# Young Social Security Disability Awardees: Who They Are and What They Do After Award

by Yonatan Ben-Shalom and David C. Stapleton*

*Using Social Security administrative data, we compare the cross-cohort characteristics and 5-year employment outcomes of young adults (aged 18–39) who were first awarded Social Security disability benefits from 1996 through 2007. We examine two beneficiary types—disabled workers and the disabled adult children (DACs) of living or deceased disabled- or retired-worker beneficiaries—as well as preaward Supplemental Security Income (SSI) program participation status. In comparing 2007 with 1996, we find growth in the proportions of awardees who (1) were DACs, (2) had received SSI payments (especially as children), and (3) had psychiatric disorders. We also find that disabled workers who received SSI payments as children were more likely than those who did not to reach certain postaward earnings thresholds and that DACs were less likely than disabled workers to reach those thresholds. We also discuss potential contributing factors.*

## Introduction

A significant share of new Social Security Disability Insurance (DI) disabled-worker beneficiaries is younger than 40. Many of these young awardees will live in poverty throughout their lives despite receiving Social Security benefits and other public support (She and Livermore 2009). Because most young awardees receive DI benefits for long periods, their lifetime benefit amounts often exceed those of older awardees, even though their monthly benefit amount is typically lower. Young awardees are also likely to receive Medicare benefits for many years, and they are more likely than older workers to qualify for Supplemental Security Income (SSI) and Medicaid (Riley and Rupp 2014). Social Security Administration (SSA) actuaries have documented that from 1980 through 2010, the DI award incidence rate for young workers grew substantially relative to the rate for older workers (Goss 2013).[1]

Young DI awardees have received relatively little attention in public discussions about the pending exhaustion of the DI Trust Fund, which the Social Security Board of Trustees (2014) projects will occur in late 2016 and the Congressional Budget Office (2013) projects in fiscal year 2017. The debate about strategies to restrain the growth of the beneficiary population has focused on policies that would encourage employers to retain experienced (and presumably older) workers after disability onset. When DI was implemented in 1956, it was designed to be an early retirement program for workers aged 50 or older who were unable to continue to work because of a long-lasting medical condition (Berkowitz 2000). Although amendments enacted as early as 1965 allow workers

**Selected Abbreviations**

| | |
|---|---|
| DAC | disabled adult child |
| DAF | Disability Analysis File |
| DI | Disability Insurance |
| MEF | Master Earnings File |
| NSTW | nonpayment status following suspension or termination for work |

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**Selected Abbreviations—*Continued***

| | |
|---|---|
| OASDI | Old-Age, Survivors, and Disability Insurance |
| QC | quarter of coverage |
| SDW | special disability workload |
| SGA | substantial gainful activity |
| SSA | Social Security Administration |
| SSD | Social Security disability |
| SSI | Supplemental Security Income |
| STW | suspension or termination for work |
| TANF | Temporary Assistance for Needy Families |

with qualifying conditions of any age to be eligible for benefits if they also meet a work history requirement, DI is still commonly characterized as a program for older workers with medical conditions that require them to retire early. However, that characterization overlooks the substantial shares of new DI awardees who are younger than 40.

Young DI awardees are now among the target populations for broader policy efforts to help youths and young adults with disabilities to lead more productive, fulfilling lives and rely less on government support. Those efforts include SSA's Youth Transition Demonstration (Fraker and Rangarajan 2009) and a multiagency initiative called the Promoting Readiness of Minors in SSI Evaluation (Fraker and Honeycutt 2012). Those demonstrations test the delivery of innovative services to youths with disabilities, with the common objective of increasing their economic success as adults and reducing their lifetime reliance on benefits from disability programs such as DI. In addition, many states are implementing "Employment First" policies designed to encourage and promote employment for youths with developmental disabilities; those states are reconfiguring the employment supports they provide in order to help capable youths to become productive adults (Department of Labor n.d.). Many private initiatives have similar objectives.

The statistics provided in this article should help inform those initiatives as well as efforts to address the pending exhaustion of the DI Trust Fund. We present statistics on the number of new DI disabled-worker awardees aged younger than 40 and the changes in the composition of their award cohorts from 1996 through 2007. We also provide statistics for another group of adults that often qualifies for Social Security benefits because they experience disability onset before reaching age 40: the disabled adult children (DACs) of individuals whose earnings records qualify them for Social Security benefits.[2] In this article, we refer to DI disabled-worker beneficiaries and DAC beneficiaries collectively as Social Security disability (SSD) beneficiaries.[3]

In 1990, awardees aged 18–39 accounted for about one-third of new SSD beneficiaries. Although the total number of SSD awardees would more than double by 2010, the proportion that was aged 18–39 would fall to about one-quarter by then (SSA 2014a, Tables 35 and 39). The proportional decline likely reflects the baby boom generation's aging out of the young-awardee classification, as it passed from ages 26–44 in 1990 to 46–64 in 2010.

Young SSD awardees differ from older ones along dimensions other than age. For example, they are more likely to have developmental disabilities, most notably intellectual disability (SSA 2014a, Table 44). They are also more likely than older awardees to report having work goals or expectations (Livermore, Stapleton, and Roche 2009), to have higher employment rates (Mamun and others 2011), and to use work incentives and earn enough to have their benefits suspended or terminated because of work (Liu and Stapleton 2011).

Young awardees may enter SSD via several paths. Before being awarded either disabled-worker or DAC benefits, some may have received SSI payments as children and, if so, were likely to have been disadvantaged in many respects. Others may have first entered SSI as adults and later accumulated an earnings history sufficient to qualify for DI. Still other SSD awardees may have had their careers interrupted by a major injury or the onset of chronic illness, or they may be recently disabled veterans. Some DAC beneficiaries from relatively affluent families may have become eligible for benefits only after reaching age 18 or after a parent retired or died.

In this study, we use administrative data on young SSD awardees first awarded benefits during the period 1996–2007. Given that awardees who took different paths to SSD award likely differ in personal characteristics and outcomes, we pay particular attention to trends among and differences between disabled-worker and DAC beneficiaries, focusing specifically on (1) whether they had previously received SSI payments, either as a child or (only) as an adult; (2) their distributions by sex, selected primary impairment, and benefit amount at award; and (3) their 5-year employment and mortality outcomes.

We find substantial compositional changes among cohorts of young SSD awardees during the study period, with important implications for policies intended to serve that population in the years ahead. In 2007, compared with 1996, relatively more SSD awards for individuals aged younger than 40 went to DAC beneficiaries; to disabled workers and DACs who had previously received SSI payments, especially as children; and to disabled workers and DACs with psychiatric disorders.

We examine employment outcomes using two thresholds for earnings from work: $1,000 (in 2007 dollars) in a given calendar year and an annualized equivalent of the monthly amount that SSA defines as substantial gainful activity (SGA) for nonblind beneficiaries. We find that disabled workers who had received SSI payments as children were far more likely to earn more than $1,000 in any of the first 4 postaward calendar years than were those who had not, and that DAC beneficiaries were considerably less likely than disabled workers to attain either earnings threshold.

Several factors may have contributed to the trends we observe. For example, child participation in SSI grew rapidly after the Supreme Court's 1990 *Sullivan v. Zebley* decision, which relaxed eligibility criteria for children with psychiatric disorders. Other significant factors include the welfare reform measures of 1996, which increased incentives to apply for federal disability benefits; the special disability workload (SDW), which involved the retroactive award of DI benefits to thousands of individuals who previously received only SSI payments, beginning in 2001; the aging of the baby boomers, which likely increased the number of young adults eligible for DAC benefits; and the 1999 SGA increase from $500 to $700 and the recession of 2001, both of which likely induced individuals to apply for DI. These factors are discussed in further detail later. Although any of them are likely to have influenced SSD application and award trends, distinguishing between their various effects is difficult because of their overlapping timing.

The article is organized as follows: In the next section, we briefly describe the eligibility and benefit rules for disabled-worker and DAC benefits. In the succeeding section, we describe the data and methods used in the study. Subsequent sections present the results and discuss the potential factors contributing to the observed trends. A concluding section summarizes key findings and their implications. The Appendix contains tables providing the detailed statistics underlying the charts we present to illustrate our findings.

## Disabled Worker and DAC Eligibility and Benefits

To qualify for benefits as either a disabled worker or a DAC, an individual must meet SSA's definition of disability, under which he or she is not able to engage in SGA because of a disability that has lasted (or is expected to last) for at least 1 year or is expected to result in death. The agency adjusts the SGA amount yearly. In 2015, SGA for nonblind workers is the equivalent of paid, unsubsidized employment that would generate $1,090 in earnings in a month. For blind workers, the SGA amount is higher, at $1,820.

In addition to meeting SSA's definition of disability, qualifying disabled-worker applicants must be "disability insured," a status attained after earning a required number of Social Security quarters of coverage (QCs) by working and paying Social Security payroll taxes. Disability-insured status requires one to be both fully insured (having 1 QC per year after age 21) and to have at least 20 QCs during the last 10 years or, if younger than 31, one-half of the number of quarters that have elapsed since attainment of age 21, with a minimum of 6 QCs. In 2015, workers earn 1 QC for every $1,220 of earnings—the monthly equivalent of which is about $407, or 37 percent of the nonblind SGA amount. The number of QCs needed to make a young adult eligible for disabled-worker benefits is remarkably low, especially before age 31. To qualify requires as few as 6 QCs before age 24, 6–18 QCs at ages 24 through 30, 20 QCs at ages 31 through 42, and 21–40 QCs at age 43 or older.[4] In contrast with disabled workers, DACs are not required to accrue QCs. Instead, they qualify for SSD benefits through a parent who is an eligible disabled, retired, or deceased worker. To qualify for benefits, however, a DAC's disability onset must occur before age 22, and the DAC must be unmarried.

Disabled-worker benefit amounts are a function of average lifetime earnings before disability onset.[5] After a disabled worker qualifies for benefits, a 5-month waiting period must elapse before any benefit is paid. Twenty-four months after the month of benefit entitlement—which can be earlier than the first payment month if the disability onset date is earlier than the application date—a disabled worker can also become eligible for Medicare. In December 2013, 8.9 million disabled workers of all ages received an average monthly benefit of $1,146; the 921,426 disabled workers aged younger than 40 received an average amount of $845. DAC benefit amounts can be up to 50 percent of the parent's primary insurance

amount (PIA) if the parent is living and up to 75 percent of the PIA if the parent is deceased. DACs also become eligible for Medicare after a 24-month waiting period, but are not subject to a 5-month waiting period before SSD benefits begin. In December 2013, more than 1 million DACs of all ages received an average monthly benefit of $735, and 437,000 DACs aged younger than 40 received an average amount of $680 (SSA 2014a).

Qualified individuals may receive concurrent SSD and SSI benefits, whether they receive SSD benefits as a disabled worker or as a DAC. However, the SSI payment is offset by the SSD benefit because the latter is counted as unearned income. Further, an individual may qualify for both disabled-worker and DAC benefits, but may not receive a total benefit that exceeds the higher of the two. Many individuals who qualify for either SSI or disabled-worker benefits have an incentive to apply for DAC benefits if they are eligible and if the latter amount is greater than the individual's own DI or SSI benefit amount. Because DAC benefits are based on a parent's lifetime earnings, they often account for the higher benefit.[6] Eligibility for Medicare adds another SSD application incentive for those who initially receive only SSI payments.

## *Data and Methods*

Most of the data used in this study come from the 2009 version of the Disability Analysis File (DAF), a data file originally constructed to support analysis of the effects of the Ticket To Work program.[7] The 2009 DAF contains current and historical information from administrative records on more than 22 million Social Security beneficiaries aged 18–64 who participated in either the DI or SSI disability program at any time between January 1996 and December 2009. For this research, we supplement the DAF records with matched data from the SSI Longitudinal File and the Master Earnings File (MEF). We classify beneficiaries into 11 award-year cohorts, from 1996 through 2007, and restrict our study population to individuals who were aged 18–39 when first awarded SSD benefits. The long time frame allows us to examine changes in cohort composition and to use a reasonably long 5-year follow-up period to track outcomes.[8]

To examine how awardee characteristics and postaward outcomes interrelate, we classify SSD awardees by type of benefit (disabled worker versus DAC) and prior SSI participation history (none, received SSI payments before reaching age 18, or received SSI payments only as an adult). This classification scheme leads to six analytic subgroups: (1) disabled workers with no SSI history, (2) disabled workers with SSI history as children, (3) disabled workers with SSI history only as adults, (4) DACs with no SSI history, (5) DACs with SSI history as children, and (6) DACs with SSI history only as adults.

DAF data include variables that indicate the type of beneficiary and the type of claim. We classify an awardee as a disabled worker if he or she was coded as the primary claimant in a disability case. We classify an awardee as a DAC if he or she was coded as an adult child of a primary claimant who was a disabled, retired, or deceased worker. In our study population, about 1 percent of SSD awardees were not coded into one of those categories; the Appendix tables include some summary statistics for that "unclassified" group.[9]

We use information from the SSI Longitudinal File to determine whether the SSD awardees in our study population had received SSI payments before they received disabled-worker or DAC benefits and whether they first received such payments as a child or as an adult. We classify SSD awardees who received SSI payments only during the 5-month waiting period for SSD benefits as not having received SSI payments before SSD award. For each of the SSD award cohorts, we calculate summary statistics, by analytic subgroup, for the average benefit amount, the percentage of awardees who were women, and the percentages diagnosed with either a psychiatric disorder or intellectual disability at the time of award. We also calculate the percentage of disabled-worker awardees who had a family member serving as representative payee and the percentage of DACs who were aged 20–39 at the time of award.[10]

For each SSD award cohort, we also calculate the cumulative percentage of awardees that experienced certain outcomes within 5 years of the award year: mortality; suspension or termination of the SSD benefit because of work (STW) in at least 1 month; earnings of more than $1,000 (in 2007 dollars) in 1 or more of the 4 postaward calendar years; and current-dollar earnings that exceeded the annual equivalent of the SGA level for nonblind beneficiaries in at least 1 of the 4 postaward calendar years. We also calculate the percentage of awardees who received SSI payments in at least 1 month of the fifth postaward year and the cumulative number of months awardees spent in nonpayment status following the suspension or termination of benefits for work (NSTW). Appendix

Table A-1 presents detailed descriptions of the 5-year outcomes we measure.

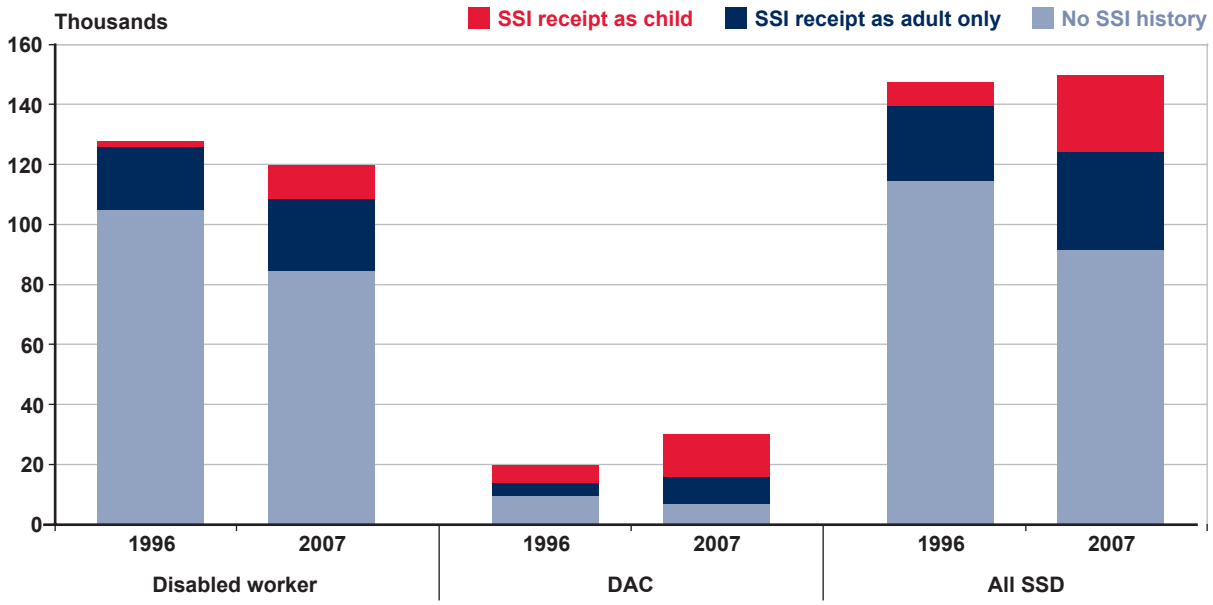
These outcome variables provide useful information about awardees, but must be interpreted carefully. Mortality is of interest primarily as a rough measure of the well-being of SSD awardees; however, it is important to note that changes in unadjusted mortality may reflect shifts in both health status at award (because of cohort compositional changes) and changes over time in the risk of death, with all else equal. Tracking the extent to which SSD awardees begin or continue to receive SSI payments provides a more complete picture of benefit use by SSD awardees. Such information fosters a better understanding of recent shifts in the composition of SSD award cohorts and the implications for policies associated with SSD beneficiaries. We selected the other measures to provide a comprehensive picture of the employment outcomes of SSD awardees. STW and NSTW status are useful indicators of work at a sufficiently high level, but the MEF-based earnings-threshold measures provide a more complete picture of work efforts of awardees by including many who worked at a level that did not lead to the suspension or termination of benefits.

## *SSD Awardee Characteristics: 1996–2007*

Chart 1 shows the distribution of young SSD awardees in the 1996 and 2007 cohorts among the analytic subgroups (Appendix Table A-2 presents the underlying statistics). Of the 148,242 beneficiaries first awarded SSD benefits in 1996, we identify 127,669 (86.1 percent) as disabled workers and 19,626 (13.2 percent) as DACs. In 2007, the total number of SSD awardees was 153,020, an increase of 3.2 percent over 1996, with 119,635 disabled workers representing 78.2 percent of those awardees and 30,003 DACs representing 19.6 percent of them. Compared with the 1996 figures, the number of awards to disabled workers fell by about 8,000 while the number of DAC awards more than offset that decline, increasing by about 10,400.

The percentages of disabled workers and DACs who had previously received SSI payments increased considerably between 1996 and 2007. In 1996, only 1.4 percent of disabled workers had received SSI payments as children, and 16.5 percent had received SSI payments only as adults; in 2007, those two SSI-history subgroups respectively accounted for 9.2 percent and 20.0 percent of disabled workers. The percentage point increase was even greater among DACs: In 1996, 29.5 percent had received SSI

**Chart 1.**
**Number of SSD awardees aged 18–39, by benefit type and SSI history: 1996 and 2007 award cohorts**




SOURCE: Authors' calculations based on the 2009 DAF and the SSI Longitudinal File.

NOTE: Excludes unclassified SSD awardees.

payments as children, and 21.4 percent had received them only as adults; in 2007, those two subgroups respectively accounted for 47.8 percent and 29.9 percent of DACs.

Chart 1 illustrates significant changes in the composition of cohorts of young SSD awardees between 1996 and 2007, but does not indicate whether the changes progressed gradually or occurred within specific periods. Charts 2–4 reveal the timing of those changes (Appendix Table A-2 again provides the underlying numbers). The overall number of awardees rose by just 3 percent from 1996 to 2007, with considerable fluctuation along the way (Chart 2). Almost all of the fluctuation was attributable to variation in the number of awards to young disabled workers. Notably, the total number of awards relative to the previous year fell in 1997 and 2006 and increased from 2000 through 2002.[11] Unlike the fluctuating number of disabled workers, the number of young DAC awardees increased modestly but steadily from 1996 through 2007.

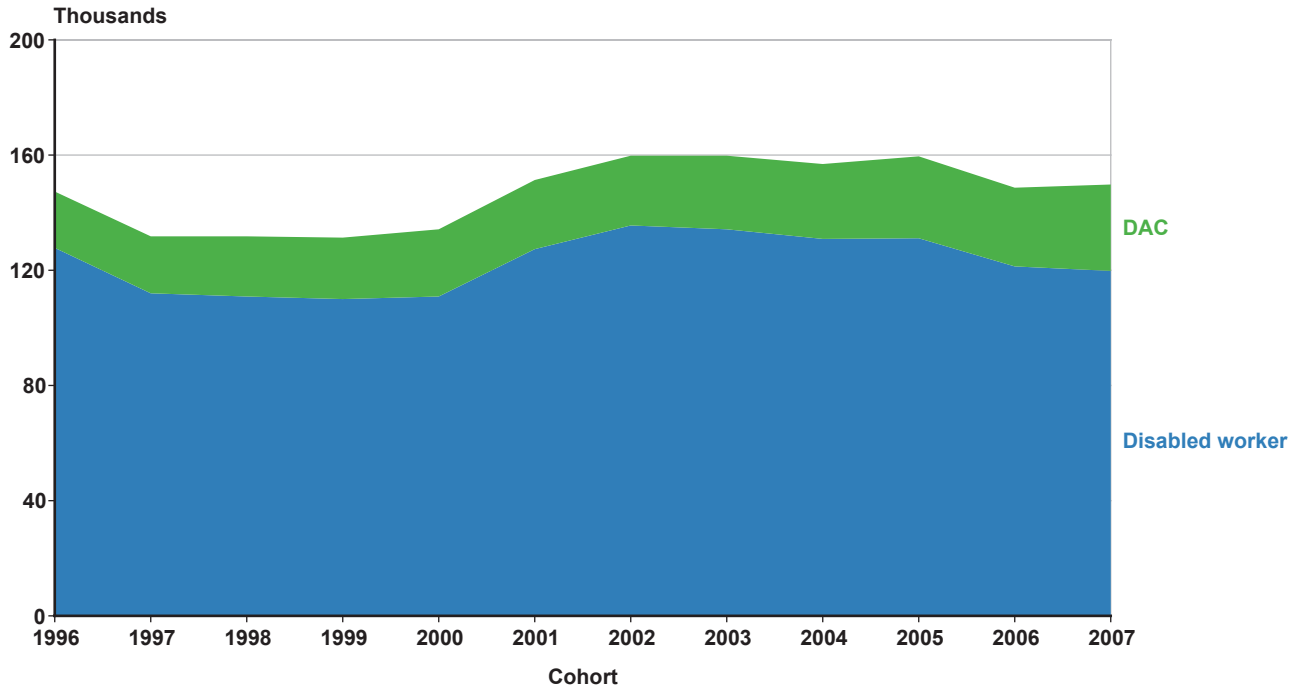
Chart 3 shows that most of the increase in the number of young disabled-worker awardees who had received SSI payments as children occurred between 1999 and 2002, and most of the increase among those who had received SSI payments only as adults occurred between 2000 and 2002. Chart 4 shows that the number of young DAC awardees who had received SSI payments as children increased steadily from 1996 to 2003 and then increased more slowly between 2003 and 2007. Most of the increase in the number of DAC awardees who had received SSI payments only as adults occurred between 2001 and 2003.

## *Potential Causes*

Several factors may have contributed to the changes in the annual number of awards to young disabled workers and DACs, the distribution of those awards between disabled workers and DACs, and the increase in awards to individuals with an SSI history. Distinguishing between the effects of the various factors is complicated by the overlap in their timing. Further, although some of the factors likely had a one-time impact that has already leveled off (or will do so eventually), others will have a continued impact moving forward. We consider six factors below.

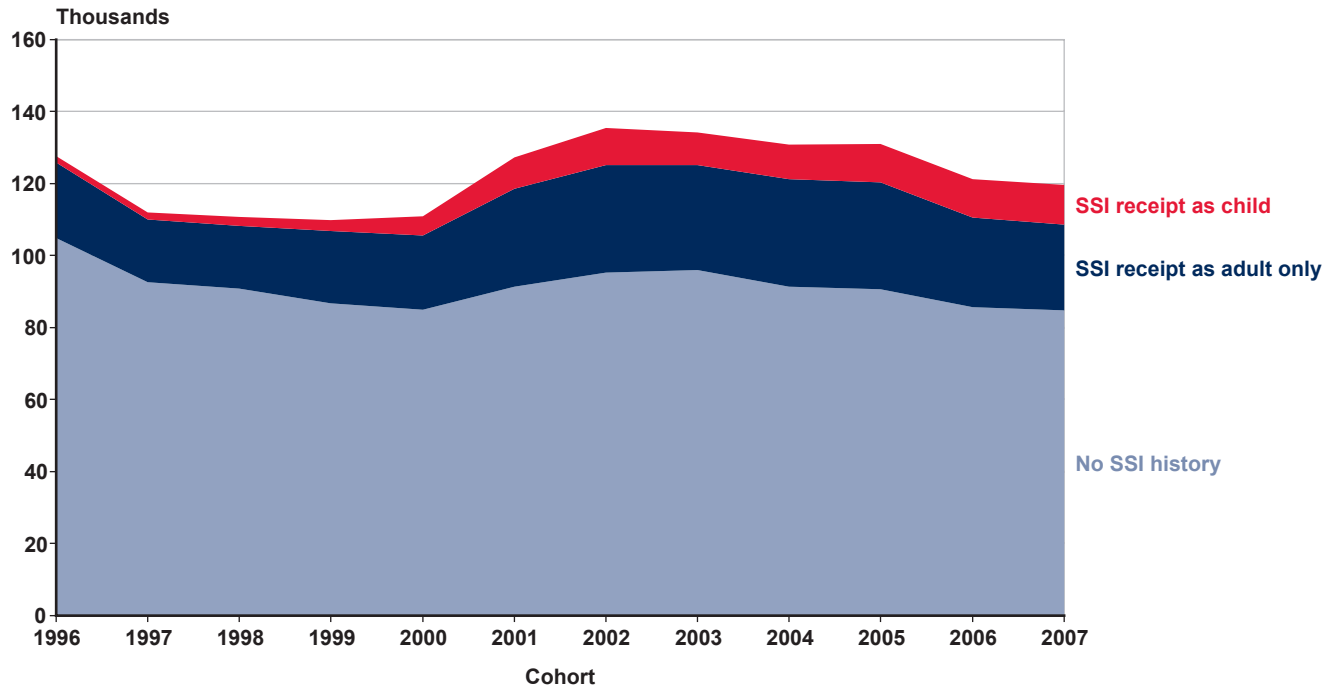
First, the increase in awards between 2000 and 2002 may reflect the 2001 recession, which likely induced some individuals to apply for disabled-worker benefits whether or not they had an SSI history. By

**Chart 2.**
**Number of SSD awardees aged 18–39, by benefit type, 1996–2007 award cohorts**



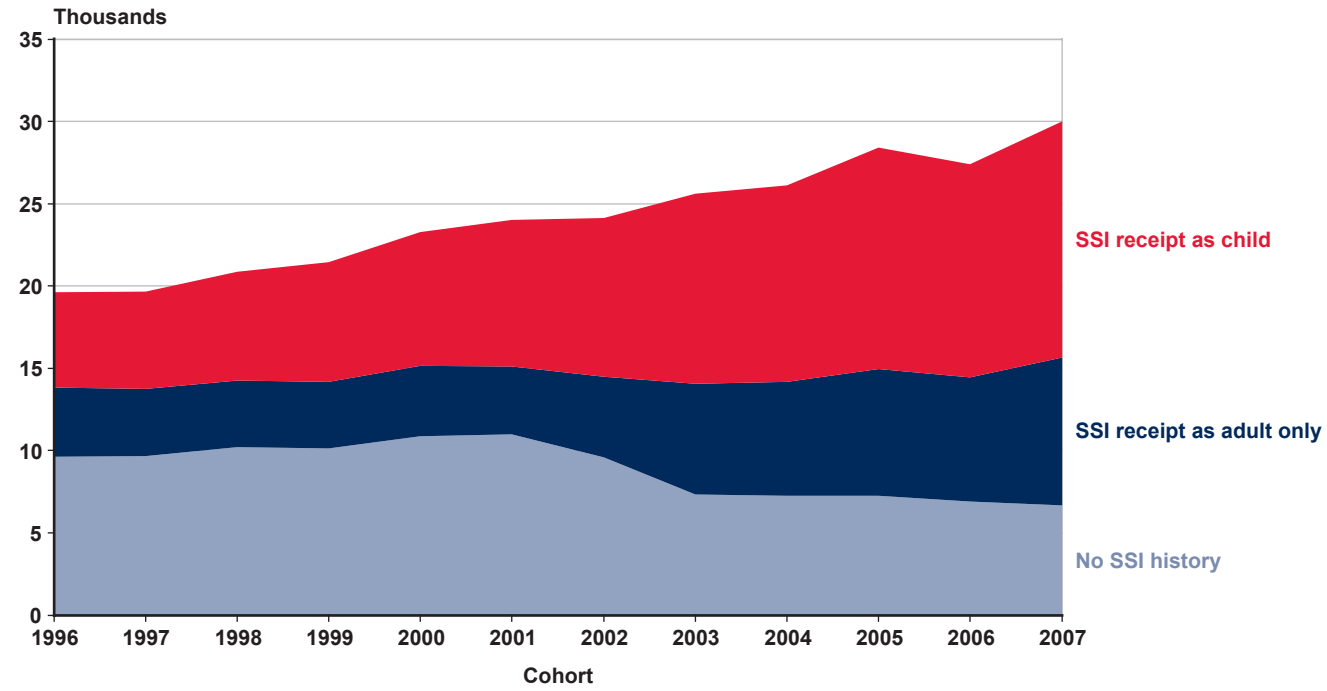

SOURCE: Authors' calculations based on the 2009 DAF and the SSI Longitudinal File.

**Chart 3.**
**Number of disabled-worker awardees aged 18–39, by SSI history: 1996–2007 award cohorts**




SOURCE: Authors' calculations based on the 2009 DAF and the SSI Longitudinal File.

**Chart 4.**
**Number of DAC awardees aged 18–39, by SSI history: 1996–2007 award cohorts**




SOURCE: Authors' calculations based on the 2009 DAF and the SSI Longitudinal File.

inducing both early retirement and disabled-worker benefit application among primary Old-Age, Survivors, and Disability Insurance (OASDI) beneficiaries, the recession may also have increased the number of DAC awards. Business cycles have affected—and most certainly will continue to affect—program entry by both disabled workers and DACs.

Second, growth in child participation in the SSI program in the last couple of decades is likely the main contributor to the increase among both disabled workers and DACs in the share of new awardees who first received SSI payments as children. The number of children receiving SSI payments more than tripled from 1989 through 1995; from 2000 through 2009, the number expanded further, by 40 percent (Wittenburg 2011). Following the Supreme Court's 1990 *Zebley* decision, SSI eligibility determinations for children became less restrictive and included assessments of the child's ability to function in a manner appropriate to his or her age (Coe and Rutledge 2013). The *Zebley* decision led to a significant increase in the number of children aged 5–12 who received SSI payments (SSA 2006b). The oldest of those children would have reached age 18 by the end of the 1990s and would have needed as few as 6 QCs to qualify for disabled-worker benefits and no QCs to qualify for DAC benefits if an OASDI-eligible parent began receiving DI benefits, retired, or died. However, it is possible that most of those individuals would have entered SSD as young adults even if they had not entered SSI as children. Qualitative evidence suggests that the *Zebley* decision might have had a spillover effect on SSI entry among adults because the advocates and state agencies that helped children to obtain SSI payments recognized that some of the children's parents might also be eligible for SSI (Rupp and Stapleton 1998). Although the *Zebley* decision likely had a substantial impact on the composition of award cohorts, that effect had probably leveled off by 2003. By then, children who had reached age 5 in 1990 or later would have been affected by *Zebley* throughout their childhood (that is, from ages 5 through 18).

Third, following the 1996 reforms of welfare programs for low-income families with children, states had a stronger incentive to help parents with disabilities in low-income families to obtain either SSI or DI benefits (Stapleton and others 2002). There was always an incentive for states to help SSI recipients to obtain DI because doing so would shift health-care costs from Medicaid—a federal-state program—to Medicare, an all-federal program. Rapidly escalating health-care costs in recent decades have amplified that incentive. In addition, given that SSI payments are generally more generous than Temporary Assistance for Needy Families (TANF) benefits and do not impose work requirements or time limits, low-income mothers of children with a disability have a financial incentive to apply for SSI rather than for TANF (Wittenburg 2011), and that incentive has increased over time (Wiseman 2011). Although welfare reform likely played a major role in the general increase in the number of SSD awardees with an SSI history, part of that reform also required redeterminations of eligibility for child SSI recipients under the adult eligibility criteria once they reached age 18. However, we expect that the introduction of redeterminations would affect all cohorts from 1997 onward, and so would not significantly affect any cross-cohort trends.

Fourth, the steady increase in DAC awards throughout the study period is likely related to the aging of the baby boomers. The oldest baby boomers turned 50 in 1996; at that age, it would be easier for applicants to qualify for disabled-worker benefits and, consequently, for their children to qualify for DAC benefits. Indeed, Liu and Stapleton (2011) documented an increase in DI awards to beneficiaries aged 50 or older throughout the period. Because the youngest baby boomers turned 50 in 2014 (and postbaby-boom cohorts are less populous), we expect to see declines in the numbers of DI awards both to beneficiaries aged 50 or older and to children of those workers starting in 2014. We should also see an increase in the number of DAC awards to the children of retired workers.

Fifth, studies conducted by SSA in 1999, 2002, and 2004 identified over 460,000 cases of SSI recipients who were potentially insured for DI based on their earnings (SSA 2006a). Many of those individuals, known as SDW cases, were awarded DI benefits retroactively. Some of the observed trends for new SSD awardees with SSI histories may therefore reflect SSA's efforts to process the SDW cases. We have no reason to think that the SDW caseload affected the trends after 2004, however.

Finally, in July 1999, the SGA threshold increased from $500 to $700 per month. In theory, that increase should have induced an increase in SSD applications from individuals at the earnings margin (Schimmel, Stapleton, and Song 2011; Maestas, Mullen, and Zamarro 2012). Maestas and colleagues estimated that the higher SGA threshold induced a 4.7 percent increase in applications. It is safe to assume that some of the newly induced applications were rejected;

however, some of the individuals who were awarded SSD probably had relatively less severe impairments and came from more advantaged backgrounds, on average, than those who had entered SSD before the increase in the SGA threshold. In addition, the SGA-threshold increase could have induced adult SSI entry among future DAC awardees who previously would not have applied for SSI; such an effect would be consistent with the observed increase, starting in 2001, in the number of DAC awardees who had previously received SSI payments only as adults. We expect any effect of the 1999 SGA-threshold increase to be restricted to the early 2000s.

In the next two sections, we consider how these factors may have played a role in the observed trends in characteristics at award for the 1996–2007 award cohorts and in outcomes, as of the end of the fifth postaward year, for the 1996–2004 award cohorts.

## *Cross-Cohort Characteristics: 1996–2007 Award Cohorts*

Although new DAC awards represent a minority of new SSD awards to individuals aged younger than 40, the DAC share of awards has been steadily increasing and is expected to continue increasing as the baby boom generation ages and more parents of potential DAC awardees qualify for disability or retirement benefits. We therefore show data on awardee characteristics separately for disabled-worker and DAC beneficiaries.

### *Trends for Disabled Workers*

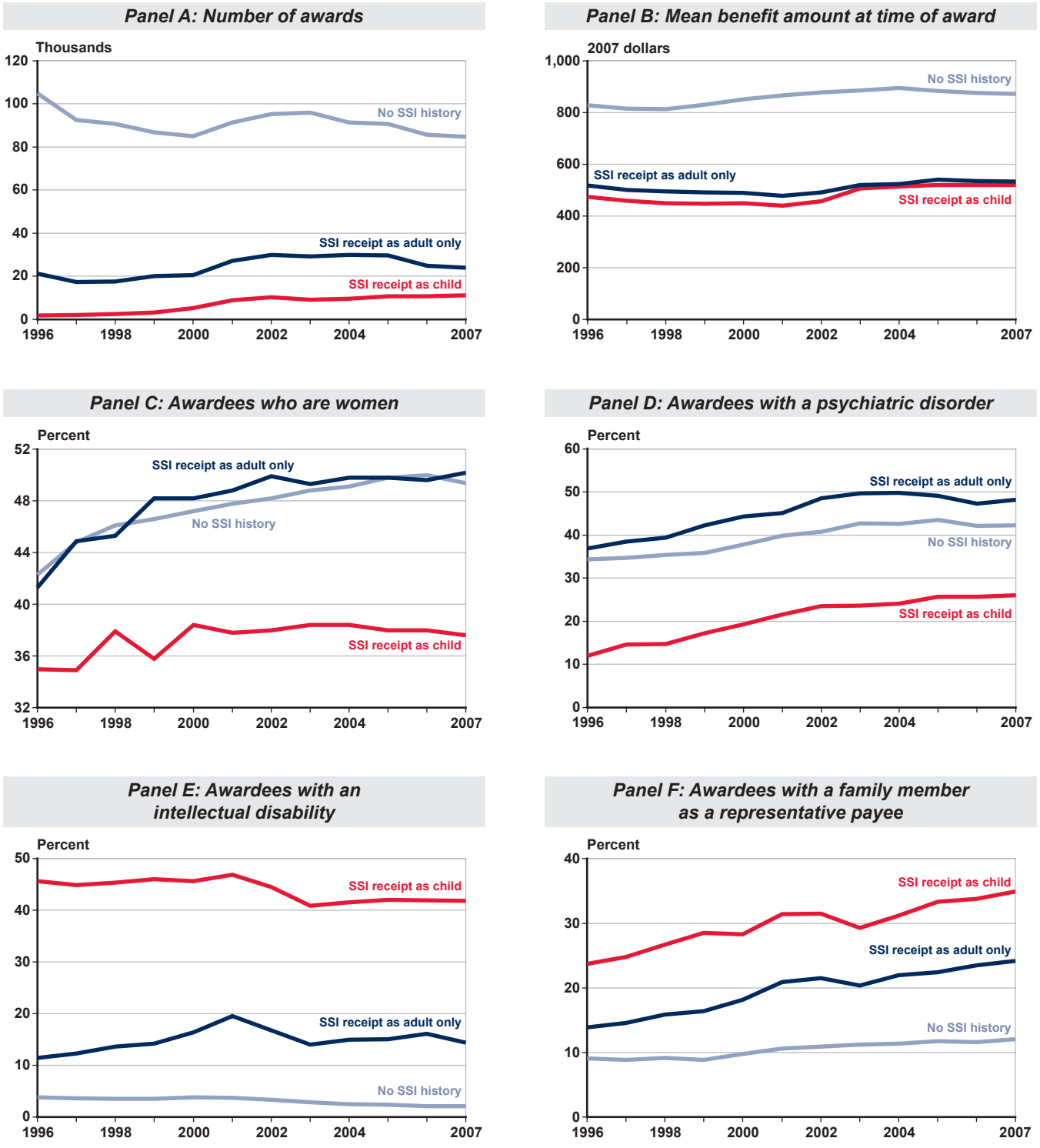
In Chart 5, panel A tracks the number of young disabled-worker awardees, and panels B–F show trends for selected awardee characteristics across all cohorts, by SSI-history subgroup (no SSI, SSI receipt as child, and SSI receipt as adult only). Underlying data are shown in Appendix Table A-2 (awardee counts), Table A-3 (mean benefit amount at award), and Tables A-4 and A-5 (counts and percentages, respectively, for all other characteristics).

The mean benefit at award (panel B) is considerably higher for disabled workers with no SSI history (for whom it ranges between $813 and $894 in 2007 dollars) than for those who received SSI payments either as children or only as adults; for the latter two groups, the mean benefits at award are remarkably similar in both level and trend, ranging between $440 and $541. The gradual upward trends in mean benefit awards indicate that disabled workers in later cohorts had somewhat higher average lifetime earnings prior to DI award than did those in earlier cohorts. A potential contributing factor is the recession of 2001, which likely led to increased DI entry among persons with relatively less severe disabilities and higher historical earnings (Ben-Shalom and Mamun, forthcoming). The July 1999 SGA-threshold increase from $500 to $700 also might have contributed to this trend by inducing DI applications among those at the earnings margin who had relatively less severe impairments and came from more advantaged backgrounds, on average, than those who entered DI before the increase in the SGA threshold.

The women's share of disabled-worker awardees increased notably during the period, especially among those who did not receive SSI payments as children (panel C); in both of those subgroups, women comprised just over 40 percent of 1996 awardees and about 50 percent of 2007 awardees, with almost all of the increase occurring prior to 2005. Presumably, that trend reflects the growth in the percentage of women who met DI earnings-history requirements and, potentially, the shift in participation from TANF to SSI (and subsequently to DI) among low-income single mothers following the welfare reforms of 1996. Among disabled-worker awardees who received SSI payments as children, women represented a much lower percentage, presumably because a larger share of male SSI children would eventually accumulate enough work history to qualify for disabled-worker benefits. As we note later, that difference is not found among DACs, whose benefits do not depend on their own work histories.

The percentage of disabled-worker awardees that had a psychiatric disorder was substantially higher among the two subgroups that did not receive SSI payments as children than it was among the subgroup that did (panel D). For all SSI-history subgroups, however, that percentage rose steadily in successive cohorts from 1996 to 2003; and for awardees who had been SSI child recipients, it continued to rise through 2007. Conversely, the percentage of disabled-worker awardees that had an intellectual disability was the highest, by far, among those who received SSI payments as children and was very low for those with no SSI history (panel E); we observe no significant trend in those percentages. The percentage of disabled-worker awardees with a family member serving as representative payee, which is likely related to the share of awardees with psychiatric and intellectual disorders, was highest among awardees who were SSI recipients as children, and rose consistently for

**Chart 5.**
**Disabled-worker awardees aged 18–39, by SSI history: Cross-cohort trends in selected beneficiary characteristics, 1996–2007 award cohorts**




SOURCE: Authors' calculations based on the 2009 DAF and the SSI Longitudinal File.

NOTES: Panels C–F indicate the share of awardees *within the given SSI-history subgroup* that exhibits the featured characteristic.

Because the vertical scales in these panels differ from those in Chart 6, care must be exercised in comparing disabled-worker and DAC awardee characteristics.

all three subgroups (panel F). The *Zebley* decision likely contributed to the increase in the percentage of disabled-worker awardees with psychiatric disorders. As mentioned earlier, the oldest potential SSI recipients affected by *Zebley* would have reached age 18 by the end of the 1990s and would have needed as few as 6 QCs to qualify for disabled-worker benefits (and no QCs to qualify for DAC benefits if an OASDI-eligible parent began receiving DI benefits, retired, or died). The *Zebley* decision may also have had a spillover effect on poor young adults—perhaps unmarried mothers in particular.

### *Trends for DAC Awardees*

Chart 6 mirrors Chart 5's structure to show the number and selected characteristics of young DAC awardees, by SSI-history subgroup.[12] Chart 6's underlying data are likewise shown in Appendix Tables A-2 through A-5. Notably, the number of DAC awardees who had received SSI payments as children increased over the period (panel A). In addition, beginning with the 2001 award cohort, we observe what appears to be a significant crossover between the number of awardees with no SSI history and the number with SSI history as adults only. The shift suggests that substantial shares of DAC awardees that would have had no SSI history at the time of award in 2001 or earlier did have such a history in 2002 or later award cohorts.

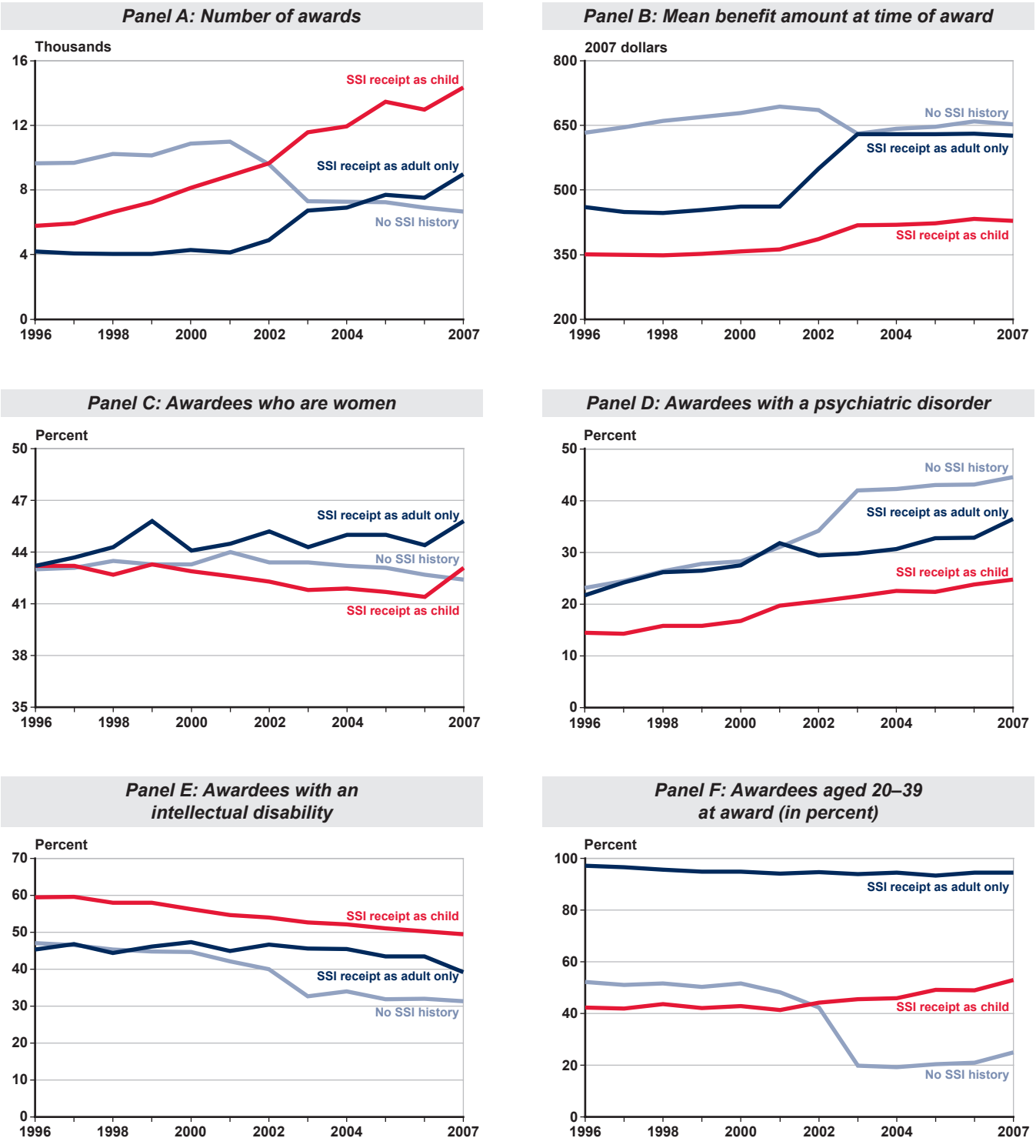
The mean benefit at award (panel B) was lowest for DACs who received SSI payments as children (for whom it increased from $351 in 1996 to $428 in 2007) and, from 1996 through 2002, it was lower for DACs who received SSI payments only as adults than it was for DACs with no SSI history. The means for the two subgroups with no SSI history as children began to converge after 2001; by 2003, they were both around $630. These trends suggest that in later cohorts, DAC awardees who had received SSI payments were less disadvantaged than those who had been awarded DAC benefits earlier in the study period, especially among those with SSI history as adults only. Given that DAC benefits are a function of the beneficiary's parent's benefit amount, the trend suggests that after 2001, within SSI-history subgroups and especially among persons with SSI history as adults only, DAC awardees came from families that were, on average, financially better off than those of earlier awardees. As with disabled workers, potential contributing factors include the July 1999 SGA-threshold increase and the 2001 recession, both of which are likely associated with increases in DI entry among parents of DACs with somewhat higher pre-DI earnings (and therefore relatively high DAC benefits). The recession also likely induced early retirement among parents of DACs with relatively high earnings. In contrast with the trend for disabled-worker awardees, the percentage of DAC awardees who were women was similar for all three subgroups and remained fairly steady, at about 43 percent for all cohorts (panel C).

The percentage of DAC awardees with psychiatric disorders (which rose for all three SSI-history subgroups during the study period) was substantially higher for those with no SSI history as children than it was for those who received SSI payments as children (panel D). By contrast, the percentage of DACs with intellectual disability (which fell for all three subgroups) was substantially higher for awardees who received SSI payments as children (panel E). Both patterns broadly resemble those seen for disabled-worker beneficiaries in Chart 5 (panels D and E), and underscore that the *Zebley* decision of 1990 may have contributed to the increase in the percentage of SSD beneficiaries with psychiatric disorders.

Almost all young DAC awardees with SSI history as adults only were aged 20–39 at award, as were roughly 50 percent of young DAC awardees who had received SSI payments as children (Chart 6, panel F). There was little cross-cohort change for those two groups. However, among awardees with no SSI history, the percentage who were aged 20–39 at award fell precipitously, from about 50 percent in 2001 to 20 percent in 2003. Appendix Table A-4 shows the sharp drop in the number of DACs aged 20–39 at award with no SSI history; an increase of similar magnitude occurred in the number of DACs in that age group who had received SSI payments as adults only. Chart 6, panel F shows that the drop in the number of DAC awardees aged 20–39 with no SSI history strongly affected the age distribution of that subgroup; but the 20–39 age group's already-predominant share of DAC awardees with SSI receipt only as adults was not similarly affected by its numerical growth.

The July 1999 SGA-threshold increase might have contributed to the decrease in the number of DAC awardees with no SSI history and the nearly offsetting increase in the number with SSI history as adults only. Individuals who would not have applied for SSI under the lower SGA level may have been induced by the higher SGA level to enter the SSI rolls as adults prior to DAC award. Such a change would have increased the percentage of DAC awardees with an SSI history and decreased the percentage with no SSI history.

**Chart 6.**
**DAC awardees aged 18–39, by SSI history: Cross-cohort trends in selected beneficiary characteristics, 1996–2007 award cohorts**




SOURCE: Authors' calculations based on the 2009 DAF and the SSI Longitudinal File.

NOTES: Panels C–F indicate the share of awardees *within the given SSI-history subgroup* that exhibits the featured characteristic.

Because the vertical scales in these panels differ from those in Chart 5, care must be exercised in comparing disabled-worker and DAC awardee characteristics.

## Trends in 5-Year Outcomes: 1996–2004 Award Cohorts

To assess how later cohorts fared relative to earlier ones, we compare statistics for key outcomes by the end of the fifth postaward year. Once more, even though new DAC awards represent a minority of new SSD awards to adults aged younger than 40, we show DAC outcome trends because their share of awards has been steadily increasing and outcomes for that group have not been widely studied. To accommodate the 5-year follow-up periods, we compare outcomes for only nine award cohorts, beginning with 1996 and ending with 2004.

### Trends for Disabled Workers

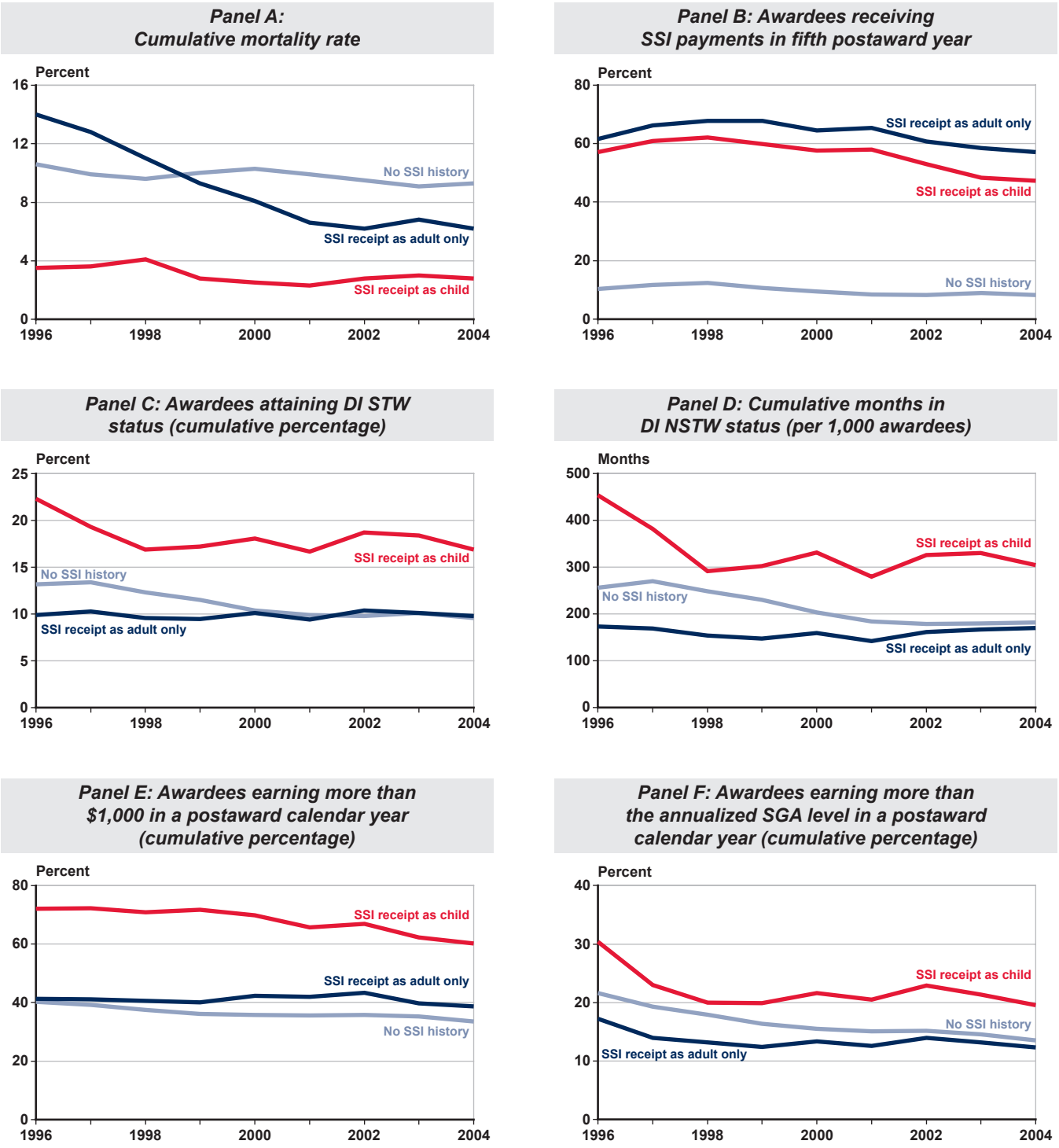
Chart 7 shows cross-cohort trends in 5-year outcomes for young disabled-worker awardees (Appendix Table A-6 provides the underlying values). Cumulative mortality is lowest for those who received SSI payments as children (panel A), presumably in large part because they are younger on average than members of the two other subgroups. Mortality declined in successive cohorts for all SSI-history subgroups—especially for 1996–2002 awardees who received SSI payments only as adults. The decrease in mortality rates among young disabled-worker awardees might be attributable to increases in longevity as well as to compositional changes among more recent award cohorts. For example, women and individuals with psychiatric disorders comprised increasing percentages of awardees over time, which might have contributed to declining mortality.[13] Tellingly, the shares of awardees who were women and who had psychiatric disorders increased the most among those who received SSI payments only as adults, and that increase stalled somewhat beginning with the 2002 cohort (Chart 5, panels C–E)—the same cohort with which the decline in mortality begins to level out for that SSI-history subgroup (Chart 7, panel A).

As expected, the percentage of awardees receiving SSI payments in the fifth postaward year was higher for individuals who had received SSI payments before they were awarded disabled-worker benefits (Chart 7, panel B). Nevertheless, substantial shares of those who had received SSI payments left the program rolls within 5 years of DI award: Among 2004 awardees, less than 50 percent of those who received SSI payments as children and less than 60 percent of those who received SSI payments first as adults received an SSI payment in 2009. Although some awardees had died, perhaps others left the SSI rolls because they no longer needed (or qualified for) SSI and Medicaid because of their DI benefits and (after the waiting period) their qualification for Medicare benefits. Notably, the fifth-year SSI receipt percentages rose from the 1996 cohort through the 1998 cohort for all three subgroups; but through later cohorts, they mostly fell. The upward trend across the early cohorts might indicate the effects of the 2001 recession, which likely inhibited those earlier awardees from working their way off the SSI rolls in the 5 years following award. To the extent that the 2001 recession was associated with increased DI entry of persons with relatively less severe disabilities, higher historical earnings, or a higher propensity to work, the recession might have also played a role in the observed decrease in the fifth-year SSI-receipt percentage among later cohorts.

Panels C and D respectively show the cumulative percentage of awardees who achieved DI STW status in at least 1 month and the cumulative number of months in DI NSTW status per 1,000 awardees as of the end of the fifth postaward year. The DI STW status percentages were substantially higher for disabled workers who received SSI payments as children than they were for those with no SSI history or those who received SSI payments only as adults. The cross-cohort trends for months in DI NSTW status largely track the trends for the DI STW status percentages. By contrast, much higher percentages of disabled-worker awardees had worked enough to earn more than $1,000 (in 2007 dollars) in at least 1 of the 4 postaward calendar years according to MEF data (panel E). As with DI STW status, the percentages of awardees earning more than $1,000 in a calendar year are highest for disabled workers who received SSI payments as children; by the end of 2001, 72 percent of former SSI child recipients in the 1996 cohort had earned more than $1,000 in at least 1 year, compared with roughly 40 percent for the two groups that did not receive SSI payments as children. Once more, the percentages decline across successive cohorts for disabled workers with no SSI history and remain fairly steady for those who received SSI payments as adults only; they also decline for former SSI child recipients—especially after the 1999 cohort. Finally, former SSI child recipients comprised the SSI-history subgroup with the highest percentages of awardees with annual earnings exceeding the annualized SGA level in at least 1 year (panel F).

In general, trends in the four employment-related outcomes are consistent with the expectation that the recession of 2001 made it more difficult for disabled-worker awardees to achieve positive employment outcomes in the first 5 years after award, although other factors certainly played roles too.

**Chart 7.**
**Disabled-worker awardees aged 18–39, by SSI history: Cross-cohort trends in selected 5-year outcomes, 1996–2004 award cohorts**




SOURCE: Authors' calculations based on the 2009 DAF and the SSI Longitudinal File matched with MEF data.

NOTES: "Cumulative percentages" are those accrued by all members of an SSI-history subgroup in the award cohort as of the end of the fifth postaward year.

Because the vertical scales in these panels differ from those in Chart 8, care must be exercised in comparing disabled-worker and DAC awardee 5-year outcomes.

### *Trends for DACs*

Chart 8 shows cross-cohort trends in 5-year outcomes for young DAC awardees (Appendix Table A-6 presents the underlying percentages).[14] Cumulative mortality rates for young DAC awardees (panel A) are lower than those for disabled-worker awardees (Chart 7, panel A; note the differing vertical scales), at least in part because DACs are, on average, younger at award. Chart 8, panel A shows that, in all cohorts, DAC awardees with no SSI history had the lowest mortality rates; those who had received SSI payments only as adults had the highest mortality rates. Notably, cumulative mortality generally rose for successive cohorts after 1996 among DACs with no SSI history and fell for those who received SSI payments as adults only. That trend suggests that, for later cohorts, DACs with relatively less severe impairments and more advantaged backgrounds were more likely to enter the SSI rolls as adults than were those in earlier cohorts.

The percentage of DAC awardees receiving SSI payments in the fifth postaward year is higher for those who received SSI payments before they were awarded DAC benefits (panel B). For DAC awardees with prior SSI receipt, the percentages receiving SSI payments in the fifth postaward year generally fell in the cohorts after 1998, especially for the 2001 through 2003 cohorts. Around 13 percent of DACs with no SSI history in the 1996 cohort received an SSI payment in the fifth year after the award of DAC benefits. That percentage more than doubled to 29 percent for the 2003 cohort, with most of that increase occurring in the 2000 through 2003 cohorts. It is notable that a substantial share of DACs who had received SSI payments before DAC award left the SSI rolls in the first 5 years after award. For example, among 2004 DAC awardees, 65 percent of those who first received SSI payments as children and less than 40 percent of those who first received SSI payments as adults still received an SSI payment in 2009. As with disabled workers, the death of some DAC awardees accounts for their departure from the SSI rolls, and other awardees no longer needed (or qualified for) SSI and Medicaid because of their DI benefits and (after the waiting period) their qualification for Medicare benefits. To the extent that the 2001 recession influenced increased program entry among DACs from relatively more advantaged backgrounds, it might also have played a role in the observed decrease in the percentage of awardees receiving SSI payments in the fifth postaward year among later DAC cohorts.

The percentage of DAC awardees achieving DI STW status was very low (3.5 percent or less in all cohorts) for all three SSI-history subgroups (panel C). Consequently, cumulative time in DI NSTW status was also low (panel D). According to MEF data, many more young DACs had been employed and earned more than $1,000 (in 2007 dollars) in at least 1 postaward calendar year (panel E) than had achieved DI STW status. The cumulative percentages of awardees earning more than $1,000 in a postaward calendar year are highest for DACs with no SSI history; by 2001, 31 percent of that subgroup's 1996 cohort had earned more than $1,000 in at least 1 year, compared with about 24 percent of DAC awardees who received SSI payments as children and 18 percent of those who received payments as adults only. Earnings exceeding the annualized SGA level in at least 1 postaward calendar year were also more prevalent among DACs with no SSI history than in the other SSI-history subgroups, although the cumulative percentages were low for all subgroups and cohorts (panel F).

## *Conclusion*

We have examined the characteristics and 5-year outcomes of young SSD awardees. Many of those awardees will stay on the rolls for decades, receive Medicare benefits during most of that time, and participate in the labor force sporadically if at all. Policies designed to help young adults with disabilities to lead more productive, fulfilling lives and to reduce their dependence on government support are therefore of great interest, but many of the impacts of current policies on programmatic and employment outcomes remain unknown.

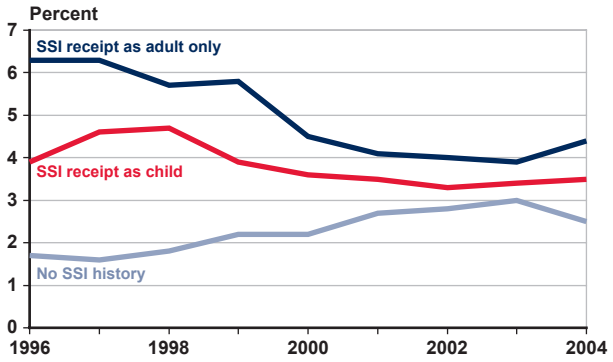
We find substantial compositional changes among cohorts of young SSD awardees during the study period, with important implications for policies intended to serve that population in the years ahead. In 2007, compared with 1996, relatively more SSD awards for individuals aged 18–39 went to DACs; to individuals who had previously received SSI payments, especially as children; and to individuals with psychiatric disorders.

Most of the annual fluctuation in the number of young SSD awardees reflects changes in the numbers of awards to disabled workers—numbers that peaked in 2002 and 2003 after the recession of 2001 (but were subsequently surpassed following the Great Recession of 2007–2009). By contrast, the number of awards to young DACs climbed steadily over the study period, driven largely by the increase in the number of DAC awardees who had received SSI payments as children.

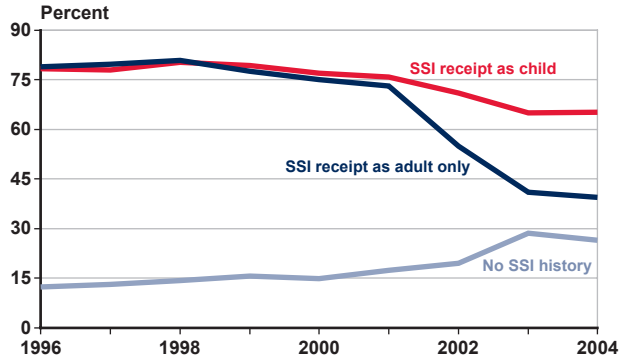
Our findings also suggest that members of DAC award cohorts in 2002 and later were more likely than

**Chart 8.**
**DAC awardees aged 18–39, by SSI history: Cross-cohort trends in selected 5-year outcomes, 1996–2004 award cohorts**

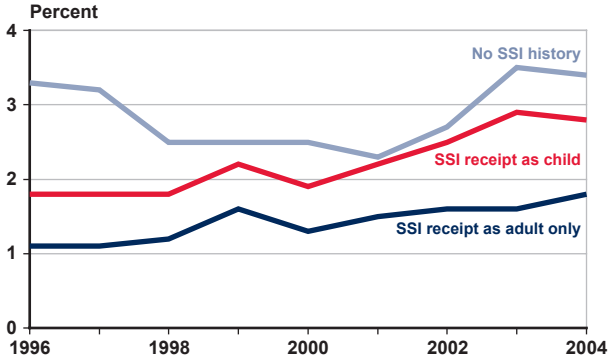
*Panel A: Cumulative mortality rate*



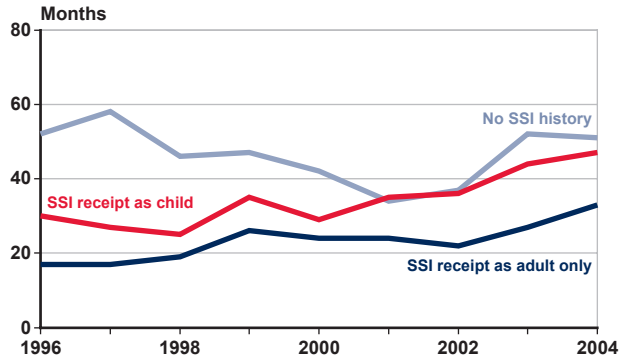

*Panel B: Awardees receiving SSI payments in fifth postaward year*



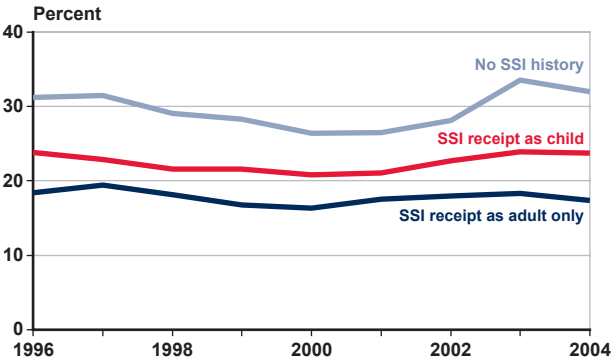

*Panel C: Awardees attaining DI STW status (cumulative percentage)*



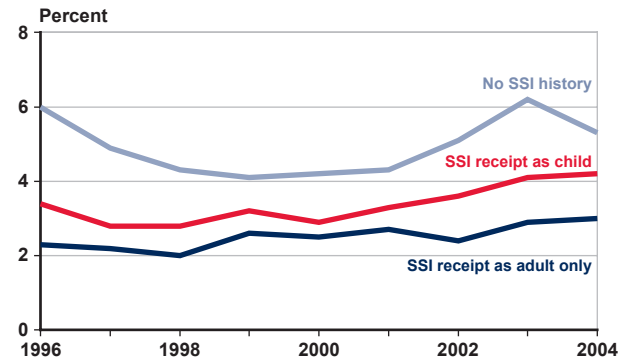

*Panel D: Cumulative months in DI NSTW status (per 1,000 awardees)*




*Panel E: Awardees earning more than $1,000 in a postaward calendar year (cumulative percentage)*




*Panel F: Awardees earning more than the annualized SGA level in a postaward calendar year (cumulative percentage)*




SOURCE: Authors' calculations based on the 2009 DAF and the SSI Longitudinal File matched with MEF data.

NOTES: "Cumulative percentages" are those accrued by all members of an SSI-history subgroup in the award cohort as of the end of the fifth postaward year.

Because the vertical scales in these panels differ from those in Chart 7, care must be exercised in comparing disabled-worker and DAC awardee 5-year outcomes.

their counterparts in earlier cohorts to have begun receiving SSI payments as adults prior to DAC award. In a trend that is likely related, the mean benefit at award among DACs whose prior SSI payments had begun only in adulthood increased substantially from 2001 to 2003. Because DAC benefits are tied to the beneficiary's parent's lifetime earnings, this latter finding indicates that after 2001, DAC awardees with prior SSI receipt only as adults had parents who were financially better off, on average, than did DACs in the same subgroup in earlier cohorts.

Finally, our analysis of outcomes as of the fifth postaward year reveals some interesting trends and important differences across SSI-history subgroups. Among SSD beneficiaries who had previously received SSI payments either as children or adults, substantial shares left the SSI rolls within 5 years of SSD award, especially if they were in the 2002 or later award cohorts. We also find that disabled workers who received SSI payments as children were far more likely than those who did not to earn more than $1,000 (in 2007 dollars) in 1 or more of the 4 postaward calendar years. Compared with disabled workers, DACs were considerably less likely to work and earn more than $1,000 or the annualized SGA level for nonblind beneficiaries in any year. Further, disabled workers in later cohorts were less likely than their predecessors to achieve those milestones. Several factors can be identified as potential contributors to the observed trends, but it is difficult to distinguish the effects of one from another because of their overlapping timing.

## Additional Research

We have documented trends in the number, characteristics, and outcomes of young adults first awarded SSD benefits in each year from 1996 to 2007 and have considered factors that might account for those trends. Our findings raise many more questions than they answer, however. Questions for future research include the following: To what extent did the *Zebley* decision and welfare reform contribute to growth in the number of young adult SSD awardees? How much, if at all, has growth in longevity contributed to growth in the number of SSD beneficiaries? Looking ahead, what should we expect for DAC awards as the baby boomers increasingly receive OASDI benefits? Research focused on these and related questions will improve our understanding of how and why the composition of SSD award cohorts changes, and the implications for disability policy.

## Policy Issues

Policymakers should consider options that support youths and young adults with disabilities but do not discourage work and thereby promote dependence. Ample evidence shows that employment supports can help young adults with disabilities achieve some employment success. Recent examples of such employment-support initiatives are the Mental Health Treatment Study (Frey and others 2011) and the Youth Transition Demonstration (Fraker 2013). Any consideration of policies that affect the work options and self-sufficiency prospects for youths and young adults with disabilities should carefully account for observed changes in the young adult SSD population, which increasingly includes more women, DACs, beneficiaries with a history of SSI receipt, and beneficiaries with psychiatric disorders. These compositional changes also have implications for Medicare because the mix of health-care services used today by young SSD awardees—most of whom qualify for Medicare after a 24-month waiting period—is likely to differ from that used by awardees a decade ago (and will differ even more over the long term). Another policy question is whether states will continue to face increasingly strong financial incentives to help people receiving SSI payments to obtain benefits from DI—and eventually Medicare—as the cost of health care continues to escalate and places growing pressure on state Medicaid budgets.

Furthermore, policymakers might want to consider whether tying support for DACs to the disability, retirement, or death of a parent continues to make sense. Under current policy, two young adults who experienced onset of the same disabling condition before age 22 could face vastly different prospects in terms of lifetime cash and medical benefits if one of them qualifies for DAC benefits tied to a parent's earnings record and the other qualifies only for SSI payments. In addition, a young adult disabled before age 22 whose parent qualified for DI benefits, retired, or died will qualify for DAC and Medicare benefits, but another young adult with the same disability whose parents are alive and not receiving Social Security retirement or disability benefits will not qualify for DAC or Medicare benefits, and those parents will not necessarily provide him or her with income support or, especially, health insurance. For those individuals, such differences in cash and medical benefits received during a lifetime of disability will most likely result in vastly different outcomes across a range of domains.

## *Appendix*

**Table A-1.**
**Long-term outcomes: Measures observed as of the fifth postaward year**

| Measure | Description |
|---|---|
| Cumulative mortality rate | Percentage of SSD awardees who had died as of the end of the fifth postaward year. |
| Awardees receiving SSI payments | Percentage of SSD awardees who received SSI payments in at least 1 month of the fifth postaward year. |
| Awardees attaining DI STW status | Cumulative percentage of SSD awardees whose earnings exceeded the SGA level in at least 1 month during or after the extended period of eligibility and before the end of the fifth postaward year. |
| Cumulative months in DI NSTW status (per 1,000 awardees) | The number of months in which an SSD awardee received no SSD payments following benefit suspension or termination because of work and before he or she died or reached the end of the fifth postaward year, per 1,000 awardees. |
| Awardees with calendar-year earnings exceeding— | |
| $1,000 (in 2007 dollars) | Cumulative percentage of SSD awardees with annual earnings (based on MEF data) of more than $1,000 in 2007 dollars in 1 or more of the 4 full calendar years after award.[a] |
| The annualized SGA level | Cumulative percentage of SSD awardees with annual earnings (based on MEF data) of more than 12 times the monthly SGA level for nonblind beneficiaries in 1 or more of the 4 full calendar years after award.[a] (The SGA level is adjusted annually.) |

SOURCE: Authors' definitions.

a. We omit award-year data to avoid "false positives" for awardees who had earnings carried over from preaward jobs.

**Table A-2.**
**SSD awardees aged 18–39, by benefit type and SSI history: 1996–2007 award cohorts**

| Benefit type and SSI history | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | ***Number*** | | | | | | |
| Total | 148,242 | 132,513 | 132,484 | 132,045 | 134,906 | 152,038 | 160,523 | 160,737 | 157,880 | 160,619 | 150,350 | 153,020 |
| Disabled worker | 127,669 | 112,009 | 110,809 | 109,842 | 110,840 | 127,209 | 135,477 | 134,132 | 130,778 | 131,009 | 121,228 | 119,635 |
| No SSI history | 104,783 | 92,577 | 90,755 | 86,755 | 85,020 | 91,367 | 95,255 | 95,894 | 91,361 | 90,673 | 85,707 | 84,733 |
| SSI receipt as child | 1,810 | 2,056 | 2,527 | 3,080 | 5,269 | 8,718 | 10,284 | 8,996 | 9,572 | 10,669 | 10,658 | 11,031 |
| SSI receipt as adult only | 21,076 | 17,376 | 17,527 | 20,007 | 20,551 | 27,124 | 29,938 | 29,242 | 29,845 | 29,667 | 24,863 | 23,871 |
| DAC | 19,626 | 19,670 | 20,874 | 21,449 | 23,275 | 24,001 | 24,137 | 25,613 | 26,111 | 28,409 | 27,394 | 30,003 |
| No SSI history | 9,642 | 9,674 | 10,222 | 10,140 | 10,858 | 10,997 | 9,600 | 7,316 | 7,262 | 7,257 | 6,920 | 6,677 |
| SSI receipt as child | 5,785 | 5,928 | 6,625 | 7,256 | 8,137 | 8,881 | 9,646 | 11,566 | 11,936 | 13,448 | 12,959 | 14,347 |
| SSI receipt as adult only | 4,199 | 4,068 | 4,027 | 4,053 | 4,280 | 4,123 | 4,891 | 6,731 | 6,913 | 7,704 | 7,515 | 8,979 |
| Unclassified | 947 | 834 | 801 | 754 | 791 | 828 | 909 | 992 | 991 | 1,201 | 1,728 | 3,382 |
| | | | | | | ***Percentage distribution by benefit type*** | | | | | | |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Disabled worker | 86.1 | 84.5 | 83.6 | 83.2 | 82.2 | 83.7 | 84.4 | 83.4 | 82.8 | 81.6 | 80.6 | 78.2 |
| DAC | 13.2 | 14.8 | 15.8 | 16.2 | 17.3 | 15.8 | 15.0 | 15.9 | 16.5 | 17.7 | 18.2 | 19.6 |
| Unclassified | 0.6 | 0.6 | 0.6 | 0.6 | 0.6 | 0.5 | 0.6 | 0.6 | 0.6 | 0.7 | 1.1 | 2.2 |
| | | | | | | ***Percentage distribution by SSI history within benefit types*** | | | | | | |
| Disabled worker | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| No SSI history | 82.1 | 82.7 | 81.9 | 79.0 | 76.7 | 71.8 | 70.3 | 71.5 | 69.9 | 69.2 | 70.7 | 70.8 |
| SSI receipt as child | 1.4 | 1.8 | 2.3 | 2.8 | 4.8 | 6.9 | 7.6 | 6.7 | 7.3 | 8.1 | 8.8 | 9.2 |
| SSI receipt as adult only | 16.5 | 15.5 | 15.8 | 18.2 | 18.5 | 21.3 | 22.1 | 21.8 | 22.8 | 22.6 | 20.5 | 20.0 |
| DAC | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| No SSI history | 49.1 | 49.2 | 49.0 | 47.3 | 46.7 | 45.8 | 39.8 | 28.6 | 27.8 | 25.5 | 25.3 | 22.3 |
| SSI receipt as child | 29.5 | 30.1 | 31.7 | 33.8 | 35.0 | 37.0 | 40.0 | 45.2 | 45.7 | 47.3 | 47.3 | 47.8 |
| SSI receipt as adult only | 21.4 | 20.7 | 19.3 | 18.9 | 18.4 | 17.2 | 20.3 | 26.3 | 26.5 | 27.1 | 27.4 | 29.9 |

SOURCE: Authors' calculations based on the 2009 DAF and the SSI Longitudinal File.

NOTE: Rounded components of percentage distributions do not necessarily sum to 100.0.

**Table A-3.**
**Mean monthly benefit at time of award for SSD awardees aged 18–39, by benefit type and SSI history: 1996–2007 award cohorts (in 2007 dollars)**

| Benefit type and SSI history | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total | 736 | 722 | 716 | 719 | 724 | 718 | 726 | 741 | 741 | 733 | 732 | 725 |
| Disabled worker | | | | | | | | | | | | |
| No SSI history | 828 | 815 | 813 | 831 | 851 | 866 | 878 | 886 | 894 | 884 | 876 | 872 |
| SSI receipt as child | 473 | 459 | 450 | 448 | 450 | 440 | 457 | 506 | 514 | 519 | 520 | 520 |
| SSI receipt as adult only | 518 | 501 | 495 | 492 | 490 | 477 | 491 | 519 | 524 | 541 | 535 | 533 |
| DAC | | | | | | | | | | | | |
| No SSI history | 633 | 646 | 660 | 669 | 679 | 693 | 686 | 631 | 642 | 647 | 659 | 652 |
| SSI receipt as child | 351 | 349 | 348 | 352 | 358 | 362 | 386 | 418 | 419 | 423 | 433 | 428 |
| SSI receipt as adult only | 460 | 449 | 447 | 454 | 462 | 461 | 549 | 629 | 629 | 629 | 631 | 626 |

SOURCE: Authors' calculations based on the 2009 DAF and the SSI Longitudinal File.

**Table A-4.**
**Number of SSD awardees aged 18–39 with selected characteristics, by benefit type and SSI history: 1996–2007 award cohorts**

| Benefit type and SSI history | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | ***Women*** | | | | | | |
| Total | 62,593 | 58,910 | 60,149 | 60,870 | 62,457 | 71,004 | 75,544 | 76,082 | 75,074 | 76,589 | 71,570 | 72,503 |
| Disabled worker | | | | | | | | | | | | |
| No SSI history | 44,293 | 41,507 | 41,831 | 40,400 | 40,134 | 43,661 | 45,876 | 46,793 | 44,869 | 45,111 | 42,820 | 41,891 |
| SSI receipt as child | 634 | 718 | 958 | 1,104 | 2,025 | 3,293 | 3,907 | 3,458 | 3,671 | 4,053 | 4,049 | 4,150 |
| SSI receipt as adult only | 8,709 | 7,794 | 7,941 | 9,636 | 9,913 | 13,244 | 14,942 | 14,424 | 14,861 | 14,760 | 12,337 | 11,974 |
| DAC | | | | | | | | | | | | |
| No SSI history | 4,144 | 4,173 | 4,448 | 4,394 | 4,699 | 4,838 | 4,162 | 3,173 | 3,140 | 3,128 | 2,953 | 2,831 |
| SSI receipt as child | 2,499 | 2,561 | 2,826 | 3,145 | 3,491 | 3,784 | 4,078 | 4,836 | 4,997 | 5,603 | 5,366 | 6,177 |
| SSI receipt as adult only | 1,816 | 1,777 | 1,782 | 1,858 | 1,888 | 1,833 | 2,212 | 2,984 | 3,112 | 3,468 | 3,333 | 4,108 |
| Unclassified | 498 | 380 | 363 | 333 | 307 | 351 | 367 | 414 | 424 | 466 | 712 | 1,372 |
| | | | | | | ***Diagnosed with a psychiatric disorder*** | | | | | | |
| Total | 48,188 | 43,602 | 44,449 | 45,350 | 48,095 | 57,222 | 62,762 | 65,582 | 64,324 | 65,888 | 59,798 | 61,237 |
| Disabled worker | | | | | | | | | | | | |
| No SSI history | 35,918 | 32,159 | 32,131 | 31,058 | 32,107 | 36,370 | 38,836 | 40,981 | 38,914 | 39,452 | 36,054 | 35,718 |
| SSI receipt as child | 216 | 301 | 372 | 529 | 1,017 | 1,883 | 2,414 | 2,127 | 2,304 | 2,738 | 2,743 | 2,873 |
| SSI receipt as adult only | 7,778 | 6,697 | 6,911 | 8,449 | 9,097 | 12,226 | 14,522 | 14,547 | 14,862 | 14,567 | 11,771 | 11,511 |
| DAC | | | | | | | | | | | | |
| No SSI history | 2,230 | 2,361 | 2,693 | 2,814 | 3,064 | 3,409 | 3,274 | 3,072 | 3,067 | 3,124 | 2,985 | 2,974 |
| SSI receipt as child | 833 | 840 | 1,048 | 1,150 | 1,355 | 1,747 | 1,975 | 2,482 | 2,681 | 2,996 | 3,080 | 3,549 |
| SSI receipt as adult only | 910 | 979 | 1,053 | 1,070 | 1,175 | 1,310 | 1,438 | 2,006 | 2,118 | 2,517 | 2,463 | 3,270 |
| Unclassified | 303 | 265 | 241 | 280 | 280 | 277 | 303 | 367 | 378 | 494 | 702 | 1,342 |
| | | | | | | ***Diagnosed with an intellectual disability*** | | | | | | |
| Total | 17,354 | 16,618 | 17,284 | 18,179 | 20,681 | 24,363 | 24,356 | 22,345 | 22,952 | 24,049 | 22,922 | 23,872 |
| Disabled worker | | | | | | | | | | | | |
| No SSI history | 3,934 | 3,350 | 3,221 | 3,028 | 3,190 | 3,355 | 3,180 | 2,709 | 2,318 | 2,133 | 1,826 | 1,755 |
| SSI receipt as child | 825 | 922 | 1,144 | 1,418 | 2,401 | 4,078 | 4,579 | 3,670 | 3,975 | 4,485 | 4,469 | 4,616 |
| SSI receipt as adult only | 2,407 | 2,133 | 2,379 | 2,847 | 3,366 | 5,285 | 4,987 | 4,080 | 4,458 | 4,437 | 3,992 | 3,434 |
| DAC | | | | | | | | | | | | |
| No SSI history | 4,533 | 4,498 | 4,634 | 4,539 | 4,840 | 4,633 | 3,839 | 2,394 | 2,468 | 2,315 | 2,215 | 2,088 |
| SSI receipt as child | 3,441 | 3,534 | 3,843 | 4,206 | 4,574 | 4,855 | 5,212 | 6,098 | 6,215 | 6,877 | 6,505 | 7,099 |
| SSI receipt as adult only | 1,901 | 1,903 | 1,789 | 1,869 | 2,026 | 1,852 | 2,283 | 3,072 | 3,136 | 3,346 | 3,264 | 3,518 |
| Unclassified | 313 | 278 | 274 | 272 | 284 | 305 | 276 | 322 | 382 | 456 | 651 | 1,362 |

(Continued)

**Table A-4.**
**Number of SSD awardees aged 18–39 with selected characteristics, by benefit type and SSI history: 1996–2007 award cohorts—*Continued***

| Benefit type and SSI history | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ***A family member serves as awardee's representative payee*** | | | | | | | | | | | | |
| Total | 22,845 | 21,442 | 22,691 | 23,263 | 26,150 | 31,169 | 33,445 | 33,759 | 35,223 | 37,742 | 36,504 | 39,380 |
| Disabled worker | | | | | | | | | | | | |
| No SSI history | 9,578 | 8,257 | 8,305 | 7,747 | 8,365 | 9,715 | 10,383 | 10,753 | 10,432 | 10,729 | 9,975 | 10,214 |
| SSI receipt as child | 429 | 509 | 675 | 877 | 1,493 | 2,736 | 3,235 | 2,640 | 2,984 | 3,553 | 3,600 | 3,847 |
| SSI receipt as adult only | 2,922 | 2,536 | 2,779 | 3,279 | 3,747 | 5,679 | 6,440 | 5,966 | 6,570 | 6,652 | 5,834 | 5,786 |
| DAC | | | | | | | | | | | | |
| No SSI history | 4,809 | 4,910 | 5,285 | 5,242 | 5,765 | 5,842 | 5,287 | 3,958 | 4,165 | 4,154 | 4,174 | 4,104 |
| SSI receipt as child | 2,763 | 2,943 | 3,369 | 3,805 | 4,225 | 4,809 | 5,256 | 6,515 | 6,902 | 7,974 | 7,909 | 8,958 |
| SSI receipt as adult only | 2,074 | 2,020 | 1,989 | 2,010 | 2,226 | 2,067 | 2,521 | 3,543 | 3,716 | 4,128 | 4,199 | 4,780 |
| Unclassified | 270 | 267 | 289 | 303 | 329 | 321 | 323 | 384 | 454 | 552 | 813 | 1,691 |
| ***Aged 18–19 at award*** | | | | | | | | | | | | |
| Total | 9,441 | 9,730 | 10,411 | 11,106 | 12,085 | 13,500 | 13,911 | 15,052 | 14,729 | 14,994 | 14,341 | 14,518 |
| Disabled worker | | | | | | | | | | | | |
| No SSI history | 619 | 658 | 661 | 673 | 733 | 793 | 716 | 654 | 561 | 462 | 437 | 444 |
| SSI receipt as child | 126 | 152 | 205 | 245 | 433 | 597 | 794 | 629 | 571 | 490 | 413 | 438 |
| SSI receipt as adult only | 393 | 376 | 399 | 502 | 574 | 740 | 885 | 843 | 655 | 558 | 443 | 474 |
| DAC | | | | | | | | | | | | |
| No SSI history | 4,606 | 4,718 | 4,939 | 5,042 | 5,254 | 5,683 | 5,537 | 5,857 | 5,854 | 5,768 | 5,458 | 5,002 |
| SSI receipt as child | 3,331 | 3,444 | 3,734 | 4,199 | 4,638 | 5,201 | 5,369 | 6,296 | 6,446 | 6,828 | 6,602 | 6,725 |
| SSI receipt as adult only | 113 | 134 | 179 | 201 | 216 | 241 | 260 | 411 | 370 | 506 | 416 | 488 |
| Unclassified | 253 | 248 | 294 | 244 | 237 | 245 | 350 | 362 | 272 | 382 | 572 | 947 |
| ***Aged 20–39 at award*** | | | | | | | | | | | | |
| Total | 138,801 | 122,783 | 122,073 | 120,939 | 122,821 | 138,538 | 146,612 | 145,685 | 143,151 | 145,625 | 136,009 | 138,502 |
| Disabled worker | | | | | | | | | | | | |
| No SSI history | 104,164 | 91,919 | 90,094 | 86,082 | 84,287 | 90,574 | 94,539 | 95,240 | 90,800 | 90,211 | 85,270 | 84,289 |
| SSI receipt as child | 1,684 | 1,904 | 2,322 | 2,835 | 4,836 | 8,121 | 9,490 | 8,367 | 9,001 | 10,179 | 10,245 | 10,593 |
| SSI receipt as adult only | 20,683 | 17,000 | 17,128 | 19,505 | 19,977 | 26,384 | 29,053 | 28,399 | 29,190 | 29,109 | 24,420 | 23,397 |
| DAC | | | | | | | | | | | | |
| No SSI history | 5,036 | 4,956 | 5,283 | 5,098 | 5,604 | 5,314 | 4,063 | 1,459 | 1,408 | 1,489 | 1,462 | 1,675 |
| SSI receipt as child | 2,454 | 2,484 | 2,891 | 3,057 | 3,499 | 3,680 | 4,277 | 5,270 | 5,490 | 6,620 | 6,357 | 7,622 |
| SSI receipt as adult only | 4,086 | 3,934 | 3,848 | 3,852 | 4,064 | 3,882 | 4,631 | 6,320 | 6,543 | 7,198 | 7,099 | 8,491 |
| Unclassified | 694 | 586 | 507 | 510 | 554 | 583 | 559 | 630 | 719 | 819 | 1,156 | 2,435 |

SOURCE: Authors' calculations based on the 2009 DAF and the SSI Longitudinal File.

NOTE: This table includes data on some characteristics that are not discussed in the article.

**Table A-5.**
**Percentage of SSD awardees aged 18–39 with selected characteristics, by benefit type and SSI history: 1996–2007 award cohorts**

| Benefit type and SSI history | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | ***Women*** | | | | | | |
| Total | 42.2 | 44.5 | 45.4 | 46.1 | 46.3 | 46.7 | 47.1 | 47.3 | 47.6 | 47.7 | 47.6 | 47.4 |
| Disabled worker | | | | | | | | | | | | |
| No SSI history | 42.3 | 44.8 | 46.1 | 46.6 | 47.2 | 47.8 | 48.2 | 48.8 | 49.1 | 49.8 | 50.0 | 49.4 |
| SSI receipt as child | 35.0 | 34.9 | 37.9 | 35.8 | 38.4 | 37.8 | 38.0 | 38.4 | 38.4 | 38.0 | 38.0 | 37.6 |
| SSI receipt as adult only | 41.3 | 44.9 | 45.3 | 48.2 | 48.2 | 48.8 | 49.9 | 49.3 | 49.8 | 49.8 | 49.6 | 50.2 |
| DAC | | | | | | | | | | | | |
| No SSI history | 43.0 | 43.1 | 43.5 | 43.3 | 43.3 | 44.0 | 43.4 | 43.4 | 43.2 | 43.1 | 42.7 | 42.4 |
| SSI receipt as child | 43.2 | 43.2 | 42.7 | 43.3 | 42.9 | 42.6 | 42.3 | 41.8 | 41.9 | 41.7 | 41.4 | 43.1 |
| SSI receipt as adult only | 43.2 | 43.7 | 44.3 | 45.8 | 44.1 | 44.5 | 45.2 | 44.3 | 45.0 | 45.0 | 44.4 | 45.8 |
| | | | | | | ***Diagnosed with a psychiatric disorder*** | | | | | | |
| Total | 32.5 | 32.9 | 33.6 | 34.3 | 35.7 | 37.6 | 39.1 | 40.8 | 40.7 | 41.0 | 39.8 | 40.0 |
| Disabled worker | | | | | | | | | | | | |
| No SSI history | 34.3 | 34.7 | 35.4 | 35.8 | 37.8 | 39.8 | 40.8 | 42.7 | 42.6 | 43.5 | 42.1 | 42.2 |
| SSI receipt as child | 11.9 | 14.6 | 14.7 | 17.2 | 19.3 | 21.6 | 23.5 | 23.6 | 24.1 | 25.7 | 25.7 | 26.0 |
| SSI receipt as adult only | 36.9 | 38.5 | 39.4 | 42.2 | 44.3 | 45.1 | 48.5 | 49.7 | 49.8 | 49.1 | 47.3 | 48.2 |
| DAC | | | | | | | | | | | | |
| No SSI history | 23.1 | 24.4 | 26.3 | 27.8 | 28.2 | 31.0 | 34.1 | 42.0 | 42.2 | 43.0 | 43.1 | 44.5 |
| SSI receipt as child | 14.4 | 14.2 | 15.8 | 15.8 | 16.7 | 19.7 | 20.5 | 21.5 | 22.5 | 22.3 | 23.8 | 24.7 |
| SSI receipt as adult only | 21.7 | 24.1 | 26.1 | 26.4 | 27.5 | 31.8 | 29.4 | 29.8 | 30.6 | 32.7 | 32.8 | 36.4 |
| | | | | | | ***Diagnosed with an intellectual disability*** | | | | | | |
| Total | 11.7 | 12.5 | 13.0 | 13.8 | 15.3 | 16.0 | 15.2 | 13.9 | 14.5 | 15.0 | 15.2 | 15.6 |
| Disabled worker | | | | | | | | | | | | |
| No SSI history | 3.8 | 3.6 | 3.5 | 3.5 | 3.8 | 3.7 | 3.3 | 2.8 | 2.5 | 2.4 | 2.1 | 2.1 |
| SSI receipt as child | 45.6 | 44.8 | 45.3 | 46.0 | 45.6 | 46.8 | 44.5 | 40.8 | 41.5 | 42.0 | 41.9 | 41.8 |
| SSI receipt as adult only | 11.4 | 12.3 | 13.6 | 14.2 | 16.4 | 19.5 | 16.7 | 14.0 | 14.9 | 15.0 | 16.1 | 14.4 |
| DAC | | | | | | | | | | | | |
| No SSI history | 47.0 | 46.5 | 45.3 | 44.8 | 44.6 | 42.1 | 40.0 | 32.7 | 34.0 | 31.9 | 32.0 | 31.3 |
| SSI receipt as child | 59.5 | 59.6 | 58.0 | 58.0 | 56.2 | 54.7 | 54.0 | 52.7 | 52.1 | 51.1 | 50.2 | 49.5 |
| SSI receipt as adult only | 45.3 | 46.8 | 44.4 | 46.1 | 47.3 | 44.9 | 46.7 | 45.6 | 45.4 | 43.4 | 43.4 | 39.2 |

(Continued)

**Table A-5.**
**Percentage of SSD awardees aged 18–39 with selected characteristics, by benefit type and SSI history: 1996–2007 award cohorts—*Continued***

| Benefit type and SSI history | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ***A family member serves as awardee's representative payee*** | | | | | | | | | | | | |
| Total | 15.4 | 16.2 | 17.1 | 17.6 | 19.4 | 20.5 | 20.8 | 21.0 | 22.3 | 23.5 | 24.3 | 25.7 |
| Disabled worker | | | | | | | | | | | | |
| No SSI history | 9.1 | 8.9 | 9.2 | 8.9 | 9.8 | 10.6 | 10.9 | 11.2 | 11.4 | 11.8 | 11.6 | 12.1 |
| SSI receipt as child | 23.7 | 24.8 | 26.7 | 28.5 | 28.3 | 31.4 | 31.5 | 29.3 | 31.2 | 33.3 | 33.8 | 34.9 |
| SSI receipt as adult only | 13.9 | 14.6 | 15.9 | 16.4 | 18.2 | 20.9 | 21.5 | 20.4 | 22.0 | 22.4 | 23.5 | 24.2 |
| DAC | | | | | | | | | | | | |
| No SSI history | 49.9 | 50.8 | 51.7 | 51.7 | 53.1 | 53.1 | 55.1 | 54.1 | 57.4 | 57.2 | 60.3 | 61.5 |
| SSI receipt as child | 47.8 | 49.6 | 50.9 | 52.4 | 51.9 | 54.1 | 54.5 | 56.3 | 57.8 | 59.3 | 61.0 | 62.4 |
| SSI receipt as adult only | 49.4 | 49.7 | 49.4 | 49.6 | 52.0 | 50.1 | 51.5 | 52.6 | 53.8 | 53.6 | 55.9 | 53.2 |
| ***Aged 18–19 at award*** | | | | | | | | | | | | |
| Total | 6.4 | 7.3 | 7.9 | 8.4 | 9.0 | 8.9 | 8.7 | 9.4 | 9.3 | 9.3 | 9.5 | 9.5 |
| Disabled worker | | | | | | | | | | | | |
| No SSI history | 0.6 | 0.7 | 0.7 | 0.8 | 0.9 | 0.9 | 0.8 | 0.7 | 0.6 | 0.5 | 0.5 | 0.5 |
| SSI receipt as child | 7.0 | 7.4 | 8.1 | 8.0 | 8.2 | 6.8 | 7.7 | 7.0 | 6.0 | 4.6 | 3.9 | 4.0 |
| SSI receipt as adult only | 1.9 | 2.2 | 2.3 | 2.5 | 2.8 | 2.7 | 3.0 | 2.9 | 2.2 | 1.9 | 1.8 | 2.0 |
| DAC | | | | | | | | | | | | |
| No SSI history | 47.8 | 48.8 | 48.3 | 49.7 | 48.4 | 51.7 | 57.7 | 80.1 | 80.6 | 79.5 | 78.9 | 74.9 |
| SSI receipt as child | 57.6 | 58.1 | 56.4 | 57.9 | 57.0 | 58.6 | 55.7 | 54.4 | 54.0 | 50.8 | 50.9 | 46.9 |
| SSI receipt as adult only | 2.7 | 3.3 | 4.4 | 5.0 | 5.0 | 5.8 | 5.3 | 6.1 | 5.4 | 6.6 | 5.5 | 5.4 |
| ***Aged 20–39 at award*** | | | | | | | | | | | | |
| Total | 93.6 | 92.7 | 92.1 | 91.6 | 91.0 | 91.1 | 91.3 | 90.6 | 90.7 | 90.7 | 90.5 | 90.5 |
| Disabled worker | | | | | | | | | | | | |
| No SSI history | 99.4 | 99.3 | 99.3 | 99.2 | 99.1 | 99.1 | 99.2 | 99.3 | 99.4 | 99.5 | 99.5 | 99.5 |
| SSI receipt as child | 93.0 | 92.6 | 91.9 | 92.0 | 91.8 | 93.2 | 92.3 | 93.0 | 94.0 | 95.4 | 96.1 | 96.0 |
| SSI receipt as adult only | 98.1 | 97.8 | 97.7 | 97.5 | 97.2 | 97.3 | 97.0 | 97.1 | 97.8 | 98.1 | 98.2 | 98.0 |
| DAC | | | | | | | | | | | | |
| No SSI history | 52.2 | 51.2 | 51.7 | 50.3 | 51.6 | 48.3 | 42.3 | 19.9 | 19.4 | 20.5 | 21.1 | 25.1 |
| SSI receipt as child | 42.4 | 41.9 | 43.6 | 42.1 | 43.0 | 41.4 | 44.3 | 45.6 | 46.0 | 49.2 | 49.1 | 53.1 |
| SSI receipt as adult only | 97.3 | 96.7 | 95.6 | 95.0 | 95.0 | 94.2 | 94.7 | 93.9 | 94.6 | 93.4 | 94.5 | 94.6 |

SOURCE: Authors' calculations based on the 2009 DAF and the SSI Longitudinal File.

NOTE: This table includes data on some characteristics that are not discussed in the article.

**Table A-6.**
**Prevalence of selected 5-year outcomes for SSD awardees aged 18–39, by benefit type and SSI history: 1996–2004 award cohorts**

| Benefit type and SSI history | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | ***Cumulative mortality rate (percent)*** | | | | |
| Total | 10.0 | 9.1 | 8.6 | 8.6 | 8.4 | 7.8 | 7.5 | 7.4 | 7.3 |
| Disabled worker | | | | | | | | | |
| No SSI history | 10.6 | 9.9 | 9.6 | 10.0 | 10.3 | 9.9 | 9.5 | 9.1 | 9.3 |
| SSI receipt as child | 3.5 | 3.6 | 4.1 | 2.8 | 2.5 | 2.3 | 2.8 | 3.0 | 2.8 |
| SSI receipt as adult only | 14.0 | 12.8 | 11.0 | 9.3 | 8.1 | 6.6 | 6.2 | 6.8 | 6.2 |
| DAC | | | | | | | | | |
| No SSI history | 1.7 | 1.6 | 1.8 | 2.2 | 2.2 | 2.7 | 2.8 | 3.0 | 2.5 |
| SSI receipt as child | 3.9 | 4.6 | 4.7 | 3.9 | 3.6 | 3.5 | 3.3 | 3.4 | 3.5 |
| SSI receipt as adult only | 6.3 | 6.3 | 5.7 | 5.8 | 4.5 | 4.1 | 4.0 | 3.9 | 4.4 |
| | | | | | ***Awardees receiving SSI payments in fifth postaward year (percent)*** | | | | |
| Total | 23.0 | 24.8 | 26.3 | 26.8 | 26.4 | 27.9 | 26.9 | 26.5 | 26.5 |
| Disabled worker | | | | | | | | | |
| No SSI history | 10.3 | 11.6 | 12.3 | 10.7 | 9.4 | 8.4 | 8.2 | 8.9 | 8.2 |
| SSI receipt as child | 57.1 | 60.8 | 62.0 | 59.9 | 57.6 | 58.0 | 53.0 | 48.3 | 47.3 |
| SSI receipt as adult only | 61.5 | 66.2 | 67.7 | 67.8 | 64.5 | 65.3 | 60.7 | 58.4 | 57.0 |
| DAC | | | | | | | | | |
| No SSI history | 12.3 | 13.2 | 14.3 | 15.6 | 14.9 | 17.3 | 19.5 | 28.6 | 26.5 |
| SSI receipt as child | 78.3 | 77.9 | 80.2 | 79.3 | 76.9 | 75.8 | 70.9 | 64.9 | 65.1 |
| SSI receipt as adult only | 78.9 | 79.8 | 80.9 | 77.6 | 75.0 | 73.2 | 55.0 | 40.9 | 39.5 |
| | | | | | ***Awardees attaining DI STW status (cumulative percentage)*** | | | | |
| Total | 11.4 | 11.4 | 10.4 | 9.8 | 9.2 | 8.9 | 9.4 | 9.3 | 8.9 |
| Disabled worker | | | | | | | | | |
| No SSI history | 13.2 | 13.4 | 12.3 | 11.5 | 10.4 | 9.9 | 9.8 | 10.1 | 9.6 |
| SSI receipt as child | 22.3 | 19.3 | 16.9 | 17.2 | 18.1 | 16.7 | 18.7 | 18.4 | 16.9 |
| SSI receipt as adult only | 9.9 | 10.3 | 9.6 | 9.5 | 10.1 | 9.4 | 10.4 | 10.1 | 9.8 |
| DAC | | | | | | | | | |
| No SSI history | 3.3 | 3.2 | 2.5 | 2.5 | 2.5 | 2.3 | 2.7 | 3.5 | 3.4 |
| SSI receipt as child | 1.8 | 1.8 | 1.8 | 2.2 | 1.9 | 2.2 | 2.5 | 2.9 | 2.8 |
| SSI receipt as adult only | 1.1 | 1.1 | 1.2 | 1.6 | 1.3 | 1.5 | 1.6 | 1.6 | 1.8 |
| | | | | | ***Cumulative number of months in DI NSTW status (per 1,000 awardees)*** | | | | |
| Total | 216 | 223 | 203 | 188 | 172 | 157 | 162 | 162 | 163 |
| Disabled worker | | | | | | | | | |
| No SSI history | 255 | 269 | 248 | 230 | 203 | 183 | 178 | 179 | 181 |
| SSI receipt as child | 453 | 381 | 291 | 302 | 331 | 279 | 325 | 330 | 304 |
| SSI receipt as adult only | 173 | 168 | 153 | 147 | 159 | 142 | 161 | 166 | 169 |
| DAC | | | | | | | | | |
| No SSI history | 52 | 58 | 46 | 47 | 42 | 34 | 37 | 52 | 51 |
| SSI receipt as child | 30 | 27 | 25 | 35 | 29 | 35 | 36 | 44 | 47 |
| SSI receipt as adult only | 17 | 17 | 19 | 26 | 24 | 24 | 22 | 27 | 33 |

(Continued)

**Table A-6.**
**Prevalence of selected 5-year outcomes for SSD awardees aged 18–39, by benefit type and SSI history: 1996–2004 award cohorts—*Continued***

| Benefit type and SSI history | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|---|---|---|---|
| | ***Awardees earning more than $1,000 in a postaward calendar year (cumulative percentage)*** | | | | | | | | |
| Total | 39.1 | 38.2 | 36.6 | 35.7 | 35.9 | 36.5 | 37.5 | 36.0 | 34.7 |
| Disabled worker | | | | | | | | | |
| No SSI history | 40.3 | 39.2 | 37.5 | 36.1 | 35.7 | 35.6 | 35.8 | 35.2 | 33.5 |
| SSI receipt as child | 72.0 | 72.2 | 70.8 | 71.7 | 69.8 | 65.6 | 66.9 | 62.3 | 60.2 |
| SSI receipt as adult only | 41.3 | 41.1 | 40.5 | 40.0 | 42.3 | 42.0 | 43.3 | 39.7 | 38.6 |
| DAC | | | | | | | | | |
| No SSI history | 31.2 | 31.5 | 29.1 | 28.3 | 26.4 | 26.5 | 28.1 | 33.5 | 32.0 |
| SSI receipt as child | 23.8 | 22.9 | 21.6 | 21.6 | 20.8 | 21.1 | 22.7 | 23.9 | 23.7 |
| SSI receipt as adult only | 18.4 | 19.4 | 18.1 | 16.8 | 16.3 | 17.5 | 18.0 | 18.3 | 17.4 |
| | ***Awardees earning more than the annualized SGA amount in a postaward calendar year (cumulative percentage)*** | | | | | | | | |
| Total | 18.8 | 16.3 | 15.1 | 13.8 | 13.3 | 13.1 | 13.7 | 13.1 | 12.1 |
| Disabled worker | | | | | | | | | |
| No SSI history | 21.6 | 19.3 | 17.9 | 16.4 | 15.5 | 15.1 | 15.2 | 14.6 | 13.5 |
| SSI receipt as child | 30.4 | 23.0 | 20.0 | 19.9 | 21.6 | 20.5 | 22.9 | 21.4 | 19.6 |
| SSI receipt as adult only | 17.2 | 14.0 | 13.2 | 12.4 | 13.4 | 12.6 | 14.0 | 13.2 | 12.3 |
| DAC | | | | | | | | | |
| No SSI history | 6.0 | 4.9 | 4.3 | 4.1 | 4.2 | 4.3 | 5.1 | 6.2 | 5.3 |
| SSI receipt as child | 3.4 | 2.8 | 2.8 | 3.2 | 2.9 | 3.3 | 3.6 | 4.1 | 4.2 |
| SSI receipt as adult only | 2.3 | 2.2 | 2.0 | 2.6 | 2.5 | 2.7 | 2.4 | 2.9 | 3.0 |

SOURCE: Authors' calculations based on the 2009 DAF and the SSI Longitudinal File matched with MEF data.

## Notes

*Acknowledgments:* We are grateful for the programming assistance of Mathematica's Svetlana Bronnikov; the assistance of SSA's Paul O'Leary, particularly for the analysis of earnings records; and the comments of David Wittenburg on an earlier draft.

[1] Goss defines young workers as those aged 25–44.

[2] If the parent qualifies for disabled-worker benefits, the DAC's benefits are paid from the DI Trust Fund; if the parent has claimed retirement benefits or is deceased, the DAC benefits are paid from the Old-Age and Survivors Insurance Trust Fund. When the DI program began in 1956, disability onset had to occur before age 18 for a DAC claimant to be eligible for benefits. The 1972 Amendments to the Social Security Act extended eligibility to those with disability onset before age 22 (SSA 2014b, Table 2.A21).

[3] Disabled widow(er)s comprise another category of disability-program beneficiaries, but we exclude them from our analysis because they must reach age 50 to qualify for survivor benefits.

[4] See Burkhauser and Daly (2010) for a thorough discussion of the relatively low earnings levels needed to qualify for life-long disabled-worker benefits before age 31. The authors also show that young adults may achieve eligibility for disabled-worker benefits that exceed the value of existing (or potential) SSI payments with a relatively low level of wage earnings and that the break-even earnings level has fallen considerably since 1980.

[5] The month of disability onset, determined by SSA, is the first month in which the awardee was not able to engage in SGA because of disability.

[6] Anecdotal evidence suggests that disability lawyers are indeed aware of the potentially higher DAC benefits and actively encourage potential beneficiaries to apply for them:

> The monthly benefit is likely to be higher, and disability comes with Medicare. Further, disability recipients are not penalized if they are able to earn a little money each month to supplement their disability check (keep it under SGA), unlike SSI recipients... These claims can reward the disability lawyer who digs a little deeper. With younger adults pursuing an SSI or disability claim, be sure to inquire about the status of both parents, and whether the alleged onset date should be amended to allow a DAC claim. (Gates 2012)

[7] The DAF was previously called the Ticket Research File.

[8] We define date of award as the first month in which a payment was actually made, which in many cases comes later than the month of benefit entitlement. The time lag depends, among other things, on processing times for disability determinations, which often include appeals of denials to higher levels of adjudication. Trends documented in this article may also be influenced by external factors that affect the period between benefit entitlement and actual first payment.

[9] Because the beneficiary-type code is entered into a "write-over" field in SSA's Master Beneficiary Record (which is one source for DAF data fields), our classification scheme identifies as disabled-worker awardees some beneficiaries who first qualified as DACs then also became entitled as disabled workers by December 2009. (The opposite does not occur because all dually entitled beneficiaries are coded as primary claimants and are thus identified as disabled workers.) In 2007, roughly 12 percent of DAC beneficiaries aged younger than 65 were dually eligible for disabled-worker benefits, but we do not know how many of those were first awarded DAC benefits and how many were first awarded disabled-worker benefits. However, we performed a preliminary analysis that suggests that instances in which a DAC awardee is subsequently awarded disabled-worker benefits are extremely rare.

[10] Although we do not present the results here, we also calculated statistics for additional age groups (18–19, 20–25, 26– 30, 31– 35, and 36–39), impairment groups (sensory impairments, back disorders, other musculoskeletal disorders, and other physical disorders), and types of payee (beneficiary direct, private or public institution, or other/unknown). All of the impairment groups we analyzed are based on the primary disabling condition as recorded in Social Security administrative data. Information on several additional characteristics is also available in the administrative data; however, we expect that the characteristics we present here adequately illustrate shifts in the composition of SSD award cohorts.

[11] In contrast with our data for 2006 and 2007, SSA (2014a) indicates that the number of awards to disabled workers increased substantially after 2006. The discrepancy very likely stems from a change in how SSA calculates beneficiary age in that publication. Before 2007, the age calculation was based on year of award; from 2007 onward, it is based on year of entitlement. As a result, a substantial number of awardees who would have been classified as aged 40 or older at award before 2007 were classified as younger than 40 in 2007, leading to the appearance of an increase from 2006 to 2007 in the number of awardees aged 18–39.

[12] Because the vertical scales differ—even between corresponding panels—care must be exercised in comparing Charts 5 and 6.

[13] In the general population, women and individuals with psychiatric disorders typically have greater respective life expectancies than men and individuals with nonpsychiatric impairments.

[14] As with Charts 5 and 6, the vertical scales in Charts 7 and 8 differ, even between corresponding panels.

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