Online Appendix to The Effect of Food Stamps on Children's Health: Evidence from Immigrants' Changing Eligibility

1   Food Stamp Program Details

In order to be eligible for Food Stamps, families with children must meet several income and asset tests. First, families' "gross income" must be below 130% of the poverty line. Not all income is counted as gross income. The major components of gross income are earnings, cash income from other safety net programs (e.g. TANF, Unemployment Insurance, Social Security) and child support. The second income test is on "net income", which is gross income minus deductions, and net income must be below 100% of the poverty line to be eligible. There is a standard deduction, as well as a deduction for earnings, child care expenses, medical expenses, child support payments, and excess shelter costs (high rent and utility payments). During the late 1990s and early 2000s most states also had an asset test as part of their eligibility requirements.[1] Alternatively, families are eligible if they received AFDC/TANF benefits, SSI payments, or General Assistance benefits, although these programs often had income eligibility thresholds below the Food Stamp thresholds. Able-bodied adults without dependents (essentially non-disabled working-age adults without children) were subject to new, stricter limits on their eligibility as the result of welfare reform in 1996, however these changes are not likely to play a large role in my context, as I focus on families with children.

For families that are eligible, family-level benefit amounts are calculated as follows: families receive the maximum benefit amount minus 30% of the families' "net income" (under the assumption the family spends 30% of its income on food):

Benefit Amount = Max Benefit(Number Eligible in Family) - .30*[Family Income]

The maximum benefit amount is determined by the Department of Agriculture's Thrifty Food Plan, which is designed to provide adequate nutrition at minimal cost, is indexed to inflation, and varies with family size. Online Appendix Table (B.8) shows the maximum monthly benefit amount for families based on their size in fiscal year 1998. These amounts are the same in the continental U.S. and are slightly different in Alaska and Hawaii.

There were two minor cuts to the program in recent years, as discussed in the Introduction. In 2013, Congress allowed the benefit increase from the American Recovery and Reinvestment Act of 2009 to expire (Dean and Rosenbaum, 2013). In 2014, Congress eliminated the "heat and eat loophole" (Chokshi, 2014), which is a procedure by which states give households with no heating bill (e.g. many renters) Low-Income Home Energy Assistance that allows them to receive slightly larger Food Stamp benefit amounts.

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[1]This information is from Wilde (2001) and The Center on Budget and Policy Priorities (2013).

2 Other Data Information

2.1 State-Year Control Variables

Changes in economic conditions and other safety net programs are important to control for in the analysis as they may affect children's outcomes (Currie and Gruber, 1996; Dehejia and Lleras-Muney, 2004; Bitler, Gelbach and Hoynes, 2006; Hoynes, Miller and Simon, 2015). Therefore, I merge on to the NHIS and ASEC information about states' unemployment rates, whether the state "filled-in" other programs for immigrants who entered the U.S. after 1996, whether the state had an EITC or SCHIP program, the timing of welfare reform or waivers in each state, maximum welfare benefits, other state Food Stamp policies, and income eligibility cutoffs for Medicaid and SCHIP for children by state. The unemployment rates are from the Bureau of Labor Statistics. The EITC information is from the NBER TAXSIM. Dates of welfare reform and waivers are from Bitler, Gelbach and Hoynes (2006) and maximum welfare benefits are from Robert Moffitt. Information on other Food Stamp program changes–the frequency with which applications must be re-certified, whether in-person applications or re-certifications are required, state spending on outreach, broad based categorical eligibility, vehicle asset rules, and whether benefits are issued on debit cards–are from the USDA's SNAP Policy Database. This database only contains information beginning in 1996, so I assume the policies were the same prior to 1996 as they were in 1996. The SCHIP program start dates are from Rosenbach et al. (2001) and the Medicaid/SCHIP generosity measures come from Hoynes and Luttmer (2011), which I supplemented with information from the National Governor's Association.

Local attitudes regarding immigration may affect immigrants' program participation (Watson, 2014), so I follow Bronchetti (2014) and include two measures of state attitudes: 1) the fraction of individuals reporting they would like immigration decreased from the American National Election Studies (ANES), and 2) the number of deportation court cases per foreign-born individual from Transactional Records Access Clearinghouse (TRAC) Immigration Reports. The ANES only includes census region identifiers, so I assign the same values to all states within the same region. Additionally, the ANES information is only available in "even" years, so I linearly interpolate in the missing years.

The additional data used in Online Appendix Table (B.4) are expenditure data. The educational expenditure data are from Kids Count and the safety net program expenditure data is from the BEA Regional Economic Accounts.

2.2   Vital Statistics Data

For the analysis on infant health outcomes, I use the 2000-2007 Vital Statistics Natality Data from the National Center for Health Statistics. Public-use data from 2000-2004 contain state identifiers and I obtained a restricted-use version of the 2005-2007 data files that include state identifiers through an application to the National Association of Public Health Statistics and Information Systems (NAPHSIS).[2] This data contains information about the birth weight of each infant as well as their mothers' demographic information, including mothers' country of birth, for the universe of births in the United States. However, there are several important limitations of this data. First, the data does not contain any information about the year of entry of foreign-born mothers, making analysis of the policy changes harder because I cannot construct a sample of "treated immigrants". This will result in more mothers in the "treatment group" actually remaining eligible for Food Stamps, compared to the analysis with the ASEC and NHIS. Moreover, I cannot drop from the sample immigrants who were subject to restrictions on eligibility for other safety net programs. To circumvent this latter issue, I focus only on births between 2000 and 2007, to capture the effects of the restoration of eligibility resulting from the 2002 Farm Bill, but to avoid picking up effects of welfare reform more generally. The second disadvantage is that I do not observe fathers' place of birth, or year of entry for foreign-born fathers. Finally, over my sample period, mother's education is not uniformly reported in the data, so I do not condition my sample on mother's educational attainment. I collapse the data to the month-year of birth, state of birth, and mothers' country of birth level for ease of computation, and weight by the number of births in each cell. I use equation (2) to estimate the effects in which, instead of indexing by year of observation, I index by the year and month of birth.

2.3   CPS Food Security Supplement

To examine the effect of Food Stamps eligibility on food consumption I utilize the Food Security Supplement to the CPS from 2001 to 2007, which contains the same demographic information as the ASEC. This supplement was conducted in earlier years as well, but I restrict the sample to begin in 2001, in order to have a consistent measure of total food consumption in each year. In these years, the survey collects information about the household's expenditures on food consumed at home, food consumed away from the home, and purchases

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[2]Specifically, the data are the Natality–Limited Geography files for 2005-2007 originally from the National Center for Health Statistics and compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

made with Food Stamps in the prior week. I sum these components to get a measure of the log of weekly total food consumption in the past week including purchases made with Food Stamps. I focus on all families with U.S.-born children under age 17, to maximize sample size. The unit of observation in this analysis is the mother. I use equation (2) to estimate the effects and I control for fixed effects indicating the number of children and number of other family members to flexibly control for food needs as suggested by Currie (2003).

3   Treatment on the Treated

It is possible to transform the Intent to Treat (ITT) estimates of parents' eligibility discussed in the main text, to the Treatment on the Treated (TOT) effect, using the estimates from the ASEC. However, there are number of potential limitations to this. First, the ASEC estimates are likely to underestimate the true effect, because Food Stamp receipt is underreported in the ASEC; only about 60% of families in my sample that participate in Food Stamps report receiving benefits (Meyer, Mok and Sullivan, 2009).[3] If the underreporting is random, measurement error will cause smaller estimates of the effect on Food Stamp benefit amount received than the true effect, which will cause an overestimate of the true TOT effect on health (Stephens and Unayama, 2015). Second, it is not possible to identify pregnant women in the ASEC, who participate in the Food Stamp program at very high rates (Yelowitz, 2002), and therefore may have experienced large changes in participation, which would cause an underestimate of the effect on takeup. Finally, there may be differential measurement error in the year of entry variable across the ASEC and NHIS data sets, because the NHIS is observed in later years (1998-2015) than the ASEC (1995-2007). This would cause the samples in the two data sets to be slightly different. For example, almost 50% of migrants with multiple trips between the U.S. and their country of birth report the year of their most recent trip to the U.S. as their year of entry to the U.S. (Redstone and Massey, 2004). So, if the identical individual was surveyed in both data sets, they could report different years of entry across the two data sets, if they had a trip between the time of the ASEC survey and NHIS survey. To get a sense of the potential magnitude of this issue, I calculated the correlation of the size of the estimated population of immigrants by year of entry in the ASEC and NHIS and it is very high–about 0.90–so this is unlikely to be a major issue.

With these caveats in mind, I next discuss how to calculate the TOT effect. First, I start with the estimated change in dollars of benefits received from the ASEC analysis: $185

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[3]Immigrants are more likely to underreport Food Stamp participation than citizens (Meyer and Goerge, 2011).

(2009$s). Dividing the estimated effect by the under-reporting of 0.60 indicates an increase in benefit receipt of $308. Given this adjusted estimate, for each $1000 increase in benefits received, the likelihood of children being reported in "Poor", "Fair", or "Good" health is reduced by 5.5 percentage points. This effect is large, a roughly 17% increase relative to the mean of children with no Food Stamp exposure. Although, a final caveat to bear in mind is that this calculation relies on the combination of point estimates and ignores the imprecision of these estimates.

4   Economic Significance Calculation

For each age (-1 to 4) I calculate the present discounted value of the future benefits at ages 6-16. For example, I calculate the present discounted value of an additional year of access to Food Stamps at age 2 on changes in parent-reported health at ages 6-16 and then I sum the effects at ages 6-16. Then I take the average of these estimates for each age of the changes in eligibility (-1 to 4) to obtain an estimate of the present discounted value of the benefits of one year of early-life access on health outcomes at ages 6-16. Alternatively, I could use estimates of the costs of the specific developmental health conditions analyzed in Appendix Table A.1. For example, autism is associated with an increase in health care costs of $2895 for children per year (Lavelle et al., 2014), implying a similar size reduction in costs as calculated above for overall health. However, as some of these costs may be captured in the estimated effect on "Poor", "Fair", or "Good" health, I take the estimate on this latter outcome as my summary measure of total "benefits" of parental Food Stamp eligibility due to changes in medium-run health.

5   Comparison of Food Stamp Program Participation Results with the Previous Literature

As described above, I find no effect of Food Stamp eligibility on participation in programs besides Food Stamps. This appears contradictory to some of the findings from the previous literature, which documented that immigrant participation for many programs declined following welfare reform. However, there are several differences between my study and this literature that explain the discrepancy, described below.

Overall, the previous literature argues that a harsh policy climate after welfare reform led to declines in participation, above and beyond changes in participation due to changes

in eligibility rules. One of the pioneering papers documenting this "chilling effect" compares mean participation rates of all immigrants to all natives, and of citizens to non-citizens, over time (Fix and Passel, 1999). These large declines caused some researchers to conclude that chilling effects–fear of participation affecting immigration status or confusion about the eligibility rules–rather than just changes in eligibility, were driving the declines in participation. However, there are several reasons these unadjusted participation rates may not be the best way to compare immigrants and natives. First, natives and immigrants live in different states: immigrants are more concentrated than natives in very few states (along the southern border of the U.S., as well as New York and several other East Coast states). Therefore, it may be important to control for state fixed effects to take account of differential patterns in participation occurring across different states. Second, the demographics of these two sets of families are different, as shown in Table (B.9). Mothers in immigrant families have less education, more children, are younger, and are more likely to be poor than native mothers, so it is important to control for observable characteristics of these families as well. Indeed, Haider et al. (2004) find state fixed effects, demographic controls, and controls for state economic conditions explain much of the differential decline in program participation among immigrants relative to natives after welfare reform. Once demographic characteristics and state economic conditions were accounted for, the differential decline among immigrants relative to natives fell to zero for all programs except Food Stamps.

The other major difference between my analysis and the previous literature is the policy variation utilized; I use the variation in Food Stamp eligibility across states and over time for treated immigrants only, whereas most of the chilling effect literature looks at changes in participation for *all* immigrants *nationally* before and after welfare reform.[4] Therefore, the findings in these other papers may not be directly applicable to my setting. However, if there was a fall in participation nationally in programs besides Food Stamps for treated immigrants following welfare reform, I will not pick this up with the state by year identification strategy.

I therefore conduct my own analysis of the chilling effect that accounts for all of the issues described above. I restrict the sample to families in which the parents are treated immigrants or natives, and where the mother has a high school education or less, with children born in the U.S., to reflect the sample choices made in the main analysis. I find in Table (B.10) that accounting for differences in demographics between immigrants and

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[4]Other differences include: 1) not restricting the sample to low-income or low-education households (Borjas, 2003), and 2) separating naturalized citizen families from legal permanent resident families (Kandula et al., 2004).

natives explains most of the differential decline in program participation among treated immigrants, relative to natives, following welfare reform. After accounting for differential demographics and state of residence, there is no difference in the change in participation in Medicaid/SCHIP between immigrants and natives.[5] There is a marginally significant differential decrease in AFDC/TANF participation, and a significant differential decrease in participation in SSI, however the fraction of families that participate in SSI is small, so this is unlikely to drive the estimated effects in my main analysis. Additionally, there is a differential *increase* in participation in Free and Reduced Price Lunch, but this would cause my estimated effects to be smaller in the main analysis, if participation in these programs improves children's health. Importantly, even after controlling for all of these factors, the effect on Food Stamp participation remains.
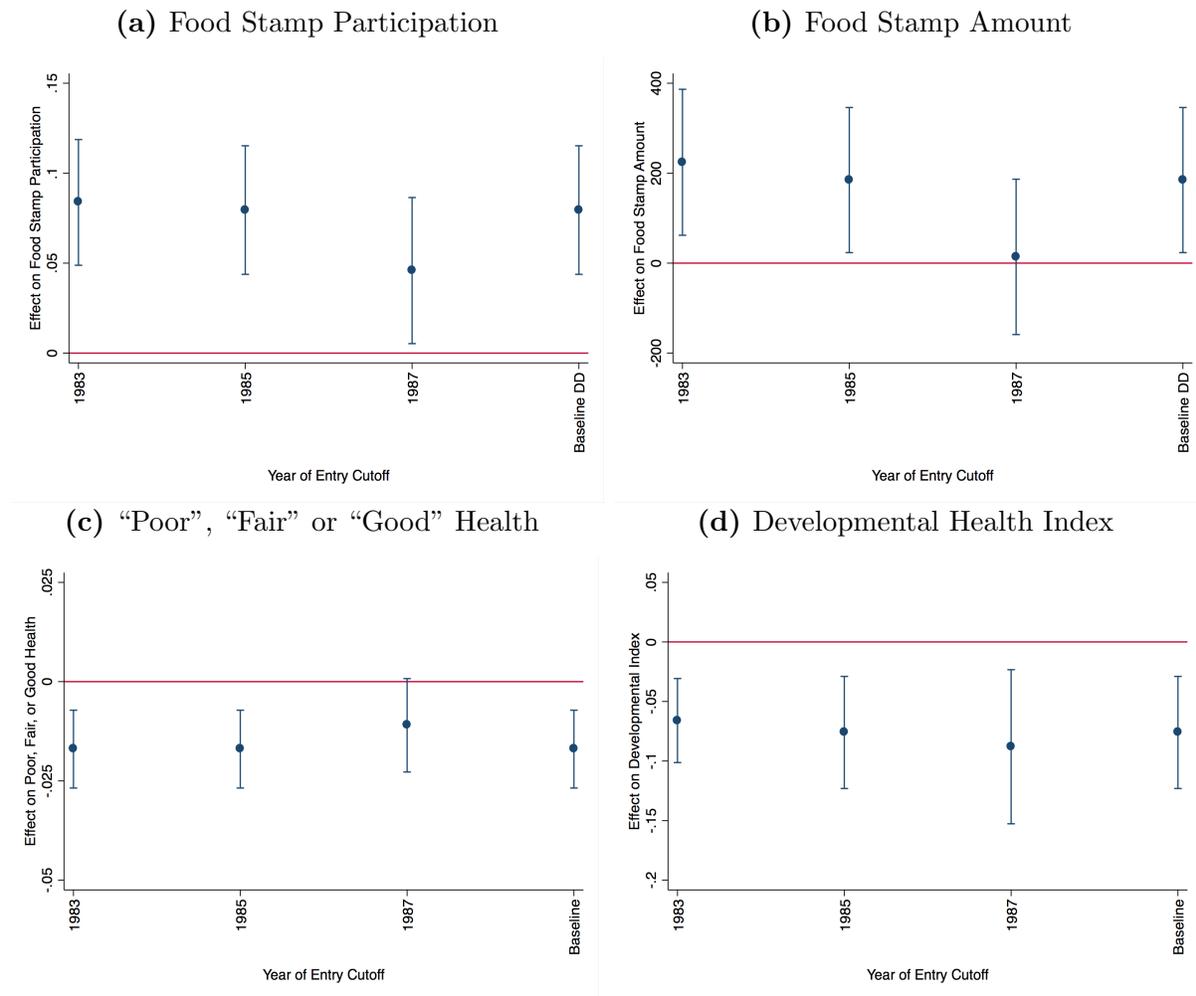
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[5]This is similar to the findings in Borjas (1999), which suggest observable characteristics between immigrants and native explain much of the difference in their safety net program participation.

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Figure B.1: Robustness to Alternative Year of Entry Cutoffs

(a) Food Stamp Participation

(b) Food Stamp Amount

(c) "Poor", "Fair" or "Good" Health

(d) Developmental Health Index

Notes: Data in Panels A and B are from the 1995-2007 Annual Social and Economic Supplement to the CPS. The sample includes children born in the U.S. in 1989-2005 and between the ages of 0 and 4, whose mothers have a high school education or less. Children of treated immigrants defined as those whose parents were born outside of the U.S. and who immigrated between 1985 and 1996. The results are weighted using the CPS-provided weights. Data in Panels C and D are from the 1998-2015 National Health Interview Survey. The sample includes children born in the U.S. in 1989-2005 and between the ages of 6 and 16, whose mothers have a high school education or less. Children of treated immigrants defined as those whose parents were born outside of the U.S. and who immigrated between 1985 and 1996. The results are weighted using the NHIS-provided weights. The "baseline" estimate uses the 1985 cutoff as does the "1985" estimate in the Figure. The other estimates show the point estimate and confidence interval for alternative choices for the 1985 year of entry cutoff.

Table B.1: Correlation of State Political Party in 1996 with Whether the State is Fill-In State

	(1)	(2)	(3)	(4)
Governor Republican	0.076	0.076	0.169	0.169
	(0.104)	(0.103)	(0.162)	(0.160)
Governor Independent	0.889***		0.900***	
	(0.076)		(0.081)	
Mean Y	0.18	0.16	0.23	0.22
Population Weights			X	X
Omit Maine		X		X
N	51	50	51	50

Notes: Data are from Wikipedia and Dave Leip's Atlas of U.S. Presidential Elections for the results of elections from 1992-1996. The dependent variable is a dummy variable equal to one if the state enacted a Food Stamp fill-in program. Having an independent governor appears to be correlated with the likelihood of being a Fill-In state however only Maine had an independent governor in 1996 and was also a Fill-In state. The weighted results use the state population in 1996. Standard errors are clustered by state and shown in parentheses. * p<0.10, ** p<0.05, *** p<0.01.

Table B.2: Correlation of State Demographic Characteristics in 1990 with Whether the State is Fill-In State

	(1)	(2)
Frac of Adults with More HS	0.007	0.004
	(0.011)	(0.013)
Frac of Pop Black	-0.007	-0.017**
	(0.005)	(0.007)
Frac of Adults Foreign-Born	-0.068	-0.069*
	(0.040)	(0.037)
Frac Foreign-Born Adults with More HS	-0.003	0.008
	(0.008)	(0.008)
Frac of Pop Age<= 16	-0.064	-0.060
	(0.054)	(0.081)
Frac of Pop Age> 65	0.025	-0.007
	(0.046)	(0.041)
Frac of Kids Foreign-Born	0.180	0.225**
	(0.107)	(0.089)
Frac of Pop Age<= 5	0.104	0.145
	(0.186)	(0.278)
Population Weight		X
N	51	51

Notes: Data are from the 1990 1% Census. The dependent variable is a dummy variable equal to one if the state enacted a Food Stamp fill-in program. The adult population is defined as those aged 25 to 62 and the child population is defined as those aged 0 to 16. The weighted results use the state population in 1990. Standard errors are clustered by state and shown in parentheses. * p<0.10, ** p<0.05, *** p<0.01.

Table B.3: Correlation of State Attitude Towards Immigrants in 1996 with Whether the State is Fill-In State

	(1)	(2)
Fraction Foreign-Born Deported	0.024	0.025
	(0.072)	(0.101)
Fraction Population Want Immigration Decreased	-0.038	0.064
	(0.038)	(0.060)
Mean Y	0.18	0.23
Population Weights		X
N	51	51

Notes: Data are from the 1996 American National Election Study and the TRAC database for 1996. See Online Appendix for more detailed description. The dependent variable is a dummy variable equal to one if the state enacted a Food Stamp fill-in program. The weighted results use the state population in 1996. Standard errors are clustered by state and shown in parentheses. * p<0.10, ** p<0.05, *** p<0.01.

Table B.4: Correlation of State Fill-In Programs with Time-Varying Characteristics

	Spend Sch	Spend Med	Spend Welf	Spend SSI	Max Welf	Urate	Wheth EITC	Med Expand	Med Gen 0	Med Gen 6
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Eligibility	184.78	0.01	-0.00	-0.00	8.82	-0.29*	-0.02	-0.05	23.28*	10.76
	(165.71)	(0.02)	(0.00)	(0.00)	(10.52)	(0.15)	(0.05)	(0.05)	(13.86)	(7.83)
Mean Y	8974.29	0.95	0.08	0.14	411.60	5.09	0.24	0.73	195.73	198.14
N	557	714	714	714	714	714	714	714	714	714

Notes: Data sources are described in the Online Appendix. All spending is per person except for school which is per pupil and all dollar amounts are in 2009 $s. "Med Expand" indicates the timing of the state's Medicaid/SCHIP expansion after SCHIP was created in 1997, and the other measures of Medicaid and SCHIP generosity are expressed as a percentage of the poverty line. The regressions include state and year fixed effects. The results weighted with the state population. Standard errors are clustered by state and shown in parentheses. * p<0.10, ** p<0.05, *** p<0.01

Table B.5: Health Outcomes and Parent-Reported Poor/Fair/Good Health

	Children of Treated Immigrants		Children of Natives	
	Mean X	"Poor", "Fair", "Good"	Mean X	"Poor", "Fair", "Good"
Overall Health				
Overnight Hospitalizations	0.01	0.267***	0.02	0.251***
		(0.0518)		(0.0192)
Number of School Days Missed	2.5	0.008***	4.0	0.008***
		(0.002)		(0.001)
Chronic School Absence	0.02	0.120*	0.04	0.252***
		(0.069)		(0.020)
Two or More Doctor Visits	0.51	0.091***	0.61	0.083***
		(0.019)		(0.007)
Health Conditions				
Diabetes	0.00	-0.068	0.00	0.434***
		(0.250)		(0.076)
Frequent Diarrhea	0.01	0.120	0.01	0.229***
		(0.103)		(0.036)
Mental Retardation	0.01	0.585***	0.01	0.367***
		(0.067)		(0.038)
Developmental Delay	0.02	0.387***	0.05	0.239***
		(0.074)		(0.021)
ADD/ADHD	0.03	0.236***	0.11	0.158***
		(0.058)		(0.013)
Autism	0.01	0.473***	0.01	0.309***
		(0.153)		(0.044)
Learning Disability	0.06	0.291***	0.12	0.210***
		(0.044)		(0.013)
Health Indexes				
Physical Health Index	-0.03	0.012	0.05	0.017***
		(0.015)		(0.002)
Developmental Index	0.04	0.065***	0.51	0.042***
		(0.009)		(0.002)
Mental Health Index	-0.04	0.043***	-0.22	0.032***
		(0.012)		(0.005)

Notes: Data from the 1998-2015 NHIS. The sample includes children of treated immigrants and children of natives born in the U.S. in 1989-2005 and between the ages of 6 and 16, whose mothers have a high school education or less. Children of treated immigrants defined as those whose parents were born outside of the U.S. and who report arriving in the U.S. to stay between 1985 and 1996. Children of natives defined as those whose parents were born in the U.S.. The equation estimated is $Y_i = \alpha + \gamma_1 X_i + \gamma_2 Z_i + \epsilon_i$ where X_i is the health outcome listed in each row and Y_i is an indicator variable of whether the child is reported to be in "Poor", "Fair", or "Good" health. The first column for each sample shows the mean incidence of each health outcome in that sample and the second column shows the coefficient γ_1 and associated standard error. The model includes controls for demographic characteristics in Z_i: child's age, gender, race/ethnicity, and number of siblings, as well as mother's education, years lived in the U.S., and age at childbirth. The results are weighted using the NHIS-provided weights. Standard errors are shown in parentheses. * p<0.10, ** p<0.05, *** p<0.01.

Table B.6: Effect of Parents' Eligibility on Amount of Food Stamps Received Among Participants and on Participation in Other Programs

	FS Participation	FS Benefit Amt Among Participants	SSI Participation	TANF/AFDC Participation	Medicaid/SCHIP Participation	School Lunch Participation
T.I. Elig	0.080***	-332.535	-0.000	0.007	0.010	-0.003
	(0.018)	(264.328)	(0.009)	(0.020)	(0.047)	(0.022)
Mean Y	0.25	2973.16	0.02	0.14	0.52	0.44
N	5949	1403	5949	5949	5949	5949

Notes: Data are from the 1995-2007 Annual Social and Economic Supplement to the CPS. The sample includes children born in the U.S. in 1989-2005 and between the ages of 0 and 4, whose parents are treated immigrants and whose mothers have a high school education or less. Treated immigrants defined as those born outside of the U.S. and who report arriving in the U.S. to stay between 1985 and 1996. All regressions include state and year fixed effects, and controls for demographic characteristics (child's age, gender, race/ethnicity, and number of siblings, as well as mother's education, years lived in the U.S., and age at childbirth). The models include controls for the state unemployment rate and Medicaid/SCHIP generosity at the time of the survey. The results are weighted using the CPS-provided weights. Standard errors are clustered by state and shown in parentheses. * p<0.10, ** p<0.05, *** p<0.01

Table B.7: Effect of Food Stamp Eligibility on Fertility, Migration, and Citizenship

	Fertility	Migration		Citizenship	
	Number of Children	# Treat Immig	% Treat Immig	Mother	Father
T.I. Elig	-0.017	-0.553	-0.010	-0.013	0.018
	(0.041)	(1.115)	(0.008)	(0.021)	(0.021)
Mean Y	1.81	15.56	0.09	0.17	0.21
N	10542	535	535	8222	6090

Notes: Data are from the 1995-2007 Annual Social and Economic Supplement to the CPS. In the first column the sample is treated immigrant women aged 16 to 45 with a high school education or less and the dependent variable is the number of children in the household. In the second and third columns, the sample is treated immigrant mothers aged 16 to 55 who have children under age 16 that were born in the U.S., collapsed to the state and year level and the dependent variables are the number of treated immigrant families in each state and year, and the number of these families, divided by the number of native families in each state and year, respectively. In the fourth and fifth columns, the sample is treated immigrant parents aged 16 to 55 who have children under age 16 that were born in the U.S. and the dependent variables are whether the mother or father is a naturalized citizen, respectively. Treated immigrants defined as those born outside of the U.S. and who report arriving in the U.S. to stay between 1985 and 1996. The regressions include state and year fixed effects. The first column controls for women's age, race/ethnicity, year of immigration and education. The fourth and fifth columns control for women's age, race/ethnicity, year of immigration, number of kids, and education. The results are weighted using the CPS-provided weights. Standard errors are clustered by state and shown in parentheses. * p<0.10, ** p<0.05, *** p<0.01

Table B.8: Maximum Food Stamp Benefit in Continental United States in Fiscal Year 1998

Household Size	Benefit Amount
1	$122
2	$224
3	$321
4	$408
5	$485
6	$582
7	$643
8	$735
Each Add'l Member	$92

Notes: Maximum benefit amounts from USDA "CHARACTERISTICS OF FOOD STAMP HOUSEHOLDS FISCAL YEAR 1998". Values are slightly different for Alaska and Hawaii.

Table B.9: Pre-existing Differences in Demographics

	Immigrants	Natives
Food Stamp Participation	0.36	0.22
Married	0.73	0.72
Number of Kids	2.2	1.9
Number of US-Born Kids	1.6	1.9
Number of Elders (65+)	0.03	0.01
Less High School	0.71	0.21
Below Poverty Line	0.53	0.23
Age	30	35

Notes: Data are from the 1995-1996 Annual Social and Economic Supplement to the CPS. Sample is treated immigrant and native mothers who have children under age 16 that were born in the U.S.. Treated immigrants defined as those born outside of the U.S. and who report arriving in the U.S. to stay between 1985 and 1996. The results are weighted using the CPS-provided weights.

Table B.10: Effect of Welfare Reform on Program Participation

	1995-2007				
	Food Stamps	SSI	AFDC/TANF	Med/SCHIP	Free Lunch
A: No Controls					
Post*Immig	-0.151***	-0.024***	-0.088***	-0.098***	0.082***
	(0.023)	(0.006)	(0.022)	(0.026)	(0.018)
Mean Y	0.20	0.05	0.10	0.31	0.30
N	99337	99337	99337	99337	99337
B: Demographic Controls					
Post*Immig	-0.074***	-0.019***	-0.037**	-0.010	0.085***
	(0.021)	(0.006)	(0.017)	(0.020)	(0.018)
Mean Y	0.20	0.05	0.10	0.31	0.30
N	98790	98790	98790	98790	98790
C: Demographics, State FE					
Post*Immig	-0.073***	-0.018***	-0.032*	-0.007	0.083***
	(0.021)	(0.006)	(0.016)	(0.021)	(0.017)
Mean Y	0.20	0.05	0.10	0.31	0.30
N	98790	98790	98790	98790	98790

Notes: Data are from the 1995-2007 Annual Social and Economic Supplement to the CPS. Sample is mothers who have a high school education or less and who have children that were born in the US and are under age 17. Post is equal to one in 1997 and after. All regressions include survey year fixed effects. Demographic controls include: age and marital status of mother, number of children, number of elderly, number of family members, and race/ethnicity. Standard errors are clustered by state and shown in parentheses. The results are weighted using the CPS-provided weights. * $p<0.10$, ** $p<0.05$, *** $p<0.01$