

CHILDREN IN LOW-INCOME IMMIGRANT FAMILIES

Efforts to Promote Children's Economic Security Must Address Needs of Hard-Working Immigrant Families

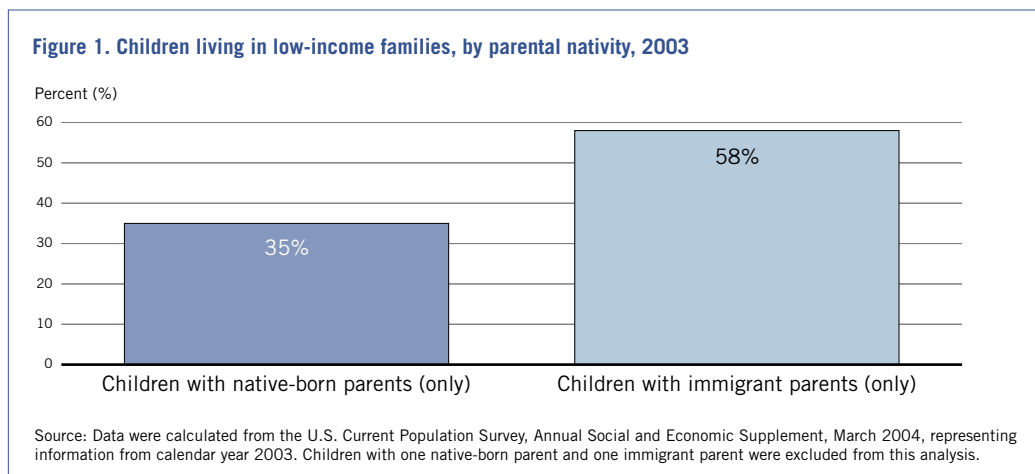
OCTOBER 2005

Overview

More than 26 percent of all low-income children in the United States live in immigrant families.¹ These children are more likely to experience hardships than children with native-born parents, but they are less likely to benefit from government programs that could assist them and their families. Both federal and state policies play important roles in determining immigrant families' access to key public benefits, impacting the economic security of millions of America's children.

Children are More Likely to be Low Income if Their Parents are Immigrants

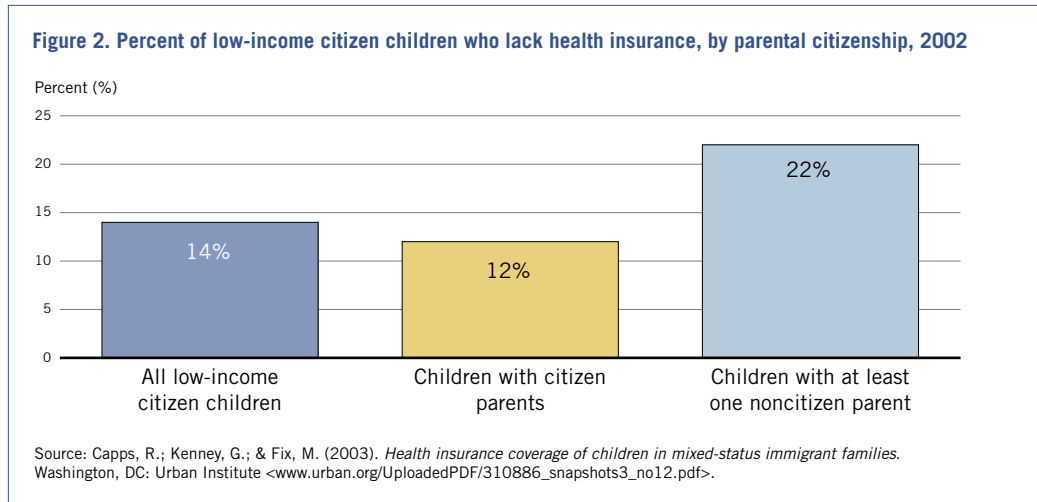
- Children with foreign-born parents are far more likely to live in low-income families than children with native-born parents (see Figure 1).
- Most children of immigrants live in “mixed status” families, in which the children are U.S. citizens, but the parents are noncitizens.²
- About one-quarter of children in immigrant families have undocumented immigrant parents. A third of these children are themselves undocumented.³



Despite High Levels of Employment, Many Immigrant Families Can't Make Ends Meet

- Virtually all children of immigrants have a parent who works—72 percent have a parent who works full-time, year-round⁴—but their parents are more likely than native-born workers to receive low wages and less likely to receive employer-provided benefits.⁵

- Despite their parents' high employment rates, children in low-income immigrant families face higher rates of food insecurity and other hardships than children with native-born parents; they are also less likely to receive food stamps or Temporary Assistance for Needy Families (TANF) cash assistance.⁶
- Even *citizen* children in low-income families are nearly twice as likely to lack health insurance if their parents are noncitizens rather than citizens. They have much less access to employer-based health insurance and are only slightly more likely to receive public coverage.⁷



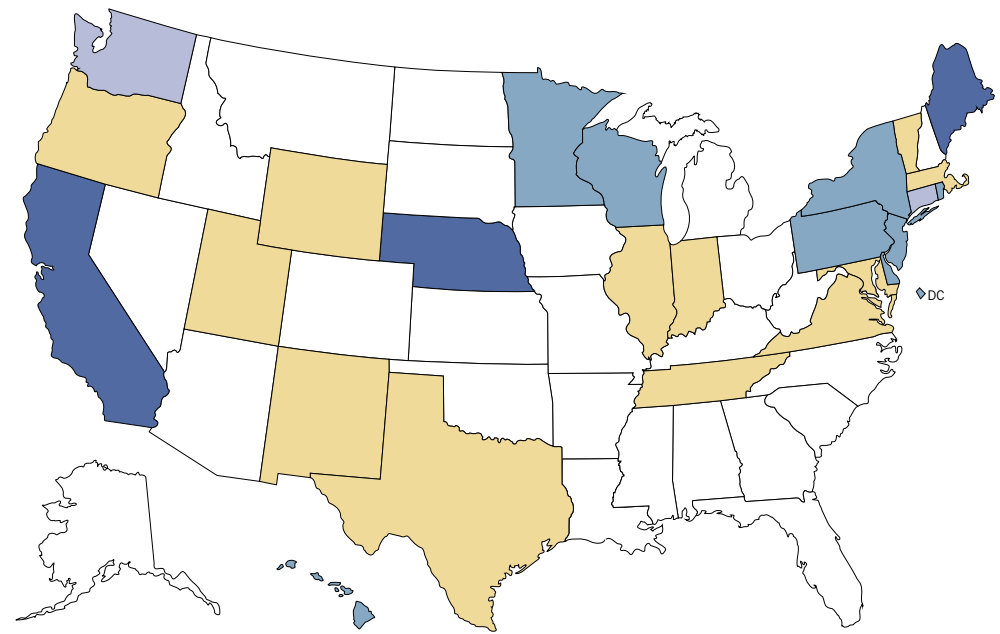
Federal Policies Have Decreased Immigrants' Access to Vital Supports

- In 1996, new welfare legislation made many lawful permanent residents (LPRs)—i.e., immigrants with “green cards”—ineligible for federal income and employment supports.
 - Most LPRs are excluded from key federal benefits—food stamps, TANF cash assistance, Supplemental Security Income (SSI), and public health insurance—for at least 5 years.⁸
 - Many are excluded even longer by requirements that benefit determinations consider the income and resources both of the immigrant and of the person who supported the immigrant's immigration application.⁹
- Federal policies over the past decade also have contributed to low benefit take-up rates among *eligible* immigrants, including citizen children living with noncitizen parents.
- Many immigrants are discouraged from applying for benefits because of complex eligibility rules or fear that applying for public benefits could jeopardize their immigration status or the status of their family members.

But Access to Supports Varies Considerably by State¹⁰

- States' role in determining immigrants' eligibility for public benefits grew significantly in the wake of the 1996 federal changes that excluded many legal immigrants¹¹ from *federal* benefits.
- About half of the states use state funds to replace one or more key public benefits for legal immigrants barred from such assistance under federal rules (see Figure 3).
- While state-funded benefits are generally reserved for legal immigrants, five states extend public health insurance coverage to children regardless of their immigration status.
- The six states that are home to nearly 70 percent of children of immigrants—California, Florida, Illinois, New Jersey, New York, and Texas¹²—have taken very different approaches:

Figure 3. State replacement programs for five key public benefits



- 5 programs (3)—Food stamps, TANF cash assistance, SSI, public health insurance for children, and public health insurance for parents: CA, ME, NE
- 4 programs (2)—Food stamps, TANF cash assistance, public health insurance for children, and public health insurance for parents: CT, WA*
- 2-3 programs (9)—TANF cash assistance, SSI, public health insurance for children: HI; TANF cash assistance, public health insurance for children, and public health insurance for parents: MN,* NY, PA; Food stamps and TANF cash assistance: WI; TANF cash assistance and public health insurance for children: RI; Public health insurance for children and for parents: DC,* DE,* NJ
- 1 program (12)—TANF cash assistance: MD, NM, OR, TN, UT, VT, WY; Public health insurance for children: IL, IN, MA, TX, VA
- 0 programs (25)—AK, AL, AR, AZ, CO, FL, GA, IA, ID, KS, KY, LA, MI, MO, MS, MT, NC, ND, NH, NV, OH, OK, SC, SD, WV

* State-specific notes
 State programs are counted in this map only if they are generally open to all legal immigrants not eligible for federally-funded benefits based on their immigration status. Eligibility, however, may be affected by deeming and other requirements (e.g., recipients may be required to pursue citizenship), and in some cases benefits may be more limited than those provided in federal programs.
 DC Public health insurance for parents provides only preventive care, and enrollment is capped for both children and parents.
 DE Public health insurance coverage for immigrant children and parents is subject to availability of funds.
 MN Legal immigrants may receive state-funded food stamps if they also receive TANF or are at least 50 years old.
 WA Public health insurance program for both children and parents provides limited benefits with cost-sharing, and enrollment is capped. (As of January 2006, a new program will provide full Medicaid services to immigrant children in families with income below the federal poverty level, but enrollment will be capped.)

Source: National Immigration Law Center. (2002). *Guide to immigrant eligibility for federal programs, 4th ed.* Washington, DC: National Immigration Law Center, with updates from Update Page <www.nilc.org/pubs/Guide_update.htm> (accessed September 23, 2005).
 Fremstad, S. & Cox, L. (2004). *Covering new Americans: A review of federal and state policies related to immigrants' eligibility and access to publicly funded health insurance.* Washington, DC: Kaiser Commission on Medicaid and the Uninsured.
 Date of data: Food stamps, TANF cash assistance: 2004, with some updates in 2005; SSI, Public health insurance for children and for parents: 2005

- California is one of three states that offer state-funded replacement programs for food stamps, TANF cash assistance, SSI, public health insurance for children, and public health insurance for parents.
- In Florida, none of these programs are available.
- The states with the fastest growing foreign-born populations are Arkansas, Georgia, Nevada, and North Carolina.¹³ None of these “new immigration” states offer any state-funded replacement programs for the five public benefits discussed above.

Policymakers Can Take Steps to Better Meet Children's Needs

Public benefits such as food stamps and public health insurance can mitigate the hardships that so many children of immigrants face. Measures that would increase access to these supports for children in low-income immigrant families include:

- Fully restore legal immigrants' access to benefits on the same basis as citizens.
- Increase access to benefits for eligible children in immigrant families. For example, take steps to ensure that ineligible parents can access benefits for their (eligible) children without fear of jeopardizing their own status in the United States.
- Address the needs of undocumented immigrant children—and of citizen children with undocumented parents—by granting undocumented children access to public health insurance and other key public benefits and by increasing opportunities for undocumented immigrants to gain legal status for themselves and their children.

Endnotes

This fact sheet is part of the National Center for Children in Poverty's Series "Children in Low-Income Immigrant Families." For more in-depth information, see: Dinan, K. A. (2005). Federal Policies Restrict Immigrant Children's Access to Key Public Benefits. New York, NY: National Center for Children in Poverty, Columbia University Mailman School of Public Health; and Dinan, K. A. (2005). State Policies Can Promote Immigrant Children's Economic Security. New York, NY: National Center for Children in Poverty, Columbia University Mailman School of Public Health, at www.nccp.org.

1. Capps, R.; Fix, M.; & Reardon-Anderson, J. (2003). *Children of immigrants show slight reductions in poverty, hardship*. Washington, DC: Urban Institute <www.urban.org/UploadedPDF/310887_snapshots3_no13.pdf>.
2. Capps, R.; Kenney, G.; & Fix, M. (2003). *Health insurance coverage of children in mixed-status immigrant families*. Washington, DC: Urban Institute <www.urban.org/UploadedPDF/310886_snapshots3_no12.pdf>.
3. An "undocumented immigrant" is someone who entered the country illegally or who entered through legal channels but then stayed past his or her visa expiration date or engaged in activities outside of his or her visa status, such as working on a tourist visa. See Passel, J. S. (2005). *Unauthorized migrants: Numbers & characteristics* (Background briefing prepared for Task Force on Immigration and America's Future). Washington, DC: Pew Hispanic Center, p. 18 <pewhispanic.org/files/reports/46.pdf>.
4. Hernandez, D. J. (2004). Demographic change and the life circumstances of immigrant families. *The Future of Children*, 14(2), pp. 42-43.
5. Capps, R.; Fix, M.; Henderson, E.; & Reardon-Anderson, J. (2005). *A profile of low-income working immigrant families*. Washington, DC: Urban Institute <www.urban.org/UploadedPDF/311206_B-67.pdf>; National Immigration Law Center. (2004). *Facts about immigrant workers*. Washington, DC: National Immigration Law Center <www.nilc.org/immsemplymnt/wrkfrc_dev/factsimmworkers_041504.pdf>.
6. Haskins, R.; Greenberg, M.; & Fremstad, S. (2004). Federal policy for immigrant children: Room for common ground? (Policy Brief). *The Future of Children*, 14(2), p. 2.
7. See Capps, Kenney, & Fix in endnote 2.
8. Certain categories of immigrants are exempt from the federal "5-year bar" on benefits; children are exempt from the 5-year bar on food stamps. For details, see National Immigration Law Center. (2002). *Guide to immigrant eligibility for federal programs, 4th ed.* Washington, DC: National Immigration Law Center; with updates from Update Page <www.nilc.org/pubs/Guide_update.htm> (accessed September 23, 2005).
9. These requirements—referred to as "sponsor-deeming"—remain in effect until an immigrant becomes a citizen or can claim 10 years of work in the United States. See: U.S. House of Representatives, Committee on Ways and Means. (2004). *Background material and data on programs within the jurisdiction of the Committee on Ways and Means*. Washington, DC: U.S. Government Printing Office, Appendix J, p. J-18 <waysandmeans.house.gov/Documents.asp?section=813>.
10. Unless otherwise indicated, data used in this section are from the following sources: (a) Data on replacement programs for food stamps, TANF cash assistance, and SSI are from National Immigration Law Center in endnote 8. Date of data: Food stamps and TANF cash assistance: 2004, with some updates in 2005; SSI: 2005. (b) Data on replacement health insurance programs are from Fremstad, S. & Cox, L. (2004). *Covering new Americans: A review of federal and state policies related to immigrants' eligibility and access to publicly funded health insurance*. Washington, DC: Kaiser Commission on Medicaid and the Uninsured <www.kff.org/medicaid/7214.cfm>; and National Immigration Law Center in endnote 8. Date of data: 2005.
11. Here and below, the term "legal immigrants" is used to refer to lawful permanent residents, refugees, and certain other narrow categories of immigrants.
12. NCCP analysis of data from the U.S. Current Population Survey, Annual Social and Economic Supplement, March 2002, 2003, and 2004, representing information from calendar years 2001, 2002, and 2003 (for more information, see NCCP's 50-State Demographics Wizard: www.nccp.org/wizard/wizard.cgi?action=B).
13. Migration Information Source, US in Focus, <www.migrationinformation.org/USfocus> (accessed September 23, 2005).