

**O’Leary, Oberlee, & Pepin (2021 JBPA- Nudges to increase
completion of welfare applications: experimental evidence from Michigan):**

Supplement

Analysis Plan

The analysis plan was to randomly assign half of the sample to treatment group and half of the sample to the control group. We would then calculate differences in average outcomes across the treatment and control groups, as well as differences in average outcomes, conditional on observable characteristics. The intervention ended before the planned sample size number of participants was reached because local PATH program managers judged the information sufficient to end the trial policy. Consequently, we decided to include in the control group individuals who were scheduled for orientation sessions just before the intervention began so as to increase the power of statistical tests.

Table A1**Summary Statistics for Control Group by Presence of Random Assignment**

Variable	Randomly assigned	Not randomly assigned	Difference
Age	27.69	27.50	0.20 (0.615)
Female	0.846	0.872	-0.026 (0.029)
Education			
Less than high school	0.265	0.233	0.032 (0.036)
High school/GED	0.491	0.527	-0.036 (0.041)
Associate degree	0.052	0.043	0.010 (0.018)
Bachelor's degree or higher	0.023	0.031	-0.008 (0.013)
Other credential	0.160	0.163	-0.003 (0.030)
Unknown	0.009	0.004	0.005 (0.007)
Two-parent family	0.233	0.198	0.035 (0.034)
Observations	344	258	

Notes: Summary statistics for TANF applicants in the control group. “Randomly assigned” denotes observations randomly assigned to the control group. “Not randomly assigned” denotes TANF applicants with orientation sessions scheduled between May 18, 2015, and July 26, 2015. “Other credential” indicates a postsecondary certificate or occupational license. Standard errors are listed in parentheses. Authors’ computations based on participant tracking and confidential program administrative data maintained by the W.E. Upjohn Institute for Employment Research as administrative entity for Michigan Works! Southwest.

Table A2**Effects on Orientation Completion Rates without Additional Control Observations**

	Completed orientation
Treatment	0.307
Control	0.340
Simple difference	-0.033 (0.035)
Adjusted difference	-0.030 (0.036)
Observations	702

Notes: Effects of the detailed reminder-call treatment on orientation-session completion rates when TANF applicants with orientation sessions scheduled between May 18, 2015, and July 26, 2015, are not included in the control group. “Adjusted difference” denotes the estimate from an ordinary least squares model that includes controls for age, sex, educational attainment, and household composition. Robust standard errors are listed in parentheses.

Table A3**Effects on AEP Session Attendance and Completion of Welfare Applications without Additional Control Observations**

	Attended Week 1	Attended Week 2	Completed AEP
Treatment	0.234	0.199	0.171
Control	0.231	0.193	0.163
Simple difference	0.002 (0.032)	0.007 (0.030)	0.008 (0.028)
Adjusted difference	0.013 (0.032)	0.016 (0.030)	0.014 (0.028)
Observations	688	688	688

Notes: Effects of the detailed reminder-call treatment on AEP session attendance and completion of welfare applications when TANF applicants with orientation sessions scheduled between May 18, 2015, and July 26, 2015, are not included in the control group. “Attended Week 1” and “Attended Week 2” list effects on attending the first and second AEP interviews, respectively. “Completed AEP” lists effects on completing all welfare application requirements. “Adjusted difference” denotes the estimate from an ordinary least-squares model that includes controls for age, sex, educational attainment, and household composition. Robust standard errors are listed in parentheses.

Table A4**Effects on AEP Session Attendance and Completion of Welfare Applications, Conditional on Attending Orientation**

	Attended Week 1	Attended Week 2	Completed AEP
Treatment	0.796	0.680	0.583
Control	0.704	0.568	0.482
Simple difference	0.093*	0.112*	0.100*
	(0.053)	(0.059)	(0.061)
Adjusted difference	0.110**	0.139**	0.112*
	(0.054)	(0.060)	(0.063)
Observations	302	302	302

Notes: Effects of the detailed reminder-call treatment on AEP session attendance and completion of welfare application, conditional on attending orientation. “Attended Week 1” and “Attended Week 2” list effects on attending the first and second AEP interviews, respectively. “Completed AEP” lists effects on completing all welfare application requirements. “Adjusted difference” denotes the estimate from an ordinary least-squares model that includes controls for age, sex, educational attainment, and household composition. Robust standard errors are listed in parentheses. * $p < .10$ (two-tailed test), ** $p < .05$ (two-tailed test).

Figure 1

PATH Orientation Notice

<p>KALAMAZOO COUNTY DHS 322 E STOCKBRIDGE AVE KALAMAZOO MI 49001</p>	<p>Case Name: Case Number: Date: 04/07/2016</p> <p>Specialist: M. A. Phone: (269) 337- 8 Fax: (517) 346- 8 Email: A</p>
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STATE OF MICHIGAN
Department of Health and Human Services

If you do not understand this, call an MDHHS office in your area.
MDHHS employees are prohibited by law from providing legal advice.
Si usted no entiende esto, llame a una oficina de MDHHS en su área.
La ley prohíbe a los empleados de MDHHS proporcionar asesoría legal.
إذا واجهت صعوبة في فهم هذا الطلب، فأتصل بمكتب MDHHS الموجود في منطقتك.
يحرم القانون على موظفي MDHHS إعطاء النصيحة القانونية.

<p>C. CLINTON AVE KALAMAZOO MI 49001</p>	
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PATH APPOINTMENT NOTICE

Client Name	Client ID
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All applicants of Family Independence Program (FIP) benefits must attend PATH within 15 days of the date of this notice and continue to participate in PATH as long as you receive FIP.

All applicants who are determined to be mandatory work participants must participate in the 21 day application eligibility period. FIP applicants who do not attend PATH prior to case opening will be denied FIP benefits. All applicants and recipients must remain compliant with all required employment-related activities. All participants are required to continue to work toward the goals of meeting self-sufficiency. There are penalties for non-cooperation with assigned activities. Ongoing FIP recipients who do not cooperate with meeting self-sufficiency goals may lose their FIP benefits. FIP cases will close for a minimum of three months for the first time a person in your FIP group does not cooperate. FIP cases will close for a minimum of six months for the second time a person in your FIP group does not cooperate. FIP cases will close for a lifetime sanction the third time a person in your FIP group does not cooperate. FIP benefits may be reduced if a recipient does not cooperate.

This appointment is important. If you fail to complete the 21 day application eligibility period, your application will be denied. If you cannot keep this appointment you should call your DHS specialist **before** you miss your appointment. You must reschedule this appointment as soon as possible or your benefits for FIP may be delayed. If you do not call or appear within 15 days of this notice, your application will be denied. You can reapply anytime.

Appointment Date: 04/18/2016 **Appointment Time:** 8:45 AM

Appointment Location: Kalamazoo Service Center
1601 S Burdick ST Kalamazoo MI 49001

Support Services: DHS will help you with transportation and child care if needed to attend PATH. Tell your specialist if you need help with transportation or child care right away.

ADDITIONAL INFORMATION
Orientation is held 8:45 a.m. - 3 p.m. Individuals who arrive after 9 am will not be admitted. Childcare must be arranged prior to attendance. Please call PATH at 269- with questions.

Bring this form with you to PATH.

This institution is an equal opportunity provider.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

DHS-4785 (Rev. 12-12) Bridges

Notes: Example of the PATH orientation notice sent to TANF applicants in Michigan. Information is property of Michigan's One-Stop Management Information System for workforce development services.

Figure 2

PATH AEP Work Requirement Form

**PATH Week 1 Assignment Plan
21-Day Application Eligibility Period**

FIP Applicant's Name (printed): Client/Recipient ID:

2-Parent Family (Optional Data) Name of 2nd Parent:

MW! Staff Name (printed): Date Plan Created:

Week Begin Date: Week End Date:

Required Hours (check one) 20 30 35 55

MW! Staff: Check All Assignments that Apply and Assign Hours:	Assigned Hours:	MW! Use Only Assignment Completed				
	20	30	35	55	Yes	No
<input type="checkbox"/> 21 Day AEP Presentation:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	No
<input type="checkbox"/> PATH Orientation Presentation:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	No
<input type="checkbox"/> FAST:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	No
<input type="checkbox"/> Individual Service Strategy: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	No
<input type="checkbox"/> Assessment Test : <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	No
<input type="checkbox"/> Barrier Resolution Activity(ies): [Document Assignment Below, i.e., Childcare, Housing, Food Bank, Counseling]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	No
<input type="checkbox"/> Job Search/Job Readiness Workshop(s): <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	No
<input type="checkbox"/> Resume Writing Workshop(s): <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	No
<input type="checkbox"/> Interviewing Skills Workshop(s): <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	No
<input type="checkbox"/> Computer Skills Workshop(s): <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	No
<input type="checkbox"/> Career/Life Skills Workshop(s): <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	No
<input type="checkbox"/> High School / GED Prep: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	No
<input type="checkbox"/> High School Completion/GED Course of Study, 18 & 19 Year Old Grantees Only:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	No
<input type="checkbox"/> Community Service or Work Experience Research: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	No
<input type="checkbox"/> Job Search Activities: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	No
<input type="checkbox"/> Employment: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	No
<input type="checkbox"/> Vocational Education: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	No
<input type="checkbox"/> Other: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	No

Next Appointment with MW! Staff - Date: Time: Location:

I agree to complete activities as assigned above, turn in my documentation as required, contact MW! if I have questions or need supportive services, and return for my scheduled appointment. I further understand that if I fail to complete my weekly assignments, (without approval from the MW! Staff), my request for FIP benefits may be denied.

FIP Applicant Signature _____ Date _____ MW! Staff Signature _____ Date _____

Applicant Refused to Sign (Applicant's FIP Benefits may be denied)

Distribution of Signed Form: Original remains in case file and a copy must be given to the applicant at the time of signing.

MW! STAFF USE ONLY: Applicant satisfactorily completed weekly assignments Yes No If No, MW! staff must explain in detail below. (Attach additional explanation documents, as necessary.) If the applicant disagrees with the determination, he or she must be offered the opportunity to speak with a supervisor for a managerial review.

MW! Staff Signature _____ Date _____

Final Distribution of Week 1 Assignment Plan Form: Original remains in case file and a copy of the completed form with the Weekly Assignment completion status entered must be given to the applicant.

"Equal Opportunity Employer / Service Provider. Michigan Relay Center (800) 649.3777. Auxiliary Aids and Services Available to Individuals with Disabilities."

Revised: 12/12/13

Notes: PATH AEP work requirement form. Each TANF applicant is required to fulfill an assigned number of hours to each work-related activity listed on the form. Information is property of Michigan's One-Stop Management Information System for workforce development services.