Means-Tested Transfers in the U.S.: Facts and Parametric Estimates

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Abstract

How substantial are means-tested transfers in the United States? How have these transfers evolved over time, and what is their impact on the income distribution? We use microdata from the Survey of Income and Program Participation to document the scope of the main means-tested programs for households headed by working-age adults. We report key features of these programs, their generosity, and coverage by household income, marital status, and the number and age of children in the household. We also assess the role of the transfer system in reducing income inequality and document its changing magnitude and effects in recent years. Finally, we estimate a flexible function that captures the non-linear nature of transfers as a function of income and household characteristics. These estimates are portable and ready to use in applied work in macroeconomics and public finance.

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1 Introduction

How substantial are means-tested government transfers in the United States for households headed by working-age adults? How do these transfers change by household income and demographic characteristics? How do they affect income inequality? This paper addresses these questions. First, we document the scope of the main means-tested programs that target the non-retired population, presenting key facts about their generosity and coverage and how these features vary by households' income and demographic characteristics. We also document how the size and coverage of transfer programs have evolved over time, and their cyclical properties. Second, we examine the impact of these programs on household income distribution. Finally, we provide parametric estimates of effective transfer functions that can be readily used in applied research.

Several key observations motivate our work. First, the transfer system to households of working age in the United States reaches a substantial portion of the population and redistributes significant resources. We document that between 2013 and 2016, about 35% of working-age households received some transfers in a given year, and, conditional on receipt, the transferred amount exceeded one-fourth of the average household income, about \$17,000.[1] Second, the U.S. welfare system encompasses multiple programs that combine cash and in-kind transfers. As these programs differ in scope and magnitude, the significance of the system is sometimes obscured or poorly understood. In addition, the transfer system has grown significantly in recent times in terms of coverage and transferred amounts. We contribute by providing a systematic, big-picture characterization of the generosity and coverage of the system and its evolution over time. Finally, a large and growing body of research in modern macroeconomics and public finance that incorporates household heterogeneity requires a description of effective transfers to households at different income levels. We fill this void by providing a ready-to-use set of parametric estimates. We estimate transfers and coverage as functions of household income that capture the nonlinear nature of the system in practice.

We use data from different waves of the Survey of Income and Program Participation (SIPP) from 1998 to 2016, covering the period after the 1996 Welfare Reform. Our benchmark analysis pertains to the last waves from 2013 to 2016. We subsequently use previous

[1] All monetary values reported are in 2016 dollars.

waves to document time trends. We consider four major transfer programs for which we have direct measurements of the monetary value of transfers received: Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and the Supplemental Security Income (SSI). Two other programs, Housing Assistance and Medicaid, require imputations to calculate their monetary values. For the analysis, we differentiate between non-medical and total transfers. We report the average amounts received (both unconditional and conditional upon receipt) and coverage at different percentiles of the income distribution. We measure coverage along the extensive (the fraction of households that receive any assistance in a given year) and the intensive margin (the fraction of months a household receives some assistance in a given year). We also document how these magnitudes depend on the household head's marital status and the number and ages of children in the household. All of the programs we study are income-tested. While some, such as SSI, have asset testing, others, such as WIC and housing assistance, do not. For the other programs, TANF, SNAP, and Medicaid, asset testing became less important over time.

The transfers received by households decline rapidly as household income increases. On average, households without any pre-transfer income, who constitute about 6.5% of all households, receive about $7,500 from non-medical transfers and $13,700 from Medicaid. The sum, about $21,000, amounts to 26% of the mean household income in the U.S. The transfers decline for households with positive but very low pre-transfer incomes and then increase again, creating a hump-shaped pattern with respect to household pre-transfer income. At the bottom 10% of the income distribution, households receive $4,000 and $14,000 as non-medical and total transfers. These transfers decline to $600 and $3,800 at the 5th decile and to $170 and $1,200 at the top decile. The decline in transfers with household income reflects reduced coverage, as transfers conditional on receipt remain constant beyond the bottom 10% of the income distribution.

The transfer system has extensive coverage. Almost 82% of U.S. households with no pre-transfer income receive some transfers in a given year. The share is 70% for the 1st decile and declines to 30% at the 5th decile. Surprisingly, the share of households receiving transfers remains significant even at the top of the income distribution. About 5% of households in the top 10% of income distribution receive some non-medical transfers during a year. The data suggest that the presence of a disabled or elderly household member is a key driver of

transfer receipt among relatively high-income households. While non-medical transfers and their coverage are significant, Medicaid, as a single program, dominates other programs.

We next show the extent to which transfers reduce household income inequality. The Gini coefficient declines from 0.48 for the pre-transfer to 0.40 for the post-transfer income distribution. Changes in these magnitudes are significant, and, surprisingly, they are often overlooked in analyses of income inequality. Even without large Medicaid transfers, non-medical transfers have a significant impact at the bottom of the income distribution.

Transfers to households, as a fraction of mean household income, quadrupled from the start to the end of our sample, from 1998-1999 to 2013-2016. Average transfers were about 2% of mean household income (about $1,500) in 1998-1999; today, they amount to about 7.3% of it (about $6,000). Transfers, conditional on receipt, also increased from about $12,000 to $17,000. The increase in transfers was mainly due to the expansion of Medicaid, partly reflecting the Affordable Care Act's creation of a large, income-based Medicaid pathway for non-elderly adults. While average non-medical transfers increased from $1,100 in 1996 to less than $1,500 in 2014, total transfers more than tripled, from $1,700 to $6,000.

Transfer programs also reach a larger share of households today. At the start of our sample, 19% of households received at least one transfer during the year. Today, about 35% of households do. The increase in participation was not solely due to the expansion of Medicaid; the share of households receiving non-medical transfers also increased from 16% to 24%. During this period, the share of total transfers received by households in the bottom 10% of pre-transfer income declined, while transfers accruing to households in the second and third deciles increased.

Transfers significantly moderate the increase in income inequality in recent decades. Between 1996 and 2014, the pre-transfer income Gini increased from 0.40 to 0.48. The increase in post-transfer income Gini was more muted, from 0.38 to 0.42. Given their means-tested nature, non-medical transfers are countercyclical. At quarterly frequency, the correlation between their deviations from an Hodrick-Prescott (HP) filter trend and that of GDP is -0.32 for transfers and -0.44 for the fraction of households that receive at least one transfer in a month within a quarter. On the other hand, fluctuations in total transfers, which include Medicaid, are much less cyclical.

Finally, we focus on estimating the relationships between transfers received and household incomes. Specifically, we estimate a flexible function that captures the non-linear nature of

transfers across income levels. Our parametrization allows us to estimate transfers received at zero income and the relationship between transfers and household income as income increases. We estimate functions for each major transfer program, the non-medical program, and total transfers. We also provide estimates for married and unmarried households, as well as by the number of children in the household. The estimated transfer functions allow us to compute the reduction in transfers associated with increases in pre-transfer income. The implicit benefit reduction rates we calculate are large: the first dollar earned reduces non-medical and total transfers by about $5,000 and $12,000, respectively. We also estimate an extended version of our effective transfer function, which maps an aggregate of household income and wealth into transfers received.

We note that there also are important means-tested supports in the U.S. that operate through the federal tax system, most notably the Earned Income Tax Credit (EITC) and the Child Tax Credit (CTC), which are not included in our estimates. These programs can be viewed as negative taxes rather than traditional transfers, and eligibility depends only on household income. In contrast, the welfare programs we study vary substantially across states and are administered by different federal and state agencies. Estimating effective transfer functions for these programs, therefore, provides a unified way to summarize a highly fragmented and heterogeneous system.

Related Literature This paper connects to a substantial body of research documenting the U.S. transfer system, its evolution, and its impact on inequality and poverty. Key works, such as those by Currie (2006), Moffitt (2007), and Moffitt (2016) describe the structure of the U.S. transfer system and the changes it underwent after the reforms in 1996. Within this literature, Ben-Shalom et al. (2012) and Scholz et al. (2009) estimate the effects of transfers on poverty, while Hardy et al. (2018) examine how macroeconomic conditions, policy changes, and demographic shifts have driven increased program participation since the 1980s. Our contribution provides a comprehensive overview and time trends for all major means-tested programs, focusing on ready-to-use effective transfer functions for applied research.

Our paper is also closely related to papers that provide parametric representations of effective taxes paid or transfers received as a function of pre-tax-and-transfer income. Gouveia and Strauss (1994) is an early contribution that estimates effective tax functions for the

U.S. for the 1980s. Benabou (2002) put forward a two-parameter tax function that posits a log-linear relation between post- and pre-tax income, which was first estimated for the U.S. and used to study optimal progressivity by Heathcote et al. (2017).[2] Guner et al. (2014) estimate effective taxes as functions of income using different functional forms with micro-data from the Internal Revenue Service. Using a Benabou tax function, Borella et al. (2023) estimate changes in the progress of taxes in the U.S. since the 1980s, while Qiu and Russo (2026) provide estimates for a large set of countries. Some of these papers, such as Guner et al. (2014), focus explicitly on taxes paid, while others, such as Heathcote et al. (2017), combine taxes paid and transfers received, resulting in a higher estimated progressivity of the tax function. Finally, Fleck et al. (2021) provide estimates of the log-linear tax function at the state level to evaluate the progressivity of different tax and transfer provisions at the state level.

We differ from these papers by focusing on providing estimates of effective means-tested transfers, separately from the U.S. tax system. To introduce transfers succinctly for applied work, Hubbard et al. (1995) model them as a consumption floor, which is reduced one-to-one by households' resources (income plus assets). This functional form has since been adopted in quantitative macroeconomic models, particularly to model medical transfers, as in De Nardi et al. (2010). More recently, and in closer alignment with our analysis, Guner et al. (2023) estimated a transfer function that assumes transfers decline linearly with household income, while Ferriere et al. (2023) propose a non-linear transfer function where transfers decline non-monotonically as household income rises. Other papers focus on particular programs and model them in greater detail to capture eligibility and generosity. Low et al. (2018), Wellschmied (2021), Hosseini et al. (2026), Ortigueira and Siassi (2023), Agostinelli et al. (2024), and Zhang (2025) are recent examples.

Finally, the current analysis contributes to papers documenting how income inequality has evolved in the U.S. in recent decades and the potential role of taxes and transfers. Fisher et al. (2022), Heathcote et al. (2010), Kuhn and Ríos-Rull (2016), and Heathcote et al. (2023) are examples in this literature. The role of transfers in moderating the extent of income inequality in the U.S. has recently been emphasized by Gramm et al. (2022).

The paper is organized as follows. Section 2 presents a brief overview of the transfer pro-

[2]This log-linear tax function has been widely used in quantitative macro models in recent years. See, among others, Guner et al. (2016), Holter et al. (2019), and Imrohoroğlu et al. (2023).

grams we study. Section 3 describes the data used in our analysis. Section 4 discusses our basic findings regarding transfer amounts, coverage, and concentration. Section 5 presents the implications of our data for pre- and post-transfer income inequality. Section 6 presents and discusses trends over time and the changing impact of transfers on household income inequality. Section 7 contains our parametric estimates of transfer functions. Finally, Section 8 concludes.

2 Overview of U.S. Transfer Programs

This section provides a brief summary of the major U.S. transfer programs aimed at assisting low-income families and individuals included in our analysis. In the Appendix, we provide a more extensive description of each program. These programs differ in how they condition participation on income and wealth. WIC and housing programs rely solely on income, while SSI has strict asset testing. On the other hand, the importance of assets for eligibility in TANF, SNAP, and Medicaid has been declining over time.

Temporary Assistance for Needy Families (TANF) This program is the main U.S. cash-assistance program for low-income families with children, created by the 1996 welfare reform that replaced Aid to Families with Dependent Children (AFDC). TANF operates as a federal block grant: states receive a fixed $16.5 billion per year in federal funding, unchanged since 1996 and worth about 49 percent less in real terms by 2024. States must also contribute their own resources through a Maintenance of Effort (MOE) requirement, which in the 2023 fiscal year amounted to $17.4 billion out of total TANF-related spending of $33.9 billion. TANF funds can be used to pursue four broad statutory goals—including promoting work, reducing non-marital childbearing, and supporting two-parent families—and, consequently, to finance a wide range of activities, from cash assistance and wage supplements to child care, tax credits, and child welfare services. Only about one quarter of TANF spending ($8.3 billion in the 2023 fiscal year) is devoted to basic cash assistance. There is a 5-year lifetime limit on TANF receipt.

Despite its breadth, TANF cash assistance now reaches a small share of poor families. In September 2024, about 861,000 families received TANF cash benefits, far below historical levels, and most recipients were children. States have wide discretion over eligibility, benefit

levels, work requirements, sanctions, and time limits, subject to a federal five-year lifetime limit on federally funded aid for adults. Benefit levels are low and vary enormously across states, ranging in July 2022 from $915 per month for a single parent with one child in New Hampshire to $162 in Arkansas. Eligibility is also tightly restricted by income and asset tests. While federal law imposes no asset limit, states may set their own, and in 2015 these ranged from no limit in some states to as little as $1,000 in others, with most states exempting at least one vehicle. In recent years, many states have relaxed or eliminated asset tests to reduce barriers to saving and participation (Pirog et al., 2017).

Supplemental Nutrition Assistance Program (SNAP) This program, formerly known as Food Stamps, is the United States' primary nutrition assistance program for low-income households. It is fully federally funded and administered by the states under uniform national rules. Households are generally eligible if gross income is below 130 percent of the federal poverty line and net income (after deductions) is below 100 percent of the poverty line, with greater flexibility for households containing elderly or disabled members. SNAP also uses categorical eligibility, most notably through broad-based categorical eligibility (BBCE), which allows households receiving certain non-cash TANF benefits to qualify under higher income and asset limits (Pirog et al. (2017)). As a result, SNAP reaches many working poor families in addition to the very poorest. In fiscal year 2024, SNAP served an average of 41.7 million people per month at a total federal cost of $99.8 billion, making it the largest means-tested nutrition program in the United States, with an average benefit of about $187 per person per month (roughly $6.20 per day).

SNAP combines income targeting with asset tests and work-related rules. Federal law sets asset limits of $3,000 for households without an elderly or disabled member and $4,500 for those with one, but most states exempt vehicles and, through BBCE, have largely relaxed or eliminated asset tests for much of the caseload. Benefits are calculated using the USDA's Thrifty Food Plan, which determines the maximum benefit for each household size; in the 2026 fiscal year, the maximum monthly benefit for a three-person household is $785. Households are expected to spend 30 percent of their net income on food, so benefits decline with income, with net income calculated after deductions for work expenses, child care, housing, medical costs, and child support. Most households can receive SNAP without a time limit.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) This program is a federally funded nutrition program that supports low-income pregnant and postpartum women, infants, and young children up to age five who are certified as being at nutritional risk. In addition to providing targeted food packages, WIC offers nutrition education, breastfeeding promotion and support, and referrals to health and social services. Eligibility requires income at or below 185 percent of the federal poverty line or participation in SNAP, Medicaid, or TANF, and applicants must also be assessed by health professionals as nutritionally at risk. Unlike TANF and SNAP, WIC does not impose any asset test, making eligibility depend solely on income, categorical status, and nutritional need.

WIC is not an entitlement program but is funded through annual Congressional appropriations, which have been sufficient to serve all eligible applicants every year since 1997. In fiscal year 2024, WIC served an average of 6.7 million women, infants, and children per month at a federal cost of $7.2 billion. Infants and young children account for the majority of participants, and coverage remains especially high for infants, with about 40 percent of all U.S. infants receiving WIC benefits. The program provides a prescribed package of nutritious foods—such as infant formula, milk, whole grains, and fruits and vegetables—rather than unrestricted cash benefits, with the average food cost amounting to about $61 per person per month in the 2024 fiscal year.

Supplemental Security Income (SSI) SSI provides federally financed cash assistance to aged, blind, and disabled individuals with very low income and assets, and has evolved from a program largely supplementing Social Security for the elderly into a core antipoverty program for people with disabilities of all ages. Administered by the Social Security Administration and financed from general revenues, SSI served an average of 7.3 million recipients per month in 2024 at a federal cost of $63.1 billion, with optional state supplements in many states. Eligibility is determined by categorical status and strict means tests: in 2025, the federal benefit rate was $967 per month for an individual and $1,450 for a couple, benefits phase out with earnings and other income, and countable assets are limited to $2,000 for individuals and $3,000 for couples. Consistent with its modern role, the vast majority of SSI recipients qualify on the basis of disability rather than age, including a substantial number of working-age adults and children.

Medicaid is the United States' primary public health insurance program for low-income Americans, providing comprehensive coverage to children, pregnant people, parents, low-income adults, seniors, and people with disabilities. It is jointly financed by the federal government and the states, but administered at the state level under broad federal rules, resulting in substantial cross-state variation in eligibility thresholds, covered services, and provider payment rates. Medicaid is also the nation's largest payer of long-term care, accounting for more than half of all spending on nursing home care and community-based long-term services and supports. As of June 2025, Medicaid covered over 70 million people, and together with the Children's Health Insurance Program, it insured about one in five U.S. residents, including roughly two in five children, one in six non-elderly adults, and a large share of seniors and people with disabilities.

The Affordable Care Act (ACA) fundamentally reshaped Medicaid by creating a new eligibility pathway for nearly all non-elderly adults with incomes up to 138 percent of the federal poverty level, including adults without dependent children who were previously excluded. Although the Supreme Court made this expansion optional, 40 states and the District of Columbia had adopted it by mid-2025, covering more than 20 million low-income adults under enhanced federal financing that pays 90 percent of expansion costs. Eligibility rules now differ by pathway: most children, parents, pregnant people, and ACA expansion adults qualify based on income alone under the Modified Adjusted Gross Income (MAGI) system with no asset test, while seniors and people with disabilities face stricter non-MAGI rules that include both income and asset limits. As a result, Medicaid has become a central pillar of health coverage for low-income working-age adults and families (Altman (2025)).

Housing Programs Federal housing assistance in the United States is delivered primarily through three programs: Housing Choice Vouchers, Project-Based Rental Assistance, and Public Housing, which together subsidize roughly five million low-income households. These programs provide in-kind housing support by capping tenants' rent payments at about 30 percent of adjusted household income and covering the remaining cost up to administratively set limits. Eligibility is means-tested using Area Median Income (AMI) rather than the federal poverty line, with priority given to households with incomes below 30 percent of AMI. There are no binding asset tests, so savings and vehicles do not affect eligibility. Because funding is capped, only about one in four income-eligible renters receives assistance,

making housing subsidies a large but rationed income-based transfer in the U.S. safety net. The total number of participants in the three programs was 5 million households in 2024, about 3.8% of all U.S. households (Freemark and Hermans (2025)).

Aggregate Spending Figure 1 provides an overview of the evolution of aggregate expenditures allocated to the different programs as a share of U.S. GDP since 1980. Panel A documents trends in different non-medical transfers, while Panel B shows non-medical transfers, Medicaid, and the total. The spending on TANF decreased significantly during this period, from above 1% of GDP to about 0.1% in 2022, a decline that had already begun before the Welfare Reform of 1996.[3] Expenditures on SSI and housing assistance have stayed fairly constant, around a quarter percentage point of GDP each. Expenditures on SNAP and WIC are countercyclical with a general upward trend and substantial increases during the Great Recession and the COVID pandemic, reaching up to half a percentage point of GDP.[4] The total transfers have increased from 2.5% of GDP in 1980 to more than 4% in 2022 (Panel B). This increase is driven by Medicaid spending, which rose from less than 1% in 1980 to more than 3% in 2022. In contrast, the expenditure on non-medical transfers declined from 1.6% to about 1% of GDP.

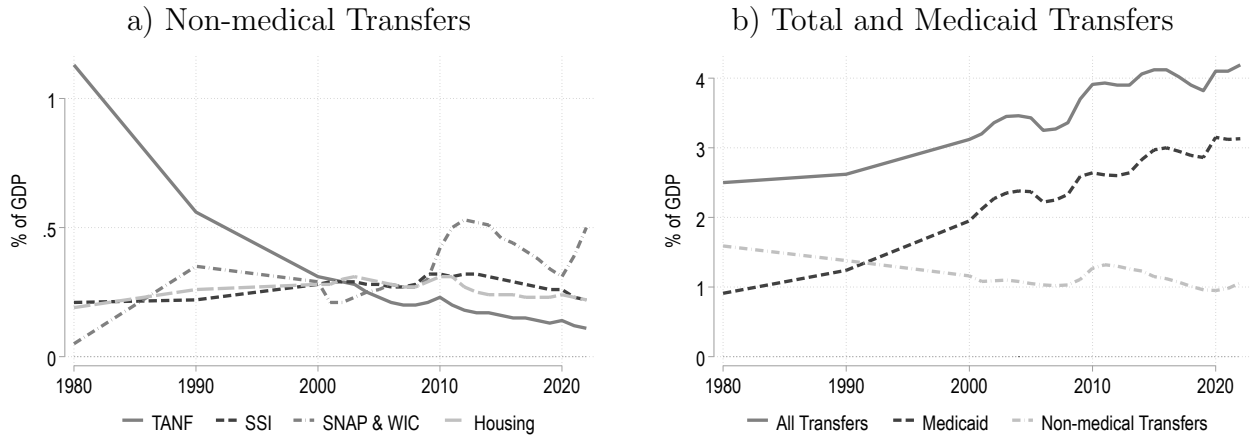
3 Data

We use five panels of the *Survey of Income and Program Participation* (SIPP), which is the most comprehensive source for information on means-tested transfers in the U.S. (Meyer et al., 2015). Each SIPP panel consists of waves that follow households for up to 4 years and provides detailed information on household pre-transfer income, participation in different social insurance programs, and transfer payments received, along with other socioeconomic variables. Our main analysis relies on the 2014 SIPP panel, which spans 2013–2016. We then incorporate the 1996, 2001, 2004, and 2008 panels to document trends over the 1998–2016 period. Because the SIPP underwent a significant redesign after 2016, key information—particularly transfer amounts—is no longer consistently reported, with many programs recording only participation. This break in measurement makes comparisons across

[3]Parolin (2021) estimates that declining participation accounts for about 52% of the decline spending between 1993 and 2016.

[4]On the growing importance of SNAP, see Bartfeld et al. (2015).

Figure 1: Aggregate Spending over the Years



Notes: Expenditure on TANF until 2012 is based on Ziliak (2015), Figure 4.2 and for later years, TANF Financial Data from the U.S. Department of Health and Human Services, Administration for Children and Families, is used. For SNAP and WIC, USDA spending on food and nutrition assistance, fiscal years 1970-2023, available at https://www.ers.usda.gov/topics/food-nutrition-assistance/food-assistance-data-collaborative-research-programs/charts/expenditures/ is used. Spending on housing is from White House Historical Tables, Table 8.7 - Outlays for Discretionary Spending Programs: 1962 - 2029. Spending on Medicaid is taken from National Health Expenditure Tables provided by Centers for Medicare and Medicaid Services, Table 03 National Health Expenditures, by Source of Funds, https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data/nhe-fact-sheet.

pre- and post-2016 panels unreliable, and we therefore exclude later panels from the analysis. We use the household weights, making the SIPP a representative sample of the non-institutionalized civilian U.S. population. Every four months, interviews are conducted with all members above the age of 15 of participating households, asking them about their income and transfers received retrospectively for the preceding four months.

Payments from TANF, SSI, and SNAP are recorded at the household level. The WIC payments, on the other hand, are recorded for each child under age 15, and we sum over all payments for each child to obtain the total for the household. For housing benefits, we only know whether a household was enrolled in the program. To compute the monetary value of Medicaid and housing transfers, we follow Scholz et al. (2009) and Ben-Shalom et al. (2012). For housing, we first obtain the Fair Market Rent (FMR) for each state from the Department of Housing and Urban Development.[5] From SIPP, we also know the rents paid for all households, including those enrolled in housing programs. The monetary value of in-kind housing benefits is then calculated as the difference between the FMR in the state and the rent paid.[6]

For Medicaid, we know the enrollment of each household member. To impute a monetary value, we use the cost of a typical Health Maintenance Organization (HMO) policy in the region where the household lives.[7] If a household contains one individual covered by Medicaid, then we assign the costs of a single HMO policy. On the other hand, if a household contains more than one individual covered by Medicaid, we use the costs of the equivalent number of single policies or the cost of one family policy, depending on which is the cheaper option.[8]

[5]An API is available at `https://www.huduser.gov/portal/dataset/fmr-api.html`.

[6]For 2.7% of the sample, this difference is negative, for whom we assign a value of zero. The state FMRS are population-weighted averages by county (or major metropolitan area). For 0.08% of the sample for whom the state of residence is unknown, we use the national average FMR value. In assigning FMR values, we assume that childless individuals or couples live in a one-bedroom dwelling and families with one or two children live in two-bedroom dwellings. An extra bedroom is added for each child over two.

[7]When the region of the household is not available (0.08% of the 2014 survey panel), we take the national average. Regions are the Northeast, the Midwest, the South, and the West.

[8]The value of a single policy for elderly or disabled individuals is multiplied by a factor of 2.5. For households with elderly or disabled individuals, a family policy is also multiplied by a factor of 2.5 to account for the greater medical needs of these groups. Cost of an HMO policy by region is taken from the "Kaiser Foundations Employer Health Benefits" annual survey (1999-2016).

We classify a household member as disabled if the answer to the question "Does ... have a physical, mental or other health condition that limits the kind or amount of work he/she can do?" is affirmative.

Sample Inclusion Criteria In the analysis, we restrict the sample to the 2014 panel (years 2013 to 2016) and include households in which the head is between 25 and 54 years old. The entire sample of monthly observations within this age group consists of 460,500 observations.[9] The unit of observation is a household-year cell, so if a household is observed, for example, over two full years, it provides two observations. We restrict the sample to households in which the household head's marital status does not change during a given calendar year. Finally, we exclude households headed by self-employed individuals (about 7% of households) and those with negative annual total pre-transfer income (about 0.1% of households). Pre-transfer household income is defined as the sum of labor and asset income from all sources for all household members. Hence, below, whenever we refer to income, unless otherwise stated, it refers to pre-transfer and pre-tax total household income. These sample restrictions leave us with 18,612 households and 38,375 household-year observations. Among households in the final sample, 43% are observed for only one year, 25% for two years, 15% for three years, and 17% for four years. Married, single women, and single men households constitute 50%, 29%, and 21% of household-year observations in the sample, respectively. Although some programs impose asset tests, most transfer programs are increasingly income-tested, which is why income is the primary state variable in our empirical analysis

Caveats Despite its rich information, the SIPP has some well-known drawbacks worth noting. Seam bias (e.g., Ham et al. 2016) leads to disproportionate reporting of changes at wave boundaries relative to within-wave periods, but this is less relevant for our analysis since we rely on annualized transfer totals rather than month-to-month transitions. Attrition is another concern in the SIPP, but our analysis addresses it by using household final weights that adjust for differential nonresponse and attrition. An additional challenge is the misreporting of program participation. Meyer et al. (2022) document that 23% of true food stamp recipient households do not report receipt in the SIPP, compared with 35% in the ACS and 50% in the CPS, and that a substantial number of true non-recipients are also recorded as recipients, especially in the SIPP. In our analysis, we partially mitigate these complex biases by focusing on cross-sectional averages of transfers aggregated to the annual

[9]We exclude household heads aged under 25 so that most college graduates have completed their education. The sample ends at age 54 to exclude those entering into (early) retirement.

level, thereby reducing the impact of month-to-month reporting errors. However, we cannot fully address the misclassification of program receipt, which may still affect the estimated participation level and bias subgroup comparisons.

3.1 Sample Characteristics

In Table 1, we present summary statistics from our benchmark sample. The upper panel documents the socioeconomic characteristics of all individuals and households in the sample, as well as those of those who receive transfers. Compared to the general population, those who received transfers are less likely to be married (51 vs. 36%) and have more children (1.5 vs. 2.1). They are also much more likely to have a household member who is disabled (17 vs. 39%).[10] Figure B1 in the Appendix shows that households with disabled members are concentrated at the bottom of the income distribution. In particular, around two-thirds of households with zero household income have a disabled member.

The lower panel in Table 1 reports household income from different sources and transfers received from different programs, again for the entire sample and conditional on reporting a positive amount for these entries. All monetary values are annual (the sum of monthly values over a year) and are reported in 2016 dollars. The yearly average household income amounts to $82,060. We find that the average amounts received are $63.5 for TANF, $537 for SNAP, $42 for WIC, $466 for Supplementary SSI, $332 for housing benefits, and $4,567 for Medicaid. All programs together amount to $6,007, while non-medical programs amount to around $1,440.[11]

In the fifth column of Table 1, we present the share of households receiving a positive amount of an income category or a particular transfer in at least one month of the year, whereas the last column exhibits the percentage of total months in a given year during which a positive amount is received. About 7% of households do not have any labor income, while about 60% of them do not receive any asset income. Among transfer programs, households are most likely to receive Medicaid or SNAP, with 31% and 18% receiving them over the course of a year, respectively. 24% of all households receive non-medical transfers, and almost

[10] According to the Centers for Disease Control and Prevention (CDC), one in every four adults in the U.S. has some form of disability - https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html

[11] Throughout the tables, we follow the convention of reporting rounded values for values above 100, one decimal for values between 10 and 100, and two decimals for values smaller than 10.

Table 1: Descriptive Statistics

			Conditional on transfer		Percent receiving	
			non-med.	all		
	Mean	Standard deviation	Mean	Mean	HH	Months
Characteristics						
Married	0.51	0.50	0.36	0.41		
Disabled in HH	0.17	0.37	0.39	0.33		
Elderly in HH	0.03	0.17	0.05	0.06		
Have child(ren) in HH	0.67	0.47	0.82	0.80		
Number of children	1.49	1.40	2.08	1.98		
Age	40.3	8.58	39.5	39.8		
Monetary amounts						
Income	82,060	85,773	34,849	44,827	93.5	93.5
Labor income	80,597	83,220	34,644	44,486	92.6	89.6
Asset income	1,463	11,640	205	341	43.2	43.2
TANF	63.5	590	268	182	1.61	1.27
SNAP	537	1,520	2,262	1,537	17.8	15.2
WIC	42.0	182	177	120	6.92	5.64
Supplementary SSI	466	2,261	1,963	1,333	6.00	5.51
Housing assistance	332	1,918	1,401	952	3.99	3.97
Medicaid	4,567	8,508	13,940	13,076	30.6	28.2
Non med. transfers	1,440	4,175	6,071	4,124	24.0	21.3
All transfers	6,007	11,425	20,010	17,200	34.9	32.3

Notes: Entries present summary statistics from our benchmark sample from the 2014 panel of the SIPP, for households with heads aged 25-54. All monetary values reported are in 2016 dollars. The conditional mean and median indicate values conditional on receiving values larger than zero. Disabled and elderly, i.e. above 65, are dummies indicating the presence of a household member fulfilling each criterion.

35% receive some transfers at some point in the year.

In Appendix Table B2 and Table B3, we report descriptive statistics by the marital status of the household head. Married households have significantly higher labor and asset income than single households. The average income for a married household is approximately $110,000, compared to $47,000 for single female households and $61,000 for single male households. On average, married households receive fewer transfers and are less likely to receive them compared to single households. Single-woman households receive approximately $7,700 in non-medical transfers and $20,000 in total transfers, while married households receive $4,500 and $15,000, respectively. Additionally, single-woman households are more likely to receive any form of government transfer and do so more frequently. About 51%

of single-woman households receive government transfers, compared with roughly 28% of married households. Furthermore, single-woman households receive transfers in nearly half of the months in a year, whereas only about 25% of married households do so.

In addition to the six programs we focus on in the analysis, SIPP reports participation in other means-tested programs. These include school breakfast and lunch programs, energy assistance, and Pell Grants. However, these programs are not covered consistently across waves and, as a result, are not included in the analysis. Table B1 in the Appendix shows that in the 2014 panel (2013-2016), approximately 10% and 12% of households participated in free breakfast and lunch programs for schoolchildren, respectively. The share is above 20% for households without any income and remains around 10% until the fifth decile (see Aizer et al. (2022) for further details on different means-tested programs that target children in the U.S.). The Low Income Home Energy Assistance Program (LIHEAP) provides heating and cooling assistance for households whose income does not exceed the greater of 150% of the federal poverty threshold or 60% of the state median income. As Table B1 shows, around 4.8% of households received energy assistance in 2013-2016.[12] Finally, in the 2009-2012 period, 1.6% households received Pell Grants, which supports undergraduate students.[13]

Income Inequality In Table 2, we present the distribution of total gross (pre-tax and transfer) household income in the SIPP sample and, for comparison purposes, from an equivalent sample from the Current Population Survey (CPS) and Survey of Consumer Finances (SCF)[14] While the Gini coefficient is identical in SIPP and CPS (0.48), it is substantially higher in the SCF (0.53), which oversamples high-income households.[15] By contrast, the variance of log income, which is more sensitive to the bottom of the distribution, is highest

[12]This is very close to the number reported by LIHEAP, 6.7 million households out of 131.4 million households in the U.S. or about 5.1%, see https://www.liheap.org/, accessed December 8, 2024.

[13]For the 2024-25 academic year, the maximum Pell Grant was $7,395; see https://studentaid.gov/understand-aid/types/grants/pell for further details, accessed December 8, 2024. In the 2022-23 academic year, around 31.6% of undergraduates in the U.S. were supported by a Pell Grant; see https://nces.ed.gov/ipeds/TrendGenerator/app/answer/8/35, accessed December 8, 2024.

[14]The CPS sample uses Total Household Income from the CPS March Supplements for 2013-2016. The sample is restricted to households with heads aged 25-54. For the SCF sample, we again restrict the sample to households with heads aged 25 to 54 and sum all labor and non-labor income for all household members, excluding households with negative total income.

[15]Gini for household income reported by the Census using CPS is very similar to our measure, 0.48, for the 2014-2016 period. Table A4.b, available at https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-income-inequality.html, accessed on January 15, 2026.

in SIPP (1.31), reflecting its much larger mass of households with very low or zero income (6.5% in SIPP, compared with 1.5% in CPS and 0.4% in SCF).

Consistent with this, SIPP assigns larger income shares to the lower and middle quantiles and smaller shares to the top quantile. The bottom 20% receives 4.9% of total income in SIPP, compared with 3.6% in CPS and 3.7% in SCF, while the top 10% receives 42.2% in SCF, 32.1% in CPS, and 27.1% in SIPP. These gaps are even more pronounced at the top of the income distribution: the top 1% accounts for 5.4% and 8.2% of total income in the SIPP and CPS, respectively, but 16.7% in the SCF.

Table 2: Income Inequality: Benchmark SIPP Sample, CPS (2013-2016), and SCF (2013)

Statistic	SIPP	CPS	SCF
Panel A: Percent of Households			
With zero income	6.53	1.46	0.39
Panel B: Percent of Total Income Across Quantiles			
1%	0.00	0.01	0.00
1-5%	0.30	0.30	0.40
5-10%	1.10	0.75	0.80
1st (bottom 20%)	4.90	3.58	3.70
2nd (20-40%)	11.2	8.98	7.50
3rd (40-60%)	16.4	14.8	12.1
4th (60-80%)	23.2	23.4	19.1
5th (80-100%)	44.4	49.2	57.7
90-95%	10.0	11.0	10.5
95-99%	11.7	12.9	15.0
99-100%	5.40	8.21	16.7
Panel C: Inequality Measures			
Gini coefficient	0.48	0.48	0.53
Var-log income	1.31	1.16	0.88

Notes: This table presents properties of the income distribution from our benchmark SIPP sample in comparison to the corresponding statistics from the CPS and SCF.

These differences largely reflect the SIPP's weaker measurement of asset income. Because asset income rises sharply with income, surveys that better capture the extent of asset holdings – especially the SCF – assign substantially larger shares to top earners and,

correspondingly, higher overall inequality.[16]

Among those with non-negative net worth, 4.9% of the sample have zero wealth. The mean wealth level is $260,403 while the median is only $85,105. Wealth is more unequally distributed than income, with a Gini coefficient of 0.71.

4 Transfers to Households

We present key findings from our data, starting with transfer amounts received by various demographic groups across income levels, followed by an analysis of transfer coverage. Transfer coverage includes both the percentage of households receiving transfers in a given year and the proportion of months within that year during which households receive transfers. Tables showing transfers by income levels indicate the average annual amount households in each income percentile receive from major means-tested programs, expressed in 2016 U.S. dollars. Percentiles of income are calculated excluding those with zero income. Therefore, for instance, the 0-10% percentile is the bottom decile of the income distribution amongst households with positive income. Normalized, these amounts are also represented as percentages of the average annual household income ($82,060 in 2016). Income percentiles are based on all household-year observations in the sample. To enable across-group comparisons and facilitate interpretation, overall percentiles are applied rather than recalculated for each subgroup when presenting results for specific groups (e.g., married individuals, single men, single women).

4.1 Transfer Amounts

Table 3 summarizes the level of transfers to working-age households in the United States. The table shows average transfers across income percentiles for different programs, along with the average income at each corresponding percentile. Panel A presents absolute amounts, while Panel B presents amounts normalized by the mean household income.

Households without pre-transfer income receive significant support, with total transfers averaging $21,000 in 2016 dollars, or 26% of the mean U.S. household income. Of this, about one-third ($7,500) is non-medical, while the remaining $13,700 comes from Medicaid. Among the lowest-income households, transfers initially drop sharply, then increase slightly

[16] On under-reporting of income for higher income percentiles in SIPP, see Pedace and Bates (2000).

with household income. Households in the bottom 1% receive approximately $10,000 — $11,000 less than those with no income and $6,000 less than those in the 1-5% income range. Beyond the bottom 5%, transfers decline rapidly. By the bottom 10%, households receive roughly $4,000 in non-medical transfers and a total of $14,000. Transfers decrease further to $600 and $3,700 at the median (5th decile) and to $170 and $1,200 in the top 10%.

While non-medical transfers are substantial, averaging $1,400 for all households and $4,000 for those in the bottom decile, Medicaid's importance stands out. Moreover, Medicaid's proportion of total transfers grows with income. For households with no income, total transfers are less than three times non-medical transfers, whereas for those in the 50-60% income percentile, this ratio exceeds six.

The Role of Marital Status Table 4 presents transfer distributions by marital status and household income level, underscoring the significant role marital status plays in transfer allocation. Single-woman households with no income receive non-medical transfers amounting to about 12% of average household income (approximately $9,800), and total transfers are nearly a third of average income (around $25,500). Married households receive roughly 27% of the average household income (about $22,000), while single men receive significantly less at 17.9% (about $14,500). Surprisingly, at higher income levels, married households can receive more in total transfers than single women, though not in non-medical transfers. This pattern emphasizes the relative impact of Medicaid within the overall transfer system.

Table 3: Transfers Received by Income Quantile

							Transfers		
Quantile	TANF	SNAP	WIC	SSI	Housing	Medicaid	Non-med.	All	Income
Panel A: $ Amounts									
No income	379	1,977	69.9	3,062	2,106	13,744	7,594	21,338	0.00
0-1%	85.5	897	26.5	1,182	744	6,720	2,934	9,654	194
1-5%	197	1,982	86.9	1,160	1,457	11,041	4,883	15,924	5,451
5-10%	179	1,805	83.6	717	970	9,854	3,754	13,608	14,352
0-10%	177	1,785	79.2	940	1,143	10,015	4,124	14,139	9,375
10-20%	77.1	1,058	90.7	595	454	8,109	2,275	10,384	24,281
20-30%	39.2	518	71.7	348	189	5,711	1,166	6,876	35,861
30-40%	49.3	327	54.7	211	124	4,347	766	5,112	47,336
40-50%	31.8	246	40.0	219	66.1	3,185	603	3,788	59,262
50-60%	14.9	162	30.1	143	75.1	2,581	425	3,006	72,795
60-70%	11.8	111	13.4	104	17.9	1,844	258	2,103	88,922
70-80%	12.6	75.8	10.0	102	21.6	1,477	222	1,699	110,570
80-90%	3.94	58.3	8.32	111	10.7	1,221	192	1,413	146,109
90-100%	1.40	60.3	4.88	96.9	5.77	1,031	169	1,200	278,570
Mean	63.5	537	42.0	466	332	4,567	1,440	6,007	82,060
Panel B: Percentage of Mean Household Income									
No income	0.46	2.41	0.09	3.73	2.57	16.7	9.25	26.0	0.00
0-1%	0.10	1.09	0.03	1.44	0.91	8.19	3.58	11.8	0.24
1-5%	0.24	2.42	0.11	1.41	1.78	13.5	5.95	19.4	6.64
5-10%	0.22	2.20	0.10	0.87	1.18	12.0	4.57	16.6	17.5
0-10%	0.22	2.18	0.10	1.15	1.39	12.2	5.03	17.2	11.4
10-20%	0.09	1.29	0.11	0.73	0.55	9.88	2.77	12.7	29.6
20-30%	0.05	0.63	0.09	0.42	0.23	6.96	1.42	8.38	43.7
30-40%	0.06	0.40	0.07	0.26	0.15	5.30	0.93	6.23	57.7
40-50%	0.04	0.30	0.05	0.27	0.08	3.88	0.73	4.62	72.2
50-60%	0.02	0.20	0.04	0.17	0.09	3.15	0.52	3.66	88.7
60-70%	0.01	0.14	0.02	0.13	0.02	2.25	0.31	2.56	108
70-80%	0.02	0.09	0.01	0.12	0.03	1.80	0.27	2.07	135
80-90%	0.00	0.07	0.01	0.13	0.01	1.49	0.23	1.72	178
90-100%	0.00	0.07	0.01	0.12	0.01	1.26	0.21	1.46	339
Mean	0.08	0.65	0.05	0.57	0.41	5.57	1.76	7.32	100

Notes: This table shows transfers accruing to households at different quantiles of the income distribution. Panel A presents the value of transfers received in dollars for 2016. Panel B presents the information when values are normalized by the mean household income in 2016.

Table 4: Transfers by Marital Status (% of Mean Household Income)

Quantile	Non-medical Transfers				All Transfers			
	Married	Single Women	Single Men	All	Married	Single Women	Single Men	All
No income	7.13	12.0	5.97	9.25	27.0	31.3	17.9	26.0
0-1%	1.66	5.24	2.37	3.58	10.4	14.7	8.60	11.8
1-5%	4.19	8.23	2.82	5.95	19.1	24.4	9.98	19.4
5-10%	4.69	5.72	2.24	4.57	19.1	19.3	8.74	16.6
0-10%	4.26	6.73	2.49	5.03	18.3	21.0	9.22	17.2
10-20%	2.95	3.44	1.38	2.77	16.2	13.8	6.17	12.7
20-30%	1.83	1.62	0.58	1.42	12.2	7.81	3.68	8.38
30-40%	1.14	1.07	0.40	0.93	8.27	5.99	2.81	6.23
40-50%	0.77	0.85	0.54	0.73	5.26	4.73	3.17	4.62
50-60%	0.50	0.79	0.35	0.52	4.01	4.08	2.41	3.66
60-70%	0.26	0.56	0.26	0.31	2.30	3.52	2.50	2.56
70-80%	0.18	0.63	0.35	0.27	1.61	3.89	2.58	2.07
80-90%	0.20	0.40	0.30	0.23	1.39	3.27	2.43	1.72
90-100%	0.19	0.48	0.15	0.21	1.30	2.82	1.86	1.46
Mean	0.91	3.71	1.34	1.76	5.39	12.5	5.49	7.32

Notes: This table shows transfers accruing to households at different quantiles of the income distribution when households are divided between married and single. The information is presented for values normalized by the mean household income in 2016.

In Tables C1 and C2 in the Appendix, we expand the information presented in Table 4 by considering the amounts received by number and age of children. Transfers increase with the number of children in a household. For households in the first income decile, for instance, a married household without children receives approximately 1.7% (about $1,400) of average household income as non-medical transfers and 9% (about $7,400) in total transfers. These transfers increase by 50 and 90%, respectively, for the first child and triple with two or more children. The increase in transfers is even more pronounced for single-woman households: those in the same income decile without children receive around 1.7% and 6.7% (about $5,500) of average household income in non-medical and total transfers, respectively. This amount rises by 2.5 times with one child and nearly 5 times with two or more children. Transfers decline with children's age, except in households with no income. However, the impact of children's age is significantly smaller than the number of children in the household.

4.2 Coverage

Tables 5 and 6 present data on transfer coverage, detailing the likelihood of transfer receipt at various income levels. Panel A in both tables shows the probability of receiving a specific transfer in at least one month of the year, reflecting the extensive margin—the fraction of households receiving transfers. Panel B reports the probability of receiving a transfer in a randomly chosen month, representing the intensive margin—the average fraction of months households receive transfers annually.[17]

The transfer system reaches a substantial portion of households at the lower end of the income distribution, as shown in Panel A of Table 5. Among households with no income, approximately 82% receive some form of transfer, which decreases to about 75% when medical transfers are excluded. As income rises, the share of households receiving transfers initially increases, then declines. About 51% of households in the bottom 1% of the income distribution receive some transfers, compared with 70% of households in the lowest decile. The coverage then drops to 29% by the fifth decile. Notably, even at the highest income decile, approximately 5% of households receive non-medical transfers, which doubles to 11% when Medicaid is included. At the lowest income levels, Medicaid and SNAP are the most common forms of assistance, followed by SSI and housing benefits.

Panel B of Table 5 illustrates the proportion of months households receive transfers. As with the extensive margin, at the lowest income levels, the welfare system not only reaches a significant share of households but also provides support for most of the year. Households with zero income receive transfers in over 80% of months. For households with positive income, this proportion rises at first and then gradually decreases. At the first and fifth income deciles, the share of months with transfer receipt drops to approximately 66% and 26%, respectively. Medicaid emerges as the most significant transfer program, followed by SNAP.

[17] Let there be Y years and N household in the sample. Let T_{iy} be the total transfers of household i in year y. Panel A shows $\frac{\sum_1^Y \sum_1^N \mathbb{1}_{\{T_{iy}>0\}}}{N \times Y}$. Let T_{iym} be transfers of household i in month m of year y. Panel B shows $\frac{\sum_1^Y \sum_1^{12} \sum_1^N \mathbb{1}_{\{T_{iym}>0\}}}{N \times Y \times M}$. By dividing the share of months receiving transfers by the share of households receiving transfers, one can calculate the share of months conditional on receipt.

Table 5: Transfer Coverage by Income Quantiles

							Transfers	
Quantile	TANF	SNAP	WIC	SSI	Housing	Medicaid	Non-med.	All
Panel A: Percentage of Households Receiving								
No income	11.0	66.6	9.56	34.0	24.4	71.7	75.1	81.6
0-1%	3.47	31.7	4.85	14.5	9.56	40.4	37.7	51.2
1-5%	8.04	54.5	13.6	14.2	15.6	65.3	61.0	73.0
5-10%	6.06	51.0	14.5	9.13	11.4	63.2	57.9	70.5
0-10%	6.59	50.5	13.2	11.7	12.9	61.8	57.1	69.5
10-20%	3.38	34.2	14.6	7.64	5.66	53.1	43.6	58.6
20-30%	1.62	19.1	11.7	4.56	2.41	39.1	28.2	44.7
30-40%	1.45	12.3	9.35	3.58	1.53	32.3	20.9	36.4
40-50%	0.92	8.35	6.47	3.19	0.99	24.3	15.3	28.5
50-60%	0.42	6.49	5.24	2.77	1.04	20.8	12.4	24.3
60-70%	0.59	5.21	2.80	1.98	0.53	15.7	8.88	18.5
70-80%	0.53	3.42	1.79	1.66	0.46	12.3	6.35	14.5
80-90%	0.11	2.51	1.66	1.81	0.25	10.0	5.02	12.2
90-100%	0.04	2.46	0.93	1.77	0.16	9.05	4.80	10.9
Mean	1.61	17.7	6.92	6.00	3.99	30.6	24.0	34.9
Panel B: Percentage of Months Received								
No income	6.37	63.0	8.67	32.7	24.4	69.8	72.8	80.1
0-1%	1.79	28.2	4.17	13.6	9.56	38.8	35.4	47.7
1-5%	4.17	48.9	11.0	13.0	15.6	62.1	56.2	69.9
5-10%	3.52	45.1	11.6	8.31	11.3	59.8	53.2	66.9
0-10%	3.60	44.9	10.6	10.7	12.9	58.6	52.6	66.2
10-20%	2.04	28.7	12.0	7.04	5.66	50.4	38.8	55.4
20-30%	0.97	15.1	9.69	4.13	2.41	35.7	24.5	40.7
30-40%	1.10	9.49	7.49	3.23	1.52	29.3	17.7	33.1
40-50%	0.57	6.41	5.21	2.74	0.98	21.6	12.9	25.5
50-60%	0.28	5.01	4.19	2.33	1.04	18.0	10.6	21.0
60-70%	0.29	3.69	2.06	1.61	0.49	13.5	7.01	16.0
70-80%	0.32	2.56	1.41	1.49	0.40	10.8	5.70	12.7
80-90%	0.04	1.86	1.11	1.53	0.25	8.90	4.10	10.6
90-100%	0.03	1.97	0.75	1.44	0.16	7.97	4.42	9.68
Mean	1.27	15.2	5.64	5.51	3.97	28.2	21.3	32.3

Notes: This table shows facts related to transfer coverage. The data are presented in percentages. Panel A presents the percentage of households at each income level that received various forms of assistance. Panel B presents the percentage of months in a given year that transfers are received at different income levels.

Transfer coverage by marital status is documented in Table 6, with additional analysis in the Appendix highlighting the role of children. At very low-income levels (below the

first decile), single-women households have the highest coverage on both the extensive and intensive margins, followed by married households and single men. Among single women with no income, 88% receive some form of transfer (83.6% for non-medical transfers). For married and single-man households, these figures are 78% and 74%, respectively. As income rises, married households take the lead in transfer coverage. For instance, in the fifth decile, 33% of married households receive transfers compared to 28% of single women. This pattern is mirrored in the fraction of months in which transfers are received. Notably, single men show substantial coverage even at higher income levels. Around the median income, nearly one in five single-man households receive transfers, and at the 80–90th income percentile, more than one in six still receive support.

4.3 Transfers Conditional on Receipt

Table 7 summarizes transfers, conditional upon receipt, across income levels. Panel A provides raw amounts in 2016 dollars, while Panel B presents these values as percentages of mean household income. The gap between unconditional in Table 3 and conditional amounts reflects the extent of coverage at different income levels documented in Table 5.

At the bottom of the income distribution, conditional transfers are close to unconditional transfers since a large fraction of households participate in the transfer system. For households with no income, total conditional transfers average $26,500, over 32% of the national mean household income, while unconditional transfers were about $21,000, 26% of the mean household income. At higher income percentiles, conditional transfers are markedly higher than unconditional averages, underscoring their impact on recipient households. Households in the lowest decile receive about $21,000, or 26% of the mean income, compared to $14,000 in unconditional transfers. After the first three income deciles, conditional transfer levels stabilize, remaining above 15% of mean household income for total transfers, as shown in Panel B. Finally, the medical-to-non-medical transfer ratio is substantially lower for conditional transfers than for unconditional transfers, with a ratio of approximately 3.2 at the 40-50% income percentile, compared to 6.3 unconditionally. This variation highlights significant differences in medical and non-medical transfer receipts at similar income levels.

Tables C3, C4 and C5 in the Appendix present conditional transfers based on the number and age of children in households, distinguishing between married households and single

Table 6: Transfer Coverage by Income Quantiles and Marital Status

Quantile	Non-medical Transfers				All Transfers			
	Married	Single Women	Single Men	All	Married	Single Women	Single Men	All
Panel A: Percentage of Households Receiving								
No income	65.5	83.6	66.1	75.1	77.7	87.9	73.9	81.6
0-1%	25.0	44.0	36.3	37.7	46.2	55.3	48.5	51.2
1-5%	53.7	72.7	43.7	61.0	70.0	82.6	56.7	73.0
5-10%	55.5	68.7	39.5	57.9	73.3	78.2	52.7	70.5
0-10%	52.3	68.1	40.8	57.1	69.8	77.9	53.8	69.5
10-20%	51.2	48.7	25.1	43.6	69.5	63.6	36.3	58.6
20-30%	38.3	27.8	14.4	28.2	59.2	44.3	24.6	44.7
30-40%	26.1	21.2	11.1	20.9	46.2	35.5	19.7	36.4
40-50%	17.4	16.3	10.2	15.3	33.2	27.3	20.0	28.5
50-60%	11.7	16.0	11.3	12.4	24.8	28.8	19.3	24.3
60-70%	7.71	12.0	9.72	8.88	17.0	21.9	20.1	18.5
70-80%	5.06	12.3	7.04	6.35	11.9	22.5	19.2	14.5
80-90%	4.25	8.07	7.14	5.02	10.3	19.3	17.5	12.2
90-100%	4.11	10.9	6.24	4.80	9.44	19.9	17.0	10.9
Mean	16.9	39.6	21.7	24.0	27.9	51.0	31.5	34.9
Panel B: Percentage of Months Received								
No income	63.3	81.5	63.7	72.8	75.9	86.6	72.0	80.1
0-1%	27.6	40.3	32.9	35.4	44.7	51.6	44.1	47.7
1-5%	47.3	68.7	38.3	56.2	67.2	80.3	51.8	69.9
5-10%	51.1	63.1	36.0	53.2	70.2	74.7	48.5	66.9
0-10%	47.8	63.4	36.5	52.6	67.0	74.9	49.3	66.2
10-20%	45.0	44.5	21.1	38.8	66.6	60.8	32.0	55.4
20-30%	34.0	23.3	12.6	24.5	54.7	40.1	21.7	40.7
30-40%	22.3	17.7	9.31	17.7	42.9	31.5	17.2	33.1
40-50%	14.6	13.8	8.49	12.9	29.9	24.6	17.4	25.5
50-60%	10.4	13.1	9.26	10.6	22.3	23.4	15.6	21.0
60-70%	6.27	10.4	6.18	7.01	14.5	19.9	17.0	16.0
70-80%	4.70	10.8	5.84	5.70	10.5	20.4	15.9	12.7
80-90%	3.58	6.64	5.09	4.10	9.02	17.2	14.6	10.6
90-100%	3.92	9.43	5.08	4.42	8.25	18.3	15.7	9.68
Mean	14.5	36.2	18.9	21.3	25.6	48.1	28.4	32.3

Notes: This table shows facts related to transfer coverage in relation to marital status. The data are presented in percentages. Panel A presents the percentage of households at each income level that received all transfers and non-medical transfers by marital status. Panel B presents the percentage of months in a given year that all transfers and medical transfers are received at different income levels by marital status.

households. Unconditional transfers increase with the number of children, but the rise is not as steep as for unconditional transfers, reflecting the importance of children for eligibility in different programs.

Table 7: Transfers Conditional on Receipt by Income Quantile

							Transfers	
Quantile	TANF	SNAP	WIC	SSI	Housing	Medicaid	Non-med.	All
Panel A: $ Amounts								
No income	5,954	3,137	806	9,360	8,645	19,683	10,425	26,644
0-1%	4,778	3,181	636	8,695	7,788	17,299	8,297	20,222
1-5%	4,726	4,056	790	8,914	9,323	17,789	8,692	22,776
5-10%	5,087	4,004	720	8,624	8,571	16,467	7,059	20,332
0-10%	4,905	3,975	745	8,774	8,878	17,082	7,840	21,357
10-20%	3,785	3,692	756	8,457	8,026	16,095	5,861	18,729
20-30%	4,061	3,432	740	8,437	7,845	15,988	4,766	16,895
30-40%	4,470	3,446	730	6,518	8,176	14,811	4,330	15,454
40-50%	5,551	3,840	767	8,003	6,771	14,731	4,670	14,841
50-60%	5,312	3,228	719	6,156	7,191	14,367	3,994	14,306
60-70%	4,059	3,011	649	6,468	3,681	13,643	3,683	13,166
70-80%	3,890	2,963	709	6,856	5,404	13,669	3,892	13,368
80-90%	9,097	3,126	748	7,230	4,351	13,715	4,679	13,334
90-100%	4,355	3,062	651	6,747	3,655	12,936	3,830	12,404
Mean	2,930	3,025	608	7,763	8,328	14,941	6,071	17,200
Panel B: Percentage of Mean Household Income								
No income	7.26	3.82	0.98	11.4	10.5	24.0	12.7	32.5
0-1%	5.82	3.88	0.78	10.6	9.49	21.1	10.1	24.6
1-5%	5.76	4.94	0.96	10.9	11.4	21.7	10.6	27.8
5-10%	6.20	4.88	0.88	10.5	10.4	20.1	8.60	24.8
0-10%	5.98	4.84	0.91	10.7	10.8	20.8	9.55	26.0
10-20%	4.61	4.50	0.92	10.3	9.78	19.6	7.14	22.8
20-30%	4.95	4.18	0.90	10.3	9.56	19.5	5.81	20.6
30-40%	5.45	4.20	0.89	7.94	9.96	18.0	5.28	18.8
40-50%	6.76	4.68	0.93	9.75	8.25	18.0	5.69	18.1
50-60%	6.47	3.93	0.88	7.50	8.76	17.5	4.87	17.4
60-70%	4.95	3.67	0.79	7.88	4.49	16.6	4.49	16.0
70-80%	4.74	3.61	0.86	8.35	6.59	16.7	4.74	16.3
80-90%	11.1	3.81	0.91	8.81	5.30	16.7	5.70	16.2
90-100%	5.31	3.73	0.79	8.22	4.45	15.8	4.67	15.1
Mean	3.57	3.69	0.74	9.46	10.1	18.2	7.40	21.0

Note: This table presents the amounts received by individuals conditional on receiving transfers at different quantiles of household income. Panel A presents the raw values in 2016 dollars. Panel B presents the corresponding results normalized by the average household income.

4.4 Concentration

How concentrated are transfers across different income levels? Table 8 answers this question by documenting the share of total transfers in percentage points received by households at different income percentiles. In the table, the numbers in each column sum to 100, as transfers received at different income levels add up to the total spending for each program.

Given the means-tested nature of these transfers, it is unsurprising that most benefits are concentrated among low-income households. Approximately 23% of all transfers go to households with no income, while households in the bottom decile receive about 22% of total transfers. Nearly 90% of transfer spending is directed to households below the sixth income decile. The concentration is particularly pronounced for some non-medical transfer programs, such as TANF, SSI, and housing assistance. In contrast, Medicaid transfers are more evenly distributed across income levels. These findings, along with the magnitude of the transfers involved, suggest that the post-transfer income distribution can differ significantly from the pre-transfer distribution.

Table 8: Concentration of Transfers by Income Group

							Transfers		Sample
Quantile	TANF	SNAP	WIC	SSI	Housing	Medicaid	Non-med.	All	share
No income	39.0	24.0	10.9	42.9	41.3	19.6	34.4	23.2	5.97
0-1%	1.24	1.55	0.58	2.38	2.07	1.39	1.90	1.51	0.86
1-5%	11.9	13.9	7.84	9.48	16.4	9.04	12.8	9.94	3.41
5-10%	12.6	15.4	9.05	6.93	13.6	9.94	11.9	10.4	4.27
0-10%	25.7	30.9	17.5	18.8	32.0	20.4	26.6	21.9	8.55
10-20%	11.4	18.3	20.4	11.9	12.5	16.5	14.6	16.1	8.55
20-30%	5.78	8.86	15.9	6.88	5.29	11.6	7.47	10.6	8.55
30-40%	7.17	5.73	12.0	4.43	3.36	8.91	5.01	7.98	8.54
40-50%	4.47	4.21	8.83	4.15	1.84	6.41	3.79	5.78	8.55
50-60%	2.17	2.88	6.45	2.83	2.09	5.22	2.75	4.63	8.55
60-70%	1.72	1.76	3.00	1.97	0.51	3.66	1.57	3.16	8.55
70-80%	1.83	1.31	2.18	2.09	0.58	3.07	1.44	2.68	8.55
80-90%	0.57	1.00	1.86	2.13	0.30	2.47	1.21	2.17	8.55
90-100%	0.20	1.03	1.04	1.95	0.16	2.07	1.09	1.84	8.55

Notes: This table shows the concentration of various transfers and benefits across different income groups, measured as a percentage of total transfers in its category. The 'Sample share' column indicates the proportion of the sample population represented by each income group.

4.5 Transfers at Top Incomes

A key feature of the data is that, although transfers fall sharply with income, high-income households still receive sizable transfers. As shown earlier, the top income quintile captures about 4 percent of total transfers. Conditional on receipt, households in this quintile receive transfers equal to roughly 15–16 percent of mean household income (Table 7). This pattern is primarily driven by the presence of disabled and elderly household members.

Households with disabled children or adults may qualify for Medicaid and related programs even at relatively high income levels. In particular, children with disabilities can be eligible at incomes well above the poverty line, and in some states, parents can receive Medicaid payments as caregivers. As shown in Figure B1 in the Appendix, about 8% of households with no pre-transfer income include a disabled member, and although this share declines steeply with income, it remains close to 1% even in the top income quintile.

A second channel is the presence of elderly household members. Even though our sample is restricted to households headed by individuals aged 25–54, some households include elderly adults who may qualify for Medicaid—often jointly with Medicare—when medical expenses are high relative to income (see De Nardi et al., 2012). Importantly, Figure B1 in the Appendix shows that the presence of elderly household members is largely flat across the income distribution in our benchmark period (2013–2016), with around 3% of households with an elderly household member.

These mechanisms are reflected clearly in Table 9. Panel A shows that high-income households with a disabled or elderly member receive substantially larger transfers—especially Medicaid—than those without such members. Panel B shows that they also receive transfers in a larger fraction of months. Together, these patterns explain why a non-trivial share of transfers accrues to the top of the income distribution despite strong means-testing.

Table 9: Amount and Months of Transfers Received by Income Quantile Depending on whether Elderly/Disabled Household Members

	Elderly						Disabled					
	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
			Transfers						Transfers			
	Medicaid		Non-med.		All		Medicaid		Non-med.		All	
Panel A: Percentage of Mean Household Income												
No income	16.5	24.7	9.26	9.22	25.8	33.9	9.73	20.1	7.63	10.0	17.4	30.1
0-1%	7.71	24.3	3.50	6.02	11.2	30.4	4.88	11.6	2.54	4.64	7.42	16.2
1-5%	13.3	18.2	5.99	4.99	19.3	23.2	9.08	20.4	5.13	7.25	14.2	27.6
5-10%	11.8	16.3	4.56	5.04	16.4	21.4	9.22	20.1	4.18	5.72	13.4	25.8
0-10%	12.0	17.8	5.02	5.10	17.0	22.9	8.84	19.0	4.40	6.27	13.2	25.2
10-20%	9.57	17.9	2.73	3.83	12.3	21.8	7.88	19.2	2.33	4.82	10.2	24.1
20-30%	6.64	15.5	1.38	2.42	8.03	18.0	5.57	14.6	1.15	2.91	6.72	17.5
30-40%	5.11	10.2	0.88	2.45	5.99	12.6	4.39	10.9	0.70	2.35	5.09	13.2
40-50%	3.69	9.92	0.71	1.66	4.40	11.6	2.95	10.8	0.48	2.60	3.44	13.4
50-60%	2.85	10.8	0.47	1.86	3.32	12.7	2.55	7.77	0.36	1.73	2.91	9.50
60-70%	2.02	10.0	0.29	1.28	2.30	11.3	1.58	7.91	0.19	1.40	1.76	9.31
70-80%	1.61	7.89	0.24	1.27	1.85	9.17	1.32	6.90	0.19	1.08	1.52	7.97
80-90%	1.22	9.11	0.17	2.09	1.39	11.2	0.90	7.76	0.10	1.62	1.01	9.38
90-100%	0.91	9.94	0.16	1.45	1.07	11.4	0.81	7.73	0.12	1.42	0.93	9.15
Mean	5.36	12.7	1.74	2.72	7.10	15.4	3.63	15.0	1.07	5.11	4.70	20.1
Panel B: Percentage of Months Received												
No income	69.6	79.0	72.7	78.4	79.9	85.6	58.6	75.2	58.4	79.7	67.0	86.3
0-1%	37.7	76.2	34.9	50.5	46.7	83.2	32.6	45.3	24.8	46.3	37.5	58.3
1-5%	61.5	77.1	56.4	48.9	69.5	80.5	55.7	72.1	48.9	67.7	63.2	80.5
5-10%	59.8	60.7	53.0	58.4	66.5	77.7	56.1	70.8	49.2	64.9	62.4	80.0
0-10%	58.3	68.6	52.6	53.9	65.7	79.3	54.1	67.6	47.2	63.4	60.8	77.0
10-20%	49.7	68.4	38.2	53.9	54.8	71.5	47.6	63.4	35.1	56.3	52.3	70.3
20-30%	35.1	51.5	23.9	39.6	39.9	61.4	33.0	50.7	21.8	39.3	37.5	58.1
30-40%	28.8	42.8	16.9	37.8	32.3	53.3	27.0	43.4	14.6	36.8	30.1	50.9
40-50%	21.0	42.4	12.4	29.6	24.8	49.5	19.1	40.8	10.6	30.1	22.7	46.8
50-60%	17.1	40.5	9.83	31.8	20.0	46.6	16.2	31.7	8.48	27.4	18.8	37.9
60-70%	12.7	41.2	6.53	23.3	15.0	49.8	11.2	33.0	5.26	21.7	13.4	37.6
70-80%	9.93	38.3	5.10	24.5	11.7	44.1	9.18	28.1	4.40	19.5	10.9	32.5
80-90%	7.91	37.2	3.39	24.4	9.21	50.1	6.88	30.6	2.74	18.7	8.20	36.3
90-100%	6.72	39.5	3.59	25.3	8.24	46.1	6.15	34.2	2.85	27.1	7.49	41.2
Mean	27.7	48.9	20.9	37.0	31.6	56.9	22.8	55.3	15.3	50.8	25.9	63.5

Notes: This table shows transfers accruing to households at different quantiles of the income distribution. Panel A: the transfers received when values are normalized by mean household income. Panel B presents the percentage of months households receive transfers. The columns titled "No" indicate households without an elderly or disabled member. The columns titled "Yes" indicate households with at least one elderly/disabled member. The first six columns indicate whether there is an elderly member, and the last six indicate whether there is a disabled member in the household.

5 Post-Transfer Income Inequality

We now report on how transfers affect inequality by comparing pre-tax and pre-transfer income inequality measures to pre-tax and post-transfer measures. Table 10 highlights the impact of various transfers on inequality measures, both individually and collectively. The results show that transfers substantially reduce inequality across all standard metrics. For example, the Gini coefficient decreases by six points when all transfers are included, dropping from 0.48 to 0.42. With non-medical transfers alone, the reduction is more modest, from 0.48 to 0.46. Similar trends are observed with alternative measures: the variance of log income declines by nearly 36% (47 log points) with all transfers and by approximately 21% with non-medical transfers. The impact is particularly pronounced at the lower end of the income distribution. The 50-10 income ratio, which is 10.2 for the pre-transfer distribution, falls to 3 when all transfers are included. Even excluding Medicaid, the ratio is nearly halved, declining to 5.6. Overall, these reductions in inequality driven by the transfer system are substantial. They also reflect on the importance of Medicaid to working-age households.

Table 10: Pre and Post-Transfer Income Inequality

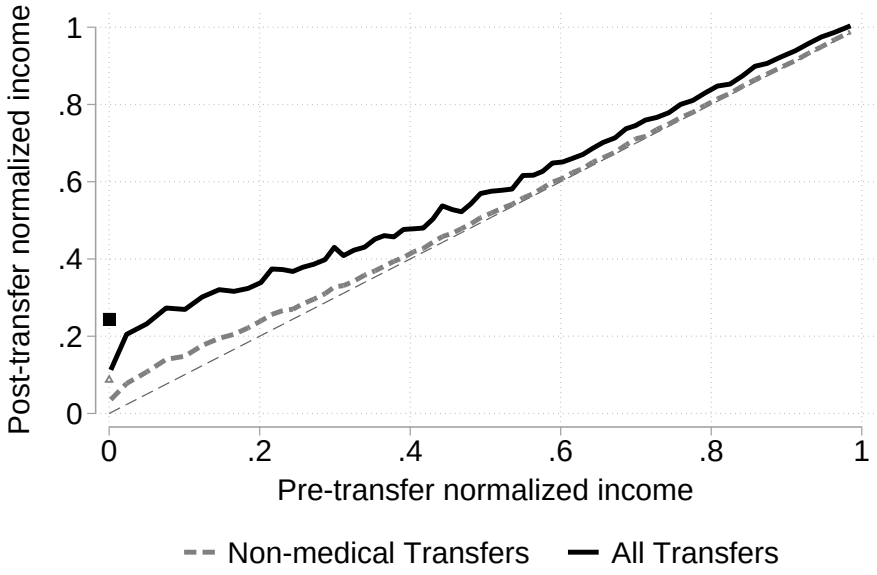
	Pre-transfer	Post-transfer income							
Measure	income	TANF	SNAP	WIC	SSI	Housing	Medicaid	Non-med.	All
90/10	28.0	26.5	21.5	27.6	22.9	22.5	10.3	15.2	7.87
50/10	10.2	9.66	7.86	10.0	8.38	8.19	3.88	5.61	3.01
90/50	2.75	2.75	2.74	2.75	2.74	2.74	2.64	2.72	2.61
Mean/median	1.42	1.64	1.64	1.64	1.64	1.64	1.63	1.64	1.63
Gini	0.48	0.48	0.47	0.48	0.47	0.48	0.44	0.46	0.42
Variance of log	1.31	1.29	1.14	1.30	1.23	1.23	0.92	1.05	0.84
Variance of (log+1)	8.54	7.82	4.07	7.97	6.18	6.83	3.15	3.19	2.37

Notes: This table presents summary measures of income inequality. The first column presents the case of earned income before any transfer. Columns 2-7 show the effects of each measure in isolation on the statistic in question. Column 8 shows the combined effects of all transfers, while column 9 presents the case of the combined effects of non-medical transfers. All measures are pre-tax. See text for details.

Pre- and Post-transfer Income Another way to illustrate the impact of transfers on inequality is to focus on the relation between post- and pre-transfer income. This is shown in Figure 2, where both measures are reported as multiples of average pre-transfer household income. The figure shows that transfers exceed twice the total income of households with pre-transfer incomes around 10% of the average. While the effect declines after that, even for

households with 20% of the average pre-transfer income, it remains substantial: their post-transfer income is approximately 35% of the average pre-transfer income. The figure also highlights Medicaid's considerable role in shaping post-transfer income. When Medicaid is excluded, the impact of transfers is small beyond households with pre-transfer income below 10% of the average.

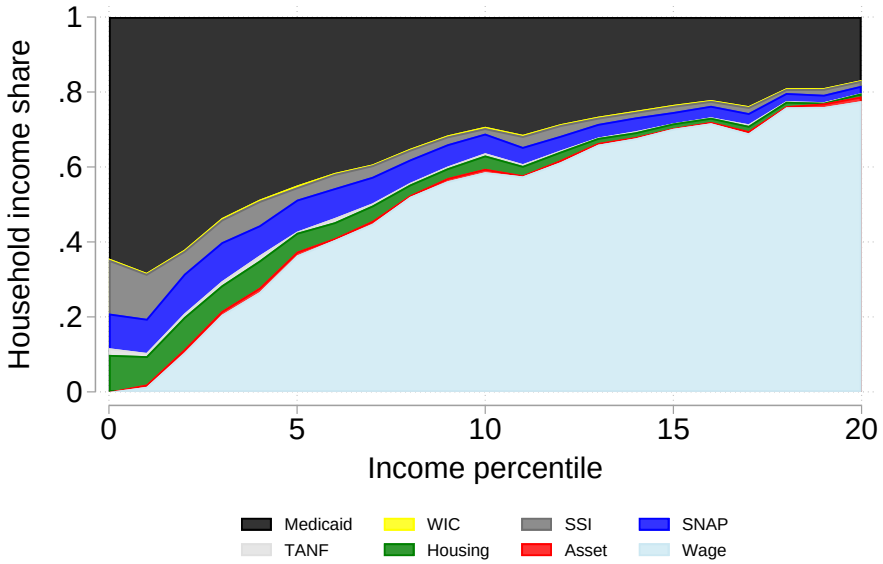
Figure 2: Relation between Pre- and Post-Transfer Income



Notes: The figure displays the relationship between pre-transfer (horizontal axis) and post-transfer income (vertical axis) in terms of shares of mean household income. The solid line applies when all transfers are considered, while Medicaid is excluded in the other. See text for details.

Figure 3 focuses on income from different sources for households in the bottom quantile of the pre-transfer income distribution. For the poorest households (below the 10th percentile), earned income accounts for less than 50% of total household income, with Medicaid transfers making up the largest share of the transfer component. As pre-transfer income rises, the role of transfers diminishes, and the contribution of non-medical transfers declines as well. At the first quantile of the distribution, transfers still account for a significant share, amounting to slightly more than 20% of total household income.

Figure 3: Impact of Transfers, Bottom Quintile



Notes: The figure presents the composition of post-transfer income as income changes. The vertical axis shows the sources of total post-transfer household income as a function of pre-transfer income percentile. The percentiles are computed based on pre-transfer income.

5.1 Summary

At the big-picture level, the following key facts stand out from our findings.

1. Transfers reach a significant share of U.S. households and provide substantial support for those who receive them. Over one-third of working-age households receive means-tested transfers annually, averaging $17,000 per recipient household. The coverage and transfers are significantly higher at the bottom of the income distribution.

2. Total transfer amounts decrease as household income rises, from $21,000 for households with no income to $1,200 for those in the top decile. Non-medical transfers decline more sharply, from $7,500 to nearly zero for top-decile households.

3. While transfers per recipient household decrease gradually with income, they remain substantial at top incomes, amounting to over 15% of average household income for households at the top 10% of the income distribution. Hence, the decline in unconditional transfers is mainly due to reduced program coverage at higher income levels.

4. Medicaid is the largest transfer program, reaching 31% of households with an average benefit of $15,000 per recipient. SNAP, the next largest program in terms of coverage, reaches 18% of households with smaller average benefits of about $3,000.

5. Transfers substantially reduce income inequality, particularly at the lower end of the income distribution. For instance, the pre-transfer 50-10 income ratio drops from 10 to 3 when transfers are included.

6 Trends

We next investigate how transfers (their generosity and coverage) changed over time and how they impacted the evaluation of income inequality in the U.S. To this end, we use data from the previous waves of SIPP, covering the period from 1998-1999 to the benchmark sample for 2013-2016.

Figure 4 shows changes in the magnitude of transfer and their coverage. Transfers (both unconditional and conditional on receipt) increased sharply over time. Unconditional transfers rose from about 2% of the mean household income in 1998-99 (about $1,535) to about 7.3% (about $6,000) in 2013-16, nearly a fourfold increase. There is also a significant increase in coverage, and the fraction of households receiving some transfers increases from about 20% to about 35%.

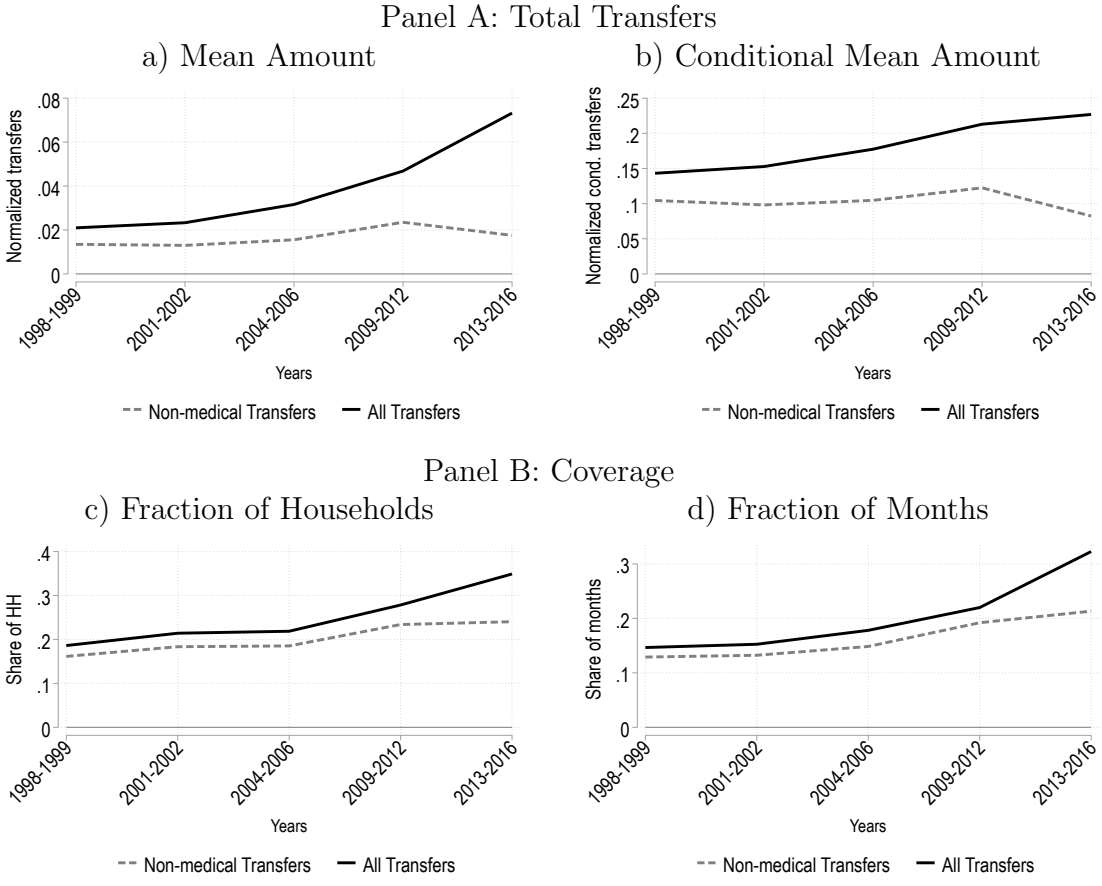
The increase in transfer magnitudes is driven by the expansion of Medicaid. Non-medical transfers as a share of mean household income increased little, from about 1.3% in 1998-1999 (about $998) to about 1.8% in 2013-2016. The coverage of non-medical transfers also increased from 16% to 24% of households. The net result was a decline in non-medical transfers, conditional on receipt: they declined from 10% of average household income in 1998-1999 ($7,676) to 8.2% of average household income ($6,071) in 2013-2016.

These patterns are also highlighted in Figure 5, which shows generosity and coverage in three periods (1998-99, 2004-6, and 2013-16) at different income levels. Since real incomes and transfers change over time, we present data normalized by the mean level of earned income in each period.[18] The figure shows that when all transfers are considered (the right panels), transfer levels increase significantly over the years at all levels of income. There is

[18]Mean household income in real terms grew in our sample by about 8.6% between 1998-99 and 2013-16.

essentially a parallel shift between 1998-99 and 2013-16, and the level of transfers increased by more than five percentage points of mean income. We observe similar patterns for the fraction of households receiving transfers and the fraction of months in a year. The left columns in Figure 5 show the corresponding outcomes for non-medical transfers. While coverage increased between 1998-1999 and 2013-2014, the magnitude of non-medical transfers declined significantly for lower-income households. In 1998-1999, households with incomes 10% of the average household income received about 6.4%. The same household received only 5% of the mean household income in 2013-2016.

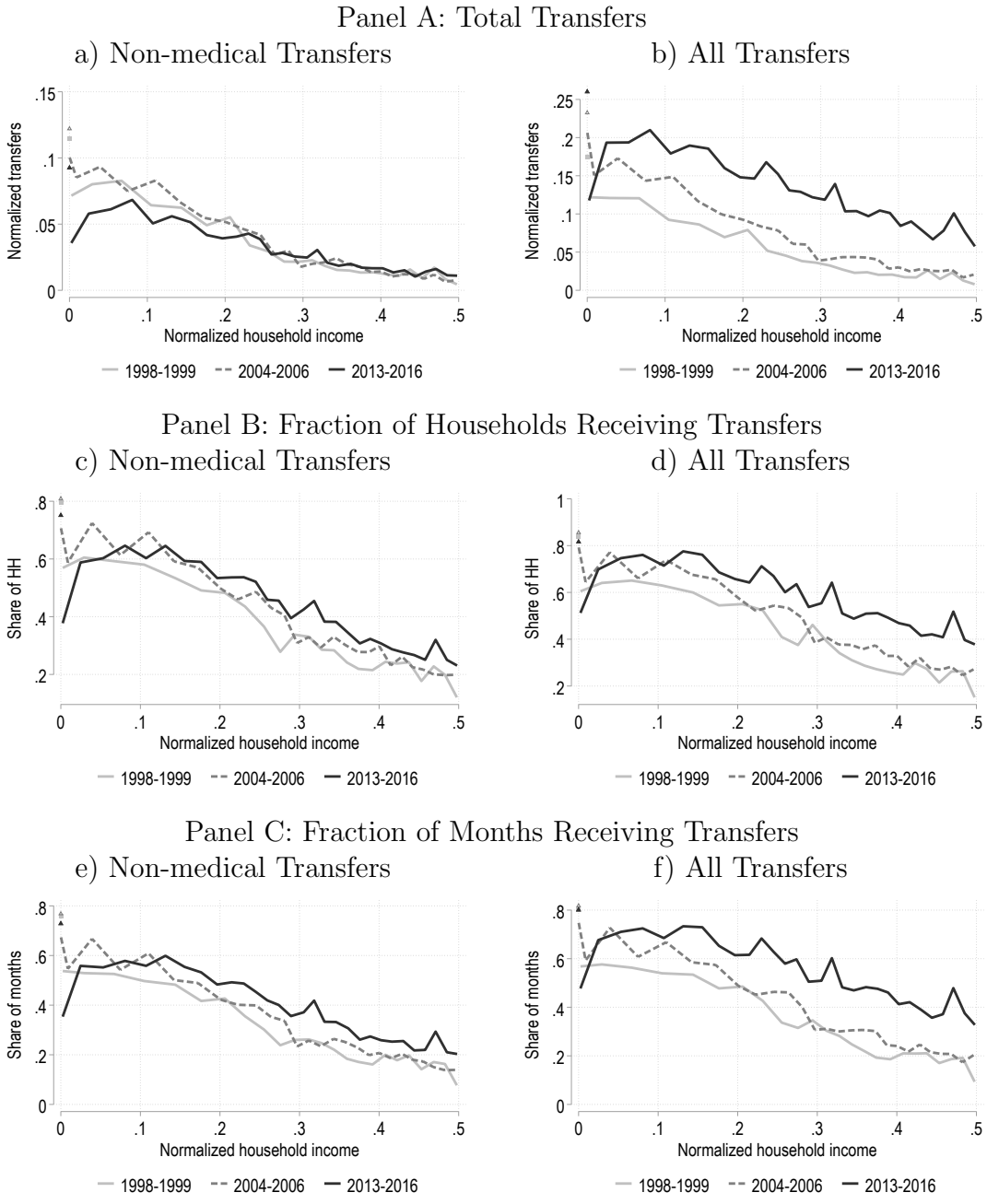
Figure 4: Trends in Transfer Magnitudes and Coverage



Notes: This figure shows the magnitude of transfers and coverage over the years. The horizontal axis shows normalized household income. Household income is normalized to the mean income for each period (1998-1999, 2001-2002, 2004-2006, 2009-2012, 2013-2016). The vertical axis shows normalized transfers in Panel A, the fraction of households receiving transfers, and the fraction of months receiving transfers in Panel B. See text for further details.

Figure 6 shows the evolution of the concentration of transfers over time. The x-axis

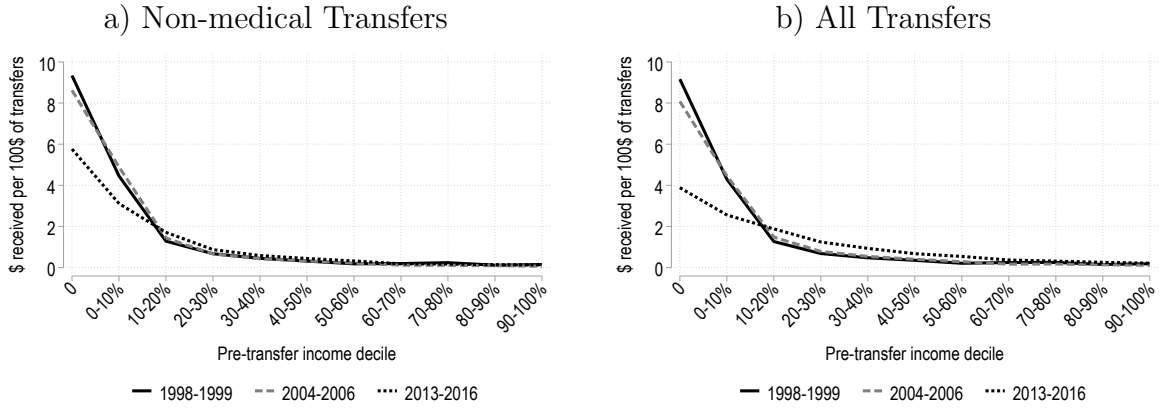
Figure 5: Transfer Amounts and Coverage over the Years



Notes: This figure shows the magnitude of transfers and coverage for different income levels over the years. The horizontal axis shows normalized household income. Household income is normalized to the mean income for each period (1998-1999, 2004-2006, 2013-2016). The vertical axis shows normalized transfers in Panel A, the fraction of households receiving transfers in Panel B, and the fraction of months households receive transfers in Panel C. The left panels cover all transfers, including Medicaid, while the right panel excludes Medicaid.

displays the pre-transfer income bins, starting at zero income, along with the ten deciles of positive income. The y-axis shows the concentration of total transfers per household, indicating how much an average household receives in transfers when the total transfer distributed is set to \$100 (total transfers allocated to each segment divided by the population size in that segment). The left panel shows non-medical transfers, and the right panel reports the total. From \$100 distributed, a household without pre-transfer income received about \$9 in 1998-1999. This amount declined significantly over the years and was about \$4 in the recent panel in 2013-2016. Similarly, the relative share of transfers for households at the bottom declined by almost half. In contrast, the share for all other deciles, particularly the second, third, and fourth, increased.

Figure 6: Concentration over the Years



Notes: The x-axis displays the income deciles of those with positive income as well as those with zero income. The y-axis shows the share of total transfers allocated to each segment, divided by the population size in that segment. In other words, if total aggregate spending on transfers were \$100, how much could a household in the respective income bin expect to receive?

Post-transfer Income Inequality We now report the effect of transfers on income inequality after transfers over the years. Table 11 shows summary measures of inequality over time. Panel A shows the changes in the pre-tax income distribution, while Panels B and C show the post-transfer income distribution resulting from non-medical and total transfers, respectively.

Table 11: Post-transfer Income Inequality over Time

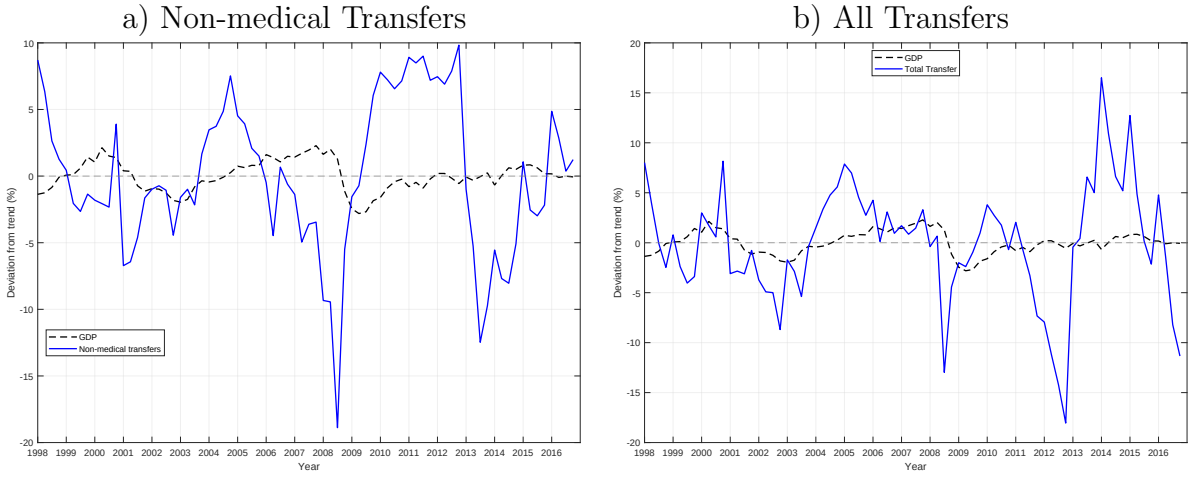
SIPP panel years	1998-1999	2001-2002	2004-2006	2009-2012	2013-2016
Panel A: Earned Household Income					
50/10	4.19	4.35	4.81	8.39	10.2
90/10	9.11	9.78	11.1	21.3	28.0
90/50	2.17	2.25	2.32	2.54	2.75
Gini	0.40	0.41	0.42	0.45	0.48
Mean/median	1.21	1.22	1.25	1.32	1.42
Variance of (log+1)	5.05	4.71	5.41	7.11	8.54
Variance of log	1.15	1.39	1.64	2.01	1.31
Panel B: Household Income After Non-medical Transfers					
50/10	3.31	3.61	3.68	4.39	5.61
90/10	7.16	8.08	8.51	11.1	15.2
90/50	2.16	2.24	2.31	2.53	2.72
Gini	0.39	0.40	0.41	0.43	0.46
Mean/median	1.19	1.22	1.24	1.33	1.64
Variance of (log+1)	1.76	1.71	1.80	2.45	3.19
Variance of log	0.80	0.92	0.94	1.20	1.05
Panel C: Household Income After All Transfers					
50/10	3.04	3.22	3.09	3.23	3.01
90/10	6.56	7.17	7.11	8.08	7.87
90/50	2.16	2.23	2.30	2.50	2.61
Gini	0.38	0.39	0.39	0.41	0.42
Mean/median	1.19	1.23	1.25	1.34	1.63
Variance of (log+1)	1.47	1.43	1.42	1.92	2.37
Variance of log	0.74	0.82	0.80	1.05	0.84

Notes: This table shows summary measures of income inequality over the years, before and after transfers. Panel A shows the case of pre-tax income inequality. Panel B shows the case of after-transfer income inequality when all transfers are considered. Panel C shows the corresponding case when Medicaid is excluded.

The pre-transfer inequality has risen substantially, with the Gini coefficient increasing by eight points, from 0.40 in 1998–1999 to 0.48 in 2013–2016. The post-transfer inequality, however, shows a more moderate rise when all transfers are included: the Gini increases by only four points, from 0.38 to 0.42. Transfers have had a particularly strong impact at the lower end of the income distribution. While the 50-10 income ratio doubled for pre-transfer income over this period, it remained stable at around 3 for post-transfer income. Excluding Medicaid, the effect of transfers is less pronounced: the Gini coefficient rises by seven points, from 0.39 to 0.46.

Cyclicality Finally, we study the cyclicality of transfers using a quarterly panel of average non-medical and total transfers for 1998–2016. We extract cyclical components with an HP filter and compare them to cyclical GDP per capita in Figure 7. Both transfer series are far more volatile than GDP, with standard deviations about five times larger. Non-medical transfers are strongly countercyclical, with a correlation of −0.32 with cyclical GDP per capita, and the share of households receiving them is even more countercyclical (−0.44). In contrast, total transfers—which include medical transfers—are slightly procyclical (0.19), and the fraction of households receiving any transfers is essentially acyclical (−0.07). This difference arises because medical transfers respond much less to the business cycle than non-medical programs.

Figure 7: Cyclicality of Transfers



Notes: The x-axis displays the cyclical components of real GDP vs. mean Non-Medical Transfers (left panel) and Total Transfers (right panel). The quarterly data for the 1998Q1–2016Q4 period. The cyclical component is calculated using an HP-filter with a smoothing parameter of 1600.

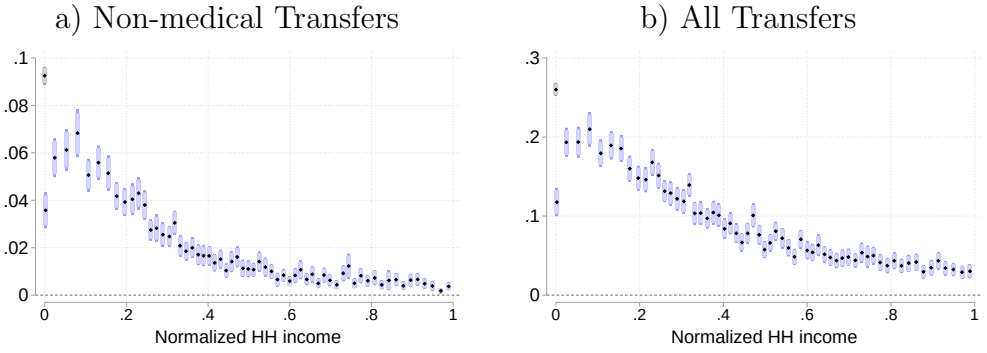
7 Parametric Estimates

In this section, we present parametric estimates of transfer functions designed for use in applied research. These functions map pre-transfer household income to transfers received, enabling researchers to model transfers without needing the full administrative details of the programs. We estimate individual transfer programs, total transfers, and total non-medical transfers. Additional estimates for transfers received by marital status and number

of children, as well as estimates for conditional transfers and transfer coverage, are presented in the Appendix.

Our functional form is informed by earlier findings. Transfers are strictly positive at zero income. For low positive income levels, transfers initially increase, then decline, and eventually taper to zero. This behavior requires a flexible function that accommodates a discontinuity at zero income and captures subsequent non-linearities. To ensure the estimates are unit-free, we model transfers as a function of household income normalized by the mean household income. Figure 8 illustrates the data used for these estimates, showing transfer amounts at various normalized income levels. The tight confidence intervals around average transfer amounts, both with and without Medicaid, indicate that a fitted line will closely approximate observed transfer patterns.

Figure 8: Total Unconditional Transfers with Confidence Intervals



Notes: Each dot in the figures represents the mean transfers of an income percentile. The thin bars indicate the 95% and the thick bars the 90% confidence intervals.

Let I denote household income relative to the mean household income and $T(I)$ denote transfers received, again relative to the mean income. We estimate the following function:

$$T(I) = \begin{cases} e^{\alpha} e^{\beta_0 I} I^{\beta_1} & \text{if } I > 0, \\ \gamma & \text{if } I = 0. \end{cases} \tag{1}$$

The function, defined for cases where income I is positive and when I equals zero, is flexible enough for our data. It has four parameters; α, β_0, β_1, when I is positive, and a parameter γ for when I equals zero. We estimate α, β_0, β_1 for positive household income by regressing normalized transfers on household income using non-linear least-squares.[19] In

[19]The functional form for positive incomes is based on Ricker (1954), and was used first to model the

Table 12, we list the estimated parameters for the received transfer amounts for each transfer considered and for all transfers, both unconditional and conditional on receipt.[20]

Table 12: Estimates for Amount of Transfers (% of Mean Household Income)

							Transfers	
	TANF	SNAP	WIC	SSI	Housing	Medicaid	Non-med.	All
Panel A: Unconditional on Receipt								
γ	0.00	0.04	0.02	0.00	0.03	0.17	0.09	0.26
α	-5.667	-3.851	-2.144	-3.977	-2.498	-1.224	-1.634	-0.783
	(0.247)	(0.204)	(0.118)	(0.623)	(0.203)	(0.100)	(0.111)	(0.092)
β_0	-2.352	-3.635	-5.842	-7.892	-7.660	-2.915	-5.504	-3.497
	(0.463)	(0.560)	(0.284)	(1.620)	(0.597)	(0.223)	(0.291)	(0.214)
β_1	0.396	0.066	0.404	0.506	0.360	0.206	0.283	0.219
	(0.086)	(0.050)	(0.035)	(0.183)	(0.055)	(0.029)	(0.031)	(0.026)
Panel B: Conditional on Receipt								
γ	0.01	0.11	0.04	0.07	0.10	0.24	0.13	0.32
α	-4.566	-2.234	-2.715	-2.742	-2.154	-1.553	-2.037	-1.131
	(0.067)	(0.199)	(0.058)	(0.446)	(0.214)	(0.044)	(0.081)	(0.046)
β_0	-0.241	-0.078	-0.919	-0.360	-0.370	-0.236	-1.866	-1.000
	(0.139)	(0.422)	(0.122)	(0.951)	(0.457)	(0.095)	(0.192)	(0.103)
β_1	0.043	0.000	0.084	0.020	0.022	-0.004	0.039	0.039
	(0.019)	(0.055)	(0.017)	(0.124)	(0.060)	(0.012)	(0.021)	(0.013)

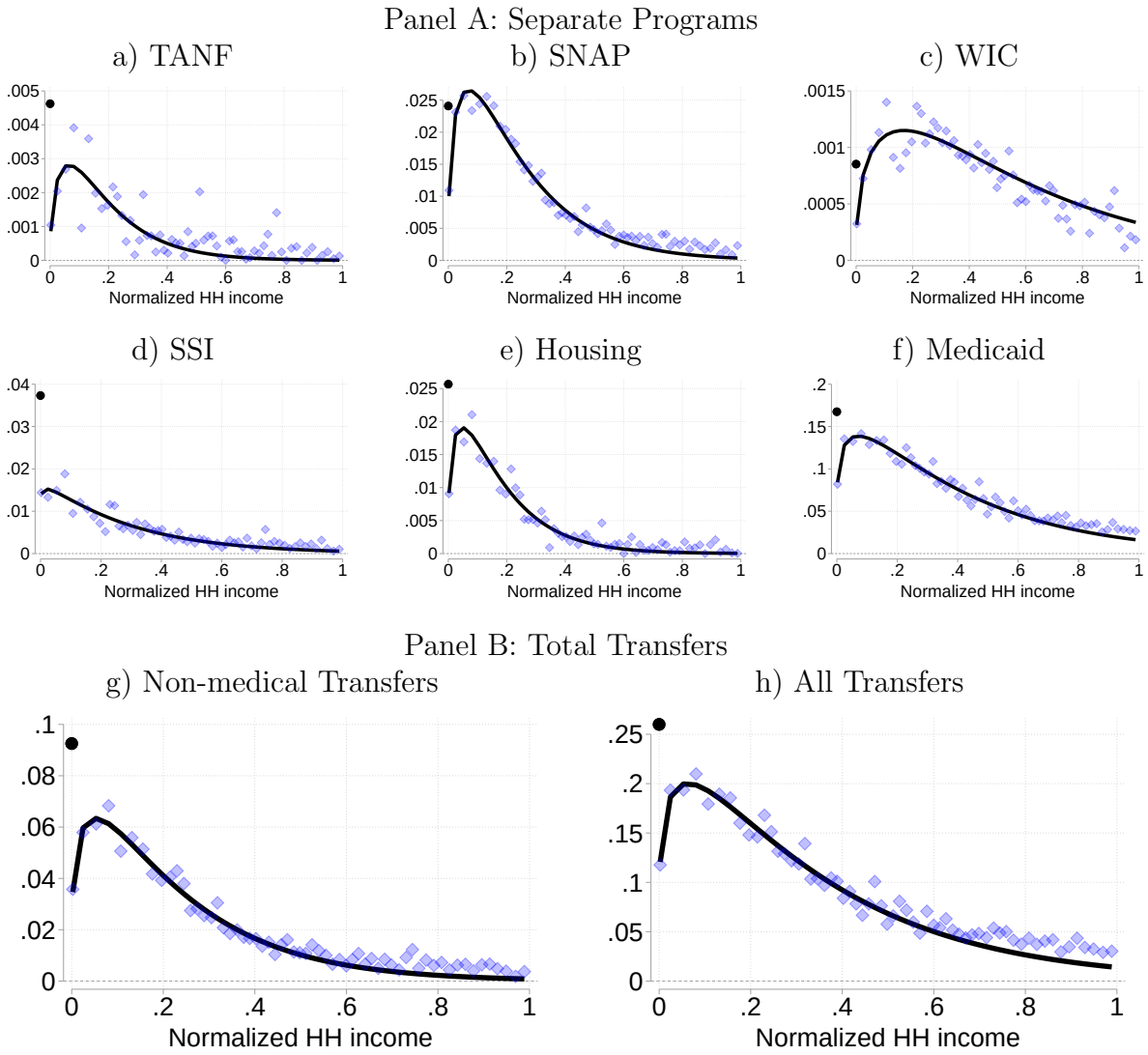
Notes: This table presents the estimated coefficients of equation (1), across the different types of government assistance programs. Values are averaged by income percentile before estimation. The standard errors for the NLS coefficients reflect cross-percentile variation and are shown in parentheses.

Figure 9 shows transfers received for different levels of income relative to the mean income. In Panel A, the figure shows the effective transfers estimated for different programs, along with the data (in blue). Panel B shows the estimated functions for non-medical and total transfers. Our parameter estimates imply that, in all cases, transfers are high at zero, and as income becomes positive, the transfer function first increases, reaches a maximum, and then declines at varying rates.

expected number of fish in the next generation as a function of their number in the previous generation.

[20]Since transfer receipt is the highest and most likely at the bottom of the income distribution, we restrict the sample to positive household incomes below half of the mean household income for the probability of receipt and conditional amounts. Since unconditional amounts taper off more slowly, we restrict the sample to households with incomes below the mean household income when transfers are conditional on receipt. We average normalized transfers T and incomes I across income percentiles p so the specification becomes $T_p = e^{\alpha} e^{\beta_0 I_p} I_p^{\beta_1} + \varepsilon$. Appendix Table C10 contains the estimates by marital status, Table C11 by number of children, Tables C12-C14 by number of children and marital status, and Table C15 for the probability of receipt.

Figure 9: Unconditional Transfers



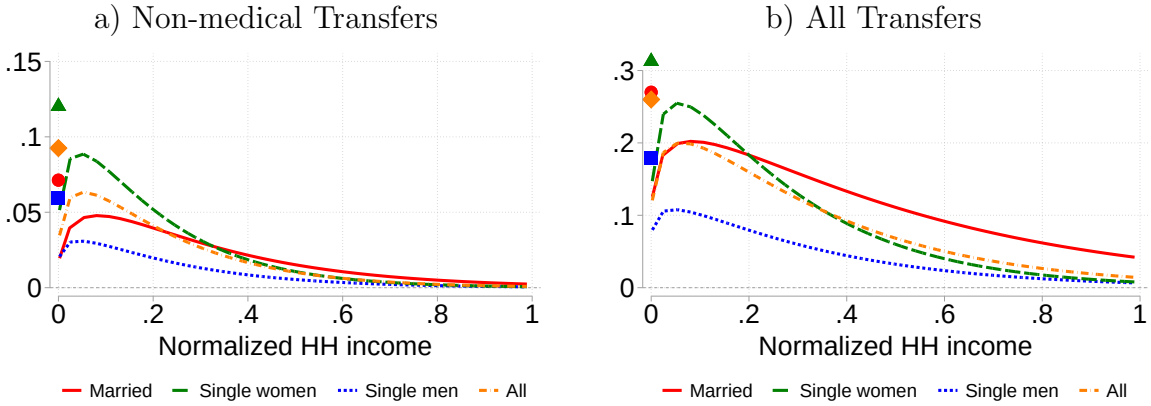
Notes: The horizontal axis shows normalized household income (relative to mean income). The vertical axis shows normalized transfers received (relative to mean income). The source of transfers is indicated in the figure headings. The blue diamonds indicate data points, and the black line is the fitted model.

For all transfers, the estimated amounts remain positive at around the mean income, but for non-medical transfers, they become negligible. Finally, Figure 10 shows total transfers by marital status. At very low income levels, estimated transfers are highest for single-female households, exceeding those received by both married couples and single males. However, transfers to single females decline rapidly with income, whereas transfers to married couples fall much more gradually. As a result, at moderate and higher income levels, married-couple households receive higher total transfers than single-female households. Single males receive substantially lower transfers throughout the income distribution. The corresponding parameter estimates are reported in the Appendix.

Implicit Penalties We now use the estimated functions to quantify the effects of additional pre-transfer income on transfers received. As additional income may (tend to) reduce transfers, we refer to this as an implicit *penalty*. This sheds light on the much-discussed disincentives embedded within the transfer system and large effective taxes on the labor supply of poorer households.

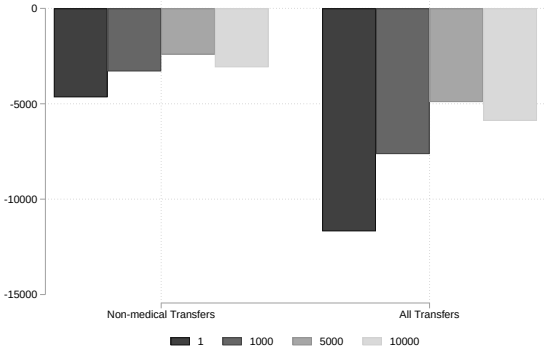
We show in Figure 11 the benefit reductions for households with zero income for alternative increases in their pre-transfer income. We consider the cases of \$1, \$1,000, \$5,000, and \$10,000. The left panel shows the decline in non-medical transfers, and the right panel shows the case for all transfers. The implicit penalties are large. A \$1 increase in earned income reduces total transfers by more than \$11,000. More realistically, an increase in earned income of \$10,000 reduces benefits by more than \$5,000, an implicit tax penalty of more than 50%. The corresponding figures for non-medical transfers are smaller but still significant, more than \$4,500 and \$3,300, respectively. The upshot of these findings is that implicit taxes can be substantial and therefore non-trivially affect behavior in economic models.

Figure 10: Total Unconditional Transfers by Marital Status



Notes: The horizontal axis shows normalized household income (relative to mean income). The vertical axis shows normalized transfers received (relative to mean income). The lines indicate the fitted model.

Figure 11: Implied Reduction in Transfers from Earned Income (Penalty)



Notes: The figure shows the reduction in transfers associated with additional earned income at different amounts. The left panel shows the case with total transfers, while the right panel shows the case with Medicaid transfers excluded.

Discussion The functional form in equation (1) has two key advantages. First, it allows for a discontinuity at zero income, capturing the high implicit tax rate on the first dollar earned due to means-tested programs. Second, it allows transfers (or taxes) to rise at low incomes and then decline as income increases.

A common functional form in the literature maps pre-tax income to after-tax income as $\hat{I} = I - T(I) = \lambda I^{1-\tau}$, where λ governs the average tax level and τ its progressivity ($\tau = 0$ implies proportional taxes, $\tau > 0$ progressive). When this form is estimated using both taxes and transfers, as in Heathcote et al. (2017), where $\hat{I}$ denotes the after-tax and transfer

income, it can match transfer receipt at low incomes. While such an approach can capture the transfer receipts of poor households and implies that transfers decline with household income, it also yields a high estimate of τ, leading to much higher marginal tax rates for high-income households.[21]

Blundell et al. (2016) extend this to $\hat{I} = \lambda(b + I)^{1-\tau}$, where b is a universal transfer that allows $\hat{I} > I$ at low incomes and transfers that decline with income. Ferriere et al. (2023), as we do here, model transfers directly as $T(I) = m\frac{2e^{-\xi I}}{1+e^{-\xi I}}$, where m controls generosity and ξ governs how fast transfers fall with income. However, none of these functional forms can capture the nonlinearities in the data that our formulation is designed to match.

7.1 Including Wealth

In recent years, income has become a relatively more important determinant of eligibility for most U.S. means-tested transfers, which motivates our use of income as the key argument of the parametric transfer function. Over the past two decades, asset tests have been weakened or eliminated for many major programs. WIC has never imposed an asset test, SNAP has largely neutralized asset limits through broad-based categorical eligibility, and TANF asset tests have been substantially relaxed in many states. Under the Affordable Care Act, the main pathway into Medicaid for non-elderly adults is the MAGI-based expansion, which depends only on income and imposes no resource test, making Medicaid effectively income-tested for most working-age households in expansion states. Strict asset limits remain important only for SSI and non-MAGI Medicaid pathways for the elderly and disabled, where eligibility continues to depend on both income and wealth.

Despite the caveats above, we now aim – in a parsimonious way – to explicitly account for net worth in our parametric estimates. A data challenge is that the SIPP is not designed to extract wealth information. It only provides measures of household net worth through topical modules on assets and liabilities, fielded in specific waves of each panel. In these modules, households report the value of major asset categories, such as housing equity, other real estate, vehicles, financial accounts (including checking, savings, retirement accounts, stocks, bonds, and mutual funds), business ownership, and cash-value life insurance, as well as liabilities, including mortgages, vehicle loans, credit card debt, and other personal loans.

[21] Heathcote et al. (2017) estimate of τ for tax and transfer function is 0.18, while others, such as Guner et al. (2014) and Borella et al. (2023), find lower estimates, between 0.05 and 0.1, using after-tax income.

Household net worth is then constructed as the sum of reported assets minus the sum of reported debts. The wealth data are collected only in designated topical modules, so net worth is available for 12 years, from 2002 to 2016.[22] In any case, the SIPP combines detailed income and program participation data with information on wealth, even though net worth measures rely on self-reports and are subject to underreporting, particularly at the tails of the wealth distribution (Czajka et al. 2003).

For the wealth subsample, we include all years from 2002 to 2016. Even with these ample inclusion criteria, we end up with only 100,223 household-year observations. After dropping those with negative net worth, 16.9% of the sample, this number declines to 83,271 observations.[23]

In Panel A of Figure 12, we show how, in (a), the amount of transfers received, and in (b) the average share of months households receive transfers, relate to household wealth normalized by mean household income. Again, we see an exponential decay. In Figure 13, we provide heatmaps showing that benefits are highest for households with neither income nor wealth and decline monotonically as either resource increases. The amount of transfers received is lowest and least likely when both income and wealth are large. These heatmaps also show that high-income households with low wealth can receive transfers, complementing the discussion in Section 4.5 on transfers received by high-income households. For instance, Panel (d) in Figure 13, shows that households with above median income but no assets received transfers (non-medical plus Medicaid) in almost 31% of the months in a given year.

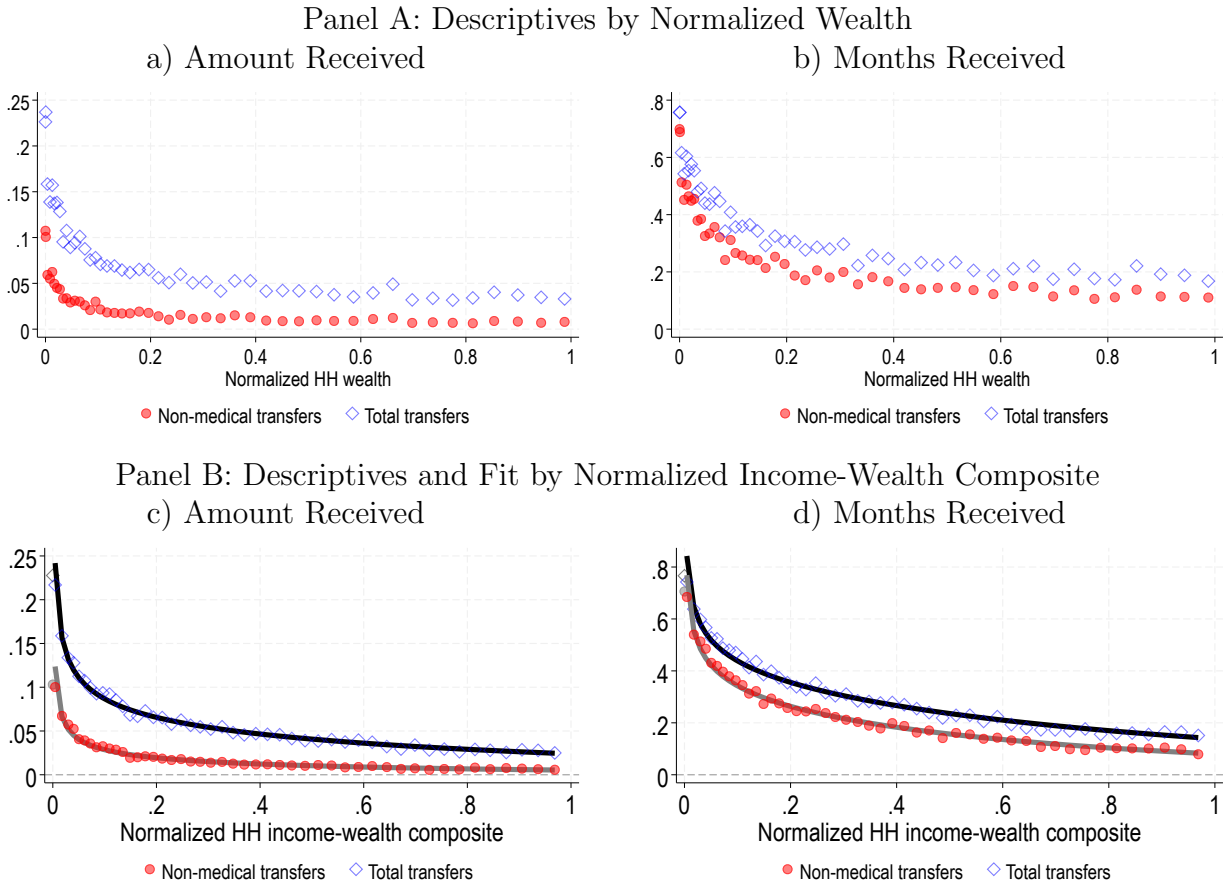
A Parametric Specification In order to approximate the transfer function in relation to both wealth and income, let I and W denote income and wealth of a household, and define an income and wealth composite, $\tilde{I}$, as $\tilde{I} = I^{\theta}W^{(1-\theta)}$. Hence, when $\theta = 1$, we recover the estimates where wealth does not play any role.

Given this income-wealth composite, let $\tilde{I}$ be the composite relative to the mean household income. Let $T(\tilde{I})$ denote the mean transfers relative to the mean income. For a given

[22]The years are 2002-2006, 2009-2011, and 2013-2016.

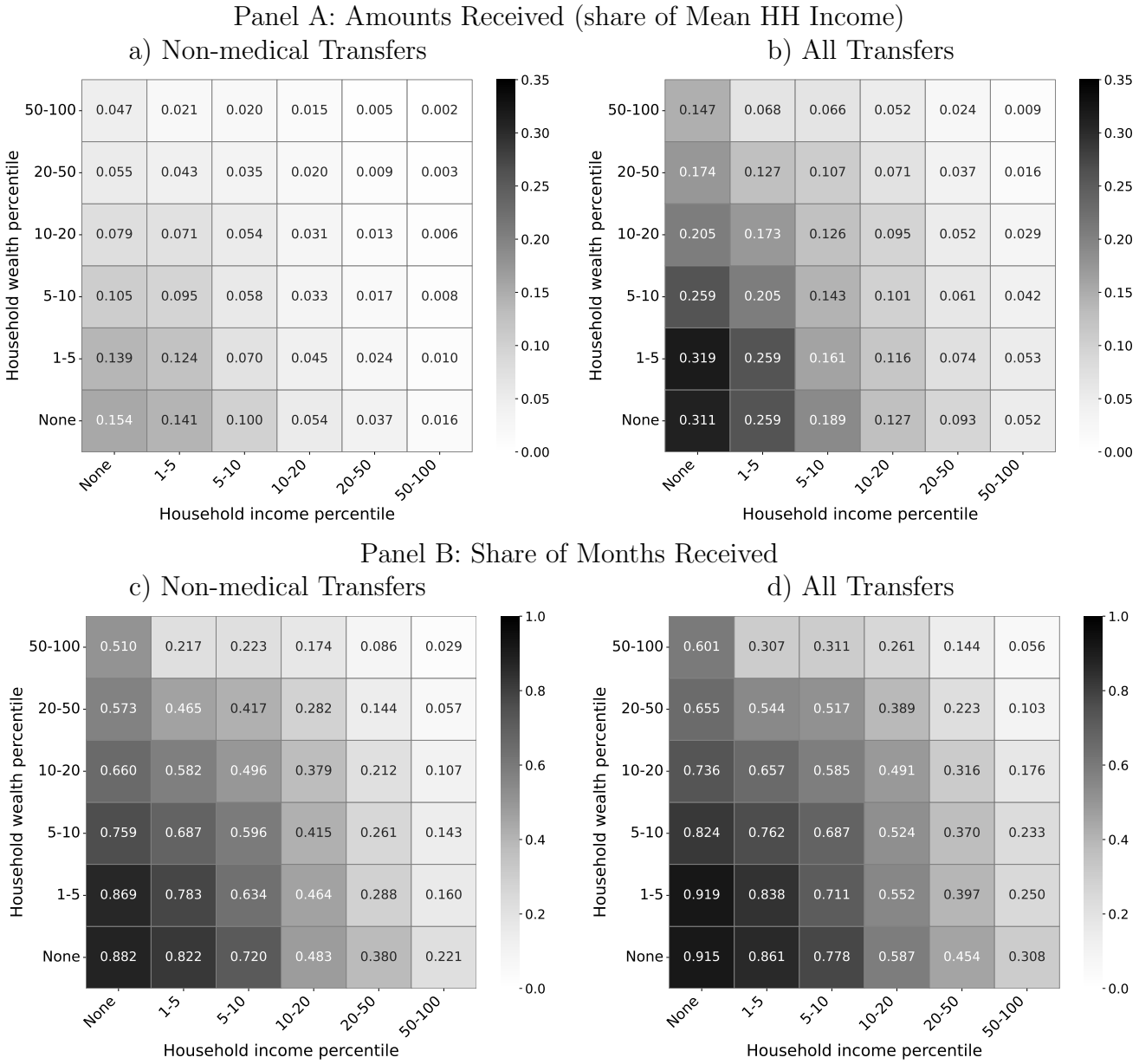
[23]Households with negative net worth tend to have a negative correlation between wealth and income (-0.06) as well as an *increasing* relationship between wealth and transfers. Both of these relationships are, as expected, reversed for those with non-negative net worth. For households with positive wealth, the correlation between income and wealth is 0.18. Including the negative-net-worth group would therefore conflate distinct dynamics that are not directly comparable to the broader population of interest, while dropping them yields internally consistent patterns between resources and transfer dependence.

Figure 12: Unconditional Transfers and Months Received Depending on Wealth



Notes: In Panel A, the horizontal axis shows normalized household wealth (relative to mean household income). The vertical axis in (a) shows normalized transfers received (relative to mean household income), and in (b) the share of months in which transfers are received. In Panel B, the horizontal axis shows the normalized household income-wealth wealth composite. The vertical axis in (c) shows normalized transfers received (relative to mean household income), and in (d) the share of months in which transfers are received. The red dots (non-medical transfers) and blue diamonds (total transfers) indicate the data points, and the lines are the fitted models.

Figure 13: Unconditional Transfers and Months Received by Income and Wealth



Notes: The heatmaps show the amounts received (Panel A) and the share of months households receive transfers (Panel B), depending on their level of income (x-axis) and wealth (y-axis). The darker the cell's shade, the higher the value, as indicated by the legends on the right.

θ, we then estimate the following function:

$$T(\tilde{I}) = \begin{cases} e^{\tilde{\alpha}} e^{\tilde{\beta}_0 \tilde{I}} \tilde{I}^{\tilde{\beta}_1} & if \ \tilde{I} > 0 \\ \gamma & if \ \tilde{I} = 0 \end{cases} \tag{2}$$

We choose θ so that the sum of the R^2 of the two models explaining the amount of normalized non-medical and total transfers is maximized. The resulting value is $\theta = 0.37$ with an R^2 just above 0.98, and the evolution of the R^2 is presented in Appendix Figure D1. While R^2 tends to be lower for small values of θ (e.g., $R^2 = 0.95$ when $\theta = 0.01$), it remains relatively flat after its peak (e.g., $R^2 = 0.98$ when $\theta = 0.90$), indicating that little predictive power is lost by limiting the model to income in our benchmark analysis. In Panel B of Figure 12, we present the close fit of the estimated models using the income-wealth composite in (c) for the amount of transfers received and in (d) for the average share of months a household receives transfers. In Table 13 we present the resulting coefficients.

Table 13: Estimates for Transfers Using Income-Wealth Composite

	Amount		Cond. Amount		Fraction HH		Fraction Months	
Transfers	No med.	All	No med.	All	No med.	All	No med.	All
γ	0.10	0.23	0.71	0.77	0.71	0.77	1.57	1.64
α	-4.517	-3.098	-1.497	-1.173	-1.497	-1.173	1.477	1.168
	(0.075)	(0.041)	(0.048)	(0.040)	(0.048)	(0.040)	(0.048)	(0.041)
β_0	-0.450	-0.311	-0.229	-0.186	-0.229	-0.186	0.208	0.146
	(0.026)	(0.015)	(0.017)	(0.014)	(0.017)	(0.014)	(0.017)	(0.014)
β_1	-0.734	-0.637	-1.028	-0.802	-1.028	-0.802	1.056	0.833
	(0.097)	(0.054)	(0.062)	(0.052)	(0.062)	(0.052)	(0.062)	(0.052)

Notes: This table presents the estimated coefficients of equation (2) with $\theta = 0.37$. Standard errors of the coefficients estimated via NLS are provided in parentheses beneath the coefficients.

7.2 Use of Transfer Functions

How can the estimated transfer functions be used in applied work? To this end, consider a standard life-cycle consumption savings decision with idiosyncratic risk. Denote the individuals' state by the pair $x = (a, \Omega)$, where a are current asset holdings and Ω are the generic representation for idiosyncratic productivity shocks. Let w be the wage rate and r be the interest rate, which are potentially determined in a general equilibrium.

Consequently, optimal decision rules for an age-j individual are functions for consumption $c(x, j)$, labor $l(x, j)$, and next period asset holdings $a(x, j)$ that solve the following dynamic programming problem:

$$V(x, j; \bar{I}) = \max_{\{c,a',l\}} u(c, l) + \beta E[V(a', \Omega, j + 1; \bar{I})|x] \tag{3}$$

subject to

$$c + a' \leq a(1 + r) + we(\Omega, j)l + \bar{I}T(I) - \tau(I)I\bar{I},$$

with

$$I \equiv \frac{we(\Omega, j)l + ra}{\bar{I}}.$$

In this formulation, $T(I)$ is the estimated function in equation (1) that maps income I, as a fraction of mean household income ($\bar{I}$), into transfers received, again a fraction of mean income. For completeness, the function $\tau(I)$ represents a parametric function that maps the household income, relative to the mean income, into an average effective tax rate. Since the functions $T(I)$ and $\tau(I)$ depend on the average household income in the economy, one can start from a guess for average household income ($\overline{I}$), solve the model, i.e., solve the value functions and equilibrium objects, and iterate on $\overline{I}$. Alternatively, $T(I)$ can be replaced by $T(\tilde{I})$, using wealth-income composite as an input, given estimates of equation (2).

The $T(I)$ function can be integrated into standard heterogeneous-agent models of the Aiyagari–Bewley–Huggett class to study, for example, optimal transfer policies as in Rauh and Santos (2022) and Ferriere et al. (2023). This approach is analogous to using parametric tax schedules to analyze optimal income-tax progressivity, as in Heathcote et al. (2017), or to the role of income-tax progressivity in shaping aggregate tax revenues, as in Guner et al. (2016).

8 Concluding Remarks

We use data from the Survey of Income and Program Participation to document properties of means-tested transfers to households in the United States headed by working-age individuals. We document the transfer amounts and coverage across programs by household income, marital status, and number of children. Our findings highlight the substantial role

that programs such as SNAP, WIC, TANF, SSI, Medicaid, and housing assistance play in transferring resources to low-income households.

We show the extent to which these transfers are concentrated among poorer households and contribute to their available resources. We find that, conditional on receipt, transfers are present and relatively constant over a wide range of income levels. We find that Medicaid is the largest of these transfers. Our results also show that the transfer system plays a substantial role in reducing income inequality in our sample, and that Medicaid is the most important contributor to this reduction.

Our analysis also reveals that, over the study period from 1998 to 2016, the scope and magnitude of these transfers increased markedly, and that they significantly moderated the rise in inequality during this period. The data show a fourfold increase in the magnitude of per-household transfers relative to mean household income. This increase is primarily driven by the expansion of Medicaid, including increased coverage and higher amounts transferred, subject to receipt.

Our parametric estimates of transfer functions provide a useful tool for applied researchers. Our specification is flexible enough to capture the large transfers accruing to households with zero income while also capturing the non-linear patterns we observe in the data. These estimates are portable and can be used in a variety of contexts.

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Appendix

A Transfer Programs

Below, we provide a more general description of the main means-tested transfer programs.

Temporary Assistance for Needy Families (TANF) The TANF is a federal program that provides cash assistance, work support, and other services to low-income families. The states administer TANF and have considerable latitude in determining the mix of cash assistance, work support, and other services for families with children who have low income and assets. The TANF was created as a block grant through the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 and replaced the Aid to Families with Dependent Children (AFDC) program.[24] The basic TANF block grant has been fixed at $16.5 billion per year since 1996; as a result, its real value has fallen by about 49% between 1997 and 2024 because it has never been adjusted for inflation or population growth (Falk 2025).

Under TANF, the federal government provides a block grant to the states that use these funds to operate their own programs. To receive federal funds, states must also spend some of their own dollars on programs for needy families as defined by federal law; they face financial penalties if they fail to do so. This state-spending requirement is known as the maintenance of effort (MOE) requirement. In the 2023 fiscal year, states spent $17.4 billion in MOE funds, out of total federal TANF plus MOE spending of $33.9 billion, so state funds accounted for about 51% of all TANF-related expenditures.[25] In September 2024, 861,000 families (21.1 million individuals) received TANF cash assistance; 1.5 million of these recipients were children.[26]

States can use federal TANF and state MOE dollars to meet any of the four goals set out in the 1996 law: (1) provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives; (2) end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage; (3) prevent

[24] On the history of TANF, see Ziliak (2015) and Falk (2024).

[25] TANF financial data tables, available at https://acf.gov/ofa/data/tanf-and-moe-spending-and-transfers-activity-fy-2023, accessed January 10, 2026.

[26] TANF financial data tables, available at https://acf.gov/ofa/programs/tanf/data-reports, accessed January 10, 2026.

and reduce the incidence of out-of-wedlock pregnancies; and (4) encourage the formation and maintenance of two-parent families. Because TANF's goals are so broad, states have used their TANF funds for a variety of services and supports, including cash assistance and wage supplements, childcare, education and job training, transportation, refundable state tax credits for low-income families, pre-kindergarten and early childhood education, and child welfare services for abused or neglected children.[27] In the 2023 fiscal year, only $8.3 billion—about 25% of total TANF and MOE spending—was devoted to "basic assistance," the category that most closely corresponds to monthly cash welfare payments (Falk 2025).

States have broad discretion to determine eligibility for TANF cash assistance and TANF-funded services. A state can set different eligibility limits for different TANF programs; for example, it can restrict TANF cash assistance to very poor families while providing TANF-funded childcare or transportation assistance to working families with somewhat higher incomes. With regard to cash assistance programs, each state makes its own policy choices about benefit levels, how to determine financial need (including the treatment of income and assets), work requirements, sanctions, and time limits. Like eligibility, states have the flexibility to set their own benefit levels. In July 2022, the maximum monthly benefit for a family of two (single parent and one child) ranged from $915 in New Hampshire to $162 in Arkansas, with Southern states generally offering the lowest benefits (Falk 2025). While states can set their own time-limit policies, they cannot provide cash assistance financed with federal TANF funds for longer than 60 months to a family that includes an adult recipient; states may exempt up to 20% of their caseload on hardship grounds. No federal time limit applies to child-only cases or to assistance financed solely with state MOE funds (Falk 2025). Most families that receive TANF cash assistance also receive health insurance through Medicaid and food assistance through SNAP and school meal programs.

According to federal law, only families with dependent children may receive TANF cash assistance, but states determine what constitutes financial need. In practice, almost no states allow cash assistance for families with income above the federal poverty line, and in about half of the states, the income cutoff is below 50% of the poverty threshold (Falk and Landers 2024). Initial eligibility for TANF is also restricted by asset tests, though there are no federal asset limits. States have full discretion to decide whether to impose an asset test,

[27] A comprehensive data set on state rules on TANF is provided by the Welfare Rules Database, maintained by Urban Institute, https://wrd.urban.org/.

how high it is, and which assets count. In 2015, liquid asset limits for TANF ranged from no limit at all in some states to $10,000 in Delaware to as little as $1,000 in others. Thirty-nine states allow at least one vehicle to be exempt from an asset test. Over time, many states relaxed or eliminated asset tests to reduce barriers to saving and to participation, though the degree of relaxation varies widely across states and years (Pirog et al. 2017).

The Supplemental Nutrition Assistance Program The Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps) provides benefits to low-income households to help them purchase food. SNAP is federally funded and administered by the states, with uniform federal eligibility rules and benefit formulas, but state discretion over some eligibility options. Households are generally eligible if their gross monthly income is below 130% of the federal poverty line and their net income (after SNAP-eligible deductions) is below 100% of the poverty line.[28] In 2026 fiscal year, 130% of the poverty line for a family of three equals $2,888 per month (Aussenberg and Falk 2025).

Households are also subject to asset (resource) limits under federal law. In 2025, households without an elderly or disabled member must have assets of $3,000 or less, and those with such a member must have assets of $4,500 or less (Aussenberg and Falk 2025). Countable assets include cash and balances in bank accounts, but exclude the household's home, most retirement accounts, and, in most states, most vehicles; federal rules allow states to exempt vehicles, and every state has adopted this flexibility. In addition, most states have adopted "broad-based categorical eligibility" (BBCE), which allows households that receive a noncash TANF-funded benefit to qualify for SNAP under higher income and asset limits or with no asset test at all (Pirog et al. 2017). As a result, while SNAP has a federal asset test on paper, in practice, asset limits have been greatly relaxed or eliminated for much of the caseload over the past two decades. Categorical eligibility also allows many working-poor households to qualify for SNAP even if their gross income exceeds 130% of the poverty line.

In the 2024 fiscal year, SNAP served an average of 41.7 million people per month, at a total federal cost of $99.8 billion, making it by far the largest U.S. means-tested nutrition program (Jones et al. 2025). The average benefit in the 2024 fiscal year was $187.20 per person per month, or about $6.20 per day. Most SNAP households include children, elderly people, or people with disabilities. For most households, there is no time limit on

[28]Households that include an elderly (60+) or disabled member are exempt from the gross-income test.

participation, though non-disabled adults without dependent children face a federal three-months-in-three-years limit unless they meet work or training requirements or live in a waiver area.

SNAP benefits are based on a household's net income and size. The maximum benefit is tied to the United States Department of Agriculture's Thrifty Food Plan (TFP), which reflects the cost of a nutritionally adequate diet. In fiscal year 2026, the maximum monthly benefit for a household of three in the 48 contiguous states is $785 (Aussenberg and Falk 2025). Households are expected to contribute 30% of their net income toward food, so the SNAP benefit equals the maximum benefit minus 30% of net income. Net income is calculated after a series of deductions, including a standard deduction, a 20% earnings deduction, childcare expenses needed for work, child support paid, certain medical expenses for elderly or disabled members, and excess housing and utility costs (Aussenberg and Falk 2025). These deductions are central to SNAP's role as a work-support program, as they enable many low-income working families with high housing or child care costs to qualify for substantial food assistance.

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federal nutrition program that provides supplemental foods, nutrition education (including breastfeeding promotion and support), and referrals to healthcare and other social services to low-income, nutritionally at-risk pregnant and postpartum women, infants, and children up to age 5. Nutrition risk is certified by health professionals and includes (i) medically based risks—such as anemia, underweight, smoking, young maternal age, and a history of poor pregnancy outcomes—and (ii) diet-based risks, such as diets that do not meet the U.S. Dietary Guidelines for Americans (CBPP 2025a).

Like SNAP, households can receive WIC if they meet income eligibility requirements, which limit income to 185% of the federal poverty level (about $47,767 for a family of three in the 2025 fiscal year). Applicants are also automatically income-eligible if they or a family member receives SNAP, Medicaid, or TANF, and about four-fifths of WIC participants qualify through this "adjunctive eligibility" channel (CBPP 2025a). Unlike TANF and SNAP, WIC does not impose any asset test: eligibility depends only on income, categorical status (pregnant, postpartum, infant, or child), residency, and nutritional risk. WIC is not an en-

titlement; it is funded through annual Congressional appropriations, but Congress has fully funded all eligible applicants every year since 1997.

In fiscal year 2024, WIC served an average of 6.7 million women, infants, and children per month, and federal spending totaled $7.2 billion (Jones et al. 2025). Children between ages 1–4 made up 55.3 percent of participants, while infants and women accounted for 22.2 percent and 22.6 percent, respectively. Coverage remains especially high for infants: about 40 percent of all U.S. infants receive WIC, and roughly one in four pregnant or postpartum women participate (CBPP 2025a).

WIC is not intended to provide a household's full food budget. Instead, it provides prescribed food packages targeted to the nutritional needs of each life stage, including infant formula, baby foods, milk, eggs, whole grains, and other nutrient-dense foods, along with separate cash-value vouchers that can be used only to purchase fruits and vegetables. In the 2024 fiscal year, the food cost of WIC benefits averaged $60.88 per person per month (Jones et al. 2025).

The Supplemental Security Income (SSI) Supplemental Security Income (SSI) is a federal means-tested cash program that provides monthly income support to aged (65+), blind, or disabled individuals with very low income and few assets. Congress created SSI in 1972, with payments beginning in 1974, to replace the former federal–state programs of Old-Age Assistance, Aid to the Blind, and Aid to the Permanently and Totally Disabled. SSI is administered by the Social Security Administration (SSA) and financed from general federal revenues, rather than the Social Security trust funds. States may supplement the federal benefit with optional or mandatory state payments.

In calendar year 2024, an average of 7.3 million people received federal SSI payments each month, including about 1.1 million aged beneficiaries and 6.2 million blind or disabled beneficiaries (about 1.0 million of whom were children). Federal SSI cash payments totaled $63.1 billion in 2024, and SSA spent $4.6 billion administering the program in the 2024 fiscal year (SSA 2025).

To qualify for SSI, applicants must meet categorical criteria (aged, blind, or disabled) and strict income and asset limits. In 2025, the federal benefit rate (FBR) was $967 per month for an individual and $1,450 per month for a couple living in their own household with no other countable income. benefits are reduced by $1 for each dollar of countable unearned

income and by $0.50 for each dollar of countable earned income. The SSI counts most types of income, including earned and unearned income. Earned income includes wages, net earnings from self-employment, and other compensation related to work. Unearned income is all other income, such as Social Security, veterans' benefits, periodic annuity or pension payments, and cash or shelter provided by others. Certain income is not counted, such as the first $20 per month of most income and the first $65 per month of earned income plus one-half of any earned income above $65 (Tatem and Morton 2025).

The SSI also imposes one of the strictest asset (resource) tests in the U.S. safety net. In 2025, individuals may have no more than $2,000 in countable resources and couples no more than $3,000. Countable resources include cash, bank accounts, and most financial assets, while a primary residence, one vehicle, household goods, and certain burial and special-needs accounts are excluded.

Medicaid Medicaid is the primary public health insurance program for low-income Americans, providing comprehensive coverage for children, pregnant people, parents, low-income adults, seniors, and people with disabilities. It is jointly financed by the federal and state governments and administered by states within broad federal rules, leading to substantial variation across states in eligibility, covered services, and provider payment rates (Altman 2025). Medicaid also finances a large share of U.S. long-term care: it accounts for more than half of all spending on nursing home and community-based long-term services and supports (CBPP 2025b).

As of June 2025, Medicaid covered over 70 million low-income individuals in the United States, making it the largest public health insurance program in the country. In 2023, Medicaid and the Chilren's Health Insurance Program (CHIP) together covered about one in five U.S. residents, including roughly two in five children, one in six non-elderly adults, almost one in six seniors, and two in five non-elderly adults with disabilities (CBPP 2025b). Although children account for more than one-third of enrollees, over half of Medicaid spending is devoted to seniors and people with disabilities, largely reflecting the cost of long-term care and intensive medical services for these groups (CBPP 2025b).

Medicaid eligibility is an entitlement: anyone who meets the federal and state eligibility criteria has a legal right to coverage, and states receive federal matching funds for all eligible enrollees (CBPP 2025b). Federal law requires states to cover certain mandatory groups,

including children and pregnant people with incomes up to 138% of the federal poverty level (FPL), most SSI recipients who are aged or disabled, and some very low-income parents (CBPP 2025b). States may also cover optional groups, including other low-income parents, seniors, and people with disabilities who do not receive SSI, medically needy individuals with high health expenses, and adults with income up to 138% of FPL under the Affordable Care Act (ACA) Medicaid expansion.

The ACA fundamentally transformed Medicaid by creating a new eligibility pathway for nearly all nonelderly adults with income up to 138% of FPL ($21,597 for a single adult in 2025), including adults without dependent children who were historically excluded from Medicaid (Altman 2025). Although the Supreme Court made this expansion optional for states in 2012, as of June 2025, 40 states and the District of Columbia had adopted the ACA expansion, covering over 20 million low-income adults (CBPP 2025b). States receive a 90% federal matching rate for expansion enrollees, compared with 50–78% for traditional Medicaid populations, which substantially shifts the cost of coverage for low-income adults toward the federal government (Altman 2025).

Eligibility and financial rules differ by pathway. Most children, pregnant people, parents, and ACA expansion adults are evaluated under the Modified Adjusted Gross Income (MAGI) system, which bases eligibility solely on income and household size and imposes no asset test (Altman 2025). In contrast, Medicaid pathways for seniors and people with disabilities—known as "non-MAGI" pathways—generally impose both income and asset tests, often linked to SSI rules, and include additional options such as "medically needy" eligibility for individuals whose high medical expenses reduce their effective income below state thresholds (Altman 2025; CBPP 2025b). As a result, Medicaid eligibility is straightforward for low-income families and adults in expansion states, but much more complex and asset-restrictive for elderly and disabled beneficiaries.

Housing Three spending programs account for the majority of the assistance provided directly to low-income households: The Housing Choice Voucher (HCV) program provides federally funded, portable vouchers that recipients use to help pay for housing they choose in the private market. Project-based rental assistance (PBRA) provides for federally contracted and subsidized rent in designated buildings that are privately owned and operated. Public housing provides for federally subsidized rent in buildings that are publicly owned and

operated. In 2024, 2.8 million households were subsidized through Housing Choice Vouchers, 1.3 million households in project-based Section 8 units, and about 870,000 households in public housing (Freemark and Hermans (2025)). Although these programs together serve about 5 million households, only about one in four income-eligible renter households actually receives federal rental assistance, because funding is capped and waiting lists are long. In 2024, total spending in these three programs was $58 billion. The largest program ($33.2 billion) is vouchers, followed by project-based assistance ($16.1) and public housing ($8.6). The total number of participants in the three programs was 4.4 million households (Freemark and Hermans (2025)).

Housing assistance is means-tested using Area Median Income (AMI) rather than the federal poverty line, with eligibility targeted to households below 80 percent of AMI and priority given to those with incomes below 30 percent of AMI, who must account for at least 75 percent of new Department of Housing and Urban Development (HUD)-assisted households ((Freemark and Hermans (2025))). Federal housing programs do not impose binding asset tests: eligibility depends on current income, household composition, and immigration status, so savings and vehicles generally do not disqualify applicants.

Across all three programs, tenants generally pay 30% of adjusted household income toward rent, with the federal government paying the remainder up to an administratively determined ceiling. Participants in project-based housing pay 30% of their income toward the rent, and the HUD covers the rest. Similarly, participants in public housing pay 30% of their income as rent in units directly operated by HUD. Partly motivated by the high costs of construction programs, the Congress created the Section 8 Existing Housing Program in 1974 (now the Housing Choice Voucher program), which awarded vouchers to low-income households to rent apartments on the private market. Assisted households pay a portion of their income for rent on units they find in the private housing market—as long as property owners agree to participate in the program— and the vouchers cover the balance of their rent up to limits established by the Department of Housing and Urban Development (HUD). Tenants' rental payments are usually 30% of their adjusted household income –gross income minus deductions, such as those for dependents and for certain medical and childcare expenses. The value of the voucher is the difference between the household's rental payment and the limit on rent, which is typically between 90% and 110% of fair market rents (FMRs) in the area (as determined by HUD).

B Sample Characteristics

Table B1: Program Participation by Income Quantile (in %)

	School					
	Breakfast		Lunch		Energy	Pell
	Free	Reduced	Free	Reduced	Assistance	Grant
No income	21.6	0.45	24.7	0.64	21.7	2.88
1%	9.86	0.73	13.4	1.50	13.1	3.58
1-5%	24.7	0.60	28.8	1.55	16.4	5.47
5-10%	26.0	1.29	30.8	2.40	13.5	5.23
0-10%	23.9	0.96	28.3	1.97	14.6	5.16
10-20%	21.0	1.62	25.4	2.96	6.83	2.80
20-30%	13.3	1.36	15.3	3.56	5.16	1.87
30-40%	10.1	1.36	11.1	3.86	3.04	1.73
40-50%	8.25	0.77	8.58	2.79	1.99	1.42
50-60%	5.44	0.68	6.26	1.95	1.74	1.09
60-70%	4.25	0.56	4.17	1.39	0.94	0.41
70-80%	3.00	0.62	3.27	1.20	0.43	0.39
80-90%	1.93	0.23	2.19	0.30	0.47	0.24
90-100%	1.15	0.17	1.23	0.56	0.57	0.13
Mean	10.0	0.81	11.5	1.96	4.77	1.59

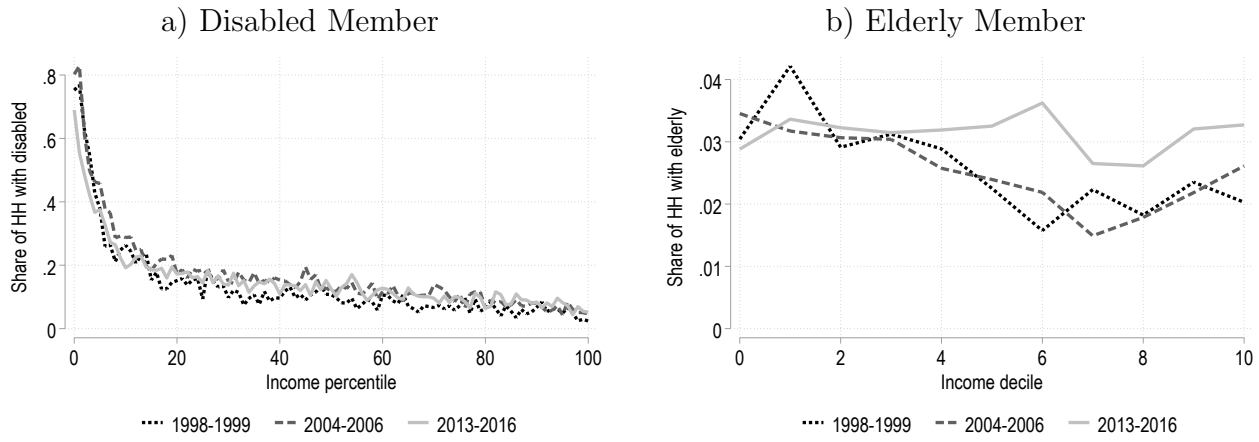
Notes: The table exhibits the percentage of households who receive benefits from the respective programs. Pell grant statistics are from the 2008 SIPP survey panel (years 2009-2012). All other statistics are from the 2014 SIPP survey panel (years 2013-2016).

Table B2: Descriptive Statistics for Married Households

			Conditional on transfer		Percent receiving	
			non-med.	all		
	Mean	Standard deviation	Mean	Mean	HH	Months
Characteristics						
Disabled in HH	0.14	0.35	0.31	0.26		
Elderly in HH	0.03	0.18	0.07	0.07		
Have child(ren) in HH	0.82	0.39	0.93	0.92		
Number of children	1.84	1.31	2.49	2.37		
Age	40.9	8.08	39.2	39.9		
Monetary amounts						
Income	108,950	95,652	52,855	62,841	98.3	98.3
Labor income	106,804	92,339	52,554	62,348	98.0	96.6
Asset income	2,147	14,698	301	493	52.7	52.7
TANF	24.7	379	151	88.7	0.65	0.49
SNAP	335	1,267	2,042	1,201	10.1	8.31
WIC	44.6	187	272	160	7.25	5.95
Supplementary SSI	246	1,654	1,497	881	3.44	3.04
Housing assistance	92.9	1,045	566	333	1.17	1.15
Medicaid	3,677	7,960	13,824	13,185	24.4	22.4
Non med. transfers	743	2,733	4,528	2,664	16.9	14.5
All transfers	4,420	9,677	18,352	15,848	27.9	25.6

Notes: This table presents descriptive statistics for married households aged 25-54 from 2013 to 2016, with monetary values adjusted to 2016 U.S. dollars. Conditional mean and median indicate values conditional on receiving on values larger than zero.

Figure B1: Share of Households with Disabled or Elderly Member by Survey Wave



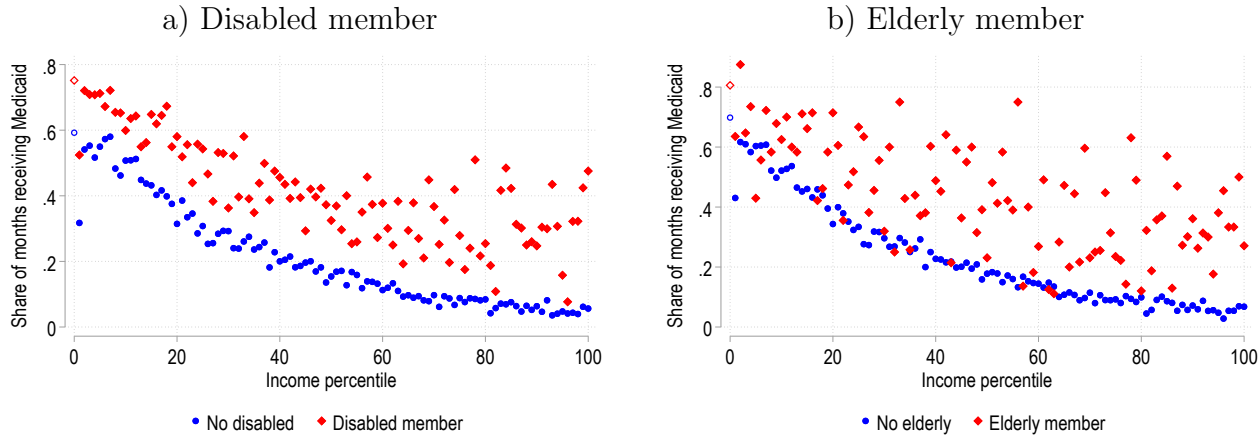
Notes: The figure shows the fraction of households by survey panel who have at least one household member for whom the answer to the question "Does ... have a physical, mental or other health condition that limits the kind or amount of work he/she can do?" is affirmative.

Table B3: Descriptive Statistics for Single Households

			Conditional on transfer		Percent receiving	
			non-med.	all		
	Mean	Standard deviation	Mean	Mean	HH	Months
Panel A: Single women						
Characteristics						
Disabled in HH	0.21	0.41	0.39	0.34		
Elderly in HH	0.03	0.17	0.04	0.04		
Have child(ren) in HH	0.66	0.47	0.87	0.84		
Number of children	1.52	1.46	2.23	2.09		
Age	39.9	8.88	39.2	39.3		
Monetary amounts						
Income	47,604	56,211	23,391	28,813	87.4	87.4
Labor income	47,022	55,508	23,279	28,664	86.1	80.7
Asset income	582	5,441	112	149	31.0	31.0
TANF	153	850	387	300	4.11	3.31
SNAP	1,060	2,034	2,680	2,075	33.4	29.5
WIC	57.3	212	145	112	9.37	7.64
Supplementary SSI	902	3,151	2,280	1,766	10.5	9.93
Housing assistance	876	3,108	2,214	1,715	9.67	9.66
Medicaid	7,194	9,914	15,138	14,089	45.9	43.3
Non med. transfers	3,048	6,187	7,705	5,968	39.6	36.2
All transfers	10,242	14,546	22,843	20,057	51.0	48.1
Panel B: Single men						
Characteristics						
Disabled in HH	0.19	0.39	0.53	0.43		
Elderly in HH	0.03	0.17	0.06	0.06		
Have child(ren) in HH	0.31	0.46	0.47	0.47		
Number of children	0.61	1.08	0.97	0.95		
Age	39.4	9.20	40.7	40.2		
Monetary amounts						
Income	61,045	68,452	28,412	39,250	89.4	89.4
Labor income	60,110	66,727	28,167	38,839	88.1	84.0
Asset income	935	8,572	245	411	36.0	36.0
TANF	44.1	594	206	140	0.78	0.59
SNAP	365	1,115	1,706	1,158	16.4	13.8
WIC	17.1	114	79.8	54.2	3.09	2.41
Supplementary SSI	446	2,102	2,080	1,412	6.44	5.86
Housing assistance	225	1,362	1,051	713	3.63	3.60
Medicaid	3,411	7,060	11,394	10,807	26.0	23.3
Non med. transfers	1,097	3,270	5,123	3,476	21.7	18.9
All transfers	4,508	9,314	16,517	14,283	31.5	28.4

Notes: This table presents descriptive statistics for single women and men aged 25-54 from 2013 to 2016, with monetary values adjusted to 2016 U.S. dollars. Conditional mean and median indicate values conditional on receiving on values larger than zero.

Figure B2: Share of Months Receiving Medicaid of Households with Disabled or Elderly Member



Notes: The figure shows the fraction of households by survey panel who have at least one household member for whom the answer to the question "Does ... have a physical, mental or other health condition that limits the kind or amount of work he/she can do?" is affirmative.

C Further Results

Table C1: Transfers by the Number of Children (% of Mean Household Income)

Quantile	Non-medical Transfers						All Transfers					
	None	One child	Two+ children	None	One child	Two+ children	None	One child	Two+ children	None	One child	Two+ children
	Married			All			Married			All		
No income	4.74	7.62	7.78	5.44	8.18	12.6	18.5	26.8	30.0	16.6	23.6	34.1
0-1%	0.24	1.69	2.70	1.57	3.62	6.96	2.77	14.9	13.4	5.74	16.0	19.9
1-5%	2.36	3.70	4.84	1.88	4.87	8.88	13.4	13.4	22.5	7.62	17.1	27.6
5-10%	1.65	1.92	5.81	1.51	3.10	6.83	7.65	10.8	22.8	6.66	12.3	23.7
0-10%	1.67	2.62	5.32	1.66	3.83	7.68	8.95	12.4	22.2	6.88	14.5	25.1
10-20%	0.98	1.94	3.57	0.79	2.18	4.25	6.48	11.4	19.3	3.89	10.3	19.1
20-30%	0.34	1.24	2.32	0.38	1.07	2.38	2.57	8.71	15.3	1.98	6.99	14.0
30-40%	0.31	0.91	1.40	0.27	0.90	1.48	1.83	5.83	10.5	1.85	5.62	10.0
40-50%	0.16	0.25	1.11	0.24	0.31	1.28	1.12	3.26	7.07	1.42	3.23	7.61
50-60%	0.12	0.23	0.72	0.15	0.37	0.86	0.96	2.34	5.65	1.26	2.68	5.90
60-70%	0.07	0.13	0.37	0.22	0.18	0.45	0.77	1.30	3.21	1.60	1.58	3.72
70-80%	0.08	0.14	0.24	0.16	0.27	0.35	0.98	1.06	2.05	1.39	1.54	2.78
80-90%	0.05	0.19	0.25	0.13	0.21	0.30	1.00	1.12	1.59	1.63	1.31	1.92
90-100%	0.02	0.10	0.27	0.07	0.13	0.29	0.50	0.65	1.74	0.96	0.80	1.91
	Single Women			Single Men			Single Women			Single Men		
No income	5.71	9.16	14.9	5.40	6.79	7.18	17.7	24.1	37.8	15.9	21.0	21.9
0-1%	1.62	4.41	9.87	1.84	4.71	3.59	5.94	15.9	24.4	6.28	17.6	14.5
1-5%	1.93	5.85	11.0	1.76	3.79	5.49	7.57	19.3	31.5	6.57	15.7	16.5
5-10%	1.59	3.54	7.91	1.43	3.01	4.26	6.15	13.9	25.8	6.75	9.93	14.4
0-10%	1.73	4.48	9.41	1.62	3.45	4.72	6.66	16.1	28.2	6.61	12.8	15.3
10-20%	0.70	2.26	5.24	0.81	2.38	2.56	3.11	9.97	20.6	3.79	9.32	11.7
20-30%	0.38	1.14	2.80	0.40	0.64	1.25	1.78	6.13	13.2	1.94	5.52	9.30
30-40%	0.40	1.12	1.73	0.16	0.54	1.29	2.77	5.70	9.43	1.20	5.08	7.70
40-50%	0.14	0.48	1.75	0.34	0.25	1.43	1.37	3.14	8.86	1.61	3.31	8.55
50-60%	0.09	0.72	1.56	0.20	0.61	0.75	1.47	3.70	7.08	1.36	3.10	5.87
60-70%	0.41	0.33	0.90	0.23	0.17	0.44	2.54	2.45	5.52	1.80	1.84	6.13
70-80%	0.09	0.57	1.47	0.29	0.90	0.21	1.37	3.18	8.12	1.92	3.14	5.34
80-90%	0.05	0.09	1.08	0.32	0.53	0.06	1.59	1.98	6.44	2.71	2.60	1.13
90-100%	0.12	0.65	0.98	0.16	0.04	0.17	1.45	2.82	5.02	1.64	1.14	3.27

Notes: This table presents transfers by marital status and number of children, normalized by mean household income.

Table C2: Transfers by the Age of Children (% of Mean Household Income)

Quantile	Non-medical Transfers						All Transfers					
	None	Age 0-6	Age 7-18	None	Age 0-6	Age 7-18	None	Age 0-6	Age 7-18	None	Age 0-6	Age 7-18
	Married			All			Married			All		
No income	5.36	7.95	9.71	6.56	16.0	12.9	20.5	31.5	35.7	18.9	40.7	37.4
1%	0.99	5.01	1.28	1.87	8.53	6.98	3.89	23.7	13.2	6.23	25.2	24.6
1-5%	1.76	6.32	4.55	2.67	9.27	9.06	12.2	26.0	19.8	10.3	29.8	27.1
5-10%	1.43	6.32	5.27	1.91	7.84	5.99	7.41	23.5	22.8	7.57	26.2	22.2
0-10%	1.49	6.26	4.71	2.20	8.42	7.33	8.68	24.2	21.0	8.46	27.5	24.4
10-20%	0.92	3.96	3.21	0.87	4.96	3.84	4.06	22.2	18.6	3.58	22.9	18.3
20-30%	0.38	2.62	2.29	0.43	2.90	2.16	3.01	16.5	15.9	2.29	17.0	13.6
30-40%	0.33	1.79	1.06	0.32	1.94	1.16	2.17	12.2	9.35	1.84	12.7	8.86
40-50%	0.28	1.05	0.94	0.26	1.34	1.09	1.92	7.23	6.25	1.59	8.66	6.76
50-60%	0.30	0.78	0.43	0.25	1.01	0.53	1.91	5.61	4.59	1.52	6.83	4.76
60-70%	0.16	0.37	0.26	0.20	0.46	0.39	0.73	3.45	2.93	1.12	4.23	3.65
70-80%	0.10	0.26	0.16	0.12	0.35	0.36	0.95	1.92	1.94	0.97	2.77	3.10
80-90%	0.16	0.23	0.21	0.15	0.41	0.22	0.70	2.14	1.41	1.04	3.13	1.59
90-100%	0.12	0.28	0.16	0.13	0.34	0.17	0.76	1.97	1.25	1.03	2.21	1.38
	Single Women			Single Men			Single Women			Single Men		
No income	7.78	18.8	14.8	5.80	10.8	5.82	21.5	43.6	39.5	16.4	36.6	27.0
1%	2.02	12.5	10.3	1.99	4.15	5.91	6.78	28.6	30.2	6.38	19.6	27.7
1-5%	3.92	10.6	11.3	1.79	8.35	6.78	13.6	31.3	31.3	6.84	30.1	19.7
5-10%	2.67	8.99	6.44	1.40	9.04	5.26	9.64	28.5	22.3	5.86	26.5	19.6
0-10%	3.07	9.89	8.71	1.64	8.02	5.92	10.8	29.7	26.6	6.32	27.2	20.2
10-20%	1.00	5.96	4.48	0.74	5.99	2.61	3.99	23.4	18.5	3.03	24.0	15.8
20-30%	0.60	3.99	2.22	0.32	2.02	1.33	2.88	18.2	11.3	1.41	17.0	11.9
30-40%	0.50	2.25	1.43	0.17	2.65	0.88	2.39	14.0	8.27	1.18	14.1	8.00
40-50%	0.32	2.34	1.18	0.20	2.21	1.74	1.93	12.0	7.17	1.08	16.5	8.74
50-60%	0.16	2.32	1.03	0.24	1.49	0.42	1.15	12.0	6.07	1.30	12.6	3.72
60-70%	0.28	1.37	0.94	0.21	0.49	0.45	1.51	9.15	6.15	1.41	8.22	4.89
70-80%	0.22	0.75	1.41	0.10	1.59	0.90	1.21	8.52	8.50	0.83	11.3	6.90
80-90%	0.14	2.64	0.26	0.15	1.68	0.29	1.32	16.1	3.14	1.71	8.61	2.15
90-100%	0.13	2.36	0.47	0.18	0.11	0.01	1.48	10.3	2.58	1.63	1.70	3.08

Notes: This table presents transfers by marital status and age of children, normalized by mean household income.

Table C3: Transfers Conditional on Receipt by Marital Status (% of Mean Household Income)

	Non-medical Transfers				All Transfers			
Quantile	Married	Single Women	Single Men	All	Married	Single Women	Single Men	All
No income	11.3	14.8	9.36	12.7	35.6	36.1	24.8	32.5
0-1%	6.00	13.0	7.22	10.1	23.2	28.4	19.5	24.6
1-5%	8.86	12.0	7.37	10.6	28.4	30.4	19.3	27.8
5-10%	9.17	9.06	6.23	8.60	27.1	25.9	18.0	24.8
0-10%	8.91	10.6	6.82	9.55	27.4	28.1	18.7	26.0
10-20%	6.55	7.72	6.55	7.14	24.4	22.7	19.3	22.8
20-30%	5.40	6.95	4.59	5.81	22.4	19.4	17.0	20.6
30-40%	5.10	6.06	4.27	5.28	19.3	19.0	16.3	18.8
40-50%	5.27	6.19	6.38	5.69	17.6	19.2	18.2	18.1
50-60%	4.79	6.01	3.76	4.87	18.0	17.5	15.4	17.4
60-70%	4.14	5.41	4.16	4.49	15.9	17.7	14.7	16.0
70-80%	3.90	5.81	6.08	4.74	15.3	19.0	16.2	16.3
80-90%	5.57	6.00	5.95	5.70	15.4	19.1	16.7	16.2
90-100%	4.84	5.07	2.94	4.67	15.8	15.4	11.9	15.1
Mean	5.52	9.39	6.24	7.40	19.3	24.4	17.4	21.0

Notes: This table presents transfers conditional on receipt by marital status, normalized by mean household income.

Table C4: Transfers Conditional on Receipt by the Number of Children (% of Mean Household Income)

Quantile	Non-medical Transfers						All Transfers					
	None	One child	Two+ children	None	One child	Two+ children	None	One child	Two+ children	None	One child	Two+ children
	Married			All			Married			All		
No income	9.29	11.4	11.7	9.06	11.0	15.3	30.7	33.9	37.4	24.7	28.9	38.2
0-1%	1.29	6.86	7.46	6.38	7.98	14.3	13.2	22.4	27.1	16.4	24.6	32.7
1-5%	5.34	11.0	9.18	5.80	8.83	12.4	18.9	26.1	31.4	15.8	24.3	33.1
5-10%	6.52	5.06	9.93	5.34	6.08	10.1	21.4	17.7	29.1	16.5	17.9	29.2
0-10%	5.37	7.57	9.61	5.68	7.35	11.3	19.3	21.4	29.8	16.2	21.0	31.0
10-20%	5.58	4.68	6.99	5.80	5.10	7.94	20.0	17.8	26.1	17.2	16.4	25.8
20-30%	3.84	4.47	5.64	4.89	4.77	6.20	16.2	17.8	23.7	14.9	16.2	22.8
30-40%	7.03	5.64	4.94	4.70	5.01	5.44	15.4	16.1	20.1	15.8	16.0	20.2
40-50%	4.95	2.42	5.79	5.84	3.21	6.12	12.1	13.4	18.9	15.1	13.5	19.8
50-60%	4.39	3.87	4.95	3.57	4.59	5.17	12.2	13.5	19.5	12.9	14.6	19.2
60-70%	2.07	4.29	4.42	4.46	4.11	4.57	9.63	12.5	17.5	14.2	12.4	17.8
70-80%	2.24	3.82	4.32	4.04	4.66	5.05	15.9	11.7	16.2	15.8	12.1	18.0
80-90%	2.64	5.05	6.20	4.83	5.20	6.12	14.1	11.7	16.9	16.5	12.3	17.5
90-100%	1.48	4.30	5.16	3.26	4.53	4.93	12.5	13.5	16.4	12.0	14.1	16.2
	Single Women			Single Men			Single Women			Single Men		
No income	9.82	11.3	16.7	8.70	10.2	10.7	26.8	28.6	40.1	23.0	26.8	28.3
0-1%	7.17	8.20	17.7	6.65	8.25	8.20	16.7	26.2	36.6	16.6	24.6	24.8
1-5%	5.91	8.96	13.5	5.85	7.13	10.2	15.3	25.3	34.3	15.3	20.8	26.7
5-10%	5.45	6.08	10.4	5.07	6.81	7.82	14.9	18.3	30.2	16.6	16.9	21.9
0-10%	5.90	7.40	12.2	5.61	7.08	8.91	15.3	21.5	32.5	16.1	19.3	24.2
10-20%	5.38	4.91	8.81	6.16	6.44	7.10	14.6	15.4	26.1	18.0	17.1	22.4
20-30%	4.98	5.55	7.64	5.20	3.82	4.31	13.7	14.9	21.9	15.2	15.1	20.3
30-40%	5.05	5.15	6.76	3.35	3.37	5.74	19.1	15.7	20.3	12.4	16.0	21.2
40-50%	5.08	5.19	6.46	6.35	3.07	7.24	14.6	14.1	21.7	16.9	13.0	21.3
50-60%	2.53	5.33	6.80	3.64	5.36	3.37	12.6	17.0	19.3	13.5	16.2	17.3
60-70%	7.11	4.04	5.00	4.09	3.65	4.54	18.8	11.9	19.4	13.7	13.2	16.7
70-80%	2.33	4.54	7.31	6.87	6.69	2.84	12.6	14.0	24.2	17.5	11.2	18.0
80-90%	2.43	4.12	6.79	7.18	6.09	1.15	16.1	12.7	22.1	18.5	15.4	8.91
90-100%	4.98	7.04	4.68	3.93	0.64	1.67	11.8	16.1	17.7	11.9	15.3	11.4

Notes: This table presents transfers conditional on receipt by marital status and number of children, normalized by mean household income.

Table C5: Transfers Conditional on Receipt by the Age of Children (% of Mean Household Income)

Quantile	Non-medical Transfers						All Transfers					
	None	Age 0-6	Age 7-18	None	Age 0-6	Age 7-18	None	Age 0-6	Age 7-18	None	Age 0-6	Age 7-18
	Married			All			Married			All		
No income	9.27	11.3	14.2	9.83	18.4	15.8	30.3	36.3	43.0	26.1	42.5	40.6
0-1%	4.50	9.08	4.46	6.97	13.3	13.5	13.2	31.5	34.0	16.7	32.5	38.2
1-5%	5.38	10.3	10.1	6.78	11.5	14.0	21.3	34.2	29.9	19.0	32.9	34.0
5-10%	5.60	9.23	10.8	5.68	9.93	9.69	19.4	28.6	28.6	17.1	29.2	27.1
0-10%	5.38	9.51	10.2	6.31	10.7	11.7	19.7	30.2	29.3	17.9	30.8	30.5
10-20%	5.46	5.91	7.94	5.79	6.86	8.23	15.5	25.2	25.8	15.7	25.4	24.1
20-30%	3.58	4.47	8.16	4.70	5.05	7.95	16.8	21.8	25.0	14.8	22.0	22.5
30-40%	5.42	4.45	6.58	4.94	4.76	6.41	13.7	20.3	20.0	14.7	20.2	19.5
40-50%	4.77	4.34	7.17	4.81	4.75	8.03	14.4	17.6	18.9	14.3	18.6	20.3
50-60%	5.98	4.31	5.03	5.04	4.36	5.05	16.9	18.6	17.8	14.6	18.5	18.0
60-70%	3.43	3.85	5.27	4.14	3.95	5.69	11.5	15.8	17.6	12.4	16.4	18.5
70-80%	2.18	4.49	4.35	3.41	4.59	5.42	14.6	14.9	16.0	13.7	16.5	17.8
80-90%	5.55	4.57	7.11	5.39	5.98	6.13	15.1	14.4	17.3	14.7	17.7	16.5
90-100%	2.97	7.13	4.40	3.12	6.59	4.43	11.3	18.9	16.0	11.4	18.8	15.9
	Single Women			Single Men			Single Women			Single Men		
No income	10.8	20.1	16.7	9.07	15.2	10.1	27.8	44.6	41.8	23.6	37.6	29.5
0-1%	7.74	15.2	17.3	6.81	12.0	7.80	17.7	33.7	41.1	16.5	30.4	31.0
1-5%	7.93	12.1	15.1	5.56	10.0	13.2	21.6	32.7	35.7	15.0	31.5	29.7
5-10%	6.72	10.2	9.39	4.56	12.0	9.40	18.9	29.7	26.8	14.3	29.1	25.0
0-10%	7.40	11.3	12.3	5.25	11.0	10.7	20.0	31.2	31.4	14.9	30.4	27.2
10-20%	5.62	7.58	8.73	6.19	8.39	5.85	15.1	25.3	23.9	16.4	26.8	19.3
20-30%	5.40	7.19	8.16	4.61	3.73	5.79	14.6	23.1	20.2	13.4	21.1	18.8
30-40%	5.71	5.54	6.88	3.46	5.66	4.14	16.3	20.2	19.4	13.6	19.6	17.1
40-50%	5.25	5.72	8.03	4.38	5.18	12.4	15.7	19.7	23.1	12.6	22.4	22.5
50-60%	5.08	4.87	5.86	4.11	3.53	3.19	11.1	18.2	20.3	13.8	18.3	14.2
60-70%	5.07	4.38	6.89	4.39	3.63	4.28	13.6	19.4	21.2	12.3	16.3	17.5
70-80%	6.28	3.31	6.40	5.67	7.62	5.97	15.0	18.9	21.0	11.0	22.0	18.6
80-90%	5.79	8.87	3.15	4.78	8.04	4.46	13.0	35.3	14.4	15.4	21.2	14.3
90-100%	4.60	5.43	4.57	3.04	0.64	5.12	12.1	19.3	15.8	11.2	8.30	15.0

Notes: This table presents transfers conditional on receipt by marital status and age of children, normalized by mean household income.

Table C6: Percentage of Households Receiving Transfers by the Number of Children

Quantile	Non-medical Transfers						All Transfers					
	None	One child	Two+ children	None	One child	Two+ children	None	One child	Two+ children	None	One child	Two+ children
	Married			All			Married			All		
No income	52.7	71.8	67.8	62.4	77.3	84.1	63.1	82.2	81.1	69.2	84.1	90.3
0-1%	7.14	26.8	37.2	26.4	50.8	50.5	21.0	68.5	51.5	38.8	69.8	63.2
1-5%	49.2	43.1	58.3	36.7	62.2	75.7	72.8	56.3	73.7	52.1	75.5	85.2
5-10%	29.9	43.1	62.7	32.6	56.4	72.6	39.2	66.7	80.7	44.5	72.0	84.3
0-10%	33.1	41.2	59.9	33.2	58.2	72.5	48.5	62.7	76.8	46.5	73.2	83.3
10-20%	22.4	47.8	57.5	16.8	49.0	58.8	36.5	67.5	76.3	26.5	66.2	76.5
20-30%	11.9	31.9	45.8	9.97	26.7	43.3	21.9	54.4	68.6	17.2	47.8	65.1
30-40%	5.43	19.7	33.0	7.22	21.5	31.7	12.7	41.2	56.0	13.8	40.5	53.2
40-50%	3.94	12.7	22.7	4.95	12.2	24.5	10.5	28.5	41.1	11.1	27.9	42.1
50-60%	3.13	6.94	16.3	4.95	9.77	19.2	8.99	19.7	32.0	12.3	21.3	34.7
60-70%	4.22	4.34	10.2	6.78	5.57	11.9	9.19	13.5	21.2	13.4	15.4	23.8
70-80%	2.96	4.53	6.03	4.19	6.53	7.76	7.47	9.86	14.3	10.8	13.9	17.3
80-90%	2.58	4.19	4.79	3.41	5.06	5.91	8.39	10.5	10.9	11.8	11.8	12.6
90-100%	1.58	2.99	5.19	2.94	3.54	6.07	5.31	6.40	11.6	9.33	7.38	12.8
	Single Women			Single Men			Single Women			Single Men		
No income	61.1	82.9	91.4	64.2	70.6	68.9	68.3	86.0	95.0	70.4	81.9	79.0
0-1%	25.3	63.8	57.9	31.8	57.2	45.7	38.3	69.9	69.5	43.3	71.5	59.9
1-5%	35.6	71.7	85.2	35.1	59.0	59.3	53.0	81.5	92.6	47.7	80.3	67.4
5-10%	36.8	64.1	80.9	30.7	48.7	60.9	47.3	78.6	88.1	43.9	60.3	75.2
0-10%	34.1	67.0	81.4	32.6	53.5	58.6	47.7	79.0	89.0	45.3	69.2	70.2
10-20%	15.3	52.1	63.9	16.5	42.6	41.0	23.8	68.4	81.3	25.8	58.5	55.1
20-30%	10.3	25.3	42.5	9.17	19.8	31.6	17.8	46.4	63.7	15.5	38.5	50.6
30-40%	9.90	25.0	30.8	6.10	19.7	24.7	17.3	42.1	50.9	11.8	36.3	38.6
40-50%	3.65	11.6	31.1	6.25	11.5	23.1	10.7	26.6	44.2	11.6	28.3	44.5
50-60%	4.46	15.9	28.5	6.55	15.9	26.2	15.2	26.7	44.5	13.3	22.6	39.7
60-70%	7.06	10.2	19.9	9.09	5.53	15.9	15.1	22.3	31.3	16.3	15.8	40.2
70-80%	5.39	12.3	22.6	5.08	14.8	10.2	13.2	24.3	35.2	13.6	32.7	35.4
80-90%	1.62	3.83	19.9	5.94	15.1	6.49	10.7	16.8	33.7	18.0	20.0	13.3
90-100%	3.66	10.4	22.6	5.32	5.99	10.9	13.8	20.9	29.3	15.2	9.24	29.8

Notes: This table presents the percentage of households receiving transfers by marital status and number of children.

Table C7: Percentage of Households Receiving Transfers by the Age of Children

Quantile	Non-medical Transfers						All Transfers					
	None	Age 0-6	Age 7-18	None	Age 0-6	Age 7-18	None	Age 0-6	Age 7-18	None	Age 0-6	Age 7-18
	Married			All			Married			All		
No income	60.4	71.2	71.3	69.0	88.2	84.4	70.4	87.6	83.3	74.5	96.0	93.0
0-1%	15.5	57.9	28.7	29.5	64.8	54.5	31.4	77.8	38.8	42.0	78.3	65.2
1-5%	39.3	66.9	50.9	44.6	84.5	68.4	59.3	78.9	69.1	58.1	92.0	82.0
5-10%	28.3	74.7	51.7	37.7	84.1	66.6	42.2	85.6	81.7	49.2	91.5	84.5
0-10%	30.6	71.8	49.9	39.3	83.2	66.6	46.9	83.4	73.8	51.7	91.0	82.3
10-20%	20.2	73.3	47.5	18.3	77.7	52.4	30.7	89.7	74.5	26.8	91.8	78.2
20-30%	12.1	64.1	32.6	10.8	64.3	31.7	22.3	80.4	67.3	18.9	81.1	63.9
30-40%	6.48	47.4	18.2	7.79	47.1	21.3	17.0	64.7	50.1	14.8	66.9	49.2
40-50%	7.17	27.2	15.9	6.60	31.3	16.5	14.9	44.2	36.8	12.9	49.4	37.3
50-60%	5.00	20.9	9.71	5.51	26.7	12.4	12.7	33.2	28.5	12.6	40.1	30.1
60-70%	5.05	12.6	6.16	5.87	15.5	8.53	7.91	25.4	19.5	10.8	29.6	22.2
70-80%	3.52	6.91	4.19	3.28	8.63	7.91	7.72	14.2	13.2	8.81	18.1	18.8
80-90%	2.80	6.17	3.61	3.05	8.73	4.56	5.43	16.5	9.48	8.36	19.5	11.0
90-100%	3.41	4.95	3.52	4.30	6.23	3.78	7.29	11.4	9.13	9.86	12.7	9.93
	Single Women			Single Men			Single Women			Single Men		
No income	74.8	94.4	90.9	66.0	72.9	63.5	79.4	98.0	95.1	71.3	99.0	93.5
0-1%	30.4	82.3	63.2	32.8	34.7	81.2	43.7	84.8	74.1	43.6	64.5	93.2
1-5%	53.7	91.9	77.5	37.8	83.9	56.7	66.4	96.6	88.8	50.3	97.0	72.7
5-10%	45.5	92.3	74.6	34.0	82.2	58.3	56.8	96.4	85.8	44.8	92.3	84.0
0-10%	46.4	91.6	75.2	35.3	76.2	59.2	58.6	95.9	86.4	46.8	90.5	80.1
10-20%	21.1	83.2	55.8	15.2	76.1	51.5	29.7	94.4	79.7	22.8	91.1	84.0
20-30%	13.3	65.9	32.0	7.95	61.3	25.8	24.0	82.4	58.9	12.7	82.3	67.5
30-40%	11.1	44.4	25.6	5.96	51.3	25.1	18.2	72.5	47.2	10.7	74.7	50.2
40-50%	7.79	43.3	18.1	5.25	48.8	16.8	14.7	62.5	34.5	9.98	76.4	45.1
50-60%	4.02	57.0	21.3	7.01	44.3	17.0	13.3	70.8	36.5	12.1	70.6	31.6
60-70%	6.74	36.0	15.2	6.43	26.9	15.9	12.9	52.4	30.1	13.4	55.0	30.7
70-80%	4.19	23.1	26.0	2.13	20.9	19.0	10.5	48.0	41.0	9.84	51.3	41.9
80-90%	2.11	33.5	12.7	4.37	30.4	7.99	11.4	49.3	24.2	13.9	44.5	15.1
90-100%	4.41	46.2	10.4	7.00	20.5	0.68	14.0	53.6	16.4	15.6	20.5	20.7

Notes: This table presents the percentage of households receiving transfers by marital status and age of children.

Table C8: Percentage of Months that Households Receive Transfers by the Number of Children

Quantile	Non-medical Transfers						All Transfers					
	None	One child	Two+ children	None	One child	Two+ children	None	One child	Two+ children	None	One child	Two+ children
	Married			All			Married			All		
No income	51.0	66.6	66.4	60.1	74.0	82.3	60.2	79.1	80.1	67.4	81.7	89.3
0-1%	18.6	24.7	36.2	24.6	45.3	48.7	21.0	66.4	49.4	35.0	64.8	60.9
1-5%	44.2	33.5	52.7	32.4	55.1	71.4	71.1	51.5	71.4	48.2	70.4	83.3
5-10%	25.3	38.0	58.5	28.2	51.0	67.9	35.8	60.8	78.4	40.2	68.9	81.1
0-10%	31.1	34.6	55.3	29.3	52.1	68.1	46.3	57.7	74.5	42.5	69.2	80.7
10-20%	17.6	41.4	51.1	13.6	42.9	53.5	32.4	63.7	73.8	22.6	62.5	73.9
20-30%	8.82	27.7	41.1	7.83	22.5	38.4	15.9	49.0	64.7	13.3	43.2	61.4
30-40%	4.48	16.1	28.4	5.83	18.0	27.2	11.9	36.1	52.5	11.7	35.2	49.5
40-50%	3.25	10.2	19.2	4.07	9.61	21.0	9.29	24.4	37.4	9.42	24.0	38.5
50-60%	2.66	6.07	14.6	4.12	8.13	16.7	7.88	17.4	29.0	9.73	18.4	30.7
60-70%	3.46	3.14	8.42	4.87	4.30	9.82	7.96	10.4	18.3	11.3	12.7	20.9
70-80%	3.56	3.77	5.47	3.86	5.84	6.91	6.17	9.07	12.7	8.79	12.7	15.4
80-90%	2.08	3.66	4.03	2.77	3.96	4.90	7.10	9.59	9.43	9.93	10.7	10.9
90-100%	1.29	2.43	5.14	2.20	2.97	5.93	3.98	4.83	10.6	7.94	5.68	11.8
	Single Women			Single Men			Single Women			Single Men		
No income	58.2	80.8	89.5	62.0	66.4	67.1	66.0	84.6	94.2	68.9	78.2	77.4
0-1%	22.6	53.8	55.8	27.7	57.2	43.8	35.6	60.9	66.8	37.8	71.5	58.6
1-5%	32.7	65.3	81.6	30.0	53.1	53.7	49.6	76.3	91.6	43.0	75.4	61.6
5-10%	29.2	58.2	76.1	28.2	44.2	54.5	41.3	75.8	85.3	40.5	58.8	65.8
0-10%	29.3	60.6	77.3	28.9	48.7	53.0	43.4	74.9	86.9	41.1	66.4	63.3
10-20%	12.9	45.9	59.4	13.1	37.0	36.0	21.3	64.7	78.8	21.0	54.5	52.3
20-30%	7.54	20.6	36.7	7.72	16.7	29.1	13.0	41.3	60.5	12.8	36.4	45.9
30-40%	7.99	21.7	25.6	4.87	15.9	22.4	14.5	36.2	46.5	9.69	31.7	36.4
40-50%	2.67	9.21	27.0	5.34	8.18	19.7	9.38	22.2	40.9	9.52	25.5	40.2
50-60%	3.74	13.6	23.0	5.39	11.4	22.3	11.7	21.8	36.7	10.1	19.1	34.0
60-70%	5.78	8.27	18.0	5.63	4.74	9.75	13.5	20.7	28.4	13.1	13.9	36.7
70-80%	3.91	12.5	20.1	4.23	13.5	7.25	10.8	22.8	33.5	11.0	28.1	29.7
80-90%	1.92	2.25	15.8	4.46	8.76	5.14	9.91	15.6	29.1	14.6	16.9	12.7
90-100%	2.34	9.19	20.9	3.97	5.99	10.1	12.2	17.5	28.4	13.8	7.48	28.7

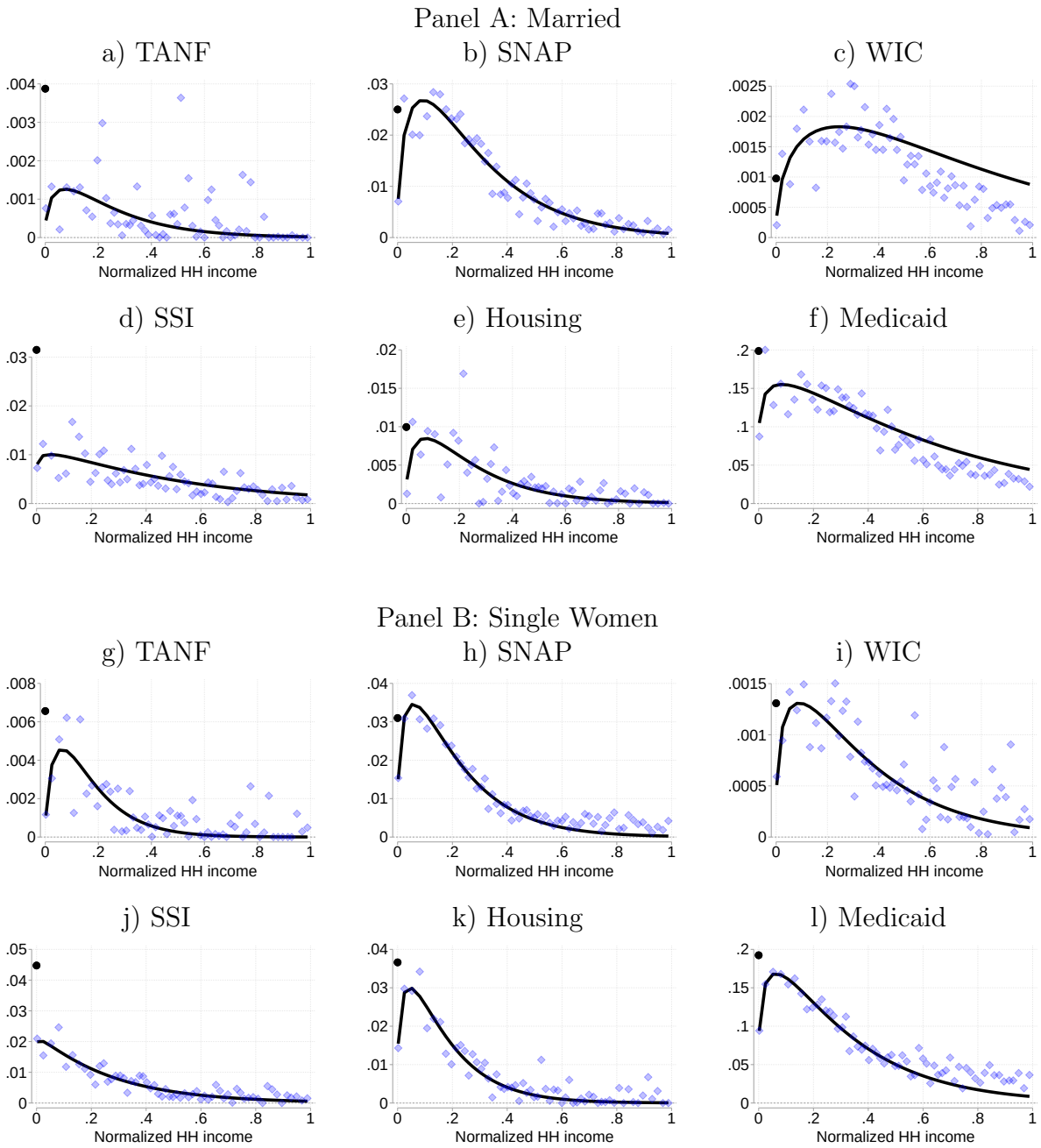
Notes: This table presents the fraction of months that households receive transfers by marital status and number of children.

Table C9: Percentage of Months that Households Receive Transfers by the Age of Children

Quantile	Non-medical Transfers						All Transfers					
	None	Age 0-6	Age 7-18	None	Age 0-6	Age 7-18	None	Age 0-6	Age 7-18	None	Age 0-6	Age 7-18
	Married			All			Married			All		
No income	57.9	70.4	68.5	66.7	87.0	81.8	67.8	86.9	83.2	72.6	95.7	92.2
0-1%	21.9	55.2	28.7	26.8	64.0	51.7	29.4	75.0	38.8	37.3	77.5	64.5
1-5%	32.7	61.2	45.1	39.5	80.4	64.7	57.5	76.0	66.3	54.2	90.5	79.9
5-10%	25.6	68.5	49.0	33.5	78.9	61.9	38.1	82.3	79.8	44.4	89.8	81.9
0-10%	27.7	65.9	46.1	34.9	78.7	62.5	44.0	80.2	71.6	47.3	89.4	80.0
10-20%	16.9	67.1	40.4	15.1	72.3	46.7	26.1	87.9	72.2	22.9	90.0	76.0
20-30%	10.6	58.7	28.1	9.21	57.5	27.2	17.9	75.8	63.5	15.5	76.9	60.4
30-40%	6.03	40.2	16.1	6.55	40.7	18.2	15.9	60.2	46.8	12.6	62.8	45.5
40-50%	5.87	24.2	13.1	5.40	28.2	13.6	13.4	41.0	33.1	11.2	46.6	33.3
50-60%	5.01	18.2	8.52	4.87	23.3	10.5	11.3	30.2	25.7	10.4	37.0	26.5
60-70%	4.77	9.58	4.95	4.92	11.6	6.91	6.37	21.8	16.7	9.04	25.8	19.7
70-80%	4.55	5.82	3.60	3.62	7.64	6.66	6.52	12.9	12.1	7.09	16.8	17.4
80-90%	2.80	4.93	2.99	2.79	6.93	3.60	4.66	14.9	8.18	7.03	17.7	9.62
90-100%	3.91	3.86	3.62	4.19	5.09	3.85	6.68	10.4	7.80	9.02	11.7	8.71
	Single Women			Single Men			Single Women			Single Men		
No income	72.3	93.2	88.8	64.0	70.6	57.7	77.5	97.9	94.4	69.6	97.2	91.3
0-1%	26.1	82.3	59.5	29.1	34.7	75.7	38.3	84.8	73.5	38.7	64.5	89.5
1-5%	49.4	87.9	74.9	32.3	83.2	51.3	62.9	95.7	87.6	45.5	95.4	66.1
5-10%	39.7	88.3	68.7	30.7	75.4	55.9	50.9	96.1	83.4	40.9	91.2	78.5
0-10%	41.5	87.8	70.8	31.1	73.3	55.4	53.7	95.4	84.6	42.5	89.4	74.3
10-20%	17.8	78.7	51.3	11.9	71.4	44.6	26.5	92.4	77.6	18.5	89.5	81.8
20-30%	11.0	55.5	27.2	6.90	54.2	22.9	19.7	78.7	55.8	10.5	80.5	63.6
30-40%	8.80	40.6	20.9	5.04	46.9	21.3	14.6	69.0	42.7	8.71	72.1	46.9
40-50%	6.11	40.9	14.7	4.49	42.6	14.1	12.3	61.0	31.0	8.56	73.7	38.8
50-60%	3.15	47.7	17.5	5.77	42.3	13.3	10.4	65.9	29.8	9.41	68.9	26.1
60-70%	5.50	31.4	13.6	4.70	13.5	10.5	11.1	47.2	29.0	11.4	50.4	28.0
70-80%	3.45	22.8	22.1	1.84	20.9	15.1	8.07	45.0	40.5	7.53	51.3	37.2
80-90%	2.34	29.7	8.35	3.07	20.9	6.60	10.1	45.6	21.8	11.1	40.5	15.1
90-100%	2.88	43.5	10.4	5.76	17.1	0.11	12.3	53.6	16.4	14.5	20.5	20.5

Notes: This table presents the fraction of months that households receive transfers by marital status and age of children.

Figure C1: Amount of Transfers by Program by Marital Status



Notes: The x-axis shows normalized household income. The y-axis shows normalized transfers received. The source of transfers is indicated in the figure headings. The blue diamonds indicate data points and the black line the fitted Ricker model.

Table C10: Estimates for Transfers by Marital Status

	Amount		Cond. Amount		Fraction HH		Fraction Months	
Transfers	No med.	All	No med.	All	No med.	All	No med.	All
Panel A: Married								
γ	0.07	0.27	0.65	0.78	0.63	0.76	0.11	0.36
α	-1.813	-0.949	0.304	0.148	0.080	0.131	-1.809	-1.010
	(0.243)	(0.175)	(0.124)	(0.104)	(0.125)	(0.123)	(0.157)	(0.084)
β_0	-4.257	-2.241	-2.287	-1.232	-2.133	-1.351	-2.292	-1.027
	(0.537)	(0.378)	(0.250)	(0.215)	(0.258)	(0.257)	(0.349)	(0.182)
β_1	0.351	0.186	0.272	0.140	0.226	0.142	0.152	0.067
	(0.075)	(0.052)	(0.040)	(0.031)	(0.039)	(0.037)	(0.045)	(0.024)
Panel B: Single Women								
γ	0.12	0.31	0.84	0.88	0.81	0.87	0.15	0.36
α	-1.306	-0.403	0.788	0.618	0.798	0.663	-2.139	-1.064
	(0.140)	(0.095)	(0.108)	(0.087)	(0.127)	(0.095)	(0.118)	(0.070)
β_0	-6.083	-4.480	-4.129	-2.880	-4.470	-3.150	-1.433	-1.298
	(0.394)	(0.236)	(0.252)	(0.193)	(0.301)	(0.213)	(0.285)	(0.160)
β_1	0.271	0.247	0.274	0.206	0.289	0.226	-0.020	0.026
	(0.037)	(0.027)	(0.032)	(0.025)	(0.037)	(0.028)	(0.029)	(0.018)
Panel C: Single Men								
γ	0.06	0.18	0.66	0.74	0.64	0.72	0.09	0.25
α	-2.599	-1.593	0.003	0.125	-0.159	0.055	-2.166	-1.529
	(0.260)	(0.203)	(0.226)	(0.192)	(0.246)	(0.196)	(0.258)	(0.163)
β_0	-4.944	-3.460	-3.867	-3.154	-3.863	-3.290	-1.853	-0.469
	(0.698)	(0.502)	(0.560)	(0.460)	(0.618)	(0.475)	(0.585)	(0.350)
β_1	0.210	0.154	0.187	0.153	0.173	0.156	0.090	0.023
	(0.069)	(0.055)	(0.062)	(0.053)	(0.067)	(0.054)	(0.071)	(0.045)

Notes: This table presents the estimated coefficients of equation (1), across different types of government assistance programs. Standard errors of the coefficients estimated via NLS are provided in parentheses beneath the coefficients.

Table C11: Estimates for Transfers by Number of Children

	Amount		Cond. Amount		Fraction HH		Fraction Months	
Transfers	No med.	All	No med.	All	No med.	All	No med.	All
Panel A: No Children								
γ	0.05	0.17	0.62	0.69	0.60	0.67	0.09	0.25
α	-3.154	-1.595	0.070	0.304	-0.099	0.339	-2.670	-1.677
	(0.278)	(0.261)	(0.216)	(0.210)	(0.248)	(0.211)	(0.312)	(0.219)
β_0	-4.953	-4.728	-4.998	-4.440	-5.180	-5.025	-0.737	-0.401
	(0.800)	(0.692)	(0.569)	(0.538)	(0.679)	(0.556)	(0.693)	(0.472)
β_1	0.156	0.208	0.239	0.214	0.220	0.239	0.020	0.024
	(0.069)	(0.070)	(0.059)	(0.057)	(0.066)	(0.057)	(0.083)	(0.060)
Panel B: One Child								
γ	0.08	0.24	0.77	0.84	0.74	0.82	0.11	0.29
α	-2.238	-1.531	0.282	0.125	0.178	0.113	-2.480	-1.655
	(0.222)	(0.133)	(0.193)	(0.129)	(0.201)	(0.143)	(0.205)	(0.124)
β_0	-4.966	-2.492	-3.038	-1.679	-3.162	-1.832	-1.538	-0.559
	(0.622)	(0.331)	(0.449)	(0.287)	(0.472)	(0.320)	(0.489)	(0.284)
β_1	0.169	0.039	0.174	0.088	0.172	0.099	-0.008	-0.056
	(0.057)	(0.033)	(0.054)	(0.036)	(0.056)	(0.040)	(0.051)	(0.031)
Panel C: More than One Child								
γ	0.13	0.34	0.84	0.90	0.82	0.89	0.15	0.38
α	-1.526	-0.659	0.474	0.342	0.425	0.347	-1.968	-0.991
	(0.113)	(0.085)	(0.066)	(0.075)	(0.074)	(0.085)	(0.103)	(0.046)
β_0	-4.738	-2.746	-2.616	-1.526	-2.776	-1.654	-1.925	-1.122
	(0.298)	(0.194)	(0.143)	(0.159)	(0.165)	(0.181)	(0.250)	(0.103)
β_1	0.200	0.159	0.199	0.136	0.197	0.144	-0.002	0.020
	(0.030)	(0.024)	(0.019)	(0.022)	(0.022)	(0.025)	(0.026)	(0.012)

Notes: This table presents the estimated coefficients of equation (1), across different types of government assistance programs. Standard errors of the coefficients estimated via NLS are provided in parentheses beneath the coefficients.

Table C12: Estimates for Transfers by Number of Children for Married Households

	Amount		Cond. Amount		Fraction HH		Fraction Months	
Transfers	No med.	All	No med.	All	No med.	All	No med.	All
Panel A: No Children								
γ	0.05	0.19	0.53	0.63	0.51	0.60	0.09	0.31
α	-2.039	-0.598	0.733	0.421	0.315	0.612	-1.325	-0.389
	(0.806)	(0.478)	(0.621)	(0.403)	(0.504)	(0.402)	(1.274)	(0.741)
β_0	-6.968	-6.297	-5.875	-4.253	-5.842	-5.441	-3.087	-2.620
	(2.094)	(1.266)	(1.497)	(1.033)	(1.363)	(1.115)	(2.466)	(1.474)
β_1	0.435	0.355	0.418	0.199	0.293	0.234	0.427	0.337
	(0.232)	(0.134)	(0.185)	(0.108)	(0.136)	(0.105)	(0.434)	(0.244)
Panel B: One Child								
γ	0.08	0.27	0.72	0.82	0.67	0.79	0.11	0.34
α	-3.011	-2.144	0.207	-0.358	0.278	-0.489	-2.310	-1.589
	(0.698)	(0.336)	(0.558)	(0.276)	(0.633)	(0.284)	(0.514)	(0.256)
β_0	-2.756	-0.601	-2.146	-0.306	-2.462	-0.239	-2.313	-0.454
	(1.623)	(0.747)	(1.069)	(0.568)	(1.177)	(0.590)	(1.273)	(0.558)
β_1	0.120	-0.061	0.336	0.025	0.428	0.003	-0.012	-0.045
	(0.194)	(0.088)	(0.189)	(0.081)	(0.222)	(0.081)	(0.129)	(0.069)
Panel C: More than One Child								
γ	0.08	0.30	0.68	0.81	0.66	0.80	0.12	0.37
α	-1.877	-0.885	0.118	0.163	-0.016	0.166	-1.835	-0.985
	(0.252)	(0.163)	(0.113)	(0.091)	(0.128)	(0.114)	(0.150)	(0.092)
β_0	-3.683	-1.952	-1.640	-0.977	-1.623	-1.093	-2.160	-0.998
	(0.566)	(0.355)	(0.235)	(0.188)	(0.270)	(0.235)	(0.346)	(0.206)
β_1	0.279	0.160	0.179	0.128	0.161	0.136	0.121	0.043
	(0.076)	(0.048)	(0.035)	(0.027)	(0.038)	(0.034)	(0.042)	(0.025)

Notes: This table presents the estimated coefficients of equation (1), across different types of government assistance programs. Standard errors of the coefficients estimated via NLS are provided in parentheses beneath the coefficients.

Table C13: Estimates for Transfers by Number of Children for Single Women

	Amount		Cond. Amount		Fraction HH		Fraction Months	
Transfers	No med.	All	No med.	All	No med.	All	No med.	All
Panel A: No Children								
γ	0.06	0.18	0.61	0.68	0.58	0.66	0.10	0.27
α	-2.623	-1.560	0.278	0.506	0.221	0.538	-2.607	-1.873
	(0.562)	(0.354)	(0.375)	(0.237)	(0.408)	(0.245)	(0.428)	(0.308)
β_0	-6.476	-5.363	-5.511	-4.970	-6.092	-5.565	-1.126	-0.338
	(1.686)	(1.011)	(0.999)	(0.613)	(1.147)	(0.656)	(0.994)	(0.693)
β_1	0.253	0.204	0.273	0.253	0.276	0.275	0.020	-0.018
	(0.145)	(0.091)	(0.103)	(0.065)	(0.110)	(0.067)	(0.109)	(0.078)
Panel B: One Child								
γ	0.09	0.24	0.83	0.86	0.81	0.85	0.11	0.29
α	-1.992	-1.128	0.365	0.322	0.365	0.401	-2.538	-1.585
	(0.309)	(0.170)	(0.235)	(0.164)	(0.262)	(0.181)	(0.271)	(0.151)
β_0	-5.776	-3.660	-3.354	-2.129	-3.724	-2.476	-1.402	-0.910
	(0.956)	(0.455)	(0.587)	(0.376)	(0.663)	(0.413)	(0.661)	(0.362)
β_1	0.168	0.106	0.140	0.119	0.163	0.155	-0.022	-0.051
	(0.075)	(0.043)	(0.062)	(0.046)	(0.070)	(0.051)	(0.065)	(0.036)
Panel C: More than One Child								
γ	0.15	0.38	0.91	0.95	0.89	0.94	0.17	0.40
α	-1.455	-0.488	0.689	0.478	0.699	0.491	-2.171	-0.984
	(0.123)	(0.090)	(0.111)	(0.090)	(0.113)	(0.091)	(0.127)	(0.074)
β_0	-4.640	-3.230	-3.097	-1.855	-3.383	-1.987	-1.180	-1.220
	(0.335)	(0.213)	(0.248)	(0.191)	(0.257)	(0.195)	(0.303)	(0.167)
β_1	0.153	0.160	0.217	0.148	0.228	0.155	-0.077	0.003
	(0.032)	(0.025)	(0.033)	(0.027)	(0.033)	(0.027)	(0.031)	(0.020)

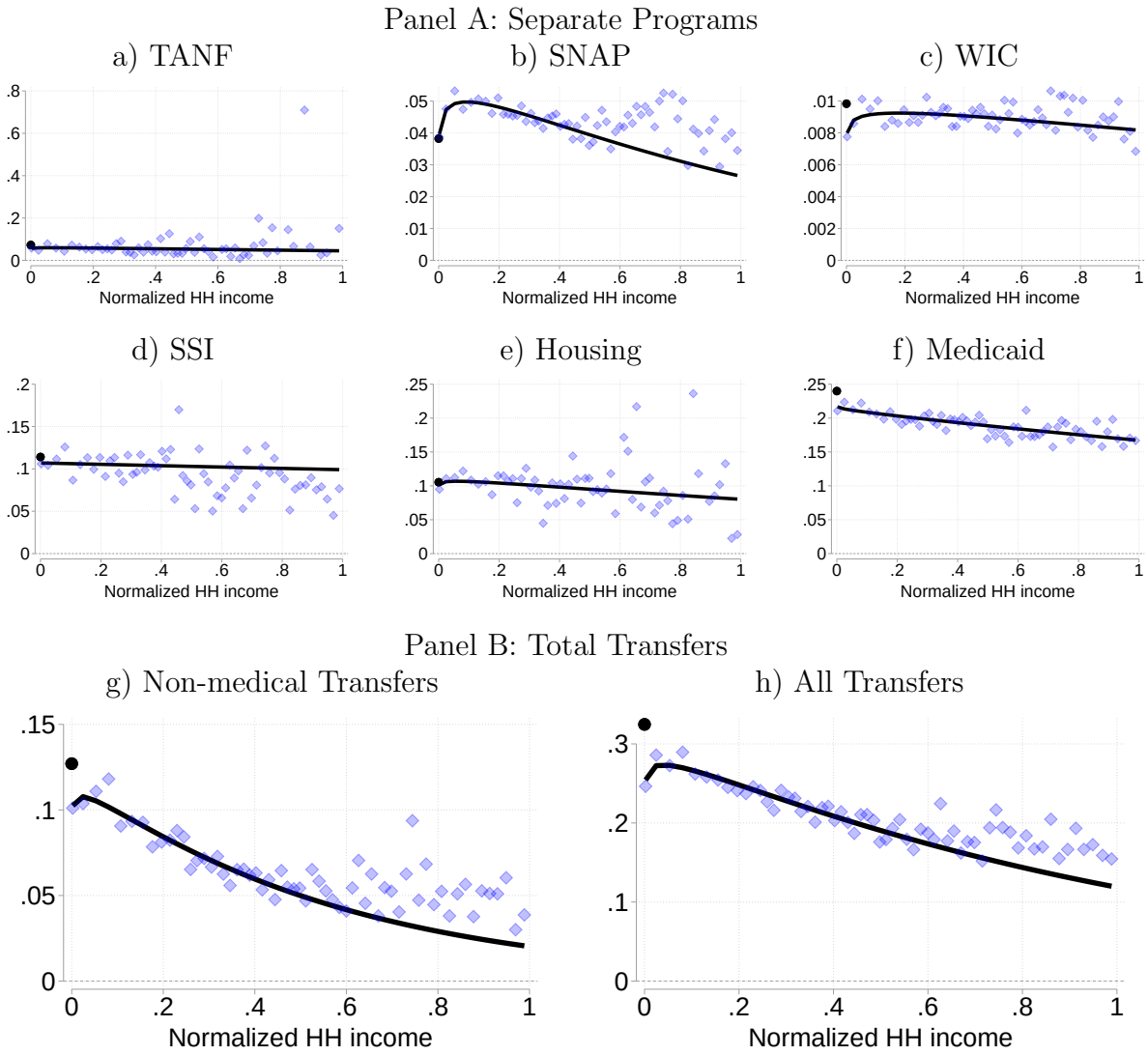
Notes: This table presents the estimated coefficients of equation (1), across different types of government assistance programs. Standard errors of the coefficients estimated via NLS are provided in parentheses beneath the coefficients.

Table C14: Estimates for Transfers by Number of Children for Single Men

	Amount		Cond. Amount		Fraction HH		Fraction Months	
Transfers	No med.	All	No med.	All	No med.	All	No med.	All
Panel A: No Children								
γ	0.05	0.16	0.64	0.70	0.62	0.69	0.09	0.23
α	-3.609	-1.909	-0.257	0.097	-0.396	0.097	-2.727	-1.687
	(0.400)	(0.343)	(0.275)	(0.273)	(0.342)	(0.298)	(0.437)	(0.273)
β_0	-3.782	-3.997	-4.366	-4.096	-4.471	-4.551	-0.427	-0.275
	(1.133)	(0.898)	(0.740)	(0.707)	(0.931)	(0.785)	(0.955)	(0.580)
β_1	0.057	0.151	0.159	0.172	0.159	0.196	0.002	0.023
	(0.095)	(0.090)	(0.071)	(0.073)	(0.088)	(0.080)	(0.117)	(0.076)
Panel B: One Child								
γ	0.07	0.21	0.71	0.82	0.66	0.78	0.10	0.27
α	-2.715	-1.880	0.093	0.021	-0.135	-0.059	-2.174	-1.748
	(0.363)	(0.325)	(0.303)	(0.271)	(0.299)	(0.288)	(0.441)	(0.223)
β_0	-3.941	-2.221	-3.199	-2.022	-3.118	-2.014	-1.976	-0.447
	(1.023)	(0.852)	(0.760)	(0.650)	(0.775)	(0.696)	(1.030)	(0.510)
β_1	0.075	-0.033	0.121	0.052	0.078	0.040	0.076	-0.057
	(0.087)	(0.074)	(0.079)	(0.070)	(0.075)	(0.073)	(0.117)	(0.055)
Panel C: More than One Child								
γ	0.07	0.22	0.69	0.79	0.67	0.77	0.11	0.28
α	-0.921	-0.940	0.514	0.336	0.266	0.215	-1.408	-1.149
	(0.792)	(0.423)	(0.378)	(0.285)	(0.407)	(0.318)	(0.518)	(0.285)
β_0	-6.815	-2.914	-3.342	-2.099	-3.047	-2.049	-3.440	-0.938
	(1.836)	(0.919)	(0.819)	(0.603)	(0.890)	(0.675)	(1.153)	(0.601)
β_1	0.558	0.227	0.275	0.178	0.230	0.165	0.250	0.058
	(0.245)	(0.127)	(0.115)	(0.086)	(0.122)	(0.095)	(0.155)	(0.083)

Notes: This table presents the estimated coefficients of equation (1), across different types of government assistance programs. Standard errors of the coefficients estimated via NLS are provided in parentheses beneath the coefficients.

Figure C2: Transfers, Conditional



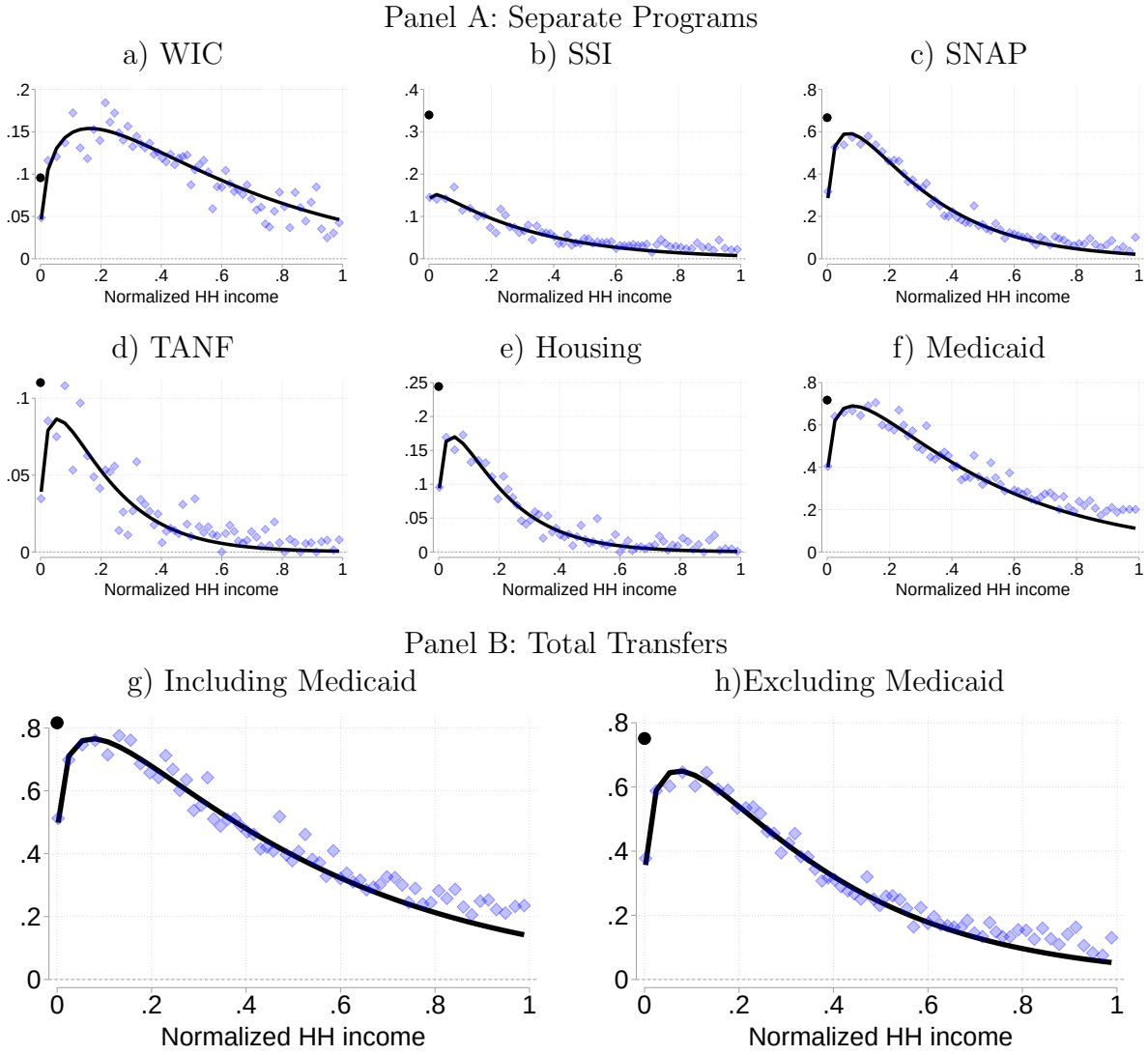
Notes: The x-axis shows normalized household income. The y-axis shows normalized transfers, conditional on receipt. The source of transfers is indicated in the figure headings. The blue diamonds indicate data points and the black line the fitted Ricker model.

Table C15: Estimates for the Fraction of Households Receiving Transfers

							Transfers	
	TANF	SNAP	WIC	SSI	Housing	Medicaid	Non-med.	All
Panel A: Fraction of Households								
γ	0.10	0.34	0.67	0.11	0.24	0.72	0.75	0.82
α	-0.834	-1.601	0.601	-1.036	-0.539	0.371	0.465	0.356
	(0.186)	(0.155)	(0.101)	(0.387)	(0.165)	(0.096)	(0.070)	(0.074)
β_0	-2.263	-3.308	-4.489	-6.605	-6.684	-2.586	-3.439	-2.331
	(0.353)	(0.415)	(0.237)	(1.035)	(0.474)	(0.209)	(0.157)	(0.164)
β_1	0.369	0.055	0.304	0.362	0.299	0.212	0.246	0.173
	(0.064)	(0.038)	(0.030)	(0.109)	(0.044)	(0.029)	(0.021)	(0.022)
Panel B: Fraction of Months								
γ	0.09	0.33	0.63	0.06	0.24	0.70	0.73	0.80
α	-1.031	-1.693	0.547	-1.682	-0.544	0.355	0.392	0.363
	(0.215)	(0.156)	(0.119)	(0.604)	(0.165)	(0.101)	(0.080)	(0.079)
β_0	-2.222	-3.321	-4.859	-6.065	-6.676	-2.718	-3.592	-2.519
	(0.404)	(0.420)	(0.286)	(1.522)	(0.474)	(0.219)	(0.184)	(0.174)
β_1	0.379	0.051	0.314	0.374	0.298	0.219	0.244	0.186
	(0.075)	(0.038)	(0.035)	(0.175)	(0.044)	(0.030)	(0.024)	(0.023)

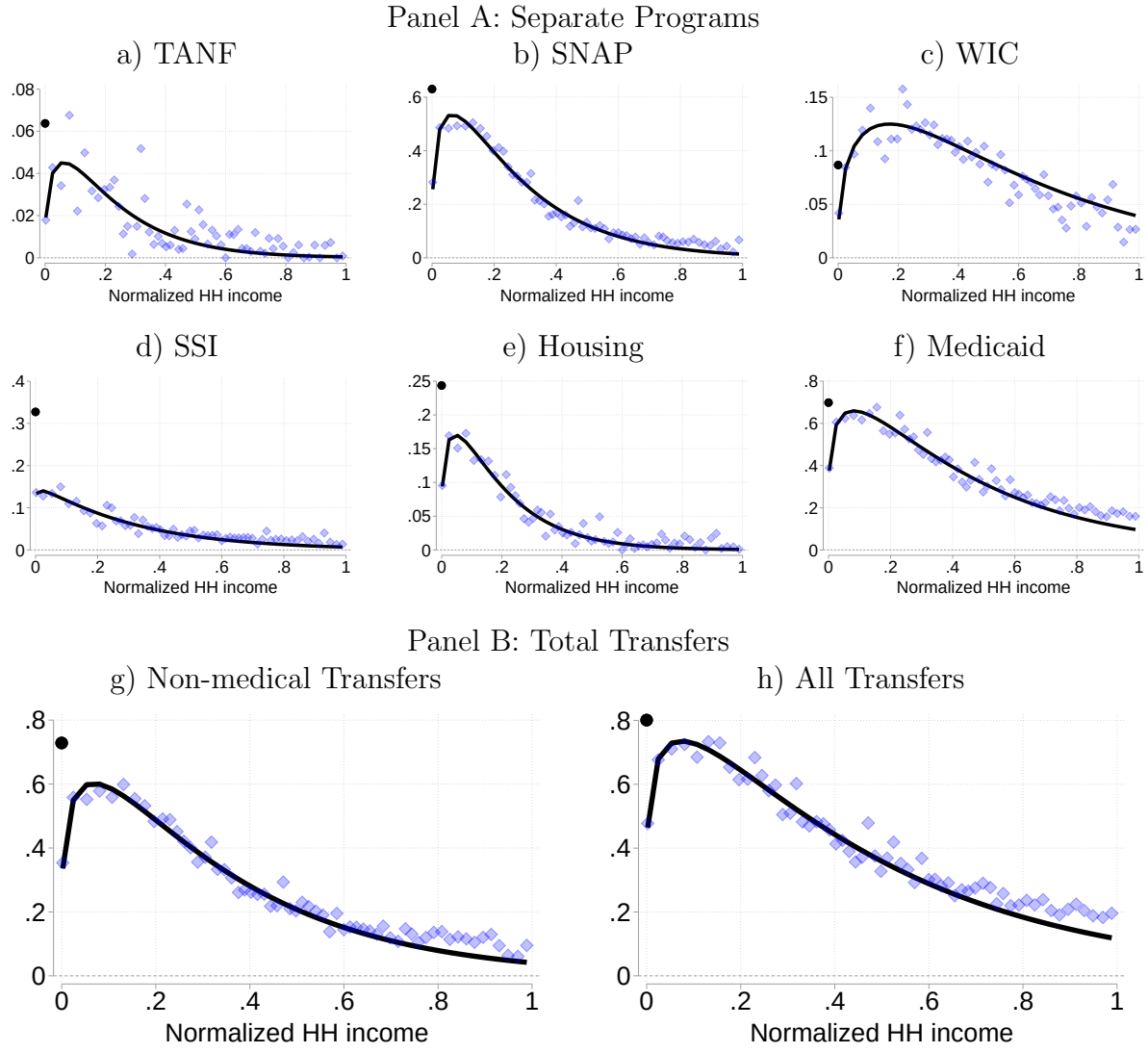
Notes: This table presents the estimated coefficients of equation (1) for the fraction of households receiving transfers (probability of receipt), across different types of government assistance programs. Standard errors of the coefficients estimated via NLS are provided in parentheses beneath the coefficients.

Figure C3: Estimates for the Fraction of Households Receiving Transfers for each Program



Notes: The x-axis shows normalized household income. The y-axis shows the fraction of households receiving transfers (probability of receipt). The source of transfers is indicated in the figure headings. The blue diamonds indicate data points and the black line the fitted Ricker model.

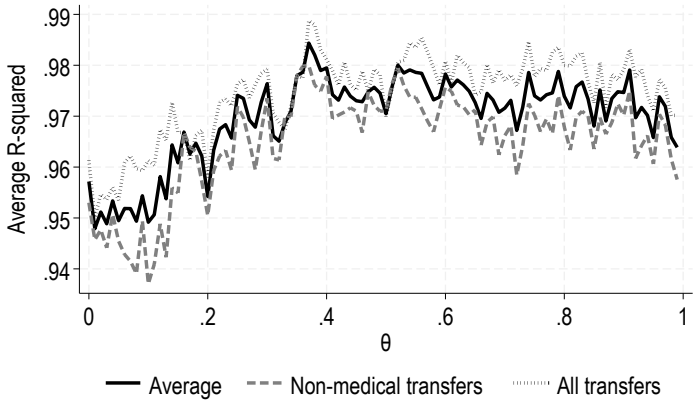
Figure C4: Fraction of Months Households Receiving Transfers for each Program



Notes: The x-axis shows normalized household income. The y-axis shows the fraction of households receiving transfers (probability of receipt). The source of transfers is indicated in the figure headings. The blue diamonds indicate data points and the black line the fitted Ricker model.

D Wealth

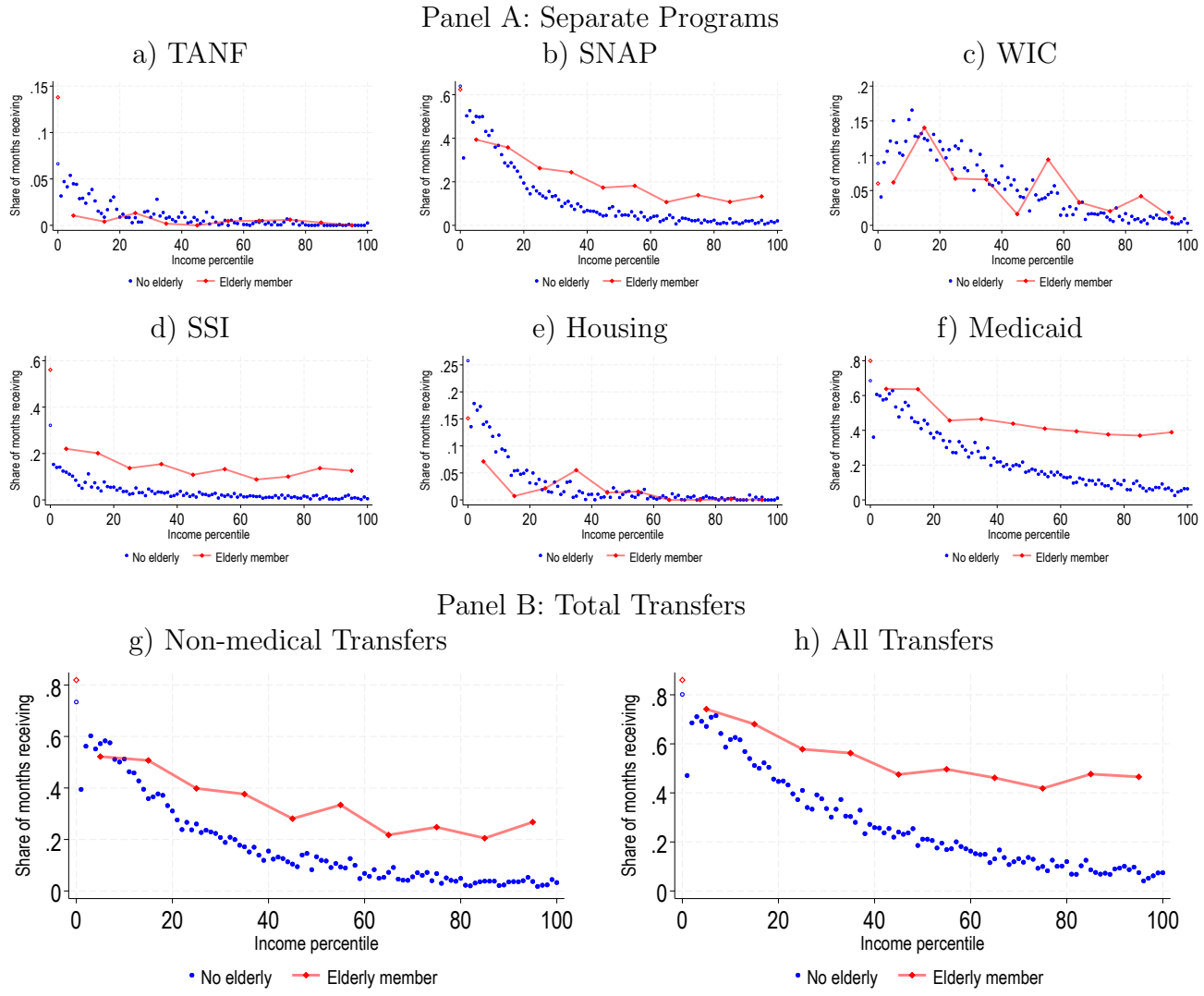
Figure D1: R^2 from Ricker Model Explaining Transfers with Varying Weight on Income and Wealth



Notes: The figure presents the R^2 from the Ricker model explaining non-medical and total transfers with varying weight on income in equation (2).

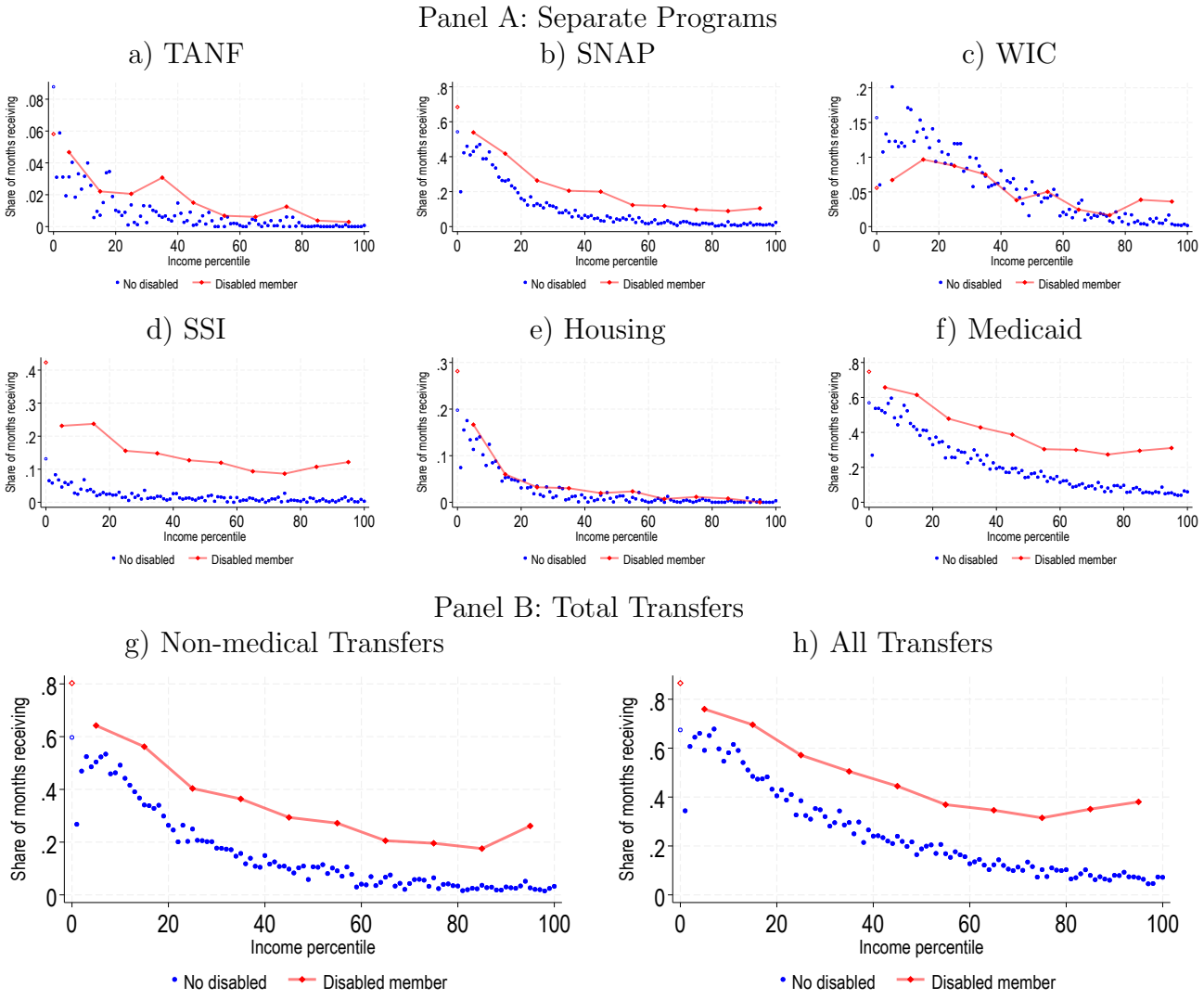
E The Role of Disabled and Elderly Household Members

Figure E1: Share of Household-Months Receiving with vs without Elderly Member



Notes: The figures show the share of months household receive transfers depending whether they do not have an elderly member (blue dots) vs having an elderly member (red line). The x-axis indicates the income percentile. For households with elderly members the percentiles are grouped due to small sample sizes.

Figure E2: Share of Household-Months Receiving with vs without Disabled Member



Notes: The figures show the share of months household receive transfers depending whether they do not have a disabled member (blue dots) vs having a disabled member (red line). The x-axis indicates the income percentile. For households with disabled members the percentiles are grouped due to small sample sizes.

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