APPENDIX B: SUPPLEMENTARY FIGURES AND TABLES



TABLE 1. Sample Composition and Timing						
	July	August	September	October	November	
	Random A	Assignment	Sample			
No Letter	242	257	242	177	259	
Specific Date	243	258	242	178	260	
Open Date	241	259	242	178	261	
Total	726	774	726	533	780	
	•	Timelines				
Initial Notices mailed	5/31	7/1	7/30	8/30	9/30	
Data pulled for sample	6/12	7/10	8/15	9/12	10/6	
Reminder letters mailed (if applicable)	6/19	7/18	8/18	9/15	10/13	
Suggested appointment dates	6/26-7/14	7/25-8/14	8/25-9/14	9/25-10/13	10/25-11/14	
	(not 7/4)		(not 9/4)	(not 10/9)	(not 11/10)	
Deadline to Recertify	7/31	8/31	9/29	10/31	11/30	





	No Letter	Any Letter	Difference
	<i>n</i> = 1172	n = 2348	(95% CI)
Started Recertification	41.8%	47.4%	5.6pp*
			(2.1, 9.0pp)
Complied with Requirements	40.7	45.9	5.2pp*
			(1.7, 8.7pp)
Successful Recertification	40.1	45.6	5.5pp*
			(2.1, 9.0pp)
Note: * Statistically significant at the	$\alpha = 0.05$ leve	l.	

TABLE 2. Percentage Achieving Each Outcome, by Experimental Condition (no letter vs. any lattar)

All percentages listed are from the total number assigned to that condition.

TABLE 3. Percentage Achieving Each Outcome, by Experimental Condition (specific date vs. open date)

	Letter: Specific Date	Letter: Open Date	Difference
	n = 1172	<i>n</i> = 1176	(95% CI)
Started Recertification	46.8%	48.0%	1.2pp
			(-2.8, 5.2pp)
Complied with Requirements	45.1	46.7	1.5pp
			(-2.5, 5.6pp)
Successful Recertification	44.8	46.4	1.6pp
			(-2.4, 5.7pp)

FIGURE 9. Relative to Calendar Day, Number of Recertifications Daily, by experimental condition



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APPENDIX C: INITIAL NOTICE

DEPART	MENT OF HUMAN SERVICES
	DCLink
Notice Date: 10/29/2016	
Account ID: Person ID:	FORT DAVIS SERVICE CENTER(671) 3851, Alabama Avenue, SE
	Washington, DC 20020 Phone number (202) 645-4500
WASHINGTON, DC	Fax Number: (202) 645-6205
Subject: Cash Assistance Renewal	
Dear	
Your eligibility for Temporary Assistan your benefits will be terminated. We n you are still eligible to get benefits:	nce for Needy Families needs to be reviewed. Without this review need the information listed below so that we can determine wheth
 We need proof that you are still 	II a District resident
 We need to verify school attent We need to verify if anyone more 	dance for 18 and 19 year old household members.
Please bring the information to FORT to this Service Center you may go to a Address sheet.	DAVIS SERVICE CENTER(671) on 2007/2016. If you cannot g any of the Service Centers on the attached Service Center
If You Cannot Keep the Appointment	nt
If you cannot keep the appointment, p any of the Service Centers listed on th we cannot determine if you are eligible terminated.	blease contact (202) 727-5355 or before 12/2016 or you may go the attached form. If you fail to keep your scheduled appointment e for benefits. Without this review your benefits may be
ESA Manual Citation: Part II, Chapte	er 2, Section 2.3
If You Think We Made a Mistake	
If you do not agree with the decision w of the date of this notice. Read the att list of organizations that may provide writing.	we made, the household may request a fair hearing within 90 day tached Hearing Rights to learn how to request a hearing and for free legal representation. You may request a hearing orally or in
If you have questions, please call (20) 711 (855) 532-5465.	2) 727-5355. If you are Hearing Impaired, you may call TTY/TDD

APPENDIX D: TERMINATION NOTICE

GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HUMAN SERVICES DC EXPLATENENT OF Subject: Cash Assistance Termination Dear Your Temporary Assistance for Needy Families (TANF) benefits will terminate because <Insert reason>. Condition: Reason: Disgualified you were found to have committed public assistance fraud and this is your third offense, so your needs Recipient for IPV will be permanently removed from your household's TANF benefit. (D.C. Official Code § 4-218.01(c)) your benefits have been terminated because you are in a hospital, group home, or nursing home and no Institutionalized longer meet the standard to be included in the TANF assistance unit because you are not living in the same household as the dependent child. (45 C.F.R. § 260.20(a); 42 U.S.C.S. § 608(a)(1); D.C. Official Code § 4-205.15) No longer living in Your benefits have been terminated because you no longer meet the standard to be included in the the same household TANF assistance unit because you are not living in the same household as the dependent child. (45 as the dependent C.F.R. § 260.20(a); 42 U.S.C.S. § 608(a)(1); D.C. Official Code § 4-205.15) child [if gross income your gross income exceeds the maximum allowable limit. (D.C. Official Code § 4-205.10(a)) exceeds max allowable] [if not a d.c. resident] you are no longer a District resident. (D.C. Official Code §§ 4-205.03-.04, 4-205.53) [if disgualified you were found to have misrepresented your residency to get benefits from two or more States, so your needs are removed from your household's TANF benefit for ten (10) years. (D.C. Official Code § misrepresented 4-205.69) residency] [if loss of contact / no we could not establish contact with you. 7 CFR 273.13 response from client] Verifications not part of the application process is providing requested information and we did not receive the information provided we requested from you (for example: living with statement(s), proof of citizenship status, income, etc.) ESA Policy Manual Part III, Chapter 1, Section 1.1 and Part III, Chapter 2, Section 2.1 and D.C. Official Code §§ 4-205.19(a), and .31(a). you have not provided of all the information we requested from you. ESA Policy Manual Part III, Chapter [Failure to provide 1, Section 1.1 and Part III, Chapter 2, Section 2.1 and D.C. Official Code §§ 4-205.05a, .19(a), and .31(a) If You Think We Made a Mistake

If you do not agree with the decision we made, the household may request a fair hearing within 90 days of the date of this notice. Read the attached Hearing Rights to learn how to request a hearing and for a list of organizations that may provide free legal representation. You may request a hearing orally or in writing.

If you have any questions please call (202)724-5506. If you are Hearing Impaired, you may call TTY/TDD 711 (855) 532 5465

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