

# Running on Empty: Massachusetts Families and the Federal Food Stamp Program

## Executive Summary

**Food Insecurity-** Food Insecurity is a person's ability to access sufficient and appropriate nutrition in order to maintain a healthy lifestyle. About 7.1% of Massachusetts households are experiencing food insecurity which means that every day, 181,000 households, including children experience difficulty accessing sufficient and appropriate nutrition. Food Stamps are the federal government's response to food insecurity. The program issues this benefit to eligible families hoping to bolster participants' access to nutritious food.

**The Current State of Food Insecurity and Food Stamp Access-** The Massachusetts Food Stamp program continues to experience several systematic glitches which have limited its capacity to maximize participation.

**Food Stamps as a legal Issue-** Food Stamp applications often require applicants to reveal sensitive and important information. Applicants have a number of rights surrounding the release of this information, and these rights sometimes need legal protection.

**Food Stamps as a Health Issue-** For many families food stamps can make the difference between going hungry or not, which has a direct impact on child health. Because limited access to sufficient appropriate nutrition can severely jeopardize a person's overall health and well-being, Food Stamps are necessarily a health issue.

**Food Stamp Advocacy at Boston Medical Center (BMC)-** At BMC, we have created a Food Stamp Access (FSA) clinic which assists eligible families in accessing their right to Food Stamps and provides food resources to ineligible families. The clinic works closely with other nutrition advocacy organizations within the hospital. Although the Clinic has experienced many successes, there have been some roadblocks to navigating the local Food Stamp program.

**The Food Stamp Advocacy Clinic-** Throughout 2006 the FSA Clinic collected useful data about the families being assisted; this data will inform future developmental changes to the FSA Clinic's model.

**Conclusion and Recommendations-** The FSA Clinic's experience with the Food Stamp Program affords it the insight to make helpful recommendations in hopes of improving local Food Stamp participation.

## **What is Food (In)Security?**

The term Food Security refers to a household's ability to access to sufficient, nutritionally balanced food for all members of the home at all times, without jeopardizing any of the household's other financial obligations, such as shelter costs, medical expenses, etc. The term Food *In*security refers to a household's inability to access this fundamental need. Research groups such as the Children's Sentinel Nutrition Assessment Program (C-SNAP) have conducted research evidencing the dire impact that inadequate nutrition has on children's health.

## **The Current State of Food Insecurity and Food Stamp Access**

The USDA reported that in 2005 35.1 million people lived in households considered to be food insecure. Of those 35.1 million, 22.7 million are adults (10.4 percent of all adults) and 12.4 million are children (16.9 percent of all children).<sup>1</sup> About 17% of all children living in the U.S. do not have access to adequate food for an active, healthy life. Unfortunately, many of these food insecure families are also not accessing Food Stamps, which may hold the potential to mitigate the consequences of food insecurity. According to the USDA, in 2004, only 60% of eligible persons received Food Stamps.<sup>2</sup>

Although Massachusetts falls below the national average with regard to food insecurity, with 7.8% of the State population experiencing food insecurity, the state also falls below the national average with regard to Food Stamp participation. In 2004 only 49% of eligible persons received Food Stamp benefits, the 3<sup>rd</sup> lowest participation rate amongst all the U.S. states. In 2003 \$29,815,742 in Food Stamp benefits for eligible Massachusetts residents remained unclaimed.

## **Why Food Stamps are a Legal Issue**

Food Stamps are a legal issue for two primary reasons: immigration concerns and income. The Food Stamp application process requires that families reveal very personal immigration information, which may expose them to a number of legal implications. It is imperative that families recognize their legal rights to confidentiality and also that families are reassured that the DTA is legally bound to protect the applicant's personal information. This is especially important for mixed-status households, households in which not all members have the same immigration status. This is a concern that often discourages undocumented parents of citizen children from applying for food stamps.

The application process also requires that the income of all household members be revealed. Applicants will be held legally liable for the submission of false information on their Food Stamp application. Submission of incorrect information can result in a number of unfavorable legal consequences for the household.

Food Stamps are an entitlement benefit which means that eligible persons have the right to access them. The bureaucratic nature of the Food Stamp application process creates many opportunities for violation of applicant rights. Legal protection of these rights is often necessary to ensure that applicants receive appropriate services and benefit allotments.

## **Why Food Stamps are a Health Issue**

For many families Food Stamps help ease poverty's ever-tightening noose. Food Stamp benefits allow families to divert their already limited resources to other financial

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<sup>1</sup> [http://www.frac.org/html/hunger\\_in\\_the\\_us/hunger\\_index.html](http://www.frac.org/html/hunger_in_the_us/hunger_index.html)

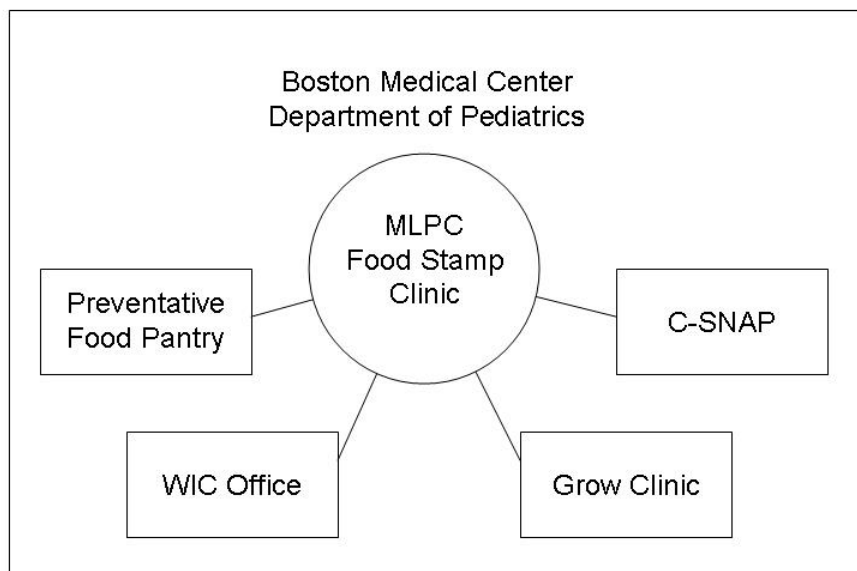
<sup>2</sup> <http://www.ers.usda.gov/Publications/ERR29/>

obligations, such as shelter, utilities, etc. Food Stamps also fill the nutritional gap between what a family needs and what the family is able to access, thereby avoiding many health risks that are coupled with nutritional deficiency.

Also, because it is not a cash benefit and because there are strict limitations on the type of purchases that can be made with food stamps, food stamps encourage families to invest in the nutritional needs of the household members.

### **Food Stamp Advocacy at Boston Medical Center**

The Food Stamp Access clinic functions within a community of Food Stamp advocates at BMC. The clinic works closely with other nutrition advocacy organizations within the hospital, such as the Children's Sentinel Nutrition Assessment Program (C-SNAP), the Women, Infants and Children (WIC) office, the BMC Food Pantry, the Grow Clinic, and MLPC's Legal Clinic.



The FSA clinic works closely with all of these BMC agencies, advertising the clinic services to providers and users. The result of these collaborations is an increasing number of patient-family referrals from each office for Food Stamp assistance and consequently, greater Food Stamp access to the BMC patient population.

### **The Food Stamp Access Clinic**

The realization of the health benefits of Food Stamps lays the foundation for the Food Stamp Access Clinic at the Boston Medical Center. In the past calendar year, January- December 2006, the Food Stamp Access Clinic has experienced several developments which have both increased its capacity to serve families and enhanced the quality of service it provides. A few of these developments include:

- Elimination of the walk-in aspect of the clinic. The clinic now schedules appointments for each session in advance.
- Recruitment of a national Emerson Hunger Fellow, who has assisted in staffing the clinic as well as carrying cases.
- Integrating utility assistance into the FSA Clinic services.

Many of these developments have not only emphasized the ongoing obstacles to food stamp access, they have also illuminated additional social and structural barriers to food stamp access that are being faced by BMC's patient families. These barriers along with MLPC's commitment to meeting the needs of food insecure families present the opportunity to fine-tune Food Stamp accessibility both regionally and nationally.

### **Outreach and Capacity Building**

The following steps were taken throughout 2006 to enhance the Clinic's Food Stamp advocacy capacity:

- Conducted 8 trainings to health care providers.
- Conducted Food Stamp Access trainings, "Why Food Stamps are a Legal Issue" for private law firms.
- Supported PFS in submitting 221 Food Stamp applications on behalf of patient families.

### **What has worked Well for the Families seen by the FSA Clinic**

We have been especially effective in responding to the following advocacy needs:

- Correcting families' misconceptions about Food Stamps and Public Charge.
- Assisting families in accessing their right to Food Stamps. Families seen in 2006 received \$10- \$621 in Food Stamps per month. The FSA Clinic facilitated the receipt of over \$11,800 per month in Food Stamps for patient families.
- Expanding services to include much welcomed utility assistance in tandem with Food Stamp access.
- The number of patient families referred to FSA Clinic has increased by 93%, from 59 families in 2005 to 114 families in 2006.

### **What has NOT Worked Well for the Families seen by the FSA Clinic**

Despite the FSA Clinic's success, the following challenges were encountered in 2006:

- On numerous occasions the DTA has made inappropriate immigration-related verification requests of our clients.
- The DTA has made multiple requests for excessive verifications from children of non-citizen parents.
- The DTA has consistently denied clients their right to interpretation services.
- The DTA has been slow to release EBT cards to applicants, often resulting in applicants being awarded food stamps, but unable to access these benefits. On several occasions this occurred when families were found eligible for expedited benefits.
- The DTA has lost at least 2 applications completed online, further complicating and delaying the application process.
- The DTA's capacity limitations have caused several setbacks for our clients as DTA caseworkers are unable to respond to each case in a timely fashion.
- The DTA caseworkers' mailboxes are often full and hence the caseworkers are ultimately unreachable to clients or their representative.

### **Conclusions from 2006 DATA and Recommendations**

The Food Stamp Access Clinic continues to broaden the scope of services provided by the Medical-Legal Partnership for Children. The clinic's extensive advocacy effort has afforded MLPC both depth and breadth of experience with the DTA. Although the clinic has experienced successes on many advocacy levels, this extensive interaction with the DTA has prompted the following recommendations that, if implemented by the DTA are expected to improve the Food Stamp application process and inevitably increase the program's participation rate.

1. More thorough training of caseworkers on immigrant eligibility and verification needs.
2. Improved tracking systems for Food Stamp applications submitted online.
3. Greater access to interpreters for all caseworkers in all offices.
4. More timely release of EBT cards to Food Stamp applicants.
5. Improved timeliness of communication between caseworkers and applicants.
6. Updated telephone systems and increased voice-mailbox capacity.

# APPENDICES

## **Appendix**

- A. Health Implications of Food Insecurity
- B. What are Food Stamps
- C. Food Stamp Application and Eligibility
- D. The Department of Transitional Assistance
- E. How the Food Stamp Access (FSA) Clinic works
- F. Case Highlights
- G. The families we served in 2006

## **APPENDIX A- The Health Implications of Food Insecurity**

Access to nutritionally balanced food necessarily affects a person's ability to maintain a clean bill of health. This is especially true for our most vulnerable populations, including infants, young children, persons with disabilities and the elderly. Physical growth and early development needs place children in a particularly precarious situation in the event of food insecurity. Studies by the Children's Sentinel Nutrition Assessment Program (C-SNAP) revealed the following findings<sup>3</sup>:

- Food insecurity may place the child at risk for being overweight or obese. In order to prevent hunger, food insecure families often sacrifice the quality of the food they eat.
- Food insecurity is medically harmful, particularly for children ages 0-3
- Young children in food insecure households were approximately 1.3 times more likely to be hospitalized because a lack of essential nutrients (found in a consistent nutritionally adequate diet) impairs the body's ability to heal and decreases immune function, causing a child to be more susceptible to illness.

Additionally, Food Security affects the academic potential of school-age children. A 2005 longitudinal study by Cornell University found that the academic performance of children who have experienced Food Insecurity is significantly impaired due to nutritional deficiencies.<sup>4</sup>

Other studies have found that nutritional deficiencies can bear out severe social consequences for school-age children, resulting in poor behavior in school and difficulty functioning in social environments.

The unfortunate reality is that these disturbances to early development often have lasting and irreversible effects which persist into adulthood.

## **APPENDIX B- What are Food Stamps?**

The Food Stamp program is administered by the United States Department of Agriculture (USDA) and the local Massachusetts program is managed by the Department of Transitional Assistance (DTA).

Currently a misnomer, Food Stamp benefits no longer exist in the form of stamps. Food Stamps are dispensed on an Electronic Benefits Transfer (EBT) card, which is used much like a debit or credit card.

Food Stamps can be used to purchase any food except alcohol, pet food, or heated foods. Food stamps cannot be used to purchase household items such as diapers, toothpaste, or toilet paper.

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<sup>3</sup> <http://dcc2.bumc.bu.edu/csnappublic/home.html>

<sup>4</sup> <http://www.medicalnewstoday.com/medicalnews.php?newsid=35374&nfid=rssfeeds>

## APPENDIX C- Food Stamp Application and Eligibility

### ***Applying for Food Stamps***

Everyone has the right to apply for Food Stamps, regardless of their eligibility. Food Stamp applications can be submitted through any of the following means:

- Submitting an application in person at any DTA office
- Mailing or faxing an application to any DTA office
- Submitting an application online using a DTA-authorized program

### ***Food Stamp Eligibility***

The Food Stamp benefit allotment is determined based on the following information:

1. Size of the household (number of persons purchasing and preparing meals together)
2. Total income of household members (earned and unearned)
3. Expenses of the household (childcare, utilities, rent, child support, etc.)
4. Immigration Status of household members

As with many regulated programs there are exceptions and variations to most of the eligibility requirements.

In order to qualify for Food Stamps families must be living below 200% of the Federal Poverty Line (FPL). Toward the end of 2006 the USDA announced the following income limits for Food Stamp eligibility<sup>5</sup>:

<b>People in Household</b>	<b>Gross Monthly Income Limits</b>	<b>Net Monthly Income Limits</b>
1	\$1,062	\$ 817
2	1,430	1,100
3	1,799	1,384
4	2,167	1,667
5	2,535	1,950
6	2,904	2,234
7	3,272	2,517
8	3,640	2,800
Each additional person	+369	+284

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<sup>5</sup> [http://www.fns.usda.gov/fsp/applicant\\_recipients/fs\\_Res\\_Ben\\_Elig.htm](http://www.fns.usda.gov/fsp/applicant_recipients/fs_Res_Ben_Elig.htm)



#### **APPENDIX D- The Department of Transitional Assistance (DTA)**

The Massachusetts Department of Transitional Assistance (DTA) is the state agency responsible for administering public assistance programs for needy citizens of the Commonwealth.<sup>6</sup> The DTA accepts and processes Food Stamp applications and is responsible for delivering these benefits to eligible applicants.

The Massachusetts DTA has about 25 offices located throughout the state and applicants can apply for Food Stamps in person at the DTA office in their neighborhood. Each office is staffed with front-line caseworkers who accept and manage the Food Stamp application for at least 30 days or until the application has been completed. On average, these workers manage about 450 public benefits cases at any given time. Each office is staffed with supervisors who oversee the work of 4-5 case workers. The caseworkers are provided telephones, desk space and a voicemail box with a capacity to store up to 15 messages at a time. Despite federal regulations requiring interpreter services for Limited English Proficient persons (LEP) few offices are staffed by on-site interpreters. Therefore workers must employ the services of Catholic Charities for live interpretation needs. DTA offices have limited, if any, 3-way and speakerphone capable telephones. This limits the ability of workers to use the AT&T language line for telephone conversations.

#### **APPENDIX E- How the Food Stamp Access Clinic Works**

Once per week, MLPC staff meets with 4 scheduled families to address their nutritional needs. These families have been referred to FSA Clinic by BMC healthcare workers. During the clinic appointment, MLPC staff screens the family to determine their food stamp eligibility. Once the family's estimated Food Stamp allotment is determined, the family is welcomed to apply for Food Stamps. Should the family choose to apply for Food Stamps, clinic staff assists the family in submitting their food stamp application online and briefs them on the Food Stamp Application process.

After the clinic appointment, a clinic staff member will work with the family throughout the Food Stamp application process until the completion of the family's application. Families are also provided food resource information, such as contact numbers for food pantries.

Toward the end of the year, the FSA Clinic integrated utility assistance into the clinic service provision. The clinic now assists clients in accessing shut-off protection for their utilities as well as low-income discounts on their utility bills.

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<sup>6</sup> <http://www.mass.gov>

## APPENDIX F-CASE HIGHLIGHTS

### POSITIVE CASES

#### Example A

Ms. B, a full-time working mother of four children, ages 1 to 14 years old, came to Food Stamp Clinic and we submitted her FS application. She is now receiving \$282/month in Food Stamps. She also had arrearages on both her Keyspan and NStar account. We submitted verification of her Food Stamps to NStar for the low-income discount. Her retroactive low-income discount with NStar brought her account to a \$10.80 credit balance. We also submitted verification of client's MassHealth membership to Keyspan for the low-income discount. After being retroactively applied, her Keyspan account balance was reduced by \$119.

#### Example B

Ms. J approached the Food Stamp clinic for assistance in meeting the nutritional needs of her family, which included a newborn son. She had previously submitted an application for Food Stamps, which had been approved for \$20/month. Because of the low allotment, she had not used the benefit. At her Food Stamp Clinic appointment she screened eligible for \$174/month in Food Stamps and after a few conversations with the DTA her allotment was raised to \$200/month. Verification of her Food Stamps was subsequently used to obtain the low-income discount on her NStar account, which left her with a \$70.78 credit balance.

### DIFFICULT CASES

#### Example 1

After her online application was submitted and a copy of her Social Security card with work-authorization was faxed to the DTA, Ms. F's caseworker requested a copy of her passport. When an FSA Clinic advocate contacted the caseworker to investigate the need for this verification, the caseworker said that the DTA needed proof of "where she is from".

#### Example 2

Mr. M is a refugee who was applying for Food Stamps on behalf of himself, his wife and their newborn son. Although a copy of the social security card for their son was submitted, the family was required to submit additional verification of their son's citizenship status. Although the family was able to provide the birth certificate for their son, this excessive verification request delayed the application process.

#### Example 3

Ms. C, a refugee mother of a one year-old son, was not fluent in English at the time of her Food Stamp application. She was sent mailings from the DTA which did not contain a cover sheet in her language, although her interpretation needs were noted on her application. When the DTA case worker was contacted by an FSA Clinic advocate to rectify this, the caseworker adamantly expressed that the DTA does not provide non-English mailings, nor does the DTA provide interpretation services.

#### Example 4

Ms. A, a mom of 3 young children, including one newborn completed her Food Stamp application but was not able to access her \$408 in Food Stamp benefits because her EBT card had not been mailed to her. The family's application was complete and approved for \$408 in Food Stamps on day 33 since the time of application submission. However, the family was not able to access their benefits because they had not received their EBT card until day 39 and as of day 42 they still had not received the PIN number for the EBT card.

#### Example 5

The FSA Clinic submitted an online application on behalf of Ms. P, whose maternity leave pay at the time was insufficient to support both herself and her new baby. Ms. P had screened eligible for expedited benefits because her income was lower than her shelter costs, which means that she should have received the benefit within seven days of application. Because the DTA had lost her application, the entire process had been delayed outside of the expedited benefit time zone. Frustrated by the process and likelihood that she may not receive her benefits before she returns work, at which point she would become income-ineligible for the benefit, Ms. P elected to withdraw her Food Stamp application. She never received the benefit for the period in which her family was eligible and most vulnerable.

## APPENDIX G- The Families we served in 2006

### Clinic Statistics

No. of Patient families referred to FSA Clinic: 114

Increase in number of Patient families referred to FSA Clinic from 2005: 93% (from 59 in 2005)

No. of cases FSA Clinic supported PFS in submitting: 221

No. of Clinic sessions held: 45

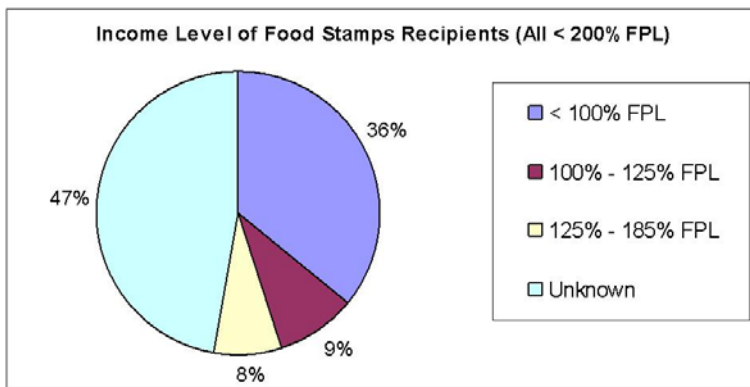
No. of families seen at FSA Clinic: 73

Percentage of households assisted by the FSA Clinic that were found eligible for Food Stamps: 94% (76/81)

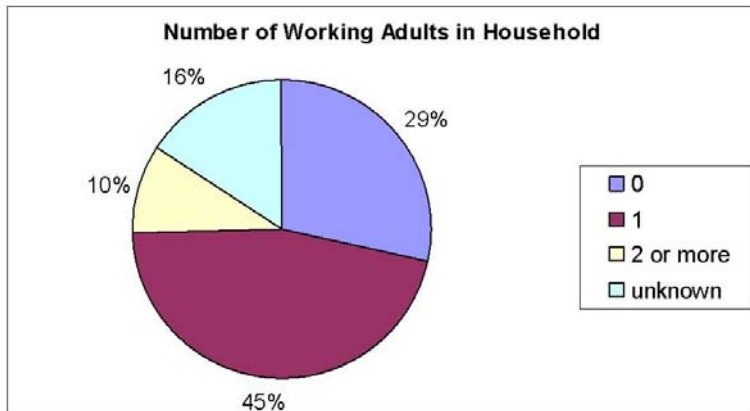
### Income Information

No. of families living below

- 100% FPL: 36% (32/89)
- 125% FPL: 45% (40/89)
- 185% FPL: 53% (47/89)
- 200% FPL: 100% (89/89)



No. of households supported by at least one working adult: 45% (52/79)



### Household Membership

No. of households with children 0-18 years old: 96% (78/81)

No. of households with disabled persons: 17% (13/75)

No. of households with elderly persons: 3% (3/80)

No. of households headed by

- Citizens: 35% (28/79)
- Lawful Permanent Residents: 23% (18/79)
- Females: 89% (80/90)
- Minorities: 91% (62/68)
- Persons age 25-45: 81% (68/84)

No. of undocumented parents of eligible children: 14% (11/79)

No. of households with mixed immigration status: 71% (56/79)

**Racial Breakdown of households:**

Asian: 3% (2/68)

Black: 18% (12/68)

Brazilian: 1.5 % (1/68)

Cameroonian: 1.5 % (1/68)

Cape Verdean: 3% (2/68)

Chechnyan: 1.5 % (1/68)

Ethiopian: 1.5 % (1/68)

Haitian: 26(18/68)

Jamaican: 1.5% (1/68)

Latino: 28% (19/68)

Nigerian: 3% (2/68)

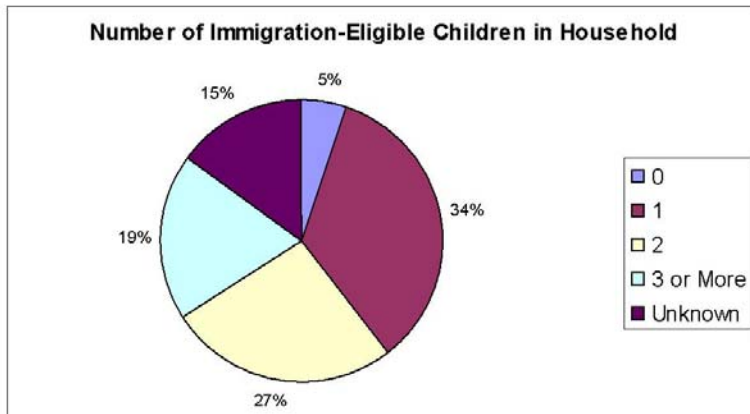
Polish: 1.5 % (1/68)

Trinidadian: 1.5% (1/68)

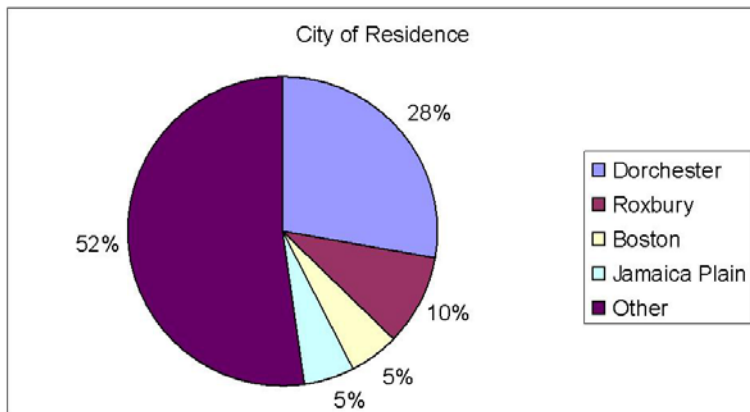
White: 9% (6/68)

**Immigration Eligible Children in Households**

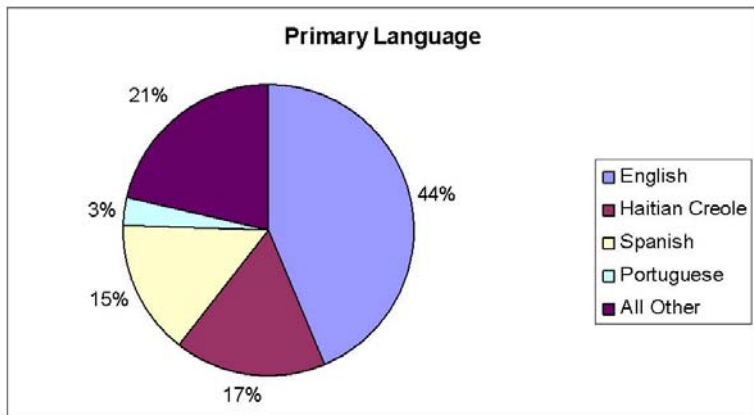
(No. of households with children whose immigration status qualifies them for Food Stamps)



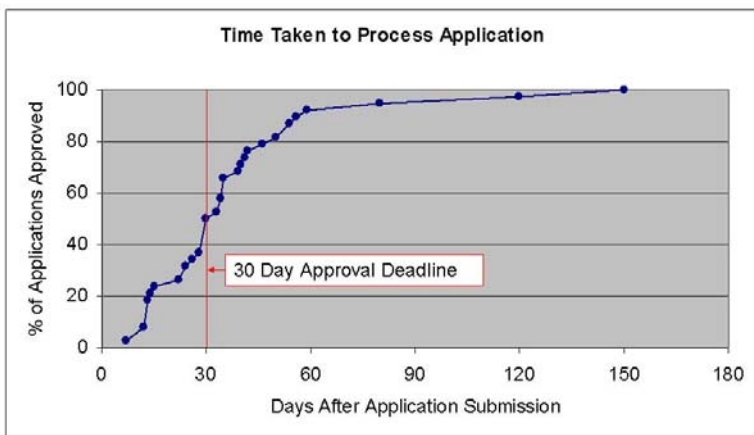
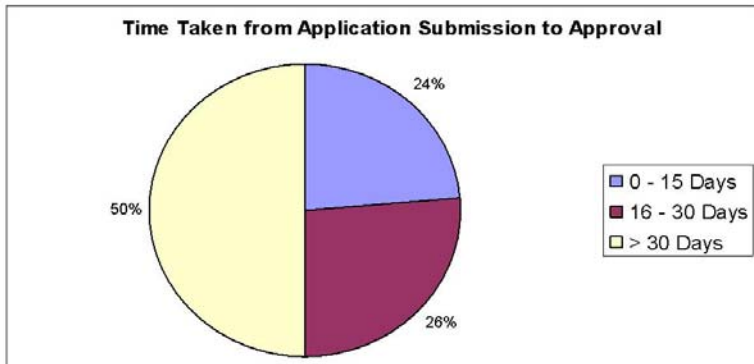
**Geographical Distribution of Patient- Families**



**Primary Spoken Language of Patient-Families**



**Time Taken for Application Approval**



**Benefit Amounts**

Range of Food Stamp benefits awarded: \$10-\$621 per month

Total amount of benefits received by FSA Clinic patient families: \$11,857 per month

\*For cases in which a factor is unknown or unavailable, that case has been removed from the statistical analysis of that particular factor.

## **Works Consulted**

Children's Sentinel Nutrition Assessment Program

<http://dcc2.bumc.bu.edu/csnappublic/home.html>

Commonwealth of Massachusetts (website)

<http://www.mass.gov>

Food Research and Action Center

[www.FRAC.org](http://www.FRAC.org)

Medical News Today

<http://www.medicalnewstoday.com/medicalnews.php?newsid=35374&nfid=rssfeeds>

United States Department of Agriculture

<http://www.ers.usda.gov>