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# Food Stamps and Immigrant Families

## How Health Care Workers Can Promote Child Health

FEBRUARY 2008

The Medical-Legal Partnership for Children (MLPC) is a program of the Department of Pediatrics at Boston Medical Center and the BU School of Medicine.

The Medical  Legal Partnership for Children  
RAISING THE BAR FOR CHILD HEALTH

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## fiction

I can only apply for food stamps if I am a United States citizen.

My children can't get food stamps if I am undocumented.

I must provide my own immigration information and social security number in order for my children to get food stamps.

I must speak English to apply for food stamps.

If I ask my local office about the Food Stamp Program or live with people who receive food stamps, I will be reported to federal immigration authorities.

If I apply for food stamps for my children, I will be reported to federal immigration authorities.

I shouldn't apply for food stamps because I'll just have to pay them back.

If I receive food stamps, it will harm my sponsor.

Receiving food stamps will result in me being declared a public charge and will impact my chances of obtaining a green card or becoming a citizen.

## fact

**1** Many legal immigrants are eligible for food stamps. In general, if you have held a green card for five years, are a child under 18, get a disability-related benefit, or were admitted to the U.S. for humanitarian reasons, you may be able to get food stamps.

**2** All children who are citizens or hold green cards can get food stamps, regardless of their parents' status. Many legally present immigrant children are also eligible.\*

**3** Undocumented immigrants can't get food stamps, but citizens and some legal immigrants who live with them can. If the only eligible person in the family is a child, an undocumented parent may apply for food stamps on the eligible child's behalf without having to give information about immigration status.

**4** It is not necessary to speak English. Food stamp workers can find interpreters to help you, or you may bring a friend or family member who speaks English. Many states have applications in multiple languages.

**5** Simply asking about your family's food stamp eligibility or living with people who apply for or receive benefits will not result in being reported to immigration authorities.

**6** Food stamp offices verify the information you give to them. If you are undocumented, you can remove yourself from the application, and don't need to provide immigration documents. Other people in the household can still apply and may be eligible.

**7** Nobody has to pay anything back to the government unless they are given an incorrect amount of food stamp benefits.

**8** Receiving food stamps will not harm your sponsor, although their income may impact your eligibility.

**9** Getting food stamps should not

- › impact your ability to get citizenship through naturalization,
- › harm your chances of obtaining a green card, or
- › prevent you from traveling outside of the U.S. and returning successfully.

Getting food stamps may reflect that you have insufficient income to sponsor relatives to come to the United States.\*

\* Please contact an advocate for details on any issues that may need clarification.

# Misconceptions about benefits and immigration status often discourage immigrant families from applying for food stamps.

Rules and regulations vary by state, but here are

# the facts: <sup>xviii</sup>

## The Challenge: Barriers to Immigrant Child Health

Children in immigrant households make up an estimated one out of every four low-income children in the United States.<sup>i</sup> Nearly half of these children live below 200% of the poverty line, compared with only 34% of children in nonimmigrant households.<sup>ii</sup> More likely to struggle with food insecurity, lack of health care, and crowded housing conditions, children in immigrant homes suffer from common health problems at a higher frequency in relation to their peers from citizen-headed households.

## Food insecurity:

limited or uncertain access to enough nutritious food.<sup>viii</sup>

Food insecurity among children leads to:

- › Poor health
- › More emergency hospitalizations
- › Nutrient deficiencies
- › Learning and developmental deficits
- › Emotional and behavioral problems<sup>iii</sup>

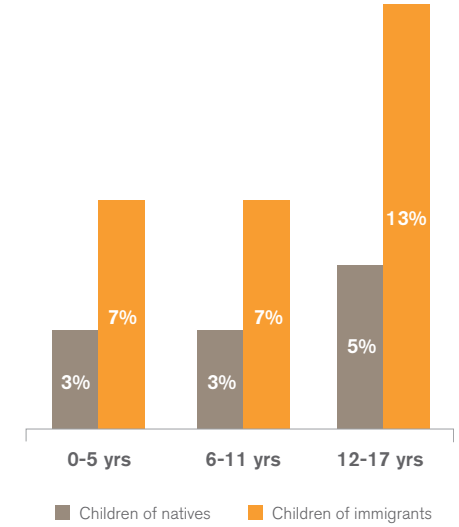
Despite their higher poverty rates and medical vulnerability, children of low-income immigrant families are less likely to receive benefits like food stamps compared to other low-income children. The factors driving this phenomenon include:

- › Stigma about federal benefits programs
- › Fear of negative changes in immigration status
- › Misinformation about eligibility
- › Lack of services in native languages<sup>v</sup>

## Heat or Eat

With the rising costs of home energy and utilities, parents in low-income families are frequently unable to satisfy even their most basic needs. Federal research shows that poor families—many of them immigrant households—offset their home energy costs through decreasing the amount of money they spend on food.<sup>v</sup> Some families must forgo heating or cooling during extreme weather months in order to put food on the table. The lower the family's income, the greater the percentage of their total wages must be spent on energy costs. As a result, affected children face a 10% decrease in caloric intake, as well as a series of potential developmental health risks.<sup>vi</sup>

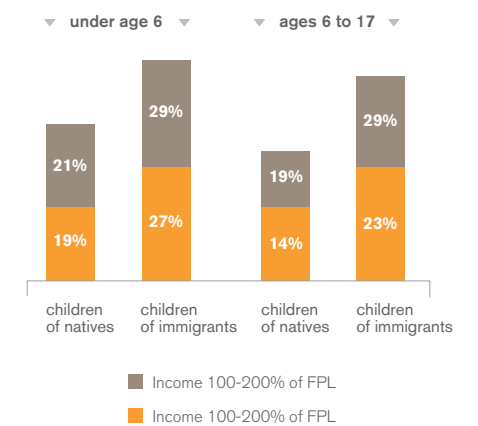
Share of Children in Fair or Poor Health\*



\* These responses are to be contrasted with reports that children are in "good," "very good," or "excellent" health.

Source: Reardon-Anderson, Jane, Randy Capps, and Michael Fix. 2002. "The Health and Well-Being of Children in Immigrant Families." *Assessing the New Federalism Policy Brief B-52*. Washington, DC: The Urban Institute.

Low-Income and Poverty Rates for Children by Age

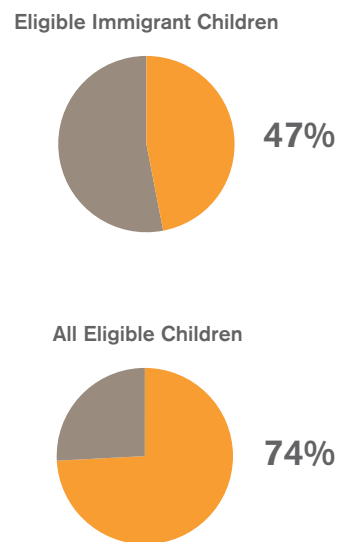


Source: Capps, Randy, Michael Fix, Jason Ost, Jane Reardon-Anderson, and Jeffrey Passel. *The Health and Well-Being of Young Children of Immigrants*. Washington D.C.: The Urban Institute, 2004.

Compared with children of citizens, children of immigrants are more than twice as likely to be reported in fair or poor health.<sup>vii</sup>



## Food Stamp Participation Rates for Eligible Children



Source: Cunningham, Karen. *Food Stamp Program Participation Rates: 2003*. Princeton, NJ: Mathematica Policy Research Inc., 2005.

## Share of Low-Income Children under 6 Receiving Food Stamps



Source: Capps, Randy, Michael Fix, Jason Ost, Jane Rardon-Anderson, and Jeffrey Passel. *The Health and Well-Being of Young Children of Immigrants*. Washington D.C.: The Urban Institute, 2004.

## About the Federal Food Stamp Program

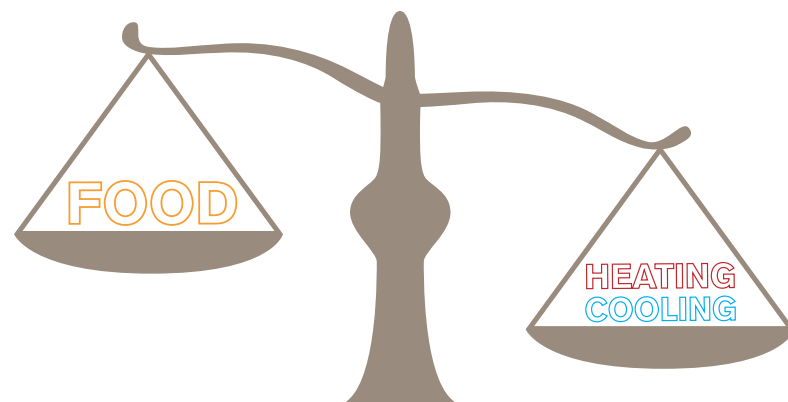
The Food Stamp Program helps low-income families purchase the food they need to stay healthy. Participants enrolled in the program use an electronic benefits transfer (EBT) card, much like a debit card, to purchase certain food items at supermarkets and local stores. Anybody can apply for food stamps, but final eligibility depends on both financial and non-financial factors. Immigration status, household size, expenses, income and assets are all considered. Some legal immigrants are eligible, but others are not. While exact benefit amounts vary, in 2007 a household of four could receive a maximum of \$542 per month.<sup>x</sup> The majority of food stamp benefits—nearly 80%—go to households with children, **but at disproportionately low rates in immigrant households.**<sup>x</sup>

## Food Stamps: A Prescription for Better Health

Food stamp benefits can make a critical difference in a child's overall health and development. Providing parents with extra income to purchase the food that they normally cannot afford, food stamps allow children to receive the nutrients they need for healthy development. Recent research has shown that citizen children of immigrant parents in households that receive food stamps are 32% less likely to be in poor health than if their families did not receive food stamps.<sup>xi</sup> And the positive benefits are not just biological: children in households receiving food stamps have been found to achieve higher results on academic exams.

## Heat and Eat

By supplementing parents' income for the purchase of healthy foods, the Food Stamp Program brings families closer to achieving a balance between heating and cooling their homes, and feeding their children.



## Medical-Legal Partnership: An Effective Response to Hunger

The Medical-Legal Partnership model unites legal advocates and health care workers in the clinical setting to promote health and well-being. These advocates work with clinical staff to address families' basic needs, including food, housing, health care, education and safety. Doctors, nurses, social workers and other front-line staff screen families for the social determinants of health. When obstacles to basic needs are identified (such as a denial of an eligible family's food stamp application), health care staff contact their advocate colleagues to respond. By training medical teams to recognize food insecurity, and by making legal advocacy available in the clinical setting, the Medical-Legal Partnership model promotes early identification and elimination of conditions that threaten patient health.

## Case Study: Boston Medical Center's Energy Clinic

Recognizing growing food insecurity and rising energy costs among patients seen at Boston Medical Center (BMC), the Medical-Legal Partnership for Children (MLPC) combines the power of advocates and health professionals to secure food stamps and utility supports for eligible patient-families. During routine pediatric appointments, medical staff ask parents about their household circumstances. When problems accessing nutritious food or challenges paying utility bills are identified, clinicians refer the family to the Energy Clinic.

Energy Clinic staff and volunteers advise patient-families about the Food Stamp Program, screen them for eligibility, and if eligible, submit a food stamp application on the spot. They then track the application from beginning to end, ensuring that applicants are treated fairly and that decisions on eligibility follow state and federal regulations. Advocates also assist families with low-income discounts and shut-off protection on their utility accounts, freeing up income to spend on healthy food. As a result of Energy Clinic advocacy during 2006, BMC patient-families cumulatively received over \$7,000 per month in food stamp benefits.

### BY THE NUMBERS

**\$242** – the amount of monthly food stamps awarded to a family that came into the Energy Clinic with immigration concerns, and decided to apply, but only after being reassured that benefits would not affect their immigration status.

### SCREENING QUESTIONS



- Are you making ends meet?
- Does your family always have enough food to eat?
- Are you having any troubles paying your utility bills?

## Health Care Workers: Uniquely Poised to Identify Barriers to Health

Health care professionals play a critical role in addressing food insecurity, given the trusting relationship that exists between them and their patients.<sup>xiv</sup> In fact, Boston focus groups have indicated that a family's pediatrician is the most trusted messenger for delivering information about welfare and public benefits.<sup>xv</sup> Additionally, families return to see their pediatrician frequently – even when parents have stopped receiving health care themselves.

For these reasons, pediatric and other health care teams are uniquely positioned to screen for food and energy insecurity issues preventively.<sup>xvi</sup> When immigrant parents express hesitation or fear in the exam room, medical professionals are in the trusted position to encourage families to apply for the benefits to which they are entitled.

“Young low-income children of U.S. citizens are twice as likely to receive food stamps than are young low-income children of immigrants.”<sup>xiii</sup>

“The best way to help children is to help their parents, and the best way to reach parents is through their children.”<sup>xvii</sup>  
—Dr. Barry Zuckerman, Chief of Pediatrics, Boston Medical Center