

# DECATUR - MACON COUNTY OPPORTUNITIES CORPORATION

1429 North Jasper Street

Decatur, Illinois 62526

Phone: 217/428-2193



February 5, 1980

A COMMUNITY ACTION AGENCY  
EMERGENCY ENERGY PROGRAM

1429 North Jasper Street  
428-2193

SENIOR CITIZENS  
NUTRITIONAL PROGRAM

1306 North Warren  
428-4148

350 East Waggoner

921 North Jasper Street

1096 West Decatur

411 East Decatur

504 East Cleveland

Argenta, Illinois

Warsawburg, Illinois

Mt. Zion, Illinois

Blue Mound, Illinois

ANNA WATERS HEAD  
START CENTER

618 East Orchard  
428-9589

LONGVIEW COMMUNITY  
DAY CARE CENTER

406 Longview Place  
429-4799

OUTREACH CENTERS

564 Longview Place  
429-0636

Old Circle Inn, Harristown  
963-2767

Mount Zion  
1-864-2123

SENIOR OPPORTUNITIES  
& SERVICES

921 North Jasper  
422-0735

MARTIN LUTHER KING  
SENIOR CENTER

921 North Jasper Street  
422-0735

Mrs. Barbara Brown  
League of Women's Voters  
233 N. Woodlawn Dr.  
Decatur, Il.

Dear Colleague:

The Decatur-Macon County Opportunities Corporation would like to collaborate with other interested local organizations, agencies, and community persons to formulate a citizens participation task force.

Citizens participation among the low and moderate income sector have been referred to as fragmented and/or totally non-existent.

The objective of the proposed task force would be to develop a coordinated strategy to effectively deal with the concept of citizens participation, with emphasis focused on the economically disadvantaged persons.

Recent inquiries have indicated that the citizens participation problem can be identified as a total community problem rather than an agency problem.

The main objective of our request is to encourage joint efforts among local organizations, agencies, and community persons that either has a responsibility to and/or concern for improving the quality of life among economically disadvantaged persons in Decatur and Macon County.

You have been invited to participate because of your ability to affect the quality of life within the community.

We are asking that you become a part of a planning session that could explore activities to facilitate or improve the citizens participation concept and/or efforts.

Please join us on:

DATE: February 15, 1980  
TIME: 2:00 p.m.  
PLACE: Martin Luther King Senior Center  
921 N. Jasper Street  
Decatur, Illinois

*Done*

*OK*

Our agency would appreciate your response at your earliest convenience. Please contact Zandra Willis, Social Service Director at 429-0636.

Sincerely,

*Gail Evans*

Gail Evans,  
Executive Director

GE/rdn

*COMMUNITY HEALTH IMPROVEMENT CENTER  
(CHIC)*

*360 E. Grand Avenue  
(formerly The Wabash Hospital)  
Decatur, Illinois 62521*

*Telephone 422-911*

June 12, 1980

Dear Ms. Brown,

The Board of Director's of the Community Health Improvement Center (CHIC) is writing to those organizations interested in any aspect of health and health care in Decatur and Macon County to inform them about the problems of the medically indigent who are served by CHIC.

CHIC currently serves about 1200 individuals per year who make about 2200 visits to the Community Health Improvement Center. At CHIC the individual's medical problems are assessed first by a nurse, working under the direction of a physician-volunteer. Then the patient may see the CHIC physician, for routine sub-acute health services, or may be referred, when possible, to other physicians or institutions for appropriate treatment. CHIC obtains necessary tests and medication for many of its clients.

The individuals served by CHIC have the same medical problems as the other citizens of Macon County. They have the same chronic diseases and acute illnesses. Some of them are old, some black, some white. All of them are poor, and are unable to secure medical services through other channels.

The clinical services CHIC provides are funded by donations from industry, churches, and individuals and by township relief funds. Recently CHIC has instituted a fee schedule and is seeking reimbursement from Medicaid and Medicare. CHIC has also applied for funding by the United Way.



This letter is not a solicitation for funds, although CHIC is precariously underfunded. The CHIC board of director's primary concern is that all persons in our community, including the poor, should have access to basic health care. If CHIC is to continue to be a stable element in providing that care, CHIC needs continuing, constructive inputs from every organization concerned with health. It needs volunteer services from professionals. It needs management advice on operations and funding. The CHIC board solicits your organization's help in meeting its primary objective. How do you suggest CHIC obtain funds? Should a member of your organization serve on the CHIC board? Is there some better way of providing health care to the poor? The CHIC Board will appreciate your views and welcome your help. For further information please contact me at 422-9117.

Sincerely,

*David Livingston*  
David Livingston,  
President



Interview with Elmore Morthland, director of Decatur Township Assistance

What services ~~is~~ does this office provide?

Income maintenance and medical care on an emergency and ongoing basis. For a person who is qualified, we attempt to deliver the services immediately. The person can stay on as long as he or she qualifies.

What are the benefits in dollar amounts?

For a single adult, \$144 a month in income maintenance. They also receive a medical card, which gives them the same medical coverage as Public Aid. We also refer them for food stamps. <sup>n</sup>

A family of three receives ~~the~~ \$284 a month. <sup>Each</sup> additional person in the family receives \$70 a month. We have 41 families who are now receiving assistance. <sup>ce.</sup> The assistance is a cash grant, in the form of a check.

Is your staff adequate?

According to the IDPA code, we should have a staff of 43; we now have 26. In my opinion, we are not very well staffed. The only way to handle it is through automation. We are going to computerize, which will help some.

Has the caseload increased in the last few years?

We gained 400 cases an average per month in a year's time. In August, 1979, we had 285 active cases; in January, 1984, we had 1,316 cases. We gained 109 cases in January alone.

What kinds of new situations are causing an increase in applications?

In recent months, the loss of unemployment comp benefits. <sup>as</sup> The extensions ~~are~~ running out, ~~and~~ the welfare rolls increase. From Sept. 1, 1983, to the end of January, 1984, we gained 75 cases of people coming from out of state. The underlying cause is this is that there is no residence requirement for general assistance.

How long does it take for an applicant to begin receiving assistance?

As a general rule, after they are interviewed, we deliver assistance the next day. Some cases might take longer. We are now backlogged on interviews., which may take as long as 10 days to schedule. That is due to lack of staff.

When a person first makes contact with us, we instruct them on what they need, so when they come in we can expedite the process. If the person qualifies, we can deliver a check to them the next morning.

What is the average length of time a person is on aid?

People ~~can~~<sup>be</sup> on assistance for many years. They are not employable. They may be alcoholics or have other personal reasons. As long as they meet the eligibility requirements, they may be on for a lifetime.

General comments after completing the interview

For emergency situations, we have resources to supply food. We have working agreements with various emergency food programs to give people immediate referral. We also refer them to programs which supply clothing. For housing, the Salvation Army supplies housing for single persons. It's difficult to find housing for families. This community doesn't have the resources.

I wear various hats. As supervisor of the Town of Decatur, I allocate federal revenue sharing funds. My policy is to ~~spread~~ spend ~~a~~ considerable money on social services and in areas with a social services impact. We help support the Community Health Improvement Center, because welfare recipients have difficulty finding medical services.

I go one step beyond<sup>nd</sup> ~~as~~ as I can. We refer recipients who are prime candidates for employment to the Macon County Rehabilitation Facility training program. It puts people back in the work cycle. Their success rate is 85 percent. As they get into employment, they are no longer a drain on welfare and they begin paying taxes. We go beyond what is required of us. It's money well spent. My philosophy is that if we can keep people from becoming entrenched in the welfare system, we are doing a better job.



Interview with Jeanne Lee, assistact director of the Illinois Department of Public Aid for Macon County?

What do field workers do?

Income maintenance workers handle the caseload of active clients. The size of the caseload is determined by the type. AFDC has a requirement of a 235 maximum caseload, but ours run up to 250. AABD has a <sup>average</sup> caseload of 525. Group care has an average caseload of 335-452. Food stamps only has a caseload of 300 to 524.

*nursing homes*

*Blinds Deaf*

Field workers see clients every six months or <sup>e</sup> every 12 months, as required by the type, to redetermine eligibility and make any changes. Clients have a monthly reporting system; the reports are turned into the caseworkers. The client can come in the office or call caseworkers on the phone at any time.

What is your staff size?

60. It includes two administrators and <sup>21</sup> field workers.

Is the staff adequate?

We are staffed at the <sup>x</sup> maximum, according to the state formula.

How often do clients see a caseworker?

There is no typical time. Anytime a client wants to check with a caseworker, they can.

How long does it take for an applicant to begin receiving aid after the applicant is seen?

We are required by law to interview a person within two weeks after they apply. The caseworkers can determine if they are eligible within a day or two after that. If additional information is needed, it takes longer. After the applicant is interviewed it takes 10 to 20 days to begin receiving assistance, depending on the type of application and how heavy a load we have.

What assistance can you provide between the time of application and the first check?

If they have zero income, they can receive expedited food stamps in two or three days.

What other community resources are available?

Salvation Army, Food Bank, DARE, DMCOG, church food baskets, Operation Blessing. - for food.



county assistance - page 2

For shelter - the Salvation Army, DMCOC had a house. DOVE for battered wives.

It is not adequate, at times.

What other kinds of assistance do you provide?

Medical, which includes dental, eye care, and pharmacy.

What do you see as the major problems in this community?

Unemployment. We do have more scattered sites and ~~low~~<sup>low</sup>-income housing, but we still don't have adequate housing. Teen-age pregnancies is another big problem.

Interview with a recipient at the Township office.

Why did you apply for assistance?

My mother moved out because she got tired of paying the bills. I applied to at least save the house. I had been out of work ~~5~~ two years. I was devastated when she moved out.

How long have you been receiving assistance?

Three months.

What benefits do you receive in dollar amounts? Is it adequate?

\$144 a month. The house payments are \$133.02. That leaves \$11. My mom buys the groceries.

Have you received any other form of aid from this office.?

No; I haven't used my green card.

How long have you been out of work. What was your last job?

I've been out of work  $2\frac{1}{2}$  years. I was a machine operator for almost 10 years.

Have you participated in a workfare program?

They haven't call ~~o~~ me in yet.

Do you get along with your casework<sup>r</sup>er?

Sure. I've ~~x~~ had three different case<sup>workers</sup> in my three times in the office. I come in once a month to get my check.

LEAGUE OF WOMEN VOTERS OF ILLINOIS  
67 East Madison St., Chicago 60603

(312) 236-0315

October, 1983

TO: Local League & ILO Presidents  
HR/SP Chairs  
Action Chairs

FROM: Phoebe Telser, HR/SP Chair

RE: **Income Assistance Project**

There are poor people in every town. These are some of them:

\*\*\* Mr. Jones is an unemployed welder. He worked for 15 years, but has been unable to find another job. His Unemployment Compensation ran out a month ago. His family and friends helped all they could, but the bills piled up. Recently his mortgage was foreclosed. This man finally became desperate enough to apply for General Assistance.

\*\*\* Susan had a baby at 16, dropped out of high school and is trying to care for the child. Marriage is out of the question; John is also 16. Neither has any way to support their child. All four grandparents work to meet their own needs. If Susan can find someone to care for the baby, she could go back to school, get some skills and find a job. If not, she will go on Aid to Families with Dependent Children.

\*\*\* Mr. and Mrs. Smith are in their late 60's. They live on Social Security, but it is barely adequate to meet their needs. He has cardiac problems and she is recovering from surgery. They may need to apply for medical assistance from the state.

\*\*\* Mrs. Wilson is divorced and has three children, two under five. She has a high school education and is working as a waitress. Her ex-husband is eleven months behind in paying the court-ordered child support. She won't be able to make it if he doesn't start paying. Should she leave her job and apply for AFDC?

What happens to people like these in your town or county? Do they get the help they need?

Illinois has the second highest number of unemployed in the country. The demand for income assistance is high. The need for job training, day care and other services is also high. The temporary income tax increase preserved programs which would otherwise have been cut, but Illinois will run short of money again toward the end of the fiscal year especially if federal budget cuts to human services continue. These issues are sure to come up again in both state and national elections next year.

I hope your League will participate in the (optional) **Income Assistance Survey** suggested by the LWVIL. You will have the opportunity to ask some specific questions to find out what is happening in your local area. Background and details will be provided in December.

Attached to this memo is data on each county from the Department of Public Aid 1982 Annual Report. Find your county. Get a head start by ordering your own free copy of the full report from:

Illinois Department of Public Aid  
316 South Second Street  
Springfield, Illinois 62762



# Excerpt from Ill. Dept. of Public Aid - Annual Report 1982

## Number of Cases, Number of Persons, and Amount of Assistance -- By Program and County December 1982

County	Total All Programs			Aid to Families with Dependent Children			Aged, Blind, or Disabled		Medical Assistance (No Grant)			General Assistance (All Units) <sup>d</sup>			Aid to the Medically Indigent		
	Cases	Persons	Rate per Pop. <sup>a</sup>	Cases	Persons	Amount	Cases <sup>b</sup>	Amount	Cases	Persons	Amount	Cases	Persons	Amount	Cases	Persons	Amount
<b>Total</b>	<b>565,326</b>	<b>1,112,028</b>	<b>97</b>	<b>232,702</b>	<b>726,709</b>	<b>\$109,612,725</b>	<b>31,431</b>	<b>\$8,764,278</b>	<b>160,324</b>	<b>186,109</b>	<b>\$61,075,553</b>	<b>125,997</b>	<b>146,803</b>	<b>\$27,457,582</b>	<b>14,872</b>	<b>20,976</b>	<b>\$5,035,624</b>
Cook	373,598	730,772	139	154,667	486,053	75,646,133	24,878	6,932,166	83,199	94,532	29,943,849	106,518	118,266	24,508,799	4,336	7,043	2,941,586
Downstate	191,728	381,256	62	78,035	240,656	33,966,592	6,553	1,832,112	77,125	91,577	31,131,704	19,479	28,537	2,948,783	10,536	13,933	2,094,038
Adams	2,596	4,825	67	947	2,835	377,311	264	65,242	1,074	1,267	371,455	96	194	5,792	215	265	23,163
Alexander	1,661	3,065	250	566	1,769	204,189	54	10,485	568	702	75,419	450	504	73,987	23	36	4,095
Bond	498	970	60	186	600	74,059	7	1,263	281	332	124,249	7	12	1,101	17	19	1,509
Boone	512	969	34	202	592	97,384	3	1,021	224	247	83,844	35	64	4,084	48	63	8,588
Brown	158	287	53	45	135	13,849	4	2,355	97	123	32,783	8	19	333	4	6	834
Bureau	782	1,493	38	287	846	112,500	12	2,671	405	502	164,060	28	52	2,123	50	81	11,080
Calhoun	187	286	49	33	103	10,048	5	377	142	165	50,236	1	3	129	6	10	1,546
Carroll	416	804	43	178	536	61,845	11	2,343	207	235	95,297	0	0	--	20	22	1,601
Cass	507	942	62	175	519	53,906	11	2,004	262	298	108,924	26	64	2,862	33	50	6,374
Champaign	3,592	7,494	44	1,841	5,455	766,364	185	63,150	1,341	1,557	679,015	d	d	d	225	297	55,486
Christian	1,201	2,246	62	409	1,256	165,272	14	3,553	619	714	237,278	88	174	6,695	71	88	34,167
Clark	345	568	34	92	277	31,211	5	507	225	243	86,271	8	28	779	15	15	1,155
Clay	564	935	61	140	426	43,691	81	23,107	293	334	125,580	23	59	2,749	27	35	24,383
Clinton	938	1,366	42	178	557	75,449	9	2,052	707	742	185,624	15	27	1,023	29	31	4,181
Coles	1,553	2,678	50	459	1,352	179,438	27	15,291	931	1,057	492,798	64	165	5,371	72	77	16,354
Crawford	424	812	39	105	341	46,179	16	2,618	224	273	86,367	56	147	6,349	23	35	2,327
Cumberland	197	445	40	73	240	28,182	6	1,645	81	106	26,885	26	79	2,159	11	14	9,710
DeKalb	1,107	2,038	27	424	1,269	156,062	21	8,398	591	655	391,063	14	28	904	57	65	13,895
DeWitt	408	740	41	127	375	57,926	22	4,702	208	264	66,858	22	23	1,278	29	56	3,598
Douglas	540	944	48	157	500	63,570	18	2,980	318	343	192,582	14	28	904	33	55	6,987
DuPage	7,302	12,565	19	2,008	5,878	837,649	231	48,864	4,238	4,729	2,701,188	519	1,325	48,589	306	402	69,997
Edgar	497	1,042	48	188	610	66,298	4	568	243	265	93,572	55	154	2,755	7	9	4,581
Edwards	185	336	42	73	192	61,301	16	3,117	90	122	28,328	6	6	701	--	--	795
Effingham	903	1,707	55	292	877	110,395	28	5,905	502	600	204,723	49	142	1,353	32	60	14,874
Fayette	822	1,557	70	274	901	98,467	23	3,371	441	503	159,627	21	50	1,899	63	80	12,932
Ford	354	657	43	115	344	100,421	11	3,595	186	216	100,565	22	55	1,696	20	31	3,873
Franklin	2,354	4,228	98	766	2,259	268,015	54	8,975	908	1,104	275,164	576	721	88,008	50	90	4,692
Fulton	1,506	3,031	69	665	2,005	276,898	24	4,259	697	802	335,290	27	80	2,591	93	120	12,215
Gallatin	534	811	107	93	263	31,178	1	89	320	367	110,148	101	145	15,086	19	35	6,190
Greene	695	1,395	84	258	831	92,317	29	9,180	346	430	79,841	14	28	1,968	48	77	2,197
Grundy	452	1,001	33	215	666	90,735	25	5,776	167	233	89,725	7	29	762	38	48	5,469
Hamilton	392	687	75	115	358	47,914	12	1,635	233	269	48,845	5	5	301	27	43	13,385
Hancock	550	988	41	178	548	74,297	43	15,751	299	339	129,825	7	17	524	23	41	14,712
Hardin	485	848	158	126	407	57,665	3	588	214	263	57,290	126	155	25,948	16	20	4,486
Henderson	162	364	40	82	246	30,773	2	463	60	87	2,441	8	19	895	10	10	2,518
Henry	1,312	2,968	51	633	1,955	250,178	31	6,642	542	749	196,159	48	140	3,778	58	93	24,838
Iroquois	790	1,558	47	284	905	130,184	21	11,131	416	525	210,400	15	20	3,045	54	87	2,323
Jackson	2,419	4,594	75	908	2,742	326,503	141	25,401	1,049	1,229	424,503	157	240	15,753	164	242	35,580
Jasper	194	348	31	65	189	28,319	c	173	109	134	34,047	7	7	699	13	18	5,773
Jefferson	1,703	3,352	92	673	2,079	233,869	26	9,891	697	875	155,168	257	309	32,350	50	63	16,032
Jersey	561	951	46	144	392	54,026	2	354	319	395	155,957	41	73	3,398	55	89	14,616
Jo Daviess	229	487	21	79	262	29,742	3	538	113	156	49,444	23	46	3,089	11	20	1,374
Johnson	413	767	80	136	422	46,790	37	7,218	169	208	53,328	63	83	9,619	8	17	1,919
Kane	6,675	14,939	54	3,280	10,275	1,531,820	403	89,053	2,103	2,564	1,013,017	437	1,041	42,875	452	656	86,912
Kankakee	6,076	12,646	123	2,681	8,702	1,169,257	324	71,094	2,337	2,627	685,586	326	469	37,116	408	524	63,457
Kendall	237	553	15	126	380	50,029	7	2,509	78	125	21,103	6	14	917	20	27	7,746
Knox	2,485	4,663	76	945	2,730	403,530	33	5,069	1,184	1,446	516,280	59	127	7,954	264	327	38,999
Lake	9,903	19,960	45	3,911	12,090	1,830,628	341	90,481	3,869	4,634	2,157,597	1,134	2,024	199,764	648	871	198,912



County	Total All Programs			Aid to Families with Dependent Children			Aged, Blind, or Disabled		Medical Assistance (No Grant)			General Assistance (All Units)			Aid to The Medically Indigent			
	Cases	Persons	Rate per 1,000 Pop. <sup>a</sup>	Cases	Persons	Amount	Cases <sup>b</sup>	Amount	Cases	Persons	Amount	Cases	Persons	Amount	Cases	Persons	Amount	
LaSalle	2,788	5,828	53	\$ 968,172	1,231	3,691	\$ 461,712	71	\$ 17,023	1,135	1,438	\$ 453,965	155	365	\$ 10,193	196	263	\$ 25,279
Lawrence	779	1,329	75	337,697	188	592	71,486	23	9,542	496	568	246,195	45	99	1,137	27	47	9,337
Lee	1,535	2,422	67	463,028	314	978	126,206	9	4,912	1,107	1,200	327,916	15	68	1,876	90	167	2,118
Livingston	817	1,509	36	344,924	296	928	129,570	19	4,451	460	510	194,271	2	4	410	40	48	16,222
Logan	1,435	2,234	70	415,871	321	984	119,229	34	13,173	982	1,057	272,299	41	93	2,092	57	66	9,078
Macon	5,692	10,859	83	1,830,012	2,253	6,874	886,675	187	46,391	1,721	2,095	628,069	1,417	1,515	226,311	114	188	42,566
Macoupin	1,726	3,576	72	710,619	641	2,038	273,845	51	12,446	746	896	376,989	176	444	17,533	112	147	29,806
Madison	10,691	22,087	89	4,046,323	4,922	14,849	2,359,809	557	183,391	3,952	4,763	1,341,222	557	1,125	39,210	703	793	122,691
Marion	1,949	3,503	80	722,643	689	2,028	268,510	30	7,776	940	1,067	388,526	188	250	36,374	102	128	21,457
Marshall	282	560	39	110,228	88	279	31,446	22	5,401	136	185	69,720	15	41	928	21	33	2,733
Mason	756	1,721	88	245,348	375	1,180	144,098	11	1,410	285	396	89,654	20	63	1,880	65	71	8,306
Massac	1,102	1,862	124	334,592	318	936	126,242	29	6,100	471	557	144,010	260	306	48,734	24	34	9,506
McDonough	741	1,456	39	310,517	330	974	127,588	4	1,693	336	382	164,983	20	39	2,242	51	57	14,011
McHenry	1,507	2,750	19	705,307	491	1,462	251,694	33	21,589	862	1,090	401,621	43	60	5,644	78	105	24,759
McLean	2,643	5,062	42	1,034,498	991	2,936	459,057	57	19,695	1,135	1,415	508,958	127	258	8,838	333	396	37,950
Menard	374	641	55	132,243	110	310	34,026	69	15,471	169	200	72,063	4	15	230	22	47	10,453
Mercer	446	913	47	184,893	198	600	98,259	2	478	195	237	72,263	9	23	2,414	42	51	11,479
Monroe	384	623	31	133,515	89	266	31,920	19	4,515	254	284	95,730	12	42	645	10	12	705
Montgomery	1,195	2,225	70	505,411	357	1,097	135,187	12	8,359	651	772	328,068	78	215	7,450	97	129	26,347
Morgan	1,792	2,858	76	535,478	480	1,390	193,853	48	11,275	1,151	1,249	309,688	22	51	3,252	91	120	17,410
Moultrie	293	479	33	133,721	72	207	23,943	15	5,288	181	201	101,537	9	30	490	16	26	2,463
Ogle	764	1,505	32	311,585	323	981	126,259	21	6,001	325	390	163,269	42	42	6,288	53	71	9,768
Peoria	7,164	16,244	81	2,868,283	3,914	12,399	1,954,400	129	44,492	2,372	2,793	761,850	242	314	24,642	507	609	82,899
Perry	685	1,368	63	211,803	267	844	99,083	6	1,026	314	436	105,693	20	22	1,736	48	60	4,265
Piatt	278	514	31	127,289	96	290	42,423	8	1,316	142	170	76,937	12	26	4,925	20	20	1,688
Pike	721	1,389	74	212,893	216	666	84,665	12	3,429	390	463	111,562	46	153	4,787	57	95	8,450
Pope	298	526	119	85,208	92	300	37,326	11	2,693	120	142	32,894	69	77	11,698	6	6	597
Pulaski	1,126	2,069	234	246,371	387	1,217	136,147	12	6,053	434	492	58,900	270	297	37,069	23	51	8,202
Putnam	49	106	17	9,130	17	55	6,184	5	917	20	31	1,575	4	12	246	3	3	208
Randolph	951	1,826	51	365,264	339	1,002	153,467	6	11,228	491	608	191,770	75	163	2,159	40	47	6,640
Richland	437	667	38	168,386	96	267	36,004	57	12,404	255	291	115,880	11	25	596	18	27	3,502
Rock Island	5,292	11,664	70	1,954,076	2,695	8,195	1,166,380	176	58,038	1,740	2,178	637,997	308	578	30,530	373	537	61,131
Saline	1,866	2,874	105	652,675	405	1,166	162,441	67	15,586	978	1,108	403,594	375	472	64,988	41	61	6,066
Sangamon	6,878	13,375	76	2,315,389	2,733	8,390	1,096,972	259	69,058	2,357	3,012	884,129	1,050	1,116	185,161	479	598	80,069
Schuyler	253	402	48	92,339	63	173	21,281	11	1,416	153	179	68,331	11	22	860	15	17	451
Scott	180	328	53	66,807	56	154	16,077	1	137	104	128	47,637	8	21	625	11	24	2,331
Shelby	602	1,143	48	178,674	204	623	71,429	8	1,195	310	382	101,013	47	84	1,472	33	46	3,565
Stark	184	342	46	68,141	50	161	18,185	c	76	112	137	48,484	10	22	761	12	22	635
St. Clair	24,500	50,697	191	8,430,151	10,705	35,117	5,178,785	625	233,653	5,879	6,853	1,647,870	6,995	7,728	1,302,912	296	374	66,931
Stephenson	1,176	2,214	45	373,734	450	1,339	173,385	23	4,433	477	568	167,157	75	120	11,720	151	164	17,039
Tazewell	2,970	6,226	47	1,291,589	1,427	4,239	621,519	91	17,406	1,205	1,503	610,288	95	191	9,044	152	202	33,332
Union	1,423	2,287	136	405,002	302	947	104,490	152	32,568	837	966	245,890	34	62	2,938	98	160	19,116
Vermilion	3,072	6,802	71	1,097,070	1,597	4,837	678,784	98	25,625	1,082	1,303	361,804	128	330	7,513	167	234	23,344
Wabash	436	785	57	165,012	155	444	61,039	c	94	241	261	97,653	22	46	973	18	34	5,253
Warren	632	1,324	60	214,219	310	916	133,243	10	2,769	265	315	74,681	17	37	1,571	30	46	1,955
Washington	427	649	42	210,774	88	269	34,416	8	923	300	322	164,203	7	13	283	24	37	10,949
Wayne	510	954	53	138,357	160	507	62,696	5	2,265	288	333	68,001	17	51	857	40	58	4,538
White	804	1,253	70	277,653	197	550	68,449	21	6,489	503	562	194,077	23	47	1,978	60	73	6,660
Whiteside	1,484	3,067	46	745,481	692	2,051	292,121	9	1,944	661	772	432,808	54	134	4,455	68	101	14,153
Will	7,659	17,448	54	3,309,517	4,047	12,756	1,866,464	308	120,653	2,546	3,154	1,153,386	229	528	23,886	529	702	145,128
Williamson	2,393	4,242	75	735,186	740	2,255	273,152	86	25,512	1,154	1,432	371,918	364	404	61,261	49	65	3,343
Winnebago	8,660	18,479	74	3,336,342	4,312	12,805	1,848,462	361	74,610	2,652	3,224	1,253,355	502	1,086	50,629	833	1,003	109,286
Woodford	551	1,080	32	219,684	209	651	95,463	15	2,375	296	362	117,291	5	14	282	26	38	4,273

<sup>a</sup> Rates are based on total population of April 1, 1980, according to the U.S. Bureau of the Census.

<sup>b</sup> Included 1,154 "0" Grant cases eligible for medical payments only; also 25,056 persons receiving State Supplemental Payments and 5,227 persons receiving Interim Assistance in addition to medical care required for the latter two groups.

<sup>c</sup> Amounts shown under AABI in Jasper, Stark, and Wabash counties represent medical payments in December on behalf of persons eligible prior to that month.

<sup>d</sup> General Assistance data not available for Champaign County. Data for other counties with non-receiving units may be partially estimated.

NOTE: The sum of county amounts under the All Programs heading was \$8,284,458 less than the \$71,973,229 downstate total shown. These discrepancies, reflecting minor differences among tabulations used in the table, included \$2,913 under AFDC, \$6,311 in Medical Assistance, and \$1,165 in AMI, partly offset by an excess of \$2,105 under the Aged, Blind, or Disabled.



LEAGUE OF WOMEN VOTERS OF ILLINOIS  
67 East Madison St., Chicago 60603

(312) 236-0315

August, 1983

*milli*

TO: Local League & ILO Presidents  
HR/SP Chairs

FROM: Phoebe Telser, HR/SP Chair

RE: Social Policies

*Local Private Industry Council  
PIC*

*JTPA - (Job Training Partnership Act)  
+ local peoples.  
are they serving women?*

*Disciplined*

*Domestic Violence in Chgo says no - may see*

All of you should have received the HR/SP memo from Planning the League Year. If you did not, ask your president for it. This memo describes the item, contains suggestions, a bibliography and mentions the Income Assistance Survey, which is an optional project for local Leagues in early 1984. Poor people, including many women and children, have been severely hurt by economic conditions and federal cuts in social programs. The recent Illinois tax increase avoided a serious disaster but many people remain hungry, homeless and without medical care. Local Leagues are strongly encouraged to look at income assistance and its support services: day care, medicaid, job training, etc., in the local community. Background information and details about the survey will be forthcoming in future memos.

Many people have asked how to find a focus or select priorities within the broad areas of HR/SP. I often remark that it covers nearly everything except air, water and trees! The state committee and I try to survey the whole terrain, but we have chosen to focus on continued monitoring of the "new federalism" (budget cuts and block grants), and income assistance, including support services.

So that you will know what other local Leagues have been doing, I am enclosing a chart of studies and action done last year and anticipated for this year, which I have gleaned from your bulletins, annual meeting minutes and conversations. There was a lot of activity in a wide range of areas. (If your League's activities are not included, it indicates that you might like to keep in better communication with the State League.)

Let me know what you are doing so that I can give proper credit and recognition. I always look forward to hearing questions, answers, suggestions and local information to supplement what I can see from my upstate vantage point. I am especially interested in any ideas about how to involve downstate people on my committee or otherwise. Please keep in touch.

*Cathy Sorenson  
Chris Corryell } these might  
                          } be an  
                          } replacement*

*Are we going to monitor  
again?  
Shall we ask for volunteers?*

*Spoke to Kathy Sorenson - R.C.C.  
She's interested in monitoring BUT  
concerned about a conflict w/ her job  
- over - We did not discuss this page,  
                  however.*



Human Resources/Social Policies  
Local League Activities

Studies (for consensus)	1982-83	1983-84
County Government *		Carbondale, Freeport, Morgan Cty., Warren Cty.
Township Government *		Deerfield, DeKalb
Elderly		McDonough County
Employment/Job Training		Geneva-St. Charles
Health/long term care	Decatur, DuPage Cty., Elgin, Elmhurst, Evanston, Homewood-Floss., etc., Rockford, Rock Island	
Housing	Decatur, Edwardsville, Oak Park, Cook Cty., (Housing and School Desegregation)	Glencoe, Homewood-Floss., etc
Income Assistance		Carpentersville-Dundee
Schools/Special Education	Charleston, Western Springs, Wheaton Cook Cty. (Housing and School Deseg.)	Alton, Coles County, Proviso
Social Services	Palatine	
Women's issues	McDonough County	St. Clair County, Many LWV's will participate in the consensus on Ill. laws concerning the dissolution of marriage.

\* Included because General Assistance, health services, etc., are frequently involved.

Action (monitoring, surveys,  
meetings, testimony, etc.)

1982-83

1983-84

Effects of budget cuts on local programs	Aurora, Barrington, Champaign, Charleston, Chicago, <u>Decatur</u> , Deerfield, Edwardsville, Glen Ellyn, Kankakee, Bradley, etc., La Grange, Lake Bluff, Lincoln, McLean County, McDonough Cty., Palatine, Palos-Orland, Springfield, Rochelle, Rockford, Western Springs.	Kankakee, Bradley, etc.
Block Grants	Alton, Elgin, Chicago, Dolton-Harvey, etc., Princeton	
Crisis March	Chicago, Kankakee-Bradley, etc., Joliet, Springfield. Any others?	
Day care	Arlington Hts., Batavia, Chicago, Palatine Wilmette	
Employment	Chicago, Cook County, Hinsdale	
Health	Chicago, Cook County, DeKalb	McLean
Housing/homelessness	Alton, Aurora, Barrington, Champaign, Chicago, <u>Decatur</u> , Edwardsville, Elgin, Glen Ellyn, Highland Pk., Homewood-Floss.. etc., Jo Daviees County, Joliet, Lombard, Northbrook, Palatine, Peoria, Quincy, Rock Island Cty., Waukegan, Wheaton, Wilmette.	Crystal Lake-Cary, Kankakee-Bradley, etc., Lake Forest
Income Assistance	Chicago, Wheaton	Many LWV's will participate in the Income Assistance Survey. 1983-84



Action	1982-83	1983-84
Schools/special education	Batavia, Barrington, Deerfield, Freeport, Highland Pk., Northbrook	
Urban Crisis	Aurora, Chicago	
Women's issues	Alton, Batavia, Barrington, Deerfield, LaGrange, McLean County, Park Ridge, Wilmette, Woodstock-McHenry	Crystal Lake-Cary, Lincoln
LWVIL TFA's and LWVUS Action Alerts	Many LWV's have and will respond in many ways.	

<p>991 0916</p>	<p>ALTON BARRINGTON CHICAGO DEERFIELD</p>	
<p>CHICAGO WOODSTOCK</p>	<p>CHICAGO WOODSTOCK-MCHENRY ETC. CHICAGO</p>	
<p>WILMETTE</p>	<p>VILTON ELLIOTT CHICAGO DOLTON-HIGHLAND ETC.</p>	
<p>Effects of budget cuts on local</p>	<p>ALTON BARRINGTON CHICAGO DEERFIELD        LA GRANGE MCLEAN COUNTY PARK RIDGE        WILMETTE WOODSTOCK-MCHENRY        CHICAGO WOODSTOCK-MCHENRY ETC. CHICAGO</p>	<p>Crystal Lake-Cary, Lincoln</p>

1982-83 1983-84



# PUBLIC AID: FACTS AND FALLACIES

## INTRODUCTION

Income assistance programs as we now know them were created to help people without work during the Depression. The underlying assumptions are that everyone who can be self-supporting through employment should be and those who cannot work have a right to a basic level of income which provides a minimal standard of health and well-being.

The Social Security Act of 1935 and later revisions created two types of programs: entitlement or social insurance programs and income maintenance or welfare programs. Entitlement programs insure members of the labor force against loss of income due to old age, disability, death of the wage-earner or short-term unemployment. The major programs are Old Age, Survivors and Disability Insurance (OASDI), commonly called Social Security; Medicare; and Unemployment Insurance (UI). OASDI and UI are available to covered people who have worked and lost their jobs due to retirement, layoff, or disability. Medicare pays partial medical expenses of any covered person over 65 years old. Entitlement programs pay benefits regardless of current income.

Income assistance programs (also known as welfare, public aid, or public assistance) also began as a part of Social Security Act but, they are only paid to those earning below a certain level. Aid to Families with Dependent Children (AFDC) and Supplemental Security Income (SSI) are the largest programs. Their purpose is to help those unable to work, unable to find work, earning below a minimal level or elderly and not covered by OASDI. These programs contain both cash grants and services, including a health care program called Medicaid, and are designed to promote self-sufficiency through employment whenever possible.

This publication will discuss the provisions of the income assistance programs, the characteristics of those people who receive public aid and issues and problems which need to be addressed. The focus is on Illinois' tax-supported programs, although federal and local governmental programs and those of private agencies are intertwined with them. Entitlement programs will not be discussed.

## History

Poverty has existed throughout recorded history. Current American income maintenance programs can be traced back at least to 12th century England. During medieval times people lived in small, rural villages and earned their livings mainly as farmers and artisans. Each village was able to care for its own poor and to find work for strangers. Religious congregations helped the poor by giving alms as did some wealthy landowners. Those who were better off were expected to help the less fortunate.

The Industrial Revolution and mass production meant that many people were employed in factories in larger towns and cities. As mechanization developed, there were fewer jobs which led to a surplus of labor. The Elizabethan Poor Laws of 1597 - 1601 established secular responsibility for the poor through taxation for the first time. There were publically funded almshouses and some small monetary payments for the aged and handicapped so they could remain at home. Materials

were provided to help people get work. Some private foundations also funded education for the poor.

Colonial America adopted the Elizabethan Poor Laws. Almshouses cared for the elderly, physically and mentally ill, paupers and criminals under the same roof. Some people received home aid and there was some in kind voluntary charity.

Prior to the 1930s public relief in the United States was a patchwork of local, county, state and private activities. Funding, administration and quality of care varied greatly. Illinois offered relief through county poor farms or poor houses. Care was minimal and all types of social outcasts were housed together. Sometimes limited training was given. Illinois was a pioneer in that it was the first state to offer Mother's Aid in 1911 enabling families to stay together.

The Great Depression caused such widespread economic hardship throughout the nation that local and state governments could not cope with it. The federal government became actively involved in the administration and funding of major social programs, some jointly funded with the states.

Federal involvement in human services increased over the next fifty years. New programs were added which were often targeted to deal with specific problems or populations, such as food stamps and hypertension control.

At the present time this trend is being reversed as the New Federalism unfolds. The federal government is reducing its funding and regulations of social programs; responsibility is falling more heavily on state and local governments and the private sector charities once again. Funding for many of the specific targeted programs has been combined into block grants to be allocated by the states as they deem appropriate. Total funds available for these programs were cut by at least one quarter in 1981. It should be noted that the federal entitlement programs OASDI, UI and Medicare, and the public assistance programs and Medicaid remain outside block grants. In 1981 President Reagan made a proposal for states to fund income assistance and food stamps in exchange for full federal funding of Medicaid. The majority of state governors opposed this plan.

At the same time that there has been a shift in political philosophy regarding responsibility for human service programs, our country has been in a major economic transition. A crucial factor causing unemployment in the 1930s was loss of jobs due to increasing mass production and industrialization. Now our economy is in the post-industrial or technical/service period. Many manufacturing jobs are disappearing and unemployment is very high. This factor needs to be kept in mind as the current income maintenance programs are discussed.

## Current Illinois Income Assistance Programs

The Illinois Department of Public Aid (DPA) is responsible for income assistance programs and some supportive services in Illinois. Although the Department has changed names and structure since its inception in 1932 as the Emergency Relief Commission, its basic mandate has remained the same:

**to assist in the alleviation and prevention of poverty and thereby to protect and promote the health and welfare of all the people of Illinois . . .**



(through) financial aid and . . . services . . . to help persons in need maintain a livelihood compatible with health and well-being and develop self-reliance, self-care, self-support and responsible citizenship.

Is this mandate being met?

### Administration

In 1983 the DPA served over one million recipients with a budget of three billion dollars and a staff of approximately 8500 people. There are main offices in Chicago and Springfield, with ten regional offices statewide and over a hundred local, county/district and special General Assistance offices. The budget was divided as follows:

<b>Total</b>	<b>\$2,957,880,324</b>
<b>Income Maintenance</b>	<b>1,075,915,856</b>
<b>Medical Services</b>	<b>1,554,517,053</b>
<b>Social Services</b>	<b>83,156,993</b>
<b>Administration</b>	<b>244,290,422</b>

### Major Programs

Each of the following programs has complex eligibility regulations which change periodically.

- Aid to Families with Dependent Children (AFDC) and Aid to Families with Dependent Children - Unemployed (AFDC-U). AFDC is the largest grant program. Its purpose is to preserve and strengthen family life by providing financial aid, medical aid and social services. Through monthly grants this program serves families with children deprived of support because of the continued absence, incapacity or death of one or both parents or due to the unemployment of the principal wage-earner. The vast majority of recipients are unemployed single mothers with one or two children under seven. However, a small number of grantees are two parent families without work. Recipients must enter the Work Incentive Program unless they are exempt because of age, physical limitations or other valid reasons. AFDC and AFDC-U are funded by the federal and state governments on an equal basis.
- Aid to the Aged, Blind and Disabled (AABD). This small program supplements federal OASDI and SSI.
- General Assistance (GA). This program is available to people in need of financial assistance who do not qualify for other programs (usually because they do not have children, are not old enough or are not within technical definitions of disabled.) GA programs receive no federal funding and are usually administered and funded by townships and sometimes by counties. These local GA programs vary greatly in eligibility requirements, purposes for which aid is given and in the amounts of cash or in kind assistance. About 50 townships have elected to become receiving units, which means that they receive funds from the state to supplement local revenues. These townships are required to follow DPA standards and procedures. In Chicago where the largest number of recipients live, the program is directly administered by the DPA and funded by both the city and the state. In order to qualify for state funded GA, applicants must complete a sixty day job search and then participate in a workfare program.
- Medical Assistance Programs (Medicaid). There are several different medical programs. Each has different eligibility requirements and different services. These programs account for over half of the DPA's annual expenditures. AFDC adults and children up to 18 years old

and AABD recipients are covered by Medicaid. This program is half federally funded and half state funded. Early health screening for AFDC children is called Medichek. There is another program called Medical Assistance — No Grant (MANG) which pays for a portion of the medical bills of people who do not qualify for income maintenance grants but do need help with medical expenses. Recipients are responsible for a portion of their bills known as spend-down which is similar to an insurance deductible. General Assistance recipients are covered by a more limited medical program. Another program called Aid to Medically Indigent (AMI) is available to those with medical needs who are not covered by any other program. GA medical and AMI are primarily funded by the state.

- Food stamps. The food stamp program is federally funded but administered through the DPA field offices. The program provides a supplement to the food budgets of low income households under income and asset requirements set by Congress and the Department of Agriculture. It is available to public assistance recipients and others who are qualified.
- Refugee programs. The DPA administers federally funded refugee programs.
- Social and supportive services. The Department provides virtually no support services at this time. Approximately .5 percent of the annual DPA appropriations from the Social Services (Title XX) Block Grant is used for employment development and social adjustment. There are some new demonstration projects which focus intensive services on a small number of people to develop economic self-sufficiency: Illinois Self-Support Project and Young Parents Program. These were made possible by extra funds from the federal 1983 Emergency Jobs Bill.

## PUBLIC AID STEREOTYPES AND REALITIES

Many people have strong feelings about public assistance and those who receive it. Some people resent having a portion of their taxes spent on government programs to support the poor and unemployed. As a result poor people are often objects of hostility and stereotyping. A number of commonly heard statements will be examined and compared to official data from the DPA and other sources.

**WELFARE IS THE GOOD LIFE.** Illinois spends over three billion dollars a year on public aid. Some people think that welfare recipients live luxuriously. The following information shows total monthly income derived from cash grants, food stamps and energy assistance in comparison to the minimal living standard determined necessary by the state (standard of need) and the federal government (poverty level).

Family Size	Cash Grant*	Food Stamps	Energy Assis.	Total	DPA Standard of Need(1/84)	Fed. Nonfarm Poverty Level
2	\$250	\$128	\$18	\$396	\$462	\$545
3	302	172	18	492	632	685
4	368	206	18	592	713	825

\* Grant levels in 14 counties with the highest cost of living; elsewhere grants are slightly less.



### 1983 Monthly GA Grants for Individuals

Cash Grant	Food Stamps	Energy Assis.	Total	DPA Standard of need (1/84)	Fed Nonfarm Poverty Level
\$144	\$76	\$18	\$238	\$286	\$405

### Composition of AFDC and AABD Rolls in August 1983

AFDC:	488,746	children (median age 7.1 years)
	245,910	caretaker adults (over 10,000 of whom work)
	734,656	total
AABD:	5891	aged
	289	blind
	25,229	disabled (who may be receiving help with medical bills while employed.)
	31,409	total

Grant levels are also falling behind the cost of living. Since 1974 the buying power of the public aid grant has dropped approximately 25 percent due to inflation. Is this luxury?

Then why do people apply for public aid? In August 1983 applications for AFDC were made for the following reasons:

### August 1983 Reasons for AFDC Application

Living below the poverty line	2405	28%
Loss of employment	1482	18%
Loss of employment benefits	1506	18%
Parent left home	1135	13%
Increased medical needs	372	4%
All other	1567	19%
Total	8467	100%

One-third of the applicants had been working and lost their jobs and/or their unemployment benefits. Over one-third live below the poverty line even though they may be employed at very low paying jobs. Unpaid child support is a major reason for needing public aid even though it is not listed as a separate reason for AFDC application. Each applicant must name responsible relatives. The DPA takes steps including withholding of wages to collect court-ordered child support.

### FOOD STAMP RECIPIENTS BUY LOBSTER AND DRINK BOOZE.

Federal food stamps are available to families earning less than 130 percent of the nonfarm poverty level. It is not legal to use food stamps for anything other than the purchase of food. A family of four receives \$206 in stamps which is less than the \$252 which the Dept. of Agriculture has set as minimal for a nutritionally adequate diet. In December 1982 the average amount of food stamps per person per month was \$43. The Dept. of Agriculture diet would require a minimum of \$63.

It is unrealistic to expect food stamp recipients to be less wasteful and more disciplined than the average family. Furthermore, they are usually unable to buy food in bulk because they may not have cars or adequate storage.

**WELFARE ROLLS ARE FULL OF ABLE-BODIED LOAFERS.** This statement is usually made with regard to GA recipients. GA is granted in conjunction with a 60-day job search. The applicant must produce signatures from 24 employers for verification. Only the roughly 20 percent of applicants who are mentally or physically disabled are exempt. Those people receiving grants are required to register for Workfare. If they are "uncooperative" and not exempt from the program because of disability they are immediately dropped. The others work enough hours to pay back their grants at the minimum wage.

Looking beyond GA, many recipients are not employable because they are children, elderly or disabled.

Other recipients would work if jobs were available for which they could qualify. Their education and job skills are low. Only one-third of AFDC and GA recipients have graduated from high school. One-third of AFDC parents have no work experience. When unemployment is high the least skilled workers have the hardest time finding jobs.

Another significant group of recipients are the "new poor," those who may have worked for many years at manufacturing jobs such as steel or automobile workers. A number of these jobs have been permanently lost due to automation and/or foreign competition. For the first time in their lives these people may have been unable to find new jobs or retraining for other types of work. But having exhausted Unemployment Insurance and other resources, they apply for public aid.

Are these people loafers?

**WELFARE MOTHERS HAVE LOTS OF CHILDREN TO GET MORE MONEY.** The average number of children in AFDC families is 2.07. One half of AFDC families consist of a mother and one or two children. Each additional baby increases the grant by only about \$60 a month.

**MANY WELFARE CHILDREN ARE ILLEGITIMATE.** Births to unmarried women in Illinois have been increasing steadily since 1950 in both welfare and non-welfare populations. Nearly half of illegitimate births are the result of teenage pregnancies. Chicago has one of the highest rates of births out of wedlock in the country.

Even if the parents are married at the time of the child's birth, teen mothers often become single parents because teenage marriages are three times as likely to end in separation or divorce as those of older people. Young parenthood is costly in terms of human lives and welfare and health expenses. Teenage mothers often lack prenatal care and good nutrition. Their babies are often premature and the rate of infant mortality is high.

The link between teenage parenthood and poverty is strong. Sixty percent of households headed by females 15-24 years old are living below the poverty line. Schooling is often interrupted abruptly and the young mother is left with a young child to support and few if any marketable skills. Infant day care is very limited so that the mother can seldom finish school or work. Even when the father is present and wants to help support his child, he often finds limited opportunity to do so. He is also likely to be a teenager. The unemployment rate among teenagers is over 25 percent and it is over 50 percent for black teenagers.

A co-ordinated set of services including prenatal and infant care, family planning, educational and vocational counseling, job training and child care will help to reduce dependency and promote self-sufficiency among young mothers. Without such intervention, such families are very likely to be dependent on public aid for a long period of time.

**ONCE ON WELFARE, ALWAYS ON WELFARE.** There is an underclass of people caught in the dependency cycle who have never worked, who have poor skills and who are often without hope of changing their situations. More typically, however, people receive public assistance for relatively brief periods of time, secure jobs and perhaps lose their job again, lose their child care or run into unusual medical expenses or other problems. In 1983 41 percent of applicants for AFDC had received it before.



### Continuous Years Receiving AFDC (1983)

Less than one	27%
one to two	17%
two to three	12%
three to four	9%
four to five	6%
more than five	29%

### 1982 AFDC Recipients

Location	Families	Black	White	Hispanic	Other
Cook County	152,390	75%	12%	12%	*1%
Downstate	72,135	37%	59%	3%	*1%
State total	224,525	63%	27%	9%	*1%

\* less than one percent

The median length of time on GA is 13 months.

Studies have shown that most recipients of income assistance would rather work if they could find jobs. The humiliation of applying plus the low grants motivate recipients to seek self-sufficiency if they have any avenues to do so. However, it is a fact that taking a job may actually mean less net income in some cases.

A number of disincentives are built into the system especially since federal regulations regarding earned income have tightened. Previously AFDC recipients who found work but still did not earn up to the standard of need were allowed to exempt working expenses of \$25 and the total cost of child care expenses from income counted in deciding AFDC eligibility. They also were allowed to "disregard" the first \$30 plus 1/3 of their earned income. Currently recipients are allowed \$75 for work expenses, are limited to \$160 per child per month for child care and the "30 and 1/3" rule applies only for four months. Child care is costly. The going rate for one child per week in Chicago is \$35 to \$60 and up to \$100 per infant. Sixty-two percent of AFDC families have a child under 6 years old. If they need to pay child care costs there may be no economic advantage to employment.

Another major disincentive is the loss of the "green card" for free medical care. Furthermore there is neither money for transportation to find work nor provisions of materials or tools to begin a job. People who are struggling to pay for food, rent, utilities and clothing are very hard pressed to come up with money for transportation. One GA case ended in court. The recipient had located a job but was unable to take it because he did not have the needed tools. He had been found uncooperative because he did not take the job and was dropped from the GA rolls. The Judge ordered the DPA to reinstate his grant.

Other factors which discourage welfare recipients from trying to get work are the low pay scales and lack of promotional opportunities for those jobs available to women and unskilled workers.

How can the cycle of dependency be broken?

**MOST WELFARE RECIPIENTS CHEAT.** Another common misconception is that most public aid recipients are dishonest. Publicity about one "welfare queen" can neutralize the public image of the thousands of honest families struggling to survive on their grants. A DPA study of Illinois AFDC recipients from October 1981 through March 1982 showed that 3.5 percent willfully misrepresented the facts related to eligibility. Over 96 percent of recipients had honestly established their eligibility.

In FY83 there were 585 complaints of recipient fraud. Fifty-one convictions led to recovery of \$1.2 million. Few cases of recipient fraud are prosecuted because the cost of prosecution is high in relation to the small amount of money which is recovered.

There is a difference between receiver and provider fraud. Misrepresentation by applicants for public aid is much less than dishonest and unnecessary billing by a few medical providers. In 1982 the state recovered \$4.5 million from dishonest providers.

By way of comparison a study by USA Today estimated that the State of Illinois loses \$900 million per year because of tax evasion.

**WELFARE IS ONLY A BLACK PROBLEM.** The poverty rate is higher among blacks than among whites, therefore, welfare is paid more often to blacks than whites. However, downstate a large majority of recipients are white.

Do people get welfare because they are black or because they are poor?

**WELFARE IS ONLY A CHICAGO PROBLEM.** As seen in the above table, about two thirds of AFDC recipients live in Cook County, and one third does not. This proportion is true of all public aid recipients as well.

### 1982 All Public Aid Recipients

Location	Individuals	Per cent	Rate
Cook County	730,722	66%	139 per 1000
Downstate	381,256	34%	34 per 1000
Total	1,111,978	100%	97 per 1000

Over the years unemployed people have often come to urban areas seeking work. If they are unsuccessful or if they lose their jobs, their only option may be income assistance. There are larger numbers of poor and marginally poor people located in the cities. These factors account for the higher rate of recipients to the total population.

Nevertheless, four downstate counties had higher rates of persons on public aid than Cook County.

### 1982 Public Aid Recipients in Four Counties

County	Recipients	Rate
Alexander	3065	250 per 1000
Pulaski	2069	234 per 1000
St. Clair	50,697	191 per 1000
Hardin	848	158 per 1000

In addition, data from township-controlled GA programs in Cook, Lake, Dupage and Kane Counties shows a 40 percent increase in suburban GA recipients in the last 3 years with a 59 percent cost increase during the same period.

Some people do not work because they cannot, others would work if they could qualify for available jobs, and still others are unable to live on the money that they do earn. While it is understandable that citizens become increasingly unhappy about spending their hard-earned money when they experience economic hardships, is it fair to blame recipients for the social and economic problems of high unemployment?



## UNSOLVED PROBLEMS

### Lack Of Jobs

The fundamental situation which lies behind any discussion of income assistance is the condition of the economy. High unemployment and the changing nature of jobs have serious consequences for welfare recipients. Their hope for becoming economically self-sufficient is finding an entry-level job. The U.S. has been experiencing a deep recessionary period. Increasing numbers of manufacturing and construction jobs are permanently disappearing in the post-industrial society. Steel and automobile workers, among others, are competing with the long-term unemployed for any available jobs. College graduates frequently have had to accept jobs for which they are over-qualified. A scarcity of jobs exists especially for low and semi-skilled workers.

Jobs which are available in expanding fields are often technical in nature and require high levels of education and specialized training. Although some displaced manufacturing workers are being retrained for these jobs, it is doubtful that an appreciable number of the hard-core unemployed will become sufficiently qualified. Many of them are now functionally illiterate and the necessary amount of training is lengthy and costly.

The current political trend is for governments to reduce their involvement in job training and placement, leaving these problems increasingly to the private sector. The new federal Job Training Partnership Act (JTPA) replaces the Comprehensive Employment and Training Act (CETA). Unlike CETA JTPA does not contain public service jobs. There are no stipends and support services are limited. Historically the private sector has been unwilling or unable to invest sufficient money in training for more than a small number of the least skilled potential workers. Also, employers can hire skilled, unemployed people for low-level jobs.

Another factor is the location of available jobs. Although many unemployed people are minority urban dwellers, many new jobs are located in the areas where minorities comprise only a small portion of the population. Although 84 percent of the black people in the Chicago metropolitan area live in the city, during the last two decades, over 123,000 city jobs were lost, while the suburbs gained 286,000 jobs during the same period. Transportation and housing lacks make many of these jobs inaccessible. Is it surprising that black unemployment is double that of whites?

In order for a welfare recipient to become self-supporting, there must be a job available for which he or she can qualify. The job must be accessible and it must pay above the poverty level.

### The Dependency Cycle And The Feminization Of Poverty

The number of single female-headed families is growing at ten times the rate of single male-headed families. A number of factors have combined to cause this increase: a larger number of divorces, increasing unmarried parenthood, widowhood, unpaid child support, shortage of day care and low paid jobs. Between 1960 and 1981 the number of poor people in female-headed families increased by 54 percent while the number in male-headed families declined by 50 percent. Approximately 75 percent of single parents do not receive full court-ordered child support. Four fifths of welfare recipients are in female single parent families.

While many people receive public aid for a short period of time and then find other income, there is a group of people who are chronically dependent. Young single mothers in their teens are at high risk for long term dependency. Programs targeted to this group, such as the Young Parents Project, may help solve some of the problems by providing guidance, encouragement and supportive services with the goal of self-support.

The issues of pay equity and comparable worth are also involved. As long as women are not paid the same as men for work requiring comparable education, skills, responsibilities and working conditions, many working women will be poor. Three-fifths of working women earn less than \$10,000 a year and one-third earn less than \$7000. If women were paid equitably approximately half of the families which are now poor would no longer be poor.

### The Current Public Aid System.

**Bureaucratic Problems.** The current system of income assistance is complex and the rules are frequently revised. The application process is tedious requiring much staff time. Paperwork delays and computer problems are common. Applicants often wait a month (past the time when they became desparate enough to apply) for a determination of eligibility. In 1982 a new policy made assistance available from the date of approval (or 30 days after application whichever was earlier) ending the longtime practice of making assistance retroactive to the date of application. At one point it even took three weeks to receive emergency food stamps which by law must be issued within five days.

**Grant Levels.** Grant levels fail to meet basic subsistence levels set by the government. Information given above demonstrates that Illinois grant levels do not even measure up to the Department of Public Aid's own standard of need and are eroding in relation to inflation. In 1983 800,000 Chicagoans (1 in 4) lived in poverty and risked malnutrition and 12,000 to 25,000 were homeless. Low grant levels may be intended to provide the motivation to leave the welfare rolls. However, if no job is available, recipients must struggle hard to survive.

**Lack of Support Services.** If the DPA is to fulfil its own mandate including development of "self-reliance, self-care, (and) self-support . . ." a full range of support services must be available. The most important of these are medical care, day care and job training.

Less than three percent of the Fiscal Year 84 DPA budget is allocated for social services. Services which help promote independence are almost totally gone. The DPA has eliminated its social service workers and made deep cuts in the field staff. In 1978 there were 525,000 cases and a staff of 6477 field workers. In 1983 there were 625,000 cases and 5706 field workers. Caseloads increased 22 percent while staff has declined by 12 percent. Some AFDC workers have caseloads of 250, making individual attention nearly impossible.

- **Medical Care.** Over half of the DPA's annual appropriation is devoted to medical care services. There is growing concern over the ever increasing expenses of Medicaid. At the same time there have been serious decreases in the services available to recipients. Increasing burdens have been placed on local public and private hospitals. For example, General Assistance medical will pay a maximum of \$500 per hospitalization regardless of its duration or services needed. Recipients often have to be in a medical crisis or require hospitalization to receive care. Some doctors and hospitals will no longer take Medicaid patients because state payments fall short of their costs and reimbursement is slow. Many recipients are not receiving the care they need and infant mortality rates are high. The DPA is currently beginning to use pre-paid health plans. Since the payments are fixed, costs should be controlled and there is an incentive to keep recipients well. Wouldn't placing the emphasis on early diagnosis and prevention of disease be both more humane and more cost-effective?
- **Day Care.** Another important support service is day care. There is a great lack of day care slots, especially for infants, even for people who are able to pay the price. Statewide there are 17,000 slots and 40,000 eligible children. Federal tax credits are available for child care, but there is little or no benefit for low-income people. The DPA currently allows a limited amount for day care expenses. Marginally employed people are expected to assume the remainder of child care costs.
- **Job training.** DPA money for job training is also virtually nonexistent. Current DPA employment programs are work placements rather than training programs.

**Workfare.** Workfare programs which require work in exchange for receipt of welfare have been around since 1601. They have usually been controversial. The current version requires enough hours of unpaid work to compensate for grants computed at the minimum wage. Job placements are in short term unskilled jobs such as janitors, child care workers or food handlers.

Supporters believe that workfare provides work experience, encourages good work habits and leads to employability and self-sufficiency. They also say that work leads to pride in accomplishments and provides needed services to not-for-profit and governmental agen-



cies. Furthermore, it can discourage malingering because those who do not co-operate are refused grants.

Opponents to workfare believe that the jobs are make-work or "dirty work" that no one else wants to do; that they are often dead-end. There have been charges that workfare workers have replaced paid employees. These placements do not lead to employability and do not carry normal worker benefits such as vacations and Social Security. Opponents consider these jobs involuntary servitude or punishment for being poor. Another problem is that the success of workfare is judged by the numbers of people removed from public aid, regardless of what happens to them. Those who are denied welfare do not just disappear, but may become hungry and homeless. They say that the purpose of public aid may have been forgotten.

One example of workfare is the Chicago GA Jobs Program. The DPA and the Legislative Advisory Committee of Public Aid studied its first 18 months. As of June 1982 40,000 GA recipients were registered in the program. GA grants were cancelled for 17,529: of those 4189 found paid employment, 10,867 were dropped for "non-cooperation" and 2478 were terminated for other reasons. The conclusions were that although the program has saved \$3 in GA payments for every \$1 invested, it has not checked the overall growth of GA nor offered much if any training or upgrading of skills.

Training can make the crucial difference between the effectiveness of work placement and other programs. The AFDC Work Incentive Program at one time stressed job training and public service jobs; now it is primarily job placement. Nationally on-the-job training and public service jobs increased average income by \$1400. Vocational training increased earnings by \$500 but job placement alone added only \$300. Programs which are successful in promoting self-support will have to stress job training for available jobs and must include support services.

## CONCLUSION

The fundamental problem of income assistance is the changing nature of employment and the large number of displaced workers who have been added to the chronically unemployed. Economic hard times have lead to an increased demand for public assistance. Concurrently reductions in federal governmental funding for public assistance and its support services during a time of high unemployment have increased problems for many states including Illinois. Fiscal considerations have led to serious cuts in General Assistance grants, medical, day care, job training and social services. It is very difficult for recipients to survive on their grants and equally difficult for them to find alternatives.

The existing system of public assistance has a number of problems and is in need of reform or replacement. Emphasis has been placed on determination of eligibility and fraud detection, rather than on the services which promote self-sufficiency. Money has been paid for medical and other crises, rather than for prevention. Successful programs need to include a range of services and to be targeted to those most in need. These programs would require increased allocations, at least in the short run. Effective services are staff intensive and therefore would be expensive. But their long term effects may reduce the numbers of people stuck in the public aid system.

Patching up the public aid system may not be the best longterm answer. But until alternatives can be found within the larger economic system, it may be the necessary choice.

Where should we go from here?

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