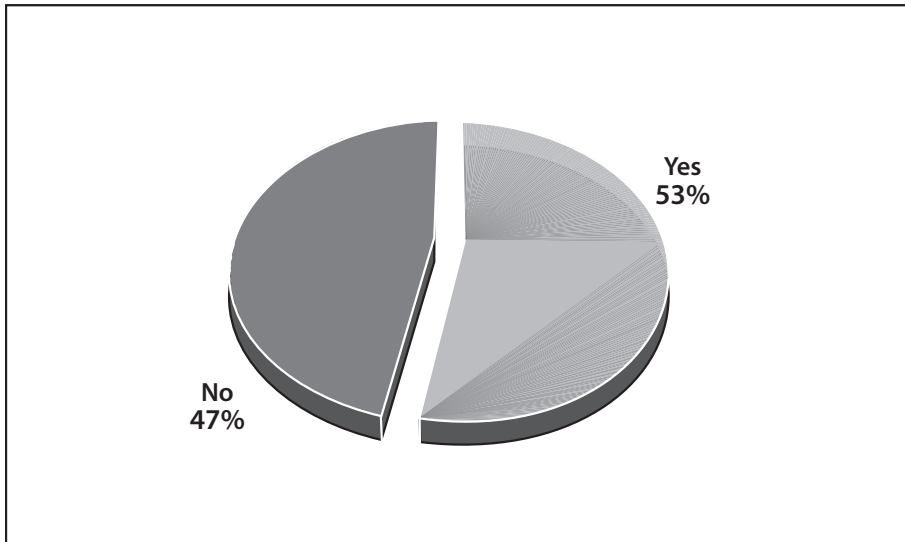
view question “What does your child do on a regular basis after school?” was “stays with parents”: urban (73 percent), suburban (69 percent), rural growth (69 percent), and rural decline (83 percent). In all four strata, this response far outdistanced the second most common response, “after school program”: urban (23 percent), suburban (11 percent), rural growth (23 percent), and rural decline (11 percent). These trends remain the same, and as strong, when viewed across the child only and family basis of comparison.

### Educational and Vocational Training

Participating successfully in a formal education program and earning a degree, be it for high school, a vocational program, and/or college, are considered strengths that lead to positive outcomes in adult life, including meaningful participation in the labor force. Not having these education ingredients has been strongly associated with an individual’s need for cash assistance. Therefore, education variables—participation in and attainment of a degree—are important factors to consider in any meaningful review of the impacts of welfare reform.

Interview respondents were asked a number of questions regarding their past and current participation in a formal education program. Asked whether they had graduated from high school or earned a general equivalency diploma (GED), significant numbers of respondents answered “No.” (See Fig. 13.) Over 37 percent of remaining TANF recipients in the urban strata reported that they had earned neither a high school diploma nor a

**Figure 13. Education**  
“Did you graduate from high school or get a GED?”

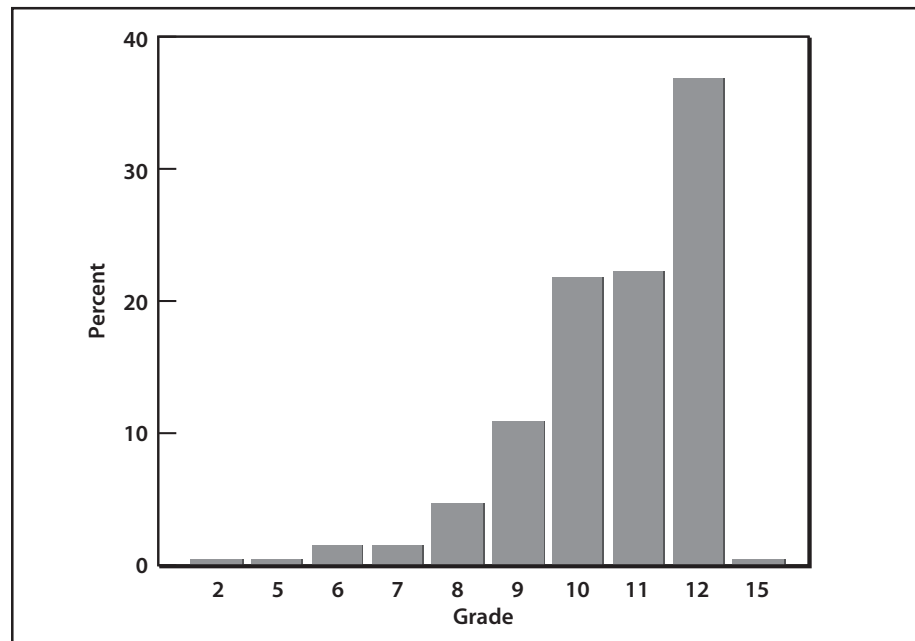


GED. The percentage of persons who responded in the negative is even higher in the other three strata: 49 percent for suburban, 55 percent for rural growth, and 54 percent for rural decline. This lack of educational achievement also remains strong when looking across the TANF case designations. Fifty-two percent of caretakers in child only cases reported not having earned either a high school degree or a GED. While the rate is actually lower in TANF cases where the adult is included in the grant, it is nevertheless high at 42 percent.

A closely related interview item was “What was the highest grade you completed in school?” Not surprisingly, the 9th, 10th, 11th, and 12th grades were the most frequent responses (see Fig. 14). Fairly large percentages of remaining TANF recipients reported having stopped school during the 10th grade: 16 percent in urban, 20 percent in suburban, 30 percent in rural growth, and 19 percent in rural decline areas. The percentage of respondents who left school prior to graduation or earning a GED does not vary considerably between child only and family cases. For example, when viewing the data on dropping out of school in the 10th grade, the rounded figures are 21 percent for child only cases and 21 percent for family cases. Interestingly, while there are people who reported leaving school prior to the 9th grade, the percentages are fairly small in each of the three strata of urban (5 percent), rural growth (4 percent), and rural decline (12 percent). The percentage of respondents who quit school before the 9th grade is, however, fairly high in the suburban strata (18 percent).



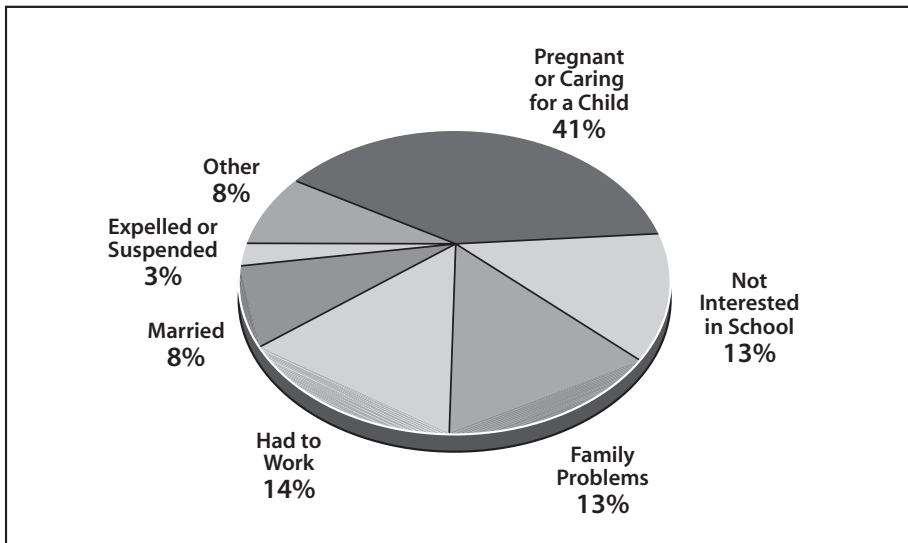
**Figure 14.** Highest Grade Completed  
 “What was the highest grade you completed in school?”



The percentage of interview respondents currently attending school is low, 6 percent in child only cases and 18 percent in family cases, with GED classes and technical school the most common types of school attended. The rates of current school attendance run from lower to higher, following the strata of rural decline, rural growth, suburban, and urban. In each area, the most commonly cited reason for dropping out of school was “being pregnant or caring for a child”: 51 percent in urban, 40 percent in suburban, 31 percent in rural growth, and 40 percent in rural decline. (See Fig. 15.) However, in the two rural categories, “family problems” was also highly cited: 19 percent in rural growth and 27 percent in rural decline. “Being pregnant or caring for a child” was the most common response in both child only and family cases. The rate, however, in the family cases is noticeably higher (50 percent) than in the child only cases (30 percent).

The vast majority of remaining TANF recipients reported that they have never been placed in special education classes. There are, however, two spikes in the data. Respondents in both the suburban strata (22 percent) and the rural decline strata (23 percent) reported that they had been placed in special education classes. The percentages in the urban (8 percent) and rural growth strata (6 percent) are noticeably smaller. Also, the rates of special education class participation are nearly identical for child only and family cases when looking at the overall remaining TANF recipient pool: 11 percent for child only and 14 percent for family cases.

**Figure 15.** School Non-Completion  
 “What was the main reason you dropped out of school?”



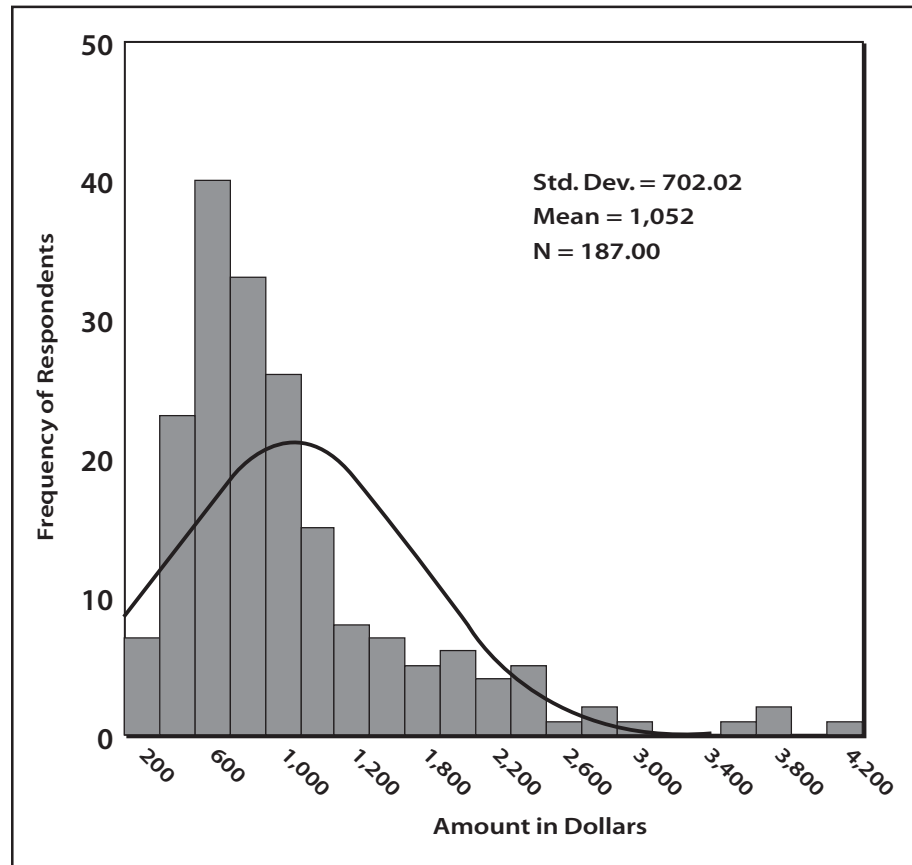
Responses to “What are you doing now?” located in another section of the interview guide, tend to confirm the data regarding relatively low current participation in school- or education-based programs. Respondents reported “working” as their number one activity: urban, 26 percent; suburban, 47 percent; rural growth, 34 percent; and rural decline, 35 percent. Only in the urban strata did a significant percentage of persons report to be students in response to “What are your doing now?” and that is only 10 percent. The recipients who indicated that they are students did not even rank as a category in the suburban strata and ranked only as 8 percent and 4 percent of the responses in rural growth and rural decline, respectively.

### Family Income and Resources

What is the economic status of people receiving welfare benefits in Georgia? Using the four economic strata—urban, suburban, rural growth, and rural decline—and the child only/family designations, along with race, a detailed economic profile of the people who receive TANF benefits was built.

The average monthly income of all TANF recipients is \$1,052 (Std. Dev. = \$702, Mdn = \$856). (See Fig. 16.) This average, which would indicate that TANF benefits are only a small portion of recipients’ income, does not hold true when examined across the four strata and between child only and family cases. People living in the state’s urban areas reported a significantly lower average monthly income (\$935) than that reported in the other three strata. The highest income average is experienced by re-

Figure 16. Monthly Income: "How much is your monthly income?"



recipients living in the state’s suburban areas (M = \$1,253). (See Table 6.) The differences in monthly income become even more dramatic when examining child only cases and family cases. The average monthly income for child only cases is \$1,257, which is significantly higher than the \$889 monthly income of family cases. This means that for family cases with two children, TANF and food stamps often represent 65 percent or more of the family’s income.

With the exception of the rural growth strata, African Americans and whites reported comparable monthly incomes across the state. In the rural growth areas of Georgia, African Americans reported an average income of \$884 as compared to \$1,577 for whites.

Except for those living in the rural decline strata, most TANF recipients have experienced an increase in financial security over the past three years. The smallest rate of growth occurred among individuals living in the state’s urban areas (38 percent are better off, 25 percent report no change, 37 percent are worse off), while in the suburban and rural growth

**Table 6.** Monthly Income, by Strata Classification

| How much is your monthly income? |        |        |                    |
|----------------------------------|--------|--------|--------------------|
| Strata                           | Median | Mean   | Standard Deviation |
| Urban                            | \$719  | \$ 935 | \$649              |
| Suburban                         | 974    | 1,253  | 804                |
| Rural Growth                     | 897    | 1,078  | 702                |
| Rural Decline                    | 933    | 1,000  | 613                |

strata slightly more than 50 percent of individuals experienced improved financial security. Across all strata, 46 percent of African Americans and 36 percent of whites reported increased financial security.

The influence of TANF benefits on the overall financial security of families depends primarily upon the case designations. For example, only 10 percent of child only cases tie their improved financial security to TANF benefits. An even smaller percentage of the child only cases (4 percent) feel that a reduction in TANF benefits is the primary reason for a decrease in financial security. Of family cases, 2 percent feel that TANF benefits are the primary reason for better financial stability, and 15 percent feel that a decrease in benefits has had a negative impact upon their finances. These differences are influenced by Supplemental Security Income (SSI), a federal program that provides cash benefits. While SSI plays a prominent role in the improved financial security of child only cases (15 percent), only 4 percent of family cases related their improved financial security to it.

Across all strata and case designations, approximately 30 percent of TANF recipients reported having another person in the house who contributes to the family’s monthly income. There is a significant difference by race: 24 percent of African Americans and 51 percent of white recipients.

The government provides important tax relief intended to assist families through the earned income tax credit. However, to be eligible for this government assistance, a person must first file a federal tax return. Fifty-two percent of TANF recipients did not file a tax return during 1998; therefore, they obviously received no earned income tax credit. Of the 49 percent who did file tax returns, 70 percent received an earned income tax credit.

Across all strata, race, and case designations, 74 percent of TANF recipients stated that they had enough to eat during the past 12 months, and 21 percent stated that although they had enough to eat it was not the type

of food they wanted. Overall, then, 95 percent had enough food to meet the nutritional needs of their families during the past year. When asked what they would do if they were hungry, 70 percent responded that they would turn to family and friends for help, and an additional 15 percent would go to their churches. These responses indicate that 85 percent of those who receive TANF benefits have support systems that provide vital assistance beyond the government-related services they receive.

### **Employment and Work History**

Assuming the responsibility for developing a job-ready workforce has required a redefinition of the relationship among the Georgia Departments of Human Resources, Labor, and Adult Education (DFCS 1997). While the Departments of Labor and Adult Education primarily offer training and job placement, the Department of Human Resources provides case management assistance for welfare recipients. These agencies are committed to developing partnerships with employers to promote the occupational opportunities for TANF recipients which, theoretically, will lead to self-sufficiency. And significant in evaluating the impact of welfare reform are the economic factors that influence the self-sufficiency of these individuals.

As noted previously, Georgia has benefited from the nation's healthy economy. Georgia's unemployment rate of 4.2 percent falls below the national average of 4.9 percent (Boatright and Bachtel 1999). The per capita income of slightly over \$22,000 and a median household income of around \$31,000 would indicate the well-being of the majority of citizens in the state. Such reports, however, overshadow the more than 1 million Georgians who live below the poverty level.

This section reports responses to questions associated with employment and work history. Essentially, the items focus on what economic factors may contribute to an individual's ability to get by in his or her daily life. Recipients reported on their employment status, the type of jobs they have, how many hours they work each week, and whether the job requires them to work a particular shift, as well as on other items concerning employment history and income.

Overall, 34 percent of respondents reported that they are working to some degree. Since an employment activity as defined by DFCS is mandated for family cases receiving cash assistance, it is of little surprise that the adults in those cases (39 percent) are employed more often than those in the child only cases (28 percent). There are also noticeable differences across strata for the employed adults in the family cases. Almost 62 percent of the adults in the family cases are working within the suburban area, and nearly twice as many of these recipients are working than are those

employed in the other strata. Of the adults in the family cases working in the remaining strata, 30 percent are in urban areas, while those in the rural growth and rural declining areas are each 38 percent. As previously mentioned, employment trends in the suburban strata may be influenced by the economic boom in these areas, particularly in the service industries.

While almost a third of the adults in the child only cases are reportedly working, there are only slight differences when the data are compared across strata. The majority of adults in child only cases reportedly employed are also from the suburban strata (33 percent). Likewise, the percentage of the adults in child only cases employed in the rural growth and rural declining strata (both 30 percent) is roughly the same as the percentage of those working in family cases. This is followed by the urban strata adults (21 percent).

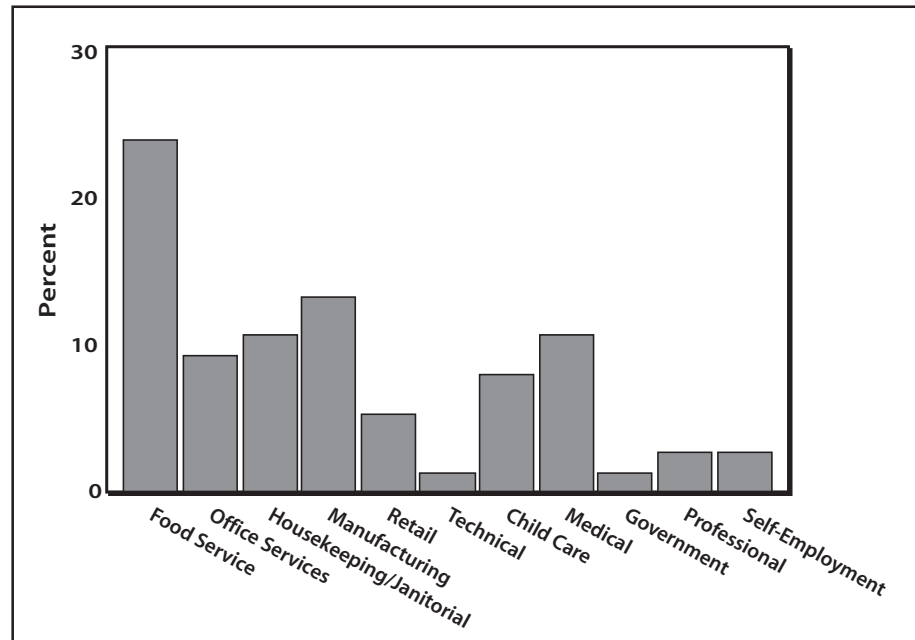
Given that the reported unemployment rate for counties in the suburban strata averages around 3 percent (Boatright and Bachtel 1998), it is not surprising that of all the employed respondents the majority are from those counties. Of note is that the counties with the fewest respondents employed, overall, are located in urban areas (28 percent).

Interpreting comparisons between the adults who are reportedly employed in the child only and family cases should be done with caution. First, it should be remembered that the adults in child only cases are not subject to the federal or state work requirements mandated for adults in family cases. Second, as noted on page 12, the adults in child only cases are more likely to be married or three times as likely to be living with someone who contributes to the family's financial well-being as those in family cases. Even with these differences, however, comparisons between the case designations and factors pertaining to employment are important and may shed light on the processes that contribute to the successful movement toward self-sufficiency.

The influence of work requirements or some additional family support is obvious when comparing respondents who reported that they are currently looking for work. More than three times as many of the adults in the family cases (22 percent) reported actively looking for work as those in the child only cases (7 percent). Moreover, the adults in the family cases seeking employment tend to spend a greater amount of time looking for work. Seventy-eight percent of the family case adults reportedly spend up to 10 hours per week actively looking for a job, while 61 percent of the adults in child only cases do the same.

The types of employment activities reported by the working TANF recipients vary across the state and are, logically, contingent upon the prevailing economic conditions in the area. (See Fig. 17.) Not surprisingly,

**Figure 17.** Employment: “What kind of job do you have?”



most working respondents, overall, indicate that they are employed in the food or retail service sector (30 percent). The greatest potential for sustained economic self-sufficiency is likely to come from employment in a manufacturing or industrial setting rather than in the retail service sector. Therefore, it is encouraging to find that almost 14 percent of the working respondents are employed in the area of manufacturing.

These two areas of employment are followed by those who reported working in a housekeeping or janitorial job (11 percent), as clerical/office workers (10 percent), in child care (8 percent), in a medical office (10 percent), as government/professional workers (4 percent), and in a technical field (1 percent). Other occupations mentioned by a minority of employed respondents include telephone operator, library aide, police crossing guard, and, in several cases, self-employment.

It is interesting to compare job activities across strata and case distinction. For example, the majority of employed respondents from child only cases are working in a manufacturing capacity (22 percent); the majority from family cases, in the food or retail service sector (35 percent).

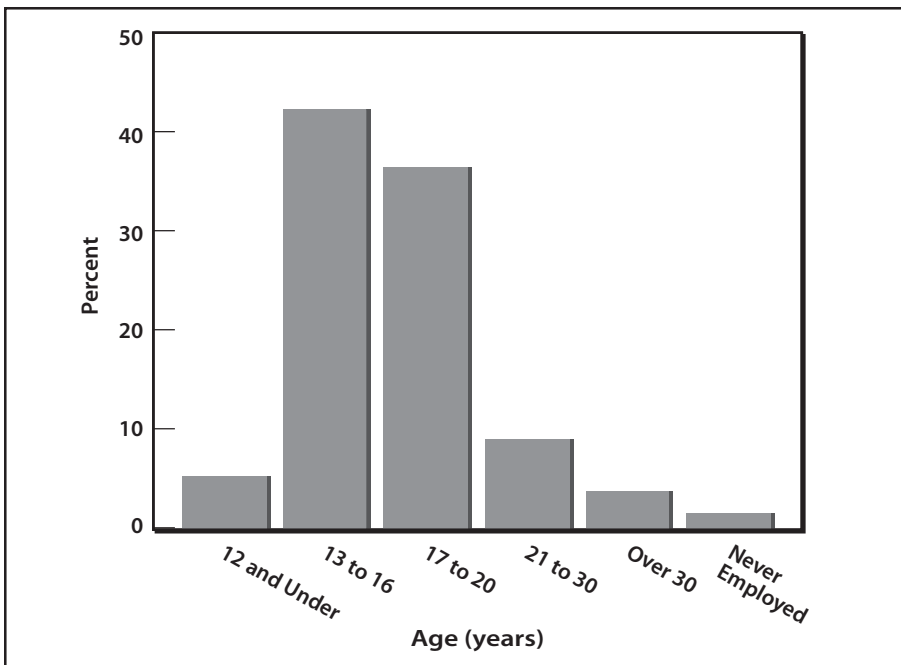
Concerning strata, except for medical service employment, the types of jobs for the working recipients are, overall, uniformly distributed in the urban strata around food or retail service (22 percent) and office/janitorial positions (26 percent). Interestingly, 21 percent in the urban strata are

employed in some form of medical health position such as an aide in a nursing home or a health care worker in a clinic. Respondents employed in the suburban strata typically work in the food or retail service sector (23 percent), but their other job activities include office service (14 percent) and manufacturing (14 percent).

Similar trends in occupations were reported by those employed in both of the rural strata. Almost half (45 percent) of the recipients in the rural growth strata are employed in the food or retail service sector, very likely because these areas are tourist attractions. While 9 percent of the respondents in the rural growth areas reported working in housekeeping/janitorial service jobs, an equal percentage hold manufacturing positions. The main occupations reported by the respondents employed in the rural declining strata are in food service (22 percent) and manufacturing (33 percent). Generally, rural declining areas offer limited occupational options.

While some of the respondents may currently be unemployed, the majority of recipients interviewed reported having worked at an early age (see Fig. 18). Almost half (48 percent) of these recipients were 12–16 years old at the time of their first job. Moreover, when combined with the 17–20 age period, 85 percent of the respondents were between 12 and 20 years old when they held their first job.

**Figure 18.** Age at First Employment  
 “How old were you when you had your first job?”





Of the recipients who responded that they work, 93 percent reported having only one source of employment income. Typically, for these TANF recipients, the average work week is reported to be around 35 hours, with 63 percent working these hours. The majority (52 percent) reported being on a biweekly pay schedule.

The average reported biweekly take-home pay is around \$335. However, the average take-home pay of white respondents (\$360) is almost one-third more than that of African Americans (\$213). Income, when comparing child only and family cases, also varies slightly. The average biweekly take-home pay for a working adult in a child only case runs around \$390; that for a working adult in a family case is around \$304.

Although the majority of employed respondents reported that they normally work during the day (65 percent), more than a fourth (26 percent) indicated that they work evenings or later shifts. Understandably, the majority of evening or late-night employment was reported by urban strata respondents (41 percent). No difference appears to exist when comparing the time of day for work of child only and family case respondents. Interestingly, twice as many white respondents (46 percent) work in the evening or late night, whereas only 21 percent of the employed African American respondents work then.

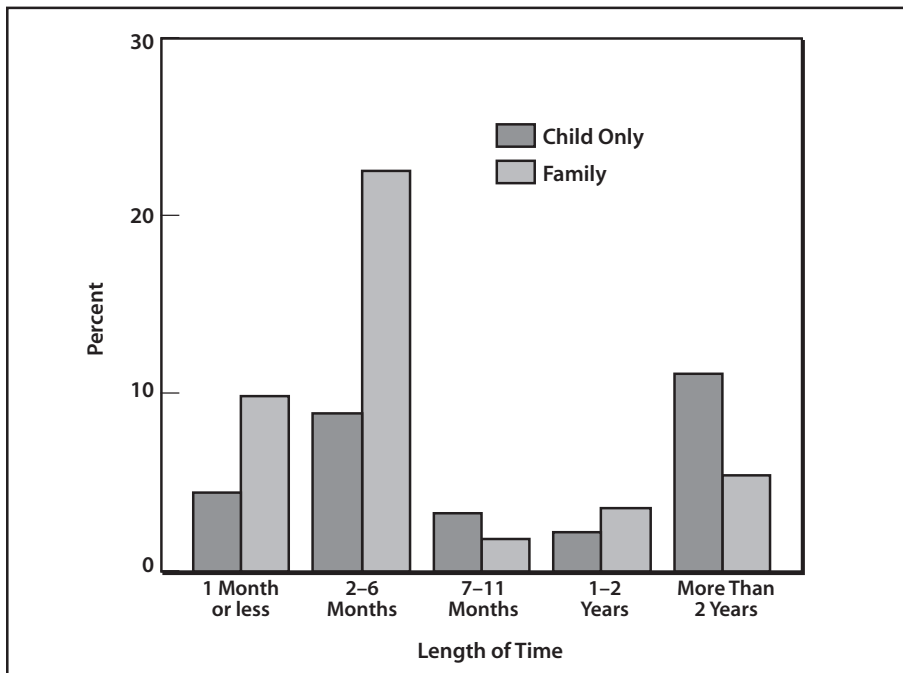
There is also some variation in length of service for employment reported by the respondents when looking at case designations (see Fig. 19). Not surprisingly, of the recipients currently working, 60 percent have been at their current employment less than six months. On the other hand, 21 percent indicated that they have been employed at the same place for over two years; the majority (63 percent) are adults in child only cases. In fact, 75 percent of the employed adults in family cases have been working six months or less. The federal and state work requirements for TANF may certainly be one explanation for these employment trends.

Slight variations in length of employment can also be seen across race and strata. Of the employed African American and white respondents, 61 percent and 77 percent, respectively, reported that they have been working six months or less in their current jobs. (See Table 7.) Notably, 98 percent of the respondents employed at the same place for more than two years are African Americans. Thirty-three percent of the employed respondents interviewed from the rural declining strata have been working at the same place more than two years. It seems that the further one is away from the urban areas, the longer he or she is likely to keep that job.

Unemployed TANF recipients were also asked several questions. Almost half (47 percent) indicated a personal or family health problem as the main reason they are no longer at their last job. The primary health

problem consistently reported across all case distinctions, strata, and ethnicity that causes this nonemployment is pregnancy. The next major reason indicated overall is having been laid off or fired (13 percent). Roughly 11 percent of these recipients are from the urban strata; and twice as many, 20 percent, are from the rural strata. Of this group of respondents, 94 percent are African Americans, and 73 percent are from the child only cases.

**Figure 19.** Length of Employment History, Child Only/Family  
“How long have you had this job?”



**Table 7.** Length of Employment History, by Ethnicity

|                           | How long have you had this job? |            |             |           |                   | Total |
|---------------------------|---------------------------------|------------|-------------|-----------|-------------------|-------|
|                           | 1 Month or Less                 | 2-6 Months | 7-11 Months | 1-2 Years | More than 2 Years |       |
| <b>African American</b>   |                                 |            |             |           |                   |       |
| Percent within population | 17.7                            | 43.5       | 4.8         | 9.7       | 24.2              | 100   |
| <b>White</b>              |                                 |            |             |           |                   |       |
| Percent within population | 30.8                            | 46.2       | 15.4        | —         | 7.7               | 100   |
| <b>Total</b>              |                                 |            |             |           |                   |       |
| Percent within population | 20.0                            | 44.0       | 6.7         | 8.0       | 21.3              | 100   |

Finally, the overwhelming majority of respondents who are looking for work have been doing so for less than six months (94 percent). Forty-one percent of respondents indicated that they do this by primarily filling out applications (41 percent), although 12 percent reported some involvement with the labor department.

## Who Should Be Included in the 20 Percent Exempt Category?

As discussed earlier, the Personal Responsibility and Work Opportunity and Reconciliation Act (PRWORA) allows for states to exempt 20 percent of TANF recipients from the federal work requirements and time limits laid out in the block grant. The data collected while examining both case designations of the remaining TANF recipients lay the foundation for answering the following questions that must be addressed in order to determine who falls into the 20 percent exempt category.

Can every adult recipient from family cases adhere to the work requirements and make a satisfactory transition from a position of dependency on cash assistance and related government programs to a position of self-sufficiency? Put more simply—two and a half years since the implementation of TANF, can every adult recipient go to work, thereby leaving child only cases as recipients of the cash assistance program? Moreover, can they make the transition within the declared 48-month time limit?

*Forty-nine percent of TANF recipients have a health problem; of these, 53 percent claim that it limits their ability to work.*

Even recognizing that welfare reform has been successful in Georgia (an approximately 45 percent drop in the welfare rolls), the answer to all the preceding questions is clearly “No.” The in-home interviews provided the researchers with both formal and informal data that allowed for an assessment of respondents’ limited capabilities and impediments in meeting the work requirement and the time limits presently prescribed by TANF.

When considering which remaining TANF recipients from the family cases should be exempt from the work requirements and the time limits, the most prominent criterion is the presence of an adult or child with a significant physical and/or mental health problem. More than a third (35 percent) of adult recipients from family cases reported a physical health problem. Of that group, 23 percent stated that the problem precludes them from work, and 31 percent indicated that it limits them to only light work. In an economic downturn, these individuals with special needs, but who can work, will be among the first employees to leave the workforce.

Besides having physical health problems, 14 percent of adults from family cases reported experiencing some level of mental health problems. Traditionally, a mental health problem negatively influences how well an

individual participates in the labor market: such individuals are often stigmatized. While this does not make it impossible for an individual to work, it may represent a significant barrier for some individuals trying to meet the work requirements and time limits as defined by current TANF policy.

***Thirty-three percent of TANF recipients have a child with a physical health problem.***

In addition to the significant number of adult recipients experiencing physical and emotional health problems, the number of children in these families with health problems is even more striking. Approximately 33 percent of the respondents reported having a child with a physical health problem; and 13 percent, a child with some level of mental health distress. Having a child that is regularly ill and in need of consistent care has a dramatic effect on the caretaker's employment. Seventeen percent of the adult recipients from family cases reported losing a job at some time in the past as a result of having to care for a sick child of their own.

Based on these figures, it appears that the 20 percent exempt category could readily hold individuals from families who are experiencing a health problem that interferes with employability. This group is further defined by the fact that it receives no other federal or family support.

In conclusion, many of the people who have significant health problems and minimal-to-no resources beyond those provided by TANF and food stamps are not likely to ever work. The lack of resources for these families makes continued access to TANF benefits vital to their well-being.

## Conclusions and Policy Implications

The primary focus of efforts to evaluate the impacts of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) has been on the cessation of the Aid to Families with Dependent Children (AFDC) program and the initiation of Temporary Assistance for Needy Families (TANF). This emphasis, however, can belie the complexity of this major piece of national legislation. Heralded as the beacon of welfare reform, PRWORA included nine separate titles. One title contained the most dramatic and significant changes in cash assistance program policies since the Great Depression, which included a major shift from formula funding to block grant funding for emergency assistance, job training, and cash assistance programs. Assessing the effects of changes still emerging under the nationally initiated, state-level implemented welfare reform and its devolution presents a challenge to researchers evaluating the reform (McClintock and Colosi 1998).

Even with the resounding claims of success due primarily to the unprecedented and unpredicted drop in the number of families and children receiving cash assistance, policy analysts must now look both at other titles in PRWORA and much more closely at elements of the policy shift from AFDC to TANF. There are many important policy issues at hand. For example, the data gathered in this evaluation research effort to build a profile of remaining TANF recipients in Georgia early in the post-implementation phase clearly indicate that single women without a reported health problem are capable of moving from the welfare poor to a working-poor status. The data also appear to reveal the ability of these women to find child care, access or arrange transportation for themselves, and make successful initial efforts to achieve self-sufficiency. However, the education, work history, and assets accumulation data also appear to indicate that the majority of remaining TANF recipients, in spite of the best of efforts, will not be able to exit poverty. As well, the data support the concept that the proportion of child only cases is increasing, and will continue to do so, thus minimizing the significance of the issue of adherence to the TANF work requirements and time limits. This increase in child only cases may simply underscore one of a number of unanticipated consequences regarding the structure of families living in poverty. For example, the subsequent increase in a large number of recipient children living in poverty and being cared for by someone other than their biological parent could merit scholarly review.

The goal of this analysis was to take a finer look at the anticipated and unanticipated consequences of welfare reform as a function of one par-

ticular policy strategy. Essentially, PRWORA's mandated shift from what had become an ill-perceived entitlement program (AFDC) to a program that seemed to embrace the concept of everybody going to work (TANF) offered the states an opportunity to exempt 20 percent of their remaining caseloads from the work requirements and time limits.

While there is healthy tension about providing aid versus dependency in our social welfare system, existence of the system is a strength for the country. Removing the entitlement for cash assistance and instituting a lifetime limit on benefits could well result in unanticipated policy consequences. The 20 percent exemption feature in current TANF policy, while worthy, falls short of addressing the economic and social environment within which it has to function.

*The 20 percent exemption feature in the current TANF policy ...falls short of addressing the economic and social environment within which it has to function.*

For example, during the interview process, 17 percent of TANF recipients indicated they had lost a job due to a health-related problem of a child. This situation would undoubtedly increase if the economic conditions in the state of Georgia were to worsen: job retention of recently hired TANF recipients would not be a priority and, in fact, employers would become less tolerant of workers with a family health problem. The data reveal that TANF recipients often work less than full time, have no sick leave, and are not provided health insurance benefits by employers.

A major challenge in the current welfare reform movement is establishing a demarcation point for deciding who can and who cannot work. As well, whatever public policy is developed will need to be as dynamic as the economy. TANF recipients with a health-related problem that precludes them from working are in a difficult position when their condition does not fit the standard expressed in the disability definition under Supplemental Security Income or Social Security Disability. Clearly, not all TANF recipients who are required to work will be able to do so.

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## Georgia Welfare Reform Research Project TANF Recipient Survey

Code # \_\_\_\_\_ Gender \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_  
County# \_\_\_\_\_ Age \_\_\_\_\_ Child Only \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

We are very interested in how individuals and families who are currently on TANF are getting along. The State of Georgia knows that welfare reform has cut the number of folks on welfare, but no one is really sure how the folks still on TANF are doing. Because of this, we'd like to ask you a few questions about the ways in which your life has gotten better or worse as a result of the changes in the welfare laws. We would also like some basic information about your income and financial resources as well as your employment and education. Since we will be comparing folks on TANF around the state, your individual responses are very important in developing a clear picture of the impact of welfare reform. Please know that your privacy is important to us and that your responses will be confidential.

### SECTION 1 PERSONAL HISTORY AND FAMILY RELATIONSHIPS

- 1.1 Are you currently residing in the county where you were born?
  - 1. Yes
  - 2. No
  
- 1.2 What year were you born? \_\_\_\_\_
  
- 1.3 What is your current marital status: are you married, widowed, divorced, separated, or never been married?
  - 1. Married
  - 2. Widowed (go to 1.3.1)
  - 3. Divorced (go to 1.3.1)
  - 4. Separated (go to 1.3.1)
  - 5. Never been married (go to 1.3.1)
  - 1.3.1 Are you living as a couple with a boyfriend/girlfriend or partner?
    - 1. Yes, living as a couple
    - 2. No

1.4 Do any of your children under the age of 18 currently live somewhere other than your household? (CHECK ALL THAT APPLY)

- 1. Yes (go to 1.4.1)
- 2. No (go to 1.5)

1.4.1 Where are they living?

- 1. Foster care (go to 1.4.2)
- 2. Living with other parent
- 3. Living with other relative
- 4. Living with a friend
- 5. Living in a group home or behavioral correction facility
- 6. Has independent child under 18

1.4.2 How many months has your child been in that location?

\_\_\_\_\_ (insert #)

1.4.3 Is that child receiving TANF benefits?

- 1. Yes
- 2. No

1.5 How many adults over 18 are now living in your household?

\_\_\_\_\_ (insert #)

1.6 How many children UNDER 18 are now living in your household? Please include the child's age, gender, and your relationship with him/her (circle focal child).

\_\_\_\_\_ (number of children)

|           | Name  | Age   | Gender | Relationship |
|-----------|-------|-------|--------|--------------|
| Child # 1 | _____ | _____ | _____  | _____        |
| Child # 2 | _____ | _____ | _____  | _____        |
| Child # 3 | _____ | _____ | _____  | _____        |
| Child # 4 | _____ | _____ | _____  | _____        |

1.7 How old were you when your first child was born?

\_\_\_\_\_ (insert age)

**End Section 1**

**SECTION 2 LIVING ARRANGEMENTS**

- 2.1 As a place to raise your children, how would you rate your neighborhood?
1. Excellent
  2. Very good
  3. Good
  4. Not too good
  5. Awful
- 2.2 Do you currently own your own home, rent, live with family, live in a group shelter, are homeless, or have some other housing arrangement?
1. Own your home
  2. Rent your home/apartment/room
  3. Live with family
  4. Live in a group shelter
  5. Homeless
  6. Live in some other housing arrangement
  7. Other \_\_\_\_\_
- 2.2.1 How much do you pay each month for rent/mortgage?  
\_\_\_\_\_ (insert amount)
- 2.3 Approximately how many times have you moved in the last year?  
\_\_\_\_\_ (insert #)
- 2.4 Thinking of your last move, what was the main reason you moved?
1. Took another job
  2. Got married
  3. To live closer to work
  4. Could afford a better place / better neighborhood
  5. Bought a home
  6. Could not afford the rent or house payment
  7. Conflict with spouse or partner
  8. Was homeless
  9. Other \_\_\_\_\_

**End Section 2**

**SECTION 3 HEALTH CARE**

3.1 Do you currently have health insurance for yourself, including Medicaid?

1. Yes (go to 3.1.1)
2. No, uninsured (go to 3.2)

3.1.1 What type of health insurance do you have for yourself?

1. Medicaid
2. Medicare
3. Employer-provided insurance
4. Insurance you have purchased on your own

3.2 Does your child have health insurance?

1. Yes (go to 3.2.1)
2. No, uninsured (go to 3.3)

3.2.1 What type of health insurance does he/she have?

1. Medicaid
2. Employer-provided insurance
3. Insurance you have purchased on your own
4. PeachCare for Kids
5. Different plans for different children

3.3 How often is your child sick?

1. All the time
2. 4 times a month
3. 2 - 3 times a month
4. Once a month
5. Less than once a month

3.3.1 Does your child have a health problem?

1. Yes
2. No

3.3.2 What kind of health problem is it?

---

- 3.4 Where do you go when your child is sick?
1. Nowhere, care for child at home
  2. Family member/friend
  3. County Health Dept.
  4. Hospital emergency room
  5. Private doctor
- 3.5 How much time does it usually take for you to travel to get help for your sick child?  
Amount of time in minutes \_\_\_\_\_
- 3.6 Is your child currently on medication prescribed by a doctor?
1. Yes
  2. No
- 3.6.1 Name of medication \_\_\_\_\_  
What for \_\_\_\_\_
- 3.7 Have you ever lost a job because you had to care for a sick child of your own?
1. Yes
  2. No
- 3.8 Please rate your child's health.
1. Excellent
  2. Good
  3. Fair
  4. Poor
- 3.9 Please rate your own health.
1. Excellent
  2. Good
  3. Fair
  4. Poor
- 3.10 Do you have any health problems?
1. Yes (go to 3.10.1)
  2. No (go to 3.11)

3.10.1 What kind of health problem do you have?  
\_\_\_\_\_ (open ended)

- 3.10.2 How much does this problem limit your ability to work?
1. Cannot work at all
  2. Can do some light work
  3. Does not interfere with my ability to work
  4. N/A, Retired/Grandparent

- 3.11 When was the last time you saw a doctor?
1. Less than 1 month ago
  2. 1 month to 6 months ago
  3. More than 6 months to 12 months ago
  4. More than a year ago

- 3.12 Do you or your child have a disability?
1. Yes (go to 3.12.1)
  2. No (go to Section 4)

3.12.1 What is the type of disability?  
\_\_\_\_\_ (Circle Child/Adult)

- 3.12.2 What type of benefits or payments does the person with the disability receive?
1. Federal Disability Insurance (OASDI) (circle C/A)
  2. Federal Disability (Workman's comp., Veterans disability, Black Lung) (circle C/A)
  3. Permanently Disabled Aid (SS, APDT, Title XIV)  
(circle C/A)
  4. Aged, Blind and Disabled Aid (SS, AABD, Title XIV)  
(circle C/A)
  5. Supplemental Security Income (SSI, Title XIV)  
(circle C/A)
  6. None

- 3.13 Have you ever been in counseling for an emotional or mental illness?
1. Yes
  2. No

- 3.14 Have you ever been hospitalized for an emotional or mental illness?
1. Yes
  2. No
- 3.15 Have any of your children ever been in counseling for an emotional or mental illness?
1. Yes
  2. No
- 3.16 Have any of your children ever been hospitalized for an emotional or mental illness?
1. Yes
  2. No
- 3.16.1 Do any of your children use alcohol or drugs?
1. Yes
  2. No
- 3.17 Have you ever been in treatment (inpatient/outpatient) for a substance abuse problem?
1. Yes, inpatient only
  2. Yes, outpatient only
  3. Yes, both inpatient or outpatient
  4. No
- 3.17.1 Have any of your children been in treatment (inpatient/outpatient) for a substance abuse problem?
1. Yes, inpatient only
  2. Yes, outpatient only
  3. Yes, both inpatient or outpatient
  4. No
- 3.18 Do you drink alcohol?
1. Yes (go to 3.18.1)
  2. No (go to 3.18.3)
- 3.18.1 Do you feel like you are a normal drinker?
1. Yes
  2. No

3.18.2 How much do you typically drink in a week?

\_\_\_\_\_

(include volume and type)

3.18.3 Have you ever gotten into trouble at work because of your drinking?

1. Yes
2. No

3.18.4 Have you ever lost your job because of your drinking?

1. Yes
2. No

3.18.5 Have you ever experienced a blackout from drinking?

1. Yes
2. No

3.18.6 Do members of your family or your friends think you have a drinking problem?

1. Yes
2. No

3.18.7 Have you ever been in trouble with the law for using drugs or alcohol?

1. Yes, drugs only
2. Yes, alcohol only
3. Yes, both drugs and alcohol
4. No

**End Section 3**



**SECTION 4 EDUCATION**

- 4.1 Are you currently attending school?
  - 1. Yes (go to 4.1.1)
  - 2. No (go to 4.2)
    - 4.1.1 What type of school are you attending?
      - 1. Tech school
      - 2. Adult Ed./GED
      - 3. College/University
  
- 4.2 Did you graduate from high school or get a GED?
  - 1. Yes (go to 4.2.1)
  - 2. No (go to 4.2.2)
    - 4.2.1 Which did you earn?
      - 1. HS degree
      - 2. GED
    - 4.2.2 What was the highest grade you completed in school?  
\_\_\_\_\_ (insert grade)
    - 4.2.3 What was the main reason you dropped out of school?  
\_\_\_\_\_
    - 4.2.4 Were you ever placed in special ed. classes when you were in school?
      - 1. Yes
      - 2. No
  
- 4.3 Did you attend college?
  - 1. Yes (go to 4.3.1)
  - 2. No (go to 4.4)
    - 4.3.1. Did you receive a college degree?
      - 1. Yes
      - 2. No

4.4 Did you receive any other degree or certificate through a vocational school, a training school, or an apprenticeship program?

1. Yes (go to 4.4.1)
2. No (go to Section 5)

4.4.1 What type of educational program did you attend?

1. Nursing
2. Vocational
3. Office administration
4. Adult Ed./GED
5. Other \_\_\_\_\_

### **End Section 4**

## **SECTION 5 EMPLOYMENT AND WORK HISTORY**

5.1 We would like to know what you do—are you working now, looking for work, retired, keeping house, or a student?

1. Working now
2. DFCS work program
3. Temporarily laid off (sick leave, maternity leave, etc.)
4. Looking for work/unemployed
5. Retired
6. Disabled permanently/temporarily
7. Keeping house/caring for child
8. Student
9. Other \_\_\_\_\_

5.1.1 What kind of job do you have?

1. Food service
2. Office services (secretarial/clerical)
3. Housekeeping/janitorial
4. Manufacturing/production
5. Retail
6. Technical/vocational
7. Child care
8. Medical
9. Military/government
10. Professional/management
11. Other \_\_\_\_\_

5.2 How many jobs do you have where you earn money?  
\_\_\_\_\_ (insert #)

5.3 How many hours a week do you now work?  
\_\_\_\_\_ (insert #)

5.3.1 Which shifts do you normally work?

1. Days (9-5)
2. Evenings (3 to midnight)
3. Third shift (midnight–morning)
4. Weekends
5. Rotating (cycle days)

5.3.2 How easy has it been for you to find child care for the hours that you work?

1. No problem
2. Somewhat of a problem
3. A major problem

5.4 How much is the take-home pay from your job?  
\_\_\_\_\_ (insert amount)

5.5 Is this hourly, weekly, biweekly, monthly, or annually?

1. Hourly
2. Weekly
3. Biweekly
4. Monthly
5. Annually

5.6 How long have you had this job?

1. 1 month or less
2. 2 to 6 months
3. 7 to 11 months
4. 1 to 2 years
5. More than 2 years

5.6.1 How satisfied are you with the job you have?

1. Very satisfied
2. Somewhat satisfied
3. Neither satisfied nor dissatisfied
4. Somewhat dissatisfied
5. Very dissatisfied

5.6.2 How long do you think you will keep this job?

1. 1 month
2. 2 to 6 months
3. 7 to 11 months
4. More than 1 year

5.6.3 Overall, how interesting or boring do you find your job?

1. Very interesting
2. Somewhat interesting
3. Neither interesting nor boring
4. Somewhat boring
5. Very boring

5.6.4 What do you dislike most about your job?

1. Work responsibilities
2. Difficulties with co-workers or managers
3. Low pay/not enough hours
4. Physical discomfort
5. Lack of transportation/location

5.6.5 Would it be enough reason to quit?

1. Yes
2. No

5.7 What do you like most about your job?

1. Relationships with co-workers and managers
2. Positive work environment
3. Good pay/hours
4. Location

5.8 If you are not working now, when did you last work?

1. 1 month ago
2. 2 to 6 months ago
3. 7 to 11 months ago
4. More than 1 year ago

- 5.9 How long have you been looking for work?
  - 1. Not looking for work
  - 2. Less than 1 month
  - 3. 1 month to 6 months
  - 4. More than 6 months to 12 months
  - 5. More than a year
  
- 5.10 What have you been doing to find a job?
  - 1. Filling out applications
  - 2. Visiting employment/labor office
  - 3. Interviewing
  - 4. Talking with friends/contacts
  - 5. N/A (I am retired, a grandparent, or a student)
  - 6. Other \_\_\_\_\_
  
- 5.10.1 How many hours a week are you actively looking for a job?
  - 1. 1 to 5 hours
  - 2. 6 to 10 hours
  - 3. 11 to 20 hours
  - 4. More than 20 hours
  
- 5.11 Why are you no longer at your last job?
  - 1. Personal health problem
  - 2. Family health problem
  - 3. Pregnant/newborn child
  - 4. Laid off/fired
  - 5. Business closed
  - 6. Retired
  - 7. Moved
  - 8. Other \_\_\_\_\_
  
- 5.12 What did you like the most about your last job?
  - 1. Relationships with co-workers and managers
  - 2. Positive work environment
  - 3. Good pay/hours
  - 4. Location

5.13 Thinking of your last job, what kind of job was it?

1. Food service
2. Office services (secretarial/clerical)
3. Housekeeping/janitorial
4. Manufacturing/production
5. Retail
6. Technical/vocational
7. Child care
8. Medical
9. Military/government
10. Professional/management
11. Other \_\_\_\_\_

5.13.1 How many hours a week did you work on your last job?

1. Less than 10 hours
2. 10 to 20 hours
3. 21 to 30 hours
4. 31 to 40 hours
5. 41 to 50 hours
6. More than 50 hours

5.13.2 How much did you earn each week on your last job?

1. Less than \$100
2. \$100 to \$200
3. \$201 to \$300
4. \$301 to \$400
5. \$401 to \$500
6. More than \$500

5.14 How old were you when you had your first job?

1. 12 and under
2. 13 to 16
3. 17 to 20
4. 21 to 30
5. Over 30
6. Never had a job

**End Section 5**

**SECTION 6 WELFARE EXPERIENCE**

- 6.1 Who in your family is currently receiving TANF?
1. Parent and child
  2. Only child/Parent custody
  3. Only child/Grandparent or relative custody
- 6.1.1 Have you received AFDC/TANF in the past?
1. Yes, for myself and my child
  2. Yes, but only for my children
  3. No
- 6.1.2 Of the following options, which BEST describes why you stopped receiving benefits?
1. Got a job
  2. Got married
  3. Moved
  4. Had to do too much, too many rules
  5. No child in household
  6. Denied benefits (sanctioned)
  7. Exceeded asset limit
  8. Graduated
  9. Approved for SSI disability
  10. Other \_\_\_\_\_
- 6.2 How much money from benefits do you receive each month?
1. Less than \$50
  2. \$50 to \$100
  3. \$101 to \$200
  4. \$201 to \$300
  5. \$301 to \$400
  6. \$401 and over
- 6.3 While on TANF has your benefit payment ever been reduced because of a DFCS requirement?
1. Yes (go to 6.3.1)
  2. No (go to 6.4)

6.3.1 What was the main reason your benefit payment was reduced?

(Check the main reason)

(INTERVIEWER: PLEASE READ LIST)

1. Work requirement
2. Personal responsibility plan
3. Establishment of paternity of child
4. Child did not attend school
5. Children were not immunized
6. Other \_\_\_\_\_

6.4 When you were a child did your family receive welfare?

1. Yes (go to 6.4.1)
2. No (go to 6.5)

6.4.1 Who else in your family received welfare benefits?

1. Grandparents
2. Grandparents and parents
3. Parents
4. Parents and siblings
5. Siblings

6.5 How old were you when you first had your own case number?

1. 10 to 15
2. 16 to 19
3. 20 to 24
4. 25 to 30
5. 31 to 40
6. 41 and older

6.6 How many months have you received welfare benefits?

1. Less than 6 months
2. 6 months to less than 12 months
3. 12 months to less than 2 years
4. 2 years to 4 years
5. More than 4 years



- 6.6.1 How long have you been receiving benefits under the new law?  
(Since January, 1997)
1. Less than 6 months
  2. 6 months to 12 months
  3. 13 months to 24 months
  4. More than 24 months
- 6.7 How many times have you gone off welfare and had to return?
1. Once
  2. Twice
  3. Three times
  4. Four times
  5. More than 5 times
  6. Never have gone off welfare
- 6.8 How confident are you that you will get off of welfare in the next two years?
1. Extremely
  2. Somewhat
  3. Not so confident
  4. Not at all
  5. N/A, child only case
- 6.9 What do you need most to increase your chances of getting and staying off welfare?
1. Education and training
  2. Job opportunities
  3. Child care
  4. Transportation
  5. Good wages and salary
  6. SSI Approval
  7. Extra time/extension
  8. Other \_\_\_\_\_
- 6.10 How satisfied are you with the help your caseworker has given you in preparing you to leave welfare?
1. Very satisfied
  2. Satisfied
  3. Neither satisfied nor dissatisfied
  4. Dissatisfied
  5. Very dissatisfied
  6. N/A, child only case

- 6.11 How satisfied are you with the amount of help your case worker has given you with job training information, helping you to find childcare, and/or helping you with transportation obstacles?
1. Very satisfied
  2. Satisfied
  3. Neither satisfied nor dissatisfied
  4. Dissatisfied
  5. Very dissatisfied
  6. N/A, child only case
- 6.12 How many hours of job training/experience have been provided for you while on TANF?
1. 0-5 hrs / week
  2. 6-10 hrs / week
  3. 11-15 hrs / week
  4. 16-20 hrs / week
  5. N/A, child only case
- 6.13 What type of job training have you received while on TANF?
- 
- 6.14 What is the lifetime limit that you can receive TANF benefits in Georgia?
1. 2 years
  2. 4 years
  3. 6 years
  4. 8 years
  5. Don't know
- 6.15 If a woman who has been on TANF for a year in Georgia has a baby, her welfare payments will increase.
1. True
  2. False
- 6.16 If a person leaves TANF, his/her Medicaid benefits will end.
1. True
  2. False
- 6.17 Teenagers who are mothers are not required to stay in school to receive TANF benefits.
1. True
  2. False

- 6.18 If you are currently involved with a husband/boyfriend/partner, how supportive is he/she toward you returning to work or finding a job?
1. Very supportive
  2. Somewhat supportive
  3. Indifferent
  4. Somewhat unsupportive
  5. Very unsupportive
  6. Currently not in a relationship
- 6.19 If you are currently involved with a husband/ boyfriend/partner, how supportive is he/she toward you returning to school?
1. Very supportive
  2. Somewhat supportive
  3. Indifferent
  4. Somewhat unsupportive
  5. Very unsupportive
  6. Currently not in a relationship
- 6.20 Have you been a victim of domestic violence since January 1997?
1. Yes
  2. No
- 6.21 Have you been a victim of domestic violence prior to January 1997?
1. Yes
  2. No

**End Section 6**

**SECTION 7 CHILD ISSUES**

Section A: (A7.1 - A7.17) Complete section if **focal child** currently in day care.

Section B: (B7.1 - B7.11) Complete section if **focal child** currently attending school.

General section (G7.16 - G7.45) Complete all items about child well-being.

**SUBSECTION A: FOCAL CHILD IN DAY CARE**

- A7.1 What type of day care is your child attending?
1. Child care center, nursery school, preschool
  2. Head Start
  3. Family day care (in the home of a non-relative)
  4. Relative care (in your home)
  5. Relative care (in a relative's home)
- A7.2 How many days a week is your child in this child care arrangement?
1. 1 to 2 days a week
  2. 3 to 4 days a week
  3. 5 days a week
  4. More than 5 days a week
- A7.3 How many hours a day is your child in this child care arrangement?
1. 1 to 3 hours
  2. 4 to 6 hours
  3. 7 to 9 hours
  4. More than 9 hours
- A7.4 How long has your child been in this child care arrangement?
1. 1 month
  2. 2 to 6 months
  3. 7 to 11 months
  4. More than 1 year
- A7.5 How much do you pay for this child's care each week?  
\_\_\_\_\_ (insert amount)
- A7.6 Do you receive money from anyone to help you pay your day care costs?
1. Yes (go to 7.6.1)
  2. No (go to 7.7)

- A7.6.1 Who helps you with your child care costs?
1. The government (subsidy program through DFCS)
  2. Child's father
  3. Other relative
  4. Friend or someone else
- A7.7 How have your child care costs affected your overall financial situation?  
(Check all that apply)
1. No impact on financial situation
  2. Used up savings
  3. Gone into debt
  4. Sold assets (car, home)
  5. Dropped health insurance
  6. Lost or quit job
  7. Went on TANF
  8. Borrowed money from family and friends
  9. Had to move because could not afford rent
  10. Other \_\_\_\_\_
- A7.8 How many children are in your child's group (room) at day care?  
\_\_\_\_\_ (insert number)
- A7.9 How many child care workers are there for this group/room?  
\_\_\_\_\_ (insert number)
- A7.10 (for coding purposes only, child/worker ratio) \_\_\_\_\_
- A7.11 Is this child care facility licensed by the state of Georgia?
1. Yes
  2. No
- A7.12 In your opinion, how well trained are the worker(s) who care for your child?
1. Very well trained
  2. Adequately trained
  3. Not well trained
  4. Very poorly trained

A7.13 How many different child care placements has your child been in over the past year?  
 \_\_\_\_\_ (insert number)

A7.14 Would you like to change your child's care facility?  
 1. Yes  
 2. No

Thinking again about (focal child's) current primary care arrangement, I am going to ask you some questions about (focal child's) and your experience with the care she/he is receiving. Please look at **card B**. For each of the following statements, please let me know which answer best describes your child care experience.

|       |   | Never | Some-<br>times | Often | Always |
|-------|---|-------|----------------|-------|--------|
| A7.15 | (focal child) feels safe and secure in (primary child care)                 | 1     | 2              | 3     | 4      |
| A7.16 | (focal child) gets lots of individual attention in (primary child care)     | 1     | 2              | 3     | 4      |
| A7.17 | (focal child's) child care provider is open to new information and learning | 1     | 2              | 3     | 4      |
| A7.18 | (focal child's) child care provider plans activities for the children       | 1     | 2              | 3     | 4      |

**SUBSECTION B: FOCAL CHILD ATTENDING SCHOOL**

B7.1 What is your child's current school grade?  
 \_\_\_\_\_ Grade

B7.2 Has your child ever been assigned to special ed. classes?  
 1. Yes  
 2. No

B7.3 For this school year, how many days has your child missed more than half of the day from school because of illness?  
 \_\_\_\_\_ (insert number of days)

- B7.4 Does your child eat breakfast at school under the Federal School Free Breakfast Program?
1. Yes
  2. No
- B7.5 Does your child eat free or reduced price lunches at school under the Federal School Lunch Program?
1. Yes
  2. No
- B7.6 Do you attend PTA/PTO meetings at your child's school?
1. Yes
  2. No
- B7.7 For this school year, how many times have you visited your child's classroom?  
\_\_\_\_\_ (insert # of times)
- B7.8 For this school year, how often have you spoken with your child's teacher?  
\_\_\_\_\_ (insert # of times)
- B7.9 What does your child do on a regular basis after school?
1. After-school program
  2. Stays with parents/ relatives
  3. Stays with neighbors or friends
  4. Stays by him or herself
- B7.9.1 If anything, how much does this cost you?  
\_\_\_\_\_ (insert amount)

**SUBSECTION G: GENERAL ISSUES ABOUT CHILD WELL-BEING**

- G7.17 How often do you or someone else in your home read to your child?
1. Never
  2. Rarely
  3. Occasionally
  4. Often
  5. Very often

- G7.18 Approximately how many hours a week do you take your child with you on activities outside of the home?
1. 1 to 2 hours
  2. 3 to 5 hours
  3. 6 to 10 hours
  4. More than 10 hours a week
- G7.19 How many books does your child have?  
\_\_\_\_\_ (insert #)
- G7.20 How often do you talk to your child while you are working around the house?
1. Always
  2. Often
  3. Occasionally
  4. Rarely
  5. Never
- G7.21 Have you ever been called to go to the school or day care center to discuss your child's behavior?
1. Yes
  2. No
- G7.22 Is the child's non-custodial biological parent still living?
1. Yes
  2. No
- G7.23 Does the child's non-custodial biological parent live in the household?
1. Yes
  2. No
- G7.24 In the past 12 months, how often has your child seen his/her non-custodial biological parent?
1. Every day
  2. Around three times a week
  3. About once a week
  4. 1 - 3 times a month
  5. 2 - 11 times in the past 12 months
  6. Once in the past 12 months
  7. Child has not seen his/her non-custodial biological parent in more than a year
  8. Child has never seen his/her non-custodial biological parent



- G7.25 How satisfied are you with the amount of love and caring the child's non-custodial biological parent has shown for him/her?
1. Very satisfied
  2. Somewhat satisfied
  3. Neither satisfied nor dissatisfied
  4. Somewhat dissatisfied
  5. Very dissatisfied
- G7.26 How satisfied are you with the amount of money and help the child's non-custodial biological parent has shown in the past?
1. Very satisfied
  2. Somewhat satisfied
  3. Neither satisfied nor dissatisfied
  4. Somewhat dissatisfied
  5. Very dissatisfied
- G7.27 Has your child ever been in trouble with the police and had to go to court?
1. Yes (go to G7.27.1)
  2. No (go to Section 8)
- G7.27.1 What did your child go to court for?  
\_\_\_\_\_ (name offense)
- G7.27.2 What happened when your child went to court?
1. Case dismissed
  2. Informal probation
  3. Probation
  4. Committed to the state
- G7.28 Do you have a working computer in your home?
1. Yes
  2. No

**End Section 7**

**SECTION 8 FAMILY INCOME AND RESOURCES**

8.1 COUNTING ALL SOURCES, how much money was brought into the home in the past month?

- \_\_\_\_\_ Respondent income from work
- \_\_\_\_\_ TANF benefit
- \_\_\_\_\_ Food stamps
- \_\_\_\_\_ Child support
- \_\_\_\_\_ SSI
- \_\_\_\_\_ Other income or support
- \_\_\_\_\_ **Total**

8.2 Does anyone else in your household have a job?

- 1. Yes (go to 8.2.1)
- 2. No (go to 8.3)

8.2.1 How much did she/he contribute to the household expenses last month?

\_\_\_\_\_ (insert amount)

8.3 Has your application for SSI ever been denied?

- 1. Yes
- 2. No

8.4 Besides a job, what else do you do to earn money?

\_\_\_\_\_ (Open ended, e.g., do hair, yard work, etc.)

8.4.1 From this, how much extra income is brought in monthly?

\_\_\_\_\_ (insert amount)

8.5 What was your total income for the 1998 tax year?

\_\_\_\_\_ (insert amount)

8.6 Did you file an income tax return last year?

- 1. Yes
- 2. No

8.6.1 Did you receive an earned income tax credit when you completed your tax return?

- 1. Yes
- 2. No

8.7 All things considered, your financial security today compared to 3 years ago is:

1. Greatly improved (go to 8.7.1)
2. Slightly improved (go to 8.7.1)
3. Not changed
4. Slightly worse (go to 8.7.2)
5. Much worse (go to 8.7.2)

8.7.1. The primary reason for the improvement is:

1. TANF benefit
2. Increased income / more hours
3. Relocation
4. SSI approval
5. Better money management
6. Personal issue resolved
7. Additional relative help
8. Other \_\_\_\_\_

8.7.2 The primary reason my finances are worse is:

1. Reduction in TANF benefits
2. Loss/reduction of income
3. Family crisis
4. New addition to family (e.g., new baby, step-child, etc.)
5. Increased expenses

8.8 How do you usually get to work (If unemployed, ask about most recent job.)? Do you drive, walk, get a ride with someone, use public trans., or some other way?

1. Drive (go to 8.8.1)
2. Walk
3. Ride with someone
4. Public transportation
5. Some other way
6. N/A, work at home

8.8.1 Do you own a car or truck that is operational?

1. Yes
2. No

8.8.2 What is the make and year of your vehicle?

Year \_\_\_\_\_

8.9 How many minutes does it take you to travel, one way, from your home to your place of work? (If unemployed, ask about most recent job.) Please include the additional time it may take to drop your children off at school or child care.

\_\_\_\_\_ (insert how many minutes)

8.10 Over the past 12 months, have you and your children had enough food to eat?

1. We have had enough to eat and the kinds of food we wanted.
2. We have had enough to eat, but not always the kinds of foods we wanted.
3. Sometimes we don't have enough food to eat.
4. Often we don't have enough food to eat.

8.11 If you did not have food to eat, what would you and your family do?

1. Would go hungry
2. Got meals or food at shelter/food kitchen
3. Got meals/food/money from church
4. Were given food or money for food by friends/relatives
5. Other \_\_\_\_\_

8.12 Do you believe the lifetime limit is fair?

1. Yes
2. No

8.13 Do you believe the lifetime limit should apply to you?

1. Yes
2. No

8.14 Should anyone be exempt from the lifetime limit? If so, who?

\_\_\_\_\_

\_\_\_\_\_

8.15 If your TANF benefits ran out tomorrow, what would you do?

\_\_\_\_\_

\_\_\_\_\_

8.15 What are your plans for the future with regards to childcare, employment, and/or education and training?

\_\_\_\_\_

8.16 Is there anything else that you would like to share about how the new welfare laws have impacted your quality of life?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**End Section 8**  
**END OF INTERVIEW GUIDE**

