The Use of SSI and Other Welfare Programs by Immigrants
Testimony Immigrants before the House Committee on Ways and Means
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We would like to begin by summarizing several key points presented in this analysis:

1. Overall, immigrants use welfare at roughly the same rate as natives. However, immigrant use of welfare is concentrated among refugees and elderly immigrants.

2. High and rising immigrant use of Supplemental Security Income (SSI) benefits for the aged represent a significant public policy issue that calls for legislative attention.

3. Use of SSI among elderly immigrants is principally a substitute for receiving Social Security income and Medicare benefits.

4. Expanding deeming and making the affidavit of support enforceable represent the most flexible strategies for limiting immigrant use of public benefits, balancing the responsibility for support of needy immigrants between their families and the government.

5. Establishing the appropriate duration of deeming poses difficult policy problems:
   - Shorter deeming periods (e.g., five years) reflect current law, mirror the waiting period for naturalization, and do not exaggerate differences between the treatment of immigrants and natives by government.
   - Deeming to citizenship generates greater savings—depending on naturalization rates. But, it creates incentives to naturalize that respond to the availability of public benefits rather than allegiance to the country.
   - Deeming beyond citizenship (for life, or until the immigrant has worked 40 quarters in covered employment, e.g.) creates a pool of second-class citizens with full political rights, but limited economic rights.

6. Fraud in the SSI disability assistance program may be combatted by making trained, perhaps certified, interpreters available to state officials making eligibility determinations.

7. Analysis of rising immigrant receipt of SSI disability assistance indicates that the sources of increased use for immigrants are the same as those for natives. Thus, to the extent that fraud is not an issue, reform may be more effectively pursued within the area of disability policy than immigrant welfare policy.

General Patterns in Immigrant Welfare Use
The current proposals to restrict immigrant access to benefits, including SSI, are premised on the assumption that welfare use by immigrants is widespread, growing rapidly and concentrated among the undeserving. This assumption begs the question: Which immigrants use welfare and are their rates rising?

Overall, immigrants use welfare at slightly higher rates than is the case for natives. According to the March 1994 Current Population Survey (CPS), 6.6 percent of the foreign-born use AFDC, SSI or General Assistance, compared to 4.9 percent of natives. But, to understand immigrant use of welfare, it is critical to disaggregate the immigrant population in several ways: by immigration status, by age, by time of entry to the U.S., and by income level.

In the first place, poverty and benefits use are far more heavily concentrated among immigrants who are not citizens than among immigrants who have naturalized. This owes in large part to the two groups’ economic standing: 10 percent of naturalized citizens live in poverty versus 29 percent of non-citizen immigrants. Further, welfare use is concentrated among two groups of immigrants: elderly immigrants and refugees. Taken together, refugees and elderly immigrants make up 21 percent of immigrants, but account for 40
percent of all immigrant welfare users. Elderly immigrants represent 28 percent of the SSI recipients aged 65 and older but only 9 percent of the total elderly population. Refugees are also significantly more likely to use welfare than the rest of the immigrant population (13.1 percent versus 5.8 percent). This higher rate of use owes to the fact that refugees are thought to be fleeing persecution, have fewer economic or family ties in the United States than other immigrants, and often suffer physical and mental impairments. As a consequence, the Congress has exempted refugees from the public charge provision of immigration law and made them eligible for benefits upon arrival. In fact, there is substantial overlap between elderly and refugee benefits use as refugees account for 27 percent of immigrants over 65 who receive public benefits.

Welfare use among working-age immigrants (18-64) who did not enter as refugees is about the same as for natives (5.1 versus 5.3 percent). However, welfare use within this population appears to have risen in recent years as four years earlier their rate fell below that of natives (2.5 versus 3.7 percent). This rise may be attributable to the fact that the 2.6 million immigrants who legalized under IRCA have recently become eligible for benefits. Further, the immigrant population was especially hard-hit by the recession in the early 1990s, in part because such a large share lives in California. Another source of increased welfare use among working-age immigrants is rising immigrant receipt of SSI disability assistance (which we discuss below).

Looking beyond cash benefits, a 1995 Congressional Research Service study found that the foreign born are no more likely to use food stamps or Medicaid than the native born. In each instance, higher levels of use among non-citizens was offset by lower use by naturalized citizens.

While the current debate suggests that immigrants are inclined to welfare dependency, immigrants who are poor remain substantially less likely to use welfare than natives (16 percent versus 25 percent).

Growth in SSI Aged and SSI Disability Rates

The Social Security Administration recently reported that approximately 785,400 aliens received SSI benefits as of December 1995. This number was more than double the number receiving benefits six years earlier, and six times the number receiving SSI in 1982, the first year for which such records were kept. Between 1982 and 1993 the share of total SSI recipients who are immigrants rose from just over 3 percent to 11.5 percent. While this rate of growth in SSI use by immigrants is very high, one should not lose sight of the fact that SSI use overall is confined to only three percent of the foreign-born population (versus two percent of the native population). Four key indicators of SSI use by immigrants in 1993 are set out below:

- Percent of total SSI recipients who are aliens ---- 1.5%
- Percent of SSI elderly recipients who are aliens ---- 28.2%
- Percent of SSI blind and disabled recipients who are aliens ---- 5.9%
- Percent of foreign-born who receive SSI ---- 3.3%

Factors in SSI Growth.

The comparatively heavy immigrant reliance on SSI owes to a number of factors. First, and perhaps most importantly, many elderly immigrants (particularly those who have arrived in the United States relatively recently) have not worked enough quarters in covered U.S. occupations to qualify for Social Security benefits. This is either because they have not been in the United States long enough or because they have worked for employers who have not paid Social Security taxes for them. Second, for many elderly immigrants SSI represents a bridge to Medicaid, and hence to affordable medical insurance, given their ineligibility for Medicare.

The substitution of SSI for Social Security among elderly immigrants manifests itself in several ways. Nearly 80 percent of alien recipients of SSI do not receive any Social Security income, compared with 57 percent of citizen SSI recipients. Length of residence in the United States is crucial because of the necessity of working long enough in covered employment to qualify for Social Security and Medicare benefits. For immigrants who have lived in the United States for at least 20 years, SSI use is only slightly higher than that of natives (8.7 percent versus 6.9 percent—see Table 1). However, almost one-third of the 513,000 immigrants who arrived between 1970 and 1990, report receiving SSI income in 1990. The differential between those who have qualified for Social Security and those who have not is extraordinary—about 15 percent of post-1970 immigrants with Social Security income also report SSI income, whereas 39 percent of those with no Social Security income receive SSI.

Third, rising demand for SSI benefits among immigrants is, in part, a demographic phenomenon, reflecting the sharp growth in the immigrant population that has occurred over the past thirty years. Between 1982 and 1993 alone, legal immigration (including refugee admissions) almost doubled from 650,000 to 1.1 million per year. Accompanying this increased inflow has been dramatic growth in the number of elderly immigrants with relatively short durations of residence in the United States. Although the number of elderly immigrants has decreased slightly overall from 3.0 million in 1970 to 2.7 million in 1994, the number who have lived in the United States for less than 10 years doubled between 1970 and 1980 (from 93,000 to 175,000) and then doubled again to 350,000 in 1994. Indeed, if we focus on immigrants who have been in the U.S. 20 years or less, we see that this elderly immigrant population more than tripled between 1970 and 1994; the number actually increased by more than 30 percent between 1990 and 1994, alone.

Increased immigration over the last three decades will translate into even more elderly immigrants in the future as today’s foreign-born residents age. The number of foreign-born residents aged 65 and over is projected to rise rapidly from 2.7 million in 1990 to more than 4.5 million in 2010. Many of these, however, will have worked in the United States long enough to qualify for Social Security and Medicare coverage. However, the number of relatively short-duration elderly is likely to continue to increase as the large number
of adult immigrants who are naturalizing today seek to reunite with their parents.

Research conducted by Frank Bean and his colleagues at the University of Texas documents that most of the rise in immigrant use of welfare between 1980 and 1990 is due to increasing numbers of immigrants, not an increasing propensity on the part of immigrants to use welfare. Over the decade, the rate of welfare use in households headed by Mexicans, Guatemalans, and Salvadorans actually decreased slightly, although it remained higher than that of native households. In households headed by immigrants from refugee-sending countries, the rate of welfare use rose slightly during the 1980-90 decade. It is the large expansion in the number of immigrants from these areas that fueled overall increases in immigrants' use of welfare. For the balance of the immigrant population (representing two-thirds of immigrants in 1990), the rate of welfare participation decreased during the decade, remaining below that of natives.

In addition to demographic factors, it stands to reason that increased use also owes to liberalized eligibility rules, as well as greater awareness of the program—achieved in part through greater outreach. But we are aware of no research that systematically documents the effects of these developments on SSI use patterns by immigrants.

While it is often assumed that Asian immigrants predominate among recipients of SSI benefits, in fact non-citizens from Mexico, the former Soviet Union, and Cuba supply the largest numbers, accounting for one-third of all immigrant SSI recipients. Chinese recipients of SSI—who have been the subject of so much controversy—represent roughly five percent of total beneficiaries nationwide, a figure below their representation in the population of recent elderly immigrants.

Distinguishing SSI Aged and Disability Assistance.

There are, in effect, two distinct categories of assistance under the SSI program: one that provides aid to the poor elderly; the other provides benefits to the blind and disabled who are poor. Both have witnessed a steady rise in the number and share of immigrant recipients since 1982.

There are important differences in immigrant enrollment between the two programs, however. Although immigrant enrollment in the SSI disability program is currently rising at a faster rate than enrollment in the elderly program (22 percent versus 10 percent between 1993 and 1995), immigrants make up a far larger share of all recipients in the SSI elderly than in the disability program (28.2 versus 5.9 percent in 1993).

The rapid rise in disabled immigrants' use of SSI should be viewed within the context of extremely fast overall growth in the SSI disabled population. Lewin-VHI recently conducted an econometric analysis of growth in SSI disability awards. They report that SSI applications from non-citizens grew much more rapidly than those from citizens between 1988 and 1992—at an average annual rate of 17.4 percent versus 9.8 percent for citizens. However, the report's authors conclude that rapid growth in immigrant applications during this period was due to the same factors that are behind growth in applications from citizens. These include increased unemployment, more liberal eligibility rules introduced by the courts, the Congress and the Administration (particularly in the area of mental and pain-related impairments), and state efforts to shift beneficiaries from state programs such as General Assistance to federally financed programs. The authors attribute the faster growth rate among immigrants to the fact that the recession that occurred during the early 1990s had a larger impact on legal aliens than citizens.

The Policy Response

It strikes us that the issues raised by rising levels of SSI use on the part of immigrants are significant and suggest a number of possible legislative responses.

Guiding Principles. As we have indicated in earlier testimony before this committee, we believe that reform should be guided by five principles:

1. Promoting self sufficiency.
2. Promoting family and not government responsibility for immigrants' support.
3. Providing a safety net for immigrants and sponsors if they fall on hard times and require transitional assistance or when a disabling injury occurs or condition emerges.
4. Reducing administrative burdens and complexity.
5. Promoting immigrant integration—both by insuring that immigrants do not become welfare dependent and by ensuring that they have access to programs that promote human capital development.

Proposed legislation to curb immigrant use of public benefits has embodied a number of reforms. These include:

• a bar on immigrant benefits;
• expansion of the current deeming requirements;
• increased use of the deportation power for welfare dependent immigrants;
• mandating that immigrants obtain health and long term care insurance prior to entry.

General Concerns. While each of these strategies offers differing strengths and weaknesses, they raise a number of common concerns. Each redefines the membership of legal immigrants within the society, widening the gap between the mutual support obligations of immigrant and native families.

Further, each of these strategies needs to be viewed within a larger context of potential shifts in immigration policy that have been proposed by this Congress. In this regard, policy makers need to be attentive to the cumulative effects of changes in both social welfare (or immigrant) and admissions (or immigration) policy. We are concerned that immigrant families—which have been justly celebrated for their strength—will be
forced to contend with the simultaneous loss of a wide range of public benefits, at the same time that the social capital (child care and the like) made available from siblings and parents will be put out of reach.

Finally, the intersection of benefits rules and immigration law has always been an extraordinarily complex area of program administration—one where complexity itself has made administration so difficult as to defeat Congressional objectives. We remain concerned that proposed changes will essentially generate three separate regimes of welfare eligibility—one for natives; one for current immigrants (those in the U.S. at the time of passage); and one for future immigrants.

**Bars and Deeming**

We believe that the sponsorship and deeming system has a powerful logic to it on which reform can profitably build. Under the public charge provision of the immigration laws, immigrants can be excluded from the United States if they appear likely to become welfare dependent. One way to overcome this exclusion is to have a sponsor (often a family member) with sufficient income or assets sign the affidavit of support. The sponsor's income is currently deemed to be available to the immigrant for the purpose of qualifying for three means-tested programs: AFDC, SSI and food stamps. These mechanisms allow the nation to admit immigrants who may be poor at the time of entry but have the potential to work and contribute to the economy. They also balance the responsibility for support of needy immigrants between their families and the government.

We believe that deeming is preferable to barring immigrant use of public benefits because it represents a more flexible policy instrument that can take into account the financial support that is actually available to the immigrant. This support can be suspended as a result of the sponsor's death, extended unemployment, or abandonment of the immigrant.

For deeming to work, though, the affidavit of support needs to be made enforceable between the immigrant, the sponsor, and the state. At the same time, deeming requirements should be waived when it can be demonstrated that the immigrant has been abandoned by the sponsor, which is currently not permitted by law. This strategy would provide immigrants with access to a safety net while at the same time allowing the state to recoup its costs from the sponsor. It should be borne in mind, though, that in most instances deeming will translate into effective disqualification of immigrants who apply for benefits.

The expanded application of sponsorship and deeming requirements raises a number of difficult design issues:

- How long should deeming and the affidavit of support last? Three years? Five years? To citizenship? Until the immigrant has worked 40 qualifying quarters? For life?
- Should expanded deeming requirements be applied to immigrants now in the U.S. or just to future immigrants?

Identifying the best "stopping point" for deeming and the affidavit of support is extremely difficult, as the members of this Committee know. Current legislation calls for three years of deeming for AFDC and food stamps and extends deeming for SSI to five years. The extension to five years for SSI will lapse in 1996 and will need to be reauthorized. This five-year deeming period has a number of virtues. One is transparency and consistency. Five years is the period during which an immigrant can be deported for becoming a public charge, the period that most immigrants must wait to apply for citizenship, and the length of time that legalization immigrants under IRCA were barred from benefits use. Deeming for five years premises eligibility on sustained residence, a good indicator of integration.

Such a reform would, however, generate less savings than other strategies, and may not substantially diminish the high, sustained levels of SSI use on the part of the elderly immigrants. One response, then, could be to set citizenship as the stopping point for deeming. Deeming until citizenship within the SSI program, however, raises a number of concerns. Such a requirement would tend to penalize those immigrants who have the greatest needs—that is, those who would find it particularly difficult to pass the requisite naturalization tests. Deeming to citizenship also begs the question whether we want to make citizenship the gateway for public benefits, rather than a statement of allegiance to the nation. At the same time, though, the relative ease with which citizenship can be attained, the limited time period until it can be achieved (five to six years), and the fact that conditioning aid on citizenship has a firm basis in law, may recommend this particular stopping point.

From a savings perspective, though, the Congress might want to move deeming beyond citizenship to the life of the immigrant or to some marker of economic contribution—say to 40 quarters of qualified employment. The serious problem this proposal presents is the creation for the first time of a pool of second-class citizens under the law. This strategy would provide immigrants with access to a safety net while at the same time that the social capital (child care and the like) made available from siblings and parents will be put out of reach. From a savings perspective, though, the Congress might want to move deeming beyond citizenship to the life of the immigrant or to some marker of economic contribution—say to 40 quarters of qualified employment. The serious problem this proposal presents is the creation for the first time of a pool of second-class citizens under the law. This strategy would provide immigrants with access to a safety net while at the same time that the social capital (child care and the like) made available from siblings and parents will be put out of reach.

**Mandating Health and Long Term Care Insurance**

In addition to providing a cash payment to beneficiaries, SSI gives the poor elderly access to health care by making them eligible for Medicaid. Anecdotes suggest this is a prime motivating factor for many elderly immigrants' enrolling in the program. Proposed reforms would require sponsors to ensure that immigrants are covered by health and long-term care coverage. In many instances, though, relying on the private market to provide health and long-term care insurance for elderly immigrants would prove to be prohibitively expensive.
Questions have arisen recently about the use of welfare and public assistance by immigrants. We lay out here some key facts about immigrants’ welfare use and report the similarities and differences in recent, prominently cited research on this issue conducted by the Urban Institute and George Borjas.

How Do We Make Immigrants Self Sufficient?

We should begin by noting that most immigrants are self-sufficient: 94 percent of immigrants in the U.S. do not receive welfare benefits. In addition, we would like to make four observations.

First, a number of proposals advanced under the rubric of "welfare reform" would bar legal immigrants from all "needs-based" or "means-tested" federal programs. These proposals are problematic for many reasons, one of which is their potential impact on immigrant self-sufficiency. In this regard, they are troublesome because they fail to draw distinctions between cash transfer programs and programs that develop human capital. Despite the fact that job training programs, adult education, child care and the like represent a classic "hand up" for immigrants and natives alike, and not a "hand out," such programs would be restricted to immigrants just like cash transfer programs.

Second, researchers have shown that one of the surest paths to economic mobility is learning English. Thus, one legislative response to aiding immigrants’ transition to self-sufficiency might be to focus on the resources dedicated to English language acquisition on the part of immigrants. According to our estimates, the federal government spends only $300 million combined on the two principal programs designed to increase English language proficiency: bilingual education for elementary and secondary students (funded at $195 million in FY1995) and English as a Second Language (ESL) for adults (approximately $100 million FY1995). Economists have documented that the return on investment for increased language skills exceeds other forms of human capital expenditures.

Third, we believe that it is important for policy makers to consider the cumulative effects of proposed changes in immigration policy as well as changes in immigrant eligibility for public benefits—especially as they are felt by the immigrant family. We need to make sure that the immigrant family is not simultaneously losing financial support provided by the public sector, losing its access to human capital development programs, and, at the same time, losing its access to the family's social capital—represented by adult siblings and parents.

Finally, we would urge the Committee to examine the lessons that have been learned from the early employment experiments that have been undertaken in refugee resettlement programs to assess their implications for legislation. Along these same lines, examining the refugee programs in California and New York—where most refugees are concentrated and where refugee welfare use rates are particularly high—may go a long way toward alleviating refugee welfare use overall.

APPENDIX: SUMMARY OF FACTS ABOUT IMMIGRANTS' USE OF WELFARE

Questions have arisen recently about the use of welfare and public assistance by immigrants. We lay out here some key facts about immigrants’ welfare use and report the similarities and differences in recent, prominently cited research on this issue conducted by the Urban Institute and George Borjas.

KEY FACTS:

- Most immigrants (94 percent in 1993 according to the Current Population Survey, CPS) do not use "welfare" as conventionally defined (to include Aid to Families with Dependent Children, AFDC, Supplemental Security Income, SSI, or General Assistance, GA).
- Overall, immigrants have slightly higher welfare use rates than natives (6.6 versus 4.9 percent). But
welfare use among immigrants is concentrated among refugees and elderly immigrants who use welfare at rates disproportionate to their numbers. These two groups make up 21 percent of the immigrant population but 40 percent of welfare users. Non-refugee working-age immigrants use welfare at about the same rate as natives.

- Immigrant welfare use and costs have risen slightly relative to natives since 1990—but we believe the rise owes largely to the concentration of the immigrant population in California which has generous welfare programs, is home to many legalizing immigrants, and has been in recession.
- According to administrative data, immigrants are more likely to use SSI—a cash assistance program for the elderly and disabled—than natives. In 1993, elderly immigrants made up 28 percent of the SSI recipients aged 65 and older, but they made up only 9 percent of the total elderly population. Many of these elderly immigrants have not worked enough quarters in covered U.S. occupations to qualify for Social Security, either because they have not been in the United States long enough or because they worked for employers who have not paid Social Security taxes for them.
- The immigrant group with the fastest growth in SSI use is the disabled. Despite recent growth in use, immigrants continue to make up a smaller share of the disabled SSI population than they do of the general population.
- Poor immigrants remain less likely than poor natives to use welfare (16 versus 25 percent). These findings are confirmed by administrative data: a 1995 Food and Nutrition Service study found that eligible immigrants who legalized under the Immigration Reform and Control Act of 1986 were less likely to receive food stamps than the general population.

**INTERPRETING THE URBAN INSTITUTE’S AND GEORGE BORJAS’S FINDINGS:**

*Similar basic findings*—In his most recent paper on the subject, Borjas states that the “immigrant-native difference in the probability of receiving cash benefits is small (10.8 vs. 7.3 percent)”—the same basic conclusion reached by Urban Institute studies.

*Different definitions of “welfare”—*Borjas finds large differences between immigrant and native "welfare" use when he uses a measure that includes cash assistance as well as Medicaid, food stamps, energy assistance, housing assistance and WIC (the supplemental food program for women, infants and children)—programs that go beyond those typically considered "welfare." Among non-cash programs he finds small differences in use rates for each program except Medicaid and the reduced price school lunch program (which is not included in the cumulative measure), where he finds larger differences.

*Different data sources*—The Urban Institute findings are based on an analysis of the 1993 Current Population Survey while Borjas combines 1990 to 1993 data from the Survey of Income and Program Participation (SIPP). Each data source has its advantages. Even after Borjas combines different years of the SIPP, the size of his sample is half that of the 1993 CPS and therefore provides less accurate results for relatively small populations, such as immigrants, and for the even smaller population of immigrants who use welfare. The SIPP, however, reinterviews the same family periodically over the course of 32 months, providing a better picture of welfare use than the one point-in-time analysis of the CPS.

*Different units of analysis*—The Urban Institute CPS results are based on an analysis of individuals' use of benefits, while Borjas uses a household level analysis. The household analysis is problematic because it attributes to immigrant-headed households use of welfare by natives in their households, such as children. This is a serious concern since 67 percent of immigrant-headed households contain a native-born person and 52 percent contain a native-born child.

*Different results using SIPP individual level data—*Elaine Sorensen and Nikki Blasberg of the Urban Institute recently analyzed individual use of welfare with the SIPP and found that immigrant and native use rates for those of all ages are so close that they are not statistically different for any of the cash or non-cash benefit programs except SSI.

When immigrants and their native-born children are considered together, statistically significant differences emerge in the use of Medicaid and housing assistance. Statistically meaningful differences in SSI use disappear, however. This apparently anomalous result occurs because the foreign-born population is composed of a smaller share of children and a larger share of adults than the general population. For this reason, when the native-born children of immigrants are included in the analysis, use rates of child-oriented services such as Medicaid increase. Conversely, use rates of programs directed largely at adults —like SSI—decline.

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**Footnotes**

1. We have addressed these issues elsewhere. See, especially, Michael Fix and Wendy Zimmermann, "When Should Immigrants Receive Public Benefits?" The Urban Institute, 1995; Michael Fix and Wendy Zimmermann, "Immigrant Families and Public Policy: A Deepening Divide," The Urban Institute, 1995; Michael Fix and Jeffrey S. Passel, Immigration and Immigrants, Setting the Record Straight, The Urban Institute, 1994.

2. About 14 percent of the native-born population is in poverty (March 1994 CPS).

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2. About 14 percent of the native-born population is in poverty (March 1994 CPS).

4. Although this change in rate of welfare receipt for working-age (non-refugee) immigrants between the 1990 Census and 1994 CPS appears large, it is not statistically significant at conventional levels (95 percent confidence). Thus, the reasons described in the text must be considered speculative.

5. From SSI 10-Percent Sample File (Scott and Ponce, supra note 2) and March 1994 Current Population Survey.


7. These figures and others following in the paragraph are derived from tabulations of the 1-percent Public Use Microdata Sample (PUMS) of the 1990 Census.


10. Data provided by the Social Security Administration.

11. To qualify for SSI under the aged category, the applicant must be 65 years or older and meet income guidelines. The "blind" are "individuals with 20/200 vision or less with the use of a correcting lens in the person's better eye. . . . Disabled individuals are those unable to engage in any substantial gainful activity by reason of a medically determined physical or mental impairment expected to result in death or that has lasted, or can be expected to last, for a continuous period of at least 12 months. . . . Also a child under age 18 who has an impairment of comparable severity with that of an adult can be considered disabled." Comm. on Ways and Means, Overview of Entitlement Programs, 1992 Green Book, 102d Cong. 2d Sess. 1992 at 778.


13. In the landmark case Mathews v. Diaz, the Supreme Court held that: "The decision to share the nation's bounty with our guests may take into account the character of the relationship between the alien and this country. . . . Congress may decide that as the alien's tie grows stronger, so does his claim to an equal share of that munificence." 426 U.S. 67 (1976).


15. Legal permanent residents can only enroll in Medicare if they are 65 or older and eligible for Social Security or if they have resided continuously in the U.S. for five years and purchase Medicare Parts A and B or Part B only. (Part A may not be purchased by itself.) National Immigration Law Center, Guide to Alien Eligibility for Federal Programs, 1992.


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