

Income Injustice: The Impact of Welfare Reform's Fleeing Felon Regulations on SSI Recipients

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INTRODUCTION

On August 22, 1996, President Clinton signed welfare reform legislation that restricts access to Supplemental Security Income (SSI) benefits to thousands of people living with disabilities. Overseen by the Social Security Administration (SSA), SSI is a federally administered income and health insurance program that often represents the only source of income for disabled individuals.

One aspect of welfare reform, the “fleeing felon regulations,” (hereinafter referred to as the Regulations) suspends life-sustaining SSI benefits to people who allegedly flee to avoid prosecution or confinement after conviction for a felony, or who are allegedly violating a condition of probation or parole.¹ As of May 2002, this policy had left nearly 50,000 SSI recipients nation-wide without income and without health insurance.² However, only roughly one in nine of these individuals were subsequently arrested using SSA information, calling into serious question the effectiveness and appropriateness of this policy as a law enforcement mechanism. As national implementation of the Regulations increases, an alarming number of people living with life-threatening conditions will be suspended from federal assistance and forced to forego vital social services, or be forced to access these services at the expense of city, county, and state governments.

EXPLANATION OF LAW

The Supplemental Security Income program was created in 1972 as a national federal assistance program to guarantee a minimum level of income for qualified aged, blind, and disabled individuals. Funded from general federal revenues, SSI was designed to supplement the income of people who are too disabled to work and have little or no income. Today, more than 6.6 million people nationally receive SSI.³ This benefit is the only source of income for two thirds of all SSI recipients living with disabling conditions.⁴ Medicaid, a federal and state health insurance program for people with very little income and few assets, is automatically provided to SSI recipients.

The Regulations and Definitions

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (also known as the Welfare Reform Act of 1996) amended the Social Security Act by suspending eligibility for SSI to anyone who allegedly:

- (1) flees to avoid prosecution for a crime, or attempt to commit a crime, which is a felony in the jurisdiction fled from; or
- (2) flees to avoid custody or confinement after conviction for a crime, or attempt to commit a crime, that is a felony in the jurisdiction fled from; or
- (3) violates a condition of state or federal probation or parole.⁵

In many cases, the classification of an alleged crime as a felony determines who is affected by the Regulations. Though the definition may vary slightly from state to state, a felony is generally defined as an offense punishable by confinement for one or more years, whereas misdemeanors

are offenses punishable by confinement for less than one year. There are certain offenses, such as theft, that can be charged as misdemeanors or felonies at the broad discretion of the prosecuting authority. Additionally, even before guilt or innocence has been determined, failure to appear before a court on a felony charge, for any reason, leads to a felony warrant being issued.

Since 1996, more than 45 million dollars has been spent to implement the Regulations. This is enough money to provide SSI benefits to almost 7,000 disabled individuals for one year.

Alleged probation violations also render disabled individuals ineligible for SSI. Probation can be imposed following a conviction for a misdemeanor or a felony. A sentence of probation places one under the supervision of a probation department for a discrete period of time under terms and conditions imposed by the court. The probationary period is typically three

years, but can vary from one to five years. Because probation may follow a conviction for a misdemeanor, people on probation for very minor offenses can become subject to suspension of SSI benefits, as the following client story illustrates:⁶

Tom, a San Francisco resident severely disabled by HIV/AIDS, was suspended from SSI for a twelve year-old probation violation in Florida. Following a conviction for driving under the influence in 1989, he was placed on probation. He completed all the terms of his sentence with the exception of three hours of community service, which is a technical probation violation. Tom lacked the resources to travel to Florida. Florida would not pay to extradite him on an old and insignificant charge, but also refused to remove the warrant so that benefits could be reinstated. As a result of his suspension from SSI, Tom's MediCaïd was terminated days prior to undergoing double hip-replacement surgery. To date, Tom is not receiving SSI despite the best efforts of his attorney and his primary care provider to negotiate benefit reinstatement.

Just as people convicted of a misdemeanor can be placed on probation, an incarcerated individual convicted of a felony may become eligible for parole following the completion of a portion of the original sentence. A person granted parole is conditionally released from confinement under the supervision of the appropriate parole authority. The parole term typically lasts from one to four years, and people on parole waive any expectation of privacy and experience restricted freedom of assembly and right to travel during that time. Any parole violation will lead to a warrant being issued and suspension of SSI benefits.

The Burden of Proof to Establish Disability

To be considered *disabled* under SSA's definition of disability, applicants must prove through an exhaustive medical history review that they are totally unable to work due to a severe medical impairment that is expected to result in death or has lasted, or is likely to last, one year or more.⁷ Federal law defines the inability to work as the inability to earn \$780 gross per month. Non-medical eligibility for SSI must be demonstrated as well, including proof of assets of \$2,000 or less, and U.S. citizenship or qualified immigrant status. The disability determination process can be arduous and time-consuming, as the following example illustrates:

Felipe, a person living with disabling HIV and severe depression, suffered recurrent and chronic diarrhea, nausea, and fatigue, and was unable to leave his apartment for up to five days at a time. Felipe met all the non-medical rules for SSI eligibility. While his medical determination was pending, Felipe lost more than thirty-five pounds as a result of recurrent stomach parasites. He became suicidal, lost interest in all activities, and suffered from sleep disturbance and loss of appetite. These symptoms resulted in marked limitations in social functioning and marked difficulties with concentration, persistence, and pace. Although he readily met the burden needed to establish disability, he spent more than one year trying to access SSI benefits *with* the support of his treating physician and represented by an attorney.

POLICY ANALYSIS

National Impact of the Regulations

Table 1: Number of SSI Recipients Suspended in Ten Most Affected States⁸

States	Number of SSI Suspensions
California	7,384
New York	3,859
Florida	3,659
Texas	2,061
Michigan	1,866
New Jersey	1,819
Illinois	1,672
Missouri	1,623
Washington	1,582
Pennsylvania	1,497

SSA and various national law enforcement agencies exchange information to identify SSI recipients with outstanding warrants. SSA receives warrant information from the Federal Bureau of Investigation, the National Crime Information Center (NCIC), the U.S. Marshall's Service, and has entered into computer matching agreements with twenty-three states and five major metropolitan police departments.⁹ An estimated 30% of all outstanding felony, misdemeanor, probation and parole violation warrants are reported to NCIC and SSA intends to enter into matching agreements with states that do not currently report all outstanding warrant information to NCIC.¹⁰

Figure 1: The following 19 states report 90-100% of warrants to NCIC:

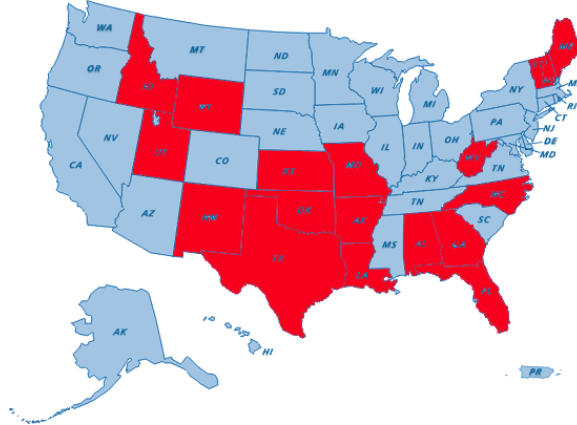
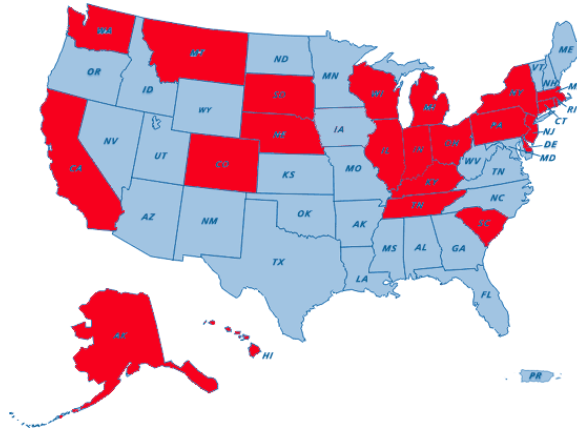


Figure 2: SSA has entered into electronic warrant information matching agreements with 23 states:



The Cost of Implementing the Regulations

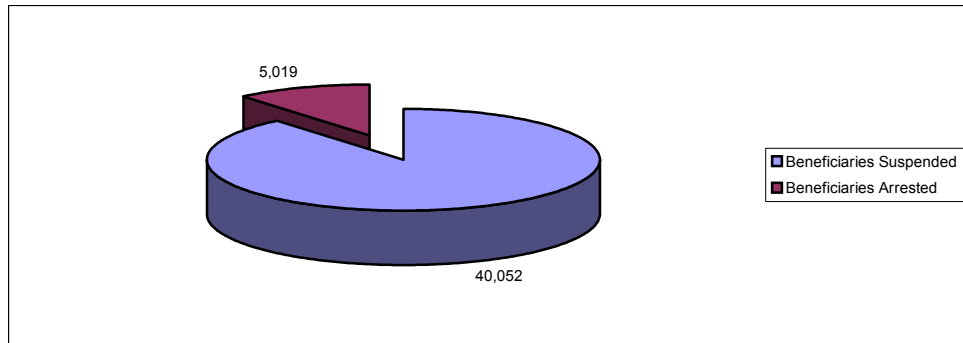
By denying SSI benefits to disabled and otherwise eligible SSI recipients and applicants, the federal government estimates savings of more than \$132 million.¹¹ However, this figure does not reflect the cost of nation-wide implementation of the Regulations. As of August 2001, the Office of the Inspector General (OIG), the agency charged with protecting SSA programs from fraud, waste, and abuse, had spent \$45,110,400 to implement the Regulations.¹² This is enough money to provide SSI benefits to nearly 7,000 disabled individuals for one year. A costly means of effectuating arrests, OIG costs alone are \$9,000 per SSI recipient arrested.

Moreover, the general fund savings estimated by the enforcement of this policy do not reflect the substantial costs to cities, counties, and states that must bear the burden of providing housing, food, health care, and other services to disabled individuals who become suddenly ineligible for SSI and SSI-linked Medicaid. Further burdening state resources, other aspects of welfare reform significantly compound the problems created by the Regulations. People classified as “fleeing felons” are not eligible for most other federal benefits including Temporary Assistance for Needy Families (TANF), food stamps, and General Assistance (a state or county administered income replacement benefit for individuals who are not eligible for SSI).

Disproportionate Punishment of Minor Offenses

The Regulation's punitive consequences raise serious issues of proportionality in that minor offenses comprise the overwhelming majority of SSI suspensions. As of September 2001, of the 45,071 SSI beneficiaries who fell within the purview of the Regulations, 5,019 were subsequently arrested.¹³ Thus, only one in nine (or roughly 11%) of the underlying offenses were serious enough for law enforcement and prosecutors to pursue. The remaining 89% of "fleeing felons" were neither arrested nor convicted, but were summarily cut off from life-sustaining federal assistance. These figures demonstrate that the Regulations cannot be adequately justified as a means of resolving criminal justice matters.

Table 2: Number of Suspensions vs. Number of Arrests



The Regulations do not distinguish between violent and non-violent felonies and, in cases of alleged probation violations, do not distinguish between misdemeanors and felonies. Thus, the situation created is analogous to that created by "three strikes" laws in that, in many instances, the punishment is greatly disproportionate to the crime. Just as a defendant was sentenced to life imprisonment for stealing a slice of pizza under California's "three strikes" law, SSI recipients have been indefinitely suspended for very minor offenses and technical or procedural violations, such as not reporting for a probation or parole appointment.

People living with disabilities who are suspended from SSI for minor offenses allegedly committed in another state face almost insurmountable hurdles in addressing the underlying warrant due to lack of income, lack of representation, and limited ability to travel. Further, there is no incentive for states to pay the cost of extraditing people accused of minor offenses. Even with legal representation, the process of resolving an out of state warrant is extremely complicated, as illustrated below:

An SSI recipient since 1980, Martin was arrested for alleged drug possession in Seattle in 1992. He was released from jail hours later, did not appear for arraignment, and his guilt or innocence was never determined. Nine years later, Martin's SSI payments were suspended while he was living in California and suffering from chronic and disabling symptoms of AIDS. Stranded without income and homeless, Martin could not afford to travel to Seattle or hire an attorney, Washington would not pay to transport him back to face charges, the public defender's office in Washington had no duty or time to assist

him, and California would not take him into custody. Martin remains without benefits and without means to address the cause of suspension.

Procedural Due Process Concerns: Notice and Establishing Guilt

The process by which SSI recipients are suspended under the Regulations raises legal questions of procedural due process. In order to prevent the devastation that would occur from wrongful benefit termination, the U.S. Supreme Court stated in *Goldberg v. Kelly* that due process requires the government to provide a pre-termination evidentiary hearing, fair notice, and the opportunity to be heard before terminating certain benefits.¹⁴ This premise has been extended to SSI beneficiaries and mandates that SSA provide the recipient with fair notice and an appeal option before summarily withholding federal assistance. However, a person suspended under the Regulations receives inadequate notice that benefits have been suspended. In most cases, SSA notifies the recipient less than two weeks before benefits are withheld. Additionally, SSI recipients who are homeless may never receive notice of suspension because they lack a mailing address. Compounding this problem is that one third of SSI recipients receive their check and correspondence from SSA through a representative payee who has no duty to inform the beneficiary of receipt of a suspension notice.

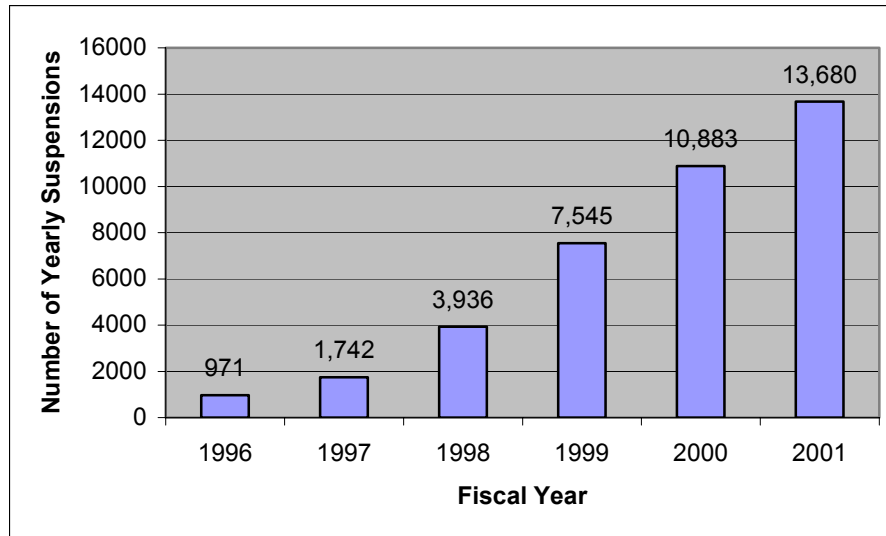
If notice is received, an SSI recipient can temporarily stave off benefits termination by appealing within ten days of receipt of a suspension notice.¹⁵ However, few successfully appeal within ten days and this remedy generally entitles the recipient to only one month of continued federal assistance. Many barriers exist to successfully appealing a suspension and reinstating benefits and, in practice, suspension of benefits under the Regulations equates to permanent ineligibility for SSI. The recipient is not allowed an adequate amount of time to challenge the underlying warrant, and the suspension notice does not contain any information about the warrant or how to address it. Further, SSA representatives are often unfamiliar with the complicated procedural and substantive rules surrounding the administration of the Regulations, and therefore cannot provide assistance to recipients facing benefits suspension.

Additionally, the Regulations do not adequately safeguard against unwarranted suspensions, in that a legal determination of the validity of the underlying warrant is not required prior to suspension of benefits. Life-sustaining benefits have been suspended due to clerical errors, non-performance of a few hours of community service, or a mere failure to notify law enforcement of a change of address while on probation or parole.

While living in Boston, Jesse broke a store window to steal an orange while intoxicated and was arrested while eating the orange in front of the store. She was sentenced to ninety days in jail, alcohol rehabilitation classes, and was ordered to pay restitution. She fulfilled all the terms of her sentence, including completing an alcohol rehabilitation course while in jail. When released, she moved to Arizona. A decade later, SSA suspended Jesse's benefits, placing her housing and health at risk, because the jail had failed to file the appropriate paperwork following her completion of the alcohol rehabilitation class. It took an attorney, two doctors, a substance abuse counselor, and a case manager eight months and countless phone calls and letters to resolve this administrative nightmare.

IMPACT ON DISABLED INDIVIDUALS

Table 3: Number of annual suspensions in fiscal years 1996 to 2001¹⁶



SSA's revenue savings estimations do not reflect the actual cost of this policy to people living with disabling conditions. For a severely disabled person, termination of federal assistance leaves them with limited options—unable to work, without income, and without health insurance benefits automatically received by SSI recipients. Like everyone, the fundamental needs of people living with disabilities include housing, medical care, food, clothes, transportation, and other living expenses. Loss of income can lead to a loss of housing and other essentials. For people with severe and life-threatening conditions, loss of income and health care can be tantamount to a death sentence.

Overpayments

The federal SSI payment level is \$545 per month. For SSI recipients without alternative means of support, this limited income places them well below the Federal Poverty Threshold.¹⁷ The Regulations mandate that a disabled person repay the federal government for benefits received from the month in which the warrant was issued to the month in which benefits were suspended. While SSA is not attempting to collect overpayments on warrants issued prior to August 22, 1996, individuals suspended under the Regulations in 2002 could owe the federal government as much as \$30,000. Repayment is improbable for people who are unable to work, have little or no other income, and possess limited resources. Even if the underlying warrant is resolved and SSI is reinstated, 10% of the recipient's benefit will be withheld each month until the entire debt is collected.

Disabled and Without Health Insurance

In an era where an estimated 39 million people in the United States lack basic health insurance,¹⁸ SSI recipients automatically receive Medicaid health insurance coverage, a state and federally funded health insurance program administered by individual state governments. Upon

suspension of SSI benefits under the Regulations, automatic receipt of Medicaid is terminated. The burden then shifts from federal to state and local sources to assume the substantial cost of treating and providing medical care to former SSI recipients who are now uninsured.

In some states, people with disabilities suspended from SSI are eligible for Medicaid administered through the county. However, in practice, many barriers exist for people with disabilities who need to enroll in county administered Medicaid, including a time-consuming and tedious application process, and lack of knowledge of eligibility for this alternative health care coverage. As a result, few suspended SSI recipients successfully transition to a county administered Medicaid program. Most remain uninsured.

Disproportionate Impact on SSI Recipients with Mental Health Concerns

Nationally, 35% of SSI recipients are disabled under SSA's mental health listings.¹⁹ People with psychiatric disabilities face substantial barriers to obtaining and maintaining disability benefits, including navigating the complex administrative processes of SSA. An estimated 700,000 people with severe mental health concerns are admitted to 14% of U.S. jails annually.²⁰ Bureau of Justice statistics gathered in 1999 reveal that 16% of state prison inmates, 7% of federal inmates, and 16% of those in local jails reported either a mental health condition or an overnight stay in a psychiatric facility.²¹ Additionally, approximately 547,800, or 16%, of probationers reported a mental health condition or overnight stay in a psychiatric facility at some point in their lifetime.²² A high incidence of contact with the criminal justice system renders SSI recipients with psychiatric disabilities particularly vulnerable to SSI suspension.

Of the almost 50,000 suspensions since 1996, only one in nine (or roughly 11%) of the underlying offenses were serious enough for law enforcement or prosecutors to pursue. The remaining 89% of "fleeing felons" were neither arrested nor convicted, but were summarily cut off from life-sustaining SSI benefits.

San Francisco Case Study: SSI Suspensions and Cost-Shifting

As of December 2000, there were 752,591 blind and disabled SSI recipients in California.²³ As of May 2002, 7,384 SSI recipients in California had been suspended under the Regulations.²⁴ This represents approximately one in six of all suspensions nationally. To account for the high cost of basic necessities such as housing, food, and transportation, the state of California supplements the \$545 federal SSI payment level with up to \$284 per month. While suspension of SSI benefits will save the federal and state government the cost of providing the benefit itself, this policy does not foresee the substantial burden that will fall on city and county services when disabled people lose their income and health insurance. This policy will lead to San Francisco subsidizing shelters rather than permanent housing, and increase dependence on emergency medical services in lieu of fostering ongoing and preventative medical and mental health treatment for disabled individuals.

There are almost 26,000 SSI recipients living in San Francisco County,²⁵ where an estimated 300 individuals have been suspended under the Regulations since October 2000.²⁶ SSI benefits substantially offset the costs of providing medical and social services to thousands of San

Francisco residents living with HIV/AIDS or mental illness. To illustrate, San Francisco has a higher incidence per capita of mental illness than any other part of California, with an estimated prevalence rate of 7.84%.²⁷ Homeless mentally ill persons are particularly susceptible to police interaction and the criminalization of behaviors caused by disability and homeless status. An estimated 15% of San Francisco residents newly diagnosed with HIV are homeless, placing significant burdens on already over-extended HIV services.²⁸ Compounding this problem, in the 2002-2003 fiscal year, HIV services in San Francisco suffered a loss of \$2.2 million in federal funding in areas such as health care, housing, benefits counseling, and other programs. Homeless disabled persons present unique treatment challenges to community-based providers, and without access to follow up care, the chance that these individuals may become entangled in the criminal justice system increases significantly. Linking eligible individuals to SSI is necessary to secure and maintain housing, facilitate ongoing medical care, and lessen interaction with police and the criminal justice system, as illustrated by the following client story:

Frank moved to San Francisco from his parent's home in Connecticut after a painful breakup with his boyfriend. While still in Connecticut, Frank had stolen a VCR from a friend. He subsequently replaced the VCR, and while the friend was not interested in pressing charges, a warrant from the incident remains outstanding. Frank is HIV positive, and following his diagnosis with a serious mental illness, began receiving SSI. Using this income, he was able to maintain stable housing until his benefits were suspended due to the warrant in Connecticut. During this time, Frank was struggling to access substance use treatment. When he did complete a treatment program, he was barred from accessing many secondary programs that mandate that clients either work or receive SSI. Frank lost his housing, cannot access further treatment, and does not have the resources to return to Connecticut to remedy the situation.

San Francisco's response to homelessness is at the forefront of local policy discussions. Because loss of income leads to loss of housing, suspension of SSI benefits compounds the incidence of homelessness for people living with disabilities and the costs to San Francisco will increase accordingly. City and county funding of services to disabled homeless people is greatly reduced when these individuals maintain access to SSI income and health insurance benefits. To illustrate, homeless disabled people entitled to SSI income benefits receive \$829 per month, and therefore have a solid opportunity to obtain housing. Without SSI income, these individuals will not be able to access even marginal housing. Additionally, people receiving SSI who have secured housing in San Francisco most likely pay below market rent through local rent control measures. A sudden loss of SSI income will result in an irreparable loss of this affordable housing.

San Francisco residents who lose their SSI-linked Medicaid benefits are eligible for county administered MediCaid. However, many suspended recipients are unaware that they qualify for this form of insurance. Additionally, despite eligibility for County MediCaid, some suspended individuals have been turned away at the application center when they reveal that they lost their SSI-linked health insurance under the Regulations. San Francisco's general fund bears the cost of providing medical services to uninsured individuals. San Francisco County Mental Health Services estimates expenditures of \$29.5 million on 21,077 uninsured clients seeking mental health services during the 2001-2002 fiscal year.²⁹ During that same time, the cost of primary

care for uninsured individuals in San Francisco was estimated at \$3,200 annually per individual.³⁰ The Regulations thus serve to shift the cost of providing medical and social services to San Francisco County's already over-extended general fund.

CONCLUSION

The so-called "fleeing felon" regulations, which affect primarily disabled individuals who are neither fleeing apprehension nor charged with a felony, fail to provide adequate safeguards against unwarranted suspensions, suspend life-sustaining benefits abruptly with little or no notice, and punish disproportionately minor offenses. Ronald Reagan once proclaimed the SSI program to be "a monument to the spirit of compassion and commitment that unites us as a people." Contrary to this sentiment, information regarding disabled people collected by SSA "in the spirit of compassion" is being distributed to law enforcement agencies and criminal prosecutors nation-wide. Under this policy, SSA and OIG use information derived from the FBI, the NCIC database, and agreements with individual states to suspend the only source of income available to thousands of people living with disabilities. Of the almost 50,000 suspensions since 1996, only one in nine has resulted in the recipient's arrest. This demonstrates that law enforcement efforts are not significantly aided by locating SSI recipients with outstanding warrants and this policy does not justify the more than \$45 million cost underlying its implementation and administration.

Benefits are suspended without confirming with law enforcement agencies and criminal prosecutors that the person is actually fleeing detection or wanted by authorities. Life-sustaining income and health insurance benefit terminations have resulted from paperwork errors, non-performance of a few hours of community service, and failure to notify probation or parole administrators of a change of address. Out of state warrants are formidable barriers to reinstatement of benefits due to the lack of incentive for states to extradite individuals accused of minor offenses, and the suspended recipient's limited access to legal representation. Further, no information regarding the warrant is provided in benefits suspension notices furnished by SSA and therefore the burden of identifying and resolving the warrant precipitating suspension falls entirely on the disabled individual. These factors compound to severely limit the chance that benefits can be reinstated, and thus will shift costs from federal to state and local sources that must step in to provide medical and social services to people terminated from federal assistance.

RECOMMENDATIONS

Eliminate or Modify the Regulations at Reauthorization

Congress must reauthorize funding for portions of the 1996 welfare reform legislation by October 2002. In the absence of total elimination of the Regulations, they should be significantly modified. For example, suspensions for non-extraditable out of state warrants or the probation violation provision should be eliminated. In the alternative, because termination of federal assistance shifts substantial medical and social service costs to counties and states, states could be given the choice to opt out of enforcement of the Regulations.

Increased Community-Based Advocacy

- A legal challenge to the Regulations is needed. Disability rights advocates should undertake impact litigation to challenge the Regulations on grounds that the procedural due process rights of SSI recipients are abridged in their implementation.
- There exists a huge deficit of advocates familiar with the Regulations and willing to represent suspended recipients. People living with severe disabilities and surviving on extremely limited income experience difficulty in navigating the criminal justice system and the administrative processes of SSA. Informed advocacy is integral to decreasing the impact on individuals suspended under the Regulations.
- Benefits advocates, prosecutors, public defenders, and judges can play vital roles in assuring that warrants are dealt with expeditiously so that benefits may be reinstated.

Expanded Notice Requirements

Notice requirements should be significantly expanded and the burden of verifying the validity of the underlying warrant should be on OIG and SSA.

- SSA should be required to furnish information to suspended recipients concerning the underlying charge, the warrant number, the date and time of the alleged offense, and the contact information of the law enforcement agency or court handling the matter.
- Just cause for late filing of an appeal within ten days of notification of suspension should be granted leniently to facilitate continued income assistance while the underlying warrant is addressed.
- SSA management and policy makers must oversee evenhanded implementation of the Regulations and SSA representatives should be trained to properly handle these cases.

Insulation of SSDI Benefits from the Regulations

Legislation seeking to extend ineligibility to disabled individuals receiving Social Security Disability Insurance benefits (SSDI) has been introduced and must be opposed. SSDI is a disability entitlement program funded from trust funds supported by taxes that workers pay on their wages.

- Because SSDI entitlement is derived from work history, serious questions exist surrounding whether policy makers have the authority to apply the Regulations to this benefit. The General Accounting Office has concluded that SSA indeed lacks the authority to deny SSDI benefits to individuals otherwise entitled to receive them.³¹

Overpayment Amnesty

SSI applicants furnish identifying information, including their current address, to SSA and cannot be accurately characterized as fleeing detection. Additionally, repayment of significant overpayments is unrealistic. SSA should adopt an overpayment waiver policy that addresses all overpayments where a person is not “fleeing” to avoid prosecution or confinement, and accounts for the recipient’s knowledge, or lack thereof, of the underlying warrant.

¹ Code of Federal Regulations § 416.1339(a).

² Information provided by the Social Security Administration National Press Office.

³ Social Security Administration. (2000). SSI Recipients by State and County. Social Security Administration Office of Research, Evaluation, and Statistics.

⁴ Id.

⁵ A felony committed in New Jersey is a "high misdemeanor." See Code of Federal Regulations § 416.1339(a).

⁶ The client stories contained in this report were gathered from advocates who work primarily with people living with HIV/AIDS. They are intended to illustrate various situations faced by SSI recipients affected by this policy. The reader should not infer that this policy affects only or primarily people who are HIV positive, as people living with countless other disabling conditions have been impacted as well. Although client names have been changed to protect anonymity, all client stories included are factually accurate.

⁷ Social Security Administration Publication No. 64-039: The Blue Book.

⁸ Office of the Inspector General data shows that, as of March 20, 2002, the number of suspended individuals in each state was as follows: Alabama - 575, Alaska - 152, Arizona - 759, Arkansas - 637, California - 7384, Colorado - 543, Connecticut - 358, Delaware - 117, Florida - 3659, Georgia - 709, Hawaii - 123, Idaho - 138, Illinois - 1672, Indiana - 528, Iowa - 276, Kansas - 352, Kentucky - 538, Louisiana - 688, Maine - 199, Maryland - 521, Massachusetts - 1413, Michigan - 1866, Minnesota - 590, Mississippi - 523, Missouri - 1623, Montana - 161, Nebraska - 136, Nevada - 385, New Hampshire - 119, New Jersey - 1819, New Mexico - 331, New York - 3859, North Carolina - 885, North Dakota - 44, Ohio - 3341, Oklahoma - 449, Oregon - 747, Pennsylvania - 1497, Rhode Island - 231, South Carolina - 471, South Dakota - 43, Tennessee - 622, Texas - 2061, Utah - 180, Vermont - 64, Virginia - 730, Washington - 1582, West Virginia - 276, Wisconsin - 694, Wyoming - 44, Washington D.C. - 268, Puerto Rico - 11.

⁹ Information provided by the Social Security Administration National Press Office. Urban police departments that currently report all outstanding warrant information to SSA include those located in Baltimore City, Maryland, Baltimore County, Maryland, Montgomery County, Pennsylvania, Philadelphia, Pennsylvania, and New York City.

¹⁰ Id.

¹¹ Office of the Inspector General. (2001) Semi-Annual Report to Congress: April 1, 2001-September 30, 2001.

¹² Office of the Inspector General. (2001). Return on Investment Report.

¹³ Office of the Inspector General. (2001). Semi-annual Report to Congress: April 1, 2001-September 30, 2001.

¹⁴ 397 U.S. 254 (1970).

¹⁵ Social Security Administration Programs and Operations Manual SI 00501.050. Denial of SSI Benefits for Fugitive Felons and Parole and Probation Violators.

¹⁶ Information provided by the Social Security Administration National Press Office.

¹⁷ The Federal Poverty Threshold in 2001 was \$9,214 for a single person under 65 and \$11,859 for a couple where one household member is under 65. See U.S. Census Bureau Statistics: Poverty Thresholds for 2001.

¹⁸ U.S. Census Bureau (September 2001).

¹⁹ Information provided by the Social Security Administration National Press Office.

²⁰ Report to Congress from the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration, the Public Health Service, and the U.S. Department of Health and Human Services. (1995). Double Jeopardy: Persons with Mental Illnesses in the Criminal Justice System.

²¹ Bureau of Justice Statistics Special Report. (1999). Mental Health and Treatment of Inmates and Probationers. Paula M. Ditton.

²² Id.

²³ Social Security Administration. (2000). SSI Recipients by State and County. Social Security Administration Office of Research, Evaluation, and Statistics.

²⁴ Information provided by External Affairs Division of the Office of the Inspector General.

²⁵ Social Security Administration. (2000). SSI Recipients by State and County. Social Security Administration Office of Research, Evaluation, and Statistics.

²⁶ Information provided by the San Francisco Social Security Administration.

²⁷ San Francisco Department of Public Health. (2001). Overview of Health Status. Mitchell H. Katz.

²⁸ San Francisco Department of Public Health. (2000). HIV/AIDS Epidemiology Annual Report.

²⁹ Information provided by San Francisco County Mental Health Services.

³⁰ Information provided by San Francisco Department of Public Health.

³¹ General Accounting Office letter to U.S. Senator Rick Santorum dated February 27, 2002.