

Mechanism Design for Social Good

Provision and Targeting for Vulnerable Populations

EC 2020 Tutorial, June 25-26

EXERCISE SESSION 6/25/20 3-4pm EST.

Sera Linardi
University of Pittsburgh

Sam Taggart
Oberlin College

Gov policy instruments:

Government have a budget of R and seek to give out a benefit $B \leq \bar{B}$

to as many a_L as possible using the following instruments:

- α :screening intensity/ transaction costs $\alpha \uparrow \quad f(\alpha) \uparrow \frac{\epsilon}{\alpha} \downarrow$
- \bar{a} :strictness of eligibility criteria/ threshold $a' = a + \frac{\epsilon}{\alpha} < \bar{a}$ receives B
- B :program benefit $B \uparrow \quad u(a_i + B - f(\alpha)) \uparrow$
- S : ordeal level $s \uparrow \quad u(a_i + B - f(\alpha) - s) \downarrow$

	SSDI	TANF
Who are the target?		
Benefit size		
PMT: objective, hard to manipulate info		
Strictness of eligibility (use PMT variables)		
Info from community		
Ordeals: appearing in person, recertification, attending workshops		
Complexity of the application		

	SSDI	TANF (PA)
Who is the target?	People unable to work because of a medium/long term medical condition	Families in need with both financial assistance and work opportunities
Benefit size	H +\$1.3k/mo, could be permanent. \$6k backpay, attorney need not be paid till get it	L \$500/mo family of 4, 5 yrs
Strictness of eligibility (use PMT variables)	Enough work credits, completely unable to perform the work you used to do.	H: asset must be under limit.
PMT: objective, hard to manipulate info	Having enough work credits, medical records	Everyone's income and assets, family composition.
Info from community	H Physician certification of disability	L
Ordeals: appearing in person, recertification, attending workshops	L Recertify every few years	H proof of looking for job, attending training
Complexity of the application	H Establish medical disability: dates of test	L (28 pages, much repetitive)

ARE YOU ELIGIBLE FOR TANF?

To be eligible for cash assistance/TANF, you must meet certain requirements. Workers at the county assistance office can provide more information on all of these requirements:

- You must be a United States citizen and a resident of Pennsylvania. (Certain non-citizens lawfully admitted for permanent residence may be eligible)
- You and your family members must provide Social Security Numbers or apply for them
- You are required to look for a job or participate in an employment and training program. (Some people may be excused from the work requirements, for example, a person with a disability)
- You are required to help the caseworker complete an Agreement of Mutual Responsibility (AMR), which is a plan for what you will do so you no longer need cash assistance. The plan may include looking for work, attending a training program, or applying for Social Security benefits. You must sign the AMR and follow through with the plan
- If you want cash assistance for a dependent child, you must cooperate with paternity and child support requirements, unless you have a good cause for not cooperating. Your child must be under age 18 or age 18 and a full-time student. Your child must live with you and you must care for the child. You must need support and care for the child as a result of at least one of these things:
 - Death of the child's parent
 - Incapacity of the child's parent (such as a long illness)
 - Continued absence of a parent from your home or
 - One or both parents with no income or low income from employment
- Your resources (things with cash value such as bank accounts, bonds or property that is not your primary/main residence) must have a value of \$1,000 or less
- You must report all income from employment or from other sources including, but not limited to, child support, unemployment compensation, interest, Social Security benefits, or lottery winnings

<https://www.tanfbenefits.com/tanf-pennsylvania>



Person 6				CAO Use Only Line #:	
Name (Include first, middle initial, last, suffix-Jr./Sr./etc.)			Are you applying for this person? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security number:
Birthdate (MM/DD/YY):	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Driver's license or state ID number if this person has one:	Marital Status ▶ <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Married
How is this person related to you? <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Not Related <input type="checkbox"/> Other _____				Does this person live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this person in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what grade?	Name of school:			Full time student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this person pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, due date?		How many babies are expected?		
Answer the questions below if you are applying for this person.					
You do not need to answer these questions if you are applying only for SNAP.	<input type="checkbox"/> Yes <input type="checkbox"/> No ▶	If not eligible for full health care coverage, does this person want to be reviewed for coverage for the Family Planning Services program only?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No ▶	If this person is under 21, we will consider only their income in our determination for the Family Planning Services program. If they wish to be reviewed for full health care coverage, we will need to evaluate their household income, including their parent(s)' income. Does this person want to be reviewed only for the Family Planning Services program and NOT for full health care coverage?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No ▶	Regardless of age, is this person afraid that information they may receive where they live about family planning services could cause physical, emotional, or other harm from their spouse, parents, or other person?			
Is this person a U.S. citizen or national? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If this person is not a U.S. citizen or national, answer the	Does this person have eligible immigration status? <input type="checkbox"/> Yes		If yes, fill in the document type and ID number:		Document ID number:
			Document type:		

Resources: You do not need to answer these questions if you are applying for SNAP benefits only or if you are applying for health care and you meet one of these exceptions: pregnant; child under age 21; have a dependent child under 21 living with you; you do not have a disability and are under age 65.

Please tell us about resources, such as:

- Cash
- Personal account or savings account
- Checking account
- Certificate of deposit
- IRA/401k/profit sharing
- U.S. Savings Bonds
- Christmas or vacation club
- Stocks and bonds
- Trust fund
- Boat, snowmobile, camper
- Motorcycle, ATV
- Vehicle (car, van, truck)

List each resource separately:

Name of person with the resource:	Kind of resource:	How much?	Where is this resource located/account number?
Name of person with the resource:	Kind of resource:	How much?	Where is this resource located/account number?
Name of person with the resource:	Kind of resource:	How much?	Where is this resource located/account number?
Name of person with the resource:	Kind of resource:	How much?	Where is this resource located/account number?



Jobs



Claims



Employers



Newsroom



Search

Eligibility Requirements

In order to be eligible for DI benefits, you must:

- Be unable to do your regular or customary work for at least eight days.
- Be employed or actively looking for work at the time your disability begins.
- Have lost wages because of your disability.
- Have earned at least \$300 from which State Disability Insurance (SDI) deductions were withheld during your base period. For additional information visit, [Calculating Benefit Payment Amounts](#).
- Be under the care and treatment of a licensed physician/practitioner or accredited religious practitioner within the first eight days of your disability. The date your claim begins can be adjusted if it does not meet this requirement. You must remain under care and treatment to continue receiving benefits.
- Complete and submit your claim form (DE 2501) no earlier than nine days after your first day of disability begins but no later than 49 days after your disability begins or you may lose benefits.
- Have your physician/practitioner complete the medical certification portion of your disability claim.
 - A nurse practitioner may certify to a disability within his/her scope of practice; however, he/she must perform a physical examination and collaborate with a physician or surgeon.
 - A licensed midwife, nurse-midwife, or nurse practitioner may complete the medical certification for disabilities related to normal pregnancy or childbirth.
 - If you are under the care of a religious practitioner, request a *Claim for Disability Insurance Benefits-Religious Practitioner's Certificate* (DE 2502), from an SDI office. Certification by a religious practitioner is acceptable only if the practitioner has been accredited by the Employment Development Department.

Citizenship and immigration status do not affect eligibility.