



The Missing Link

Connecting Eligible Asylees and Asylum Seekers
with Benefits and Services

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Executive Summary

The United States provides humanitarian protection to individuals in need through a number of channels, including resettling refugees who seek protection from outside of the country and granting asylum to noncitizens who apply from within the country or at its borders. But even though refugees and asylees are granted protection after fleeing similar forms of harm—such as persecution on the basis of their race, religion, nationality, political opinion, or membership in a particular social group—the systems in place to support them once they gain protection in the United States are markedly different. A well-established network of national and local resettlement agencies links refugees to cash, food, and medical assistance; employment and microbusiness services; and a range of other supports, such as child care, transportation, and services for children and youth. Asylees are eligible for many of the same services and benefits as refugees, but the national mechanisms for linking asylees to such programs are much weaker and limited to information on the Office of Refugee Resettlement (ORR) website and an online pamphlet developed by the U.S. Citizenship and Immigration Services (USCIS). ORR used to administer the National Asylee Information and Referral Line, a nationwide phone hotline that provided information on and referrals to available benefits and services, but that ended in 2012. In the absence of a national framework, many state and local governments and nonprofit organizations have developed hotlines, orientation workshops, and other means to inform asylees of the supports available to them. Though these efforts are an important stopgap measure, they are often piecemeal and not sustainable.

Asylees are eligible for many of the same services and benefits as refugees, but the national mechanisms for linking asylees to such programs are much weaker.

Another distinction between these populations is that, while refugees become eligible for many benefits and services when they arrive in the United States, many people who receive asylum have already been in the country for a considerable period of time, waiting for their protection cases to be decided. As of the end of fiscal year 2021, there were more than 1 million pending asylum cases in the United States. Asylum seekers wait several years for their asylum case to be adjudicated, and at least six months after applying for protection to receive employment authorization. In the interim, they often rely on family, friends, or local charities for help, and many are unaware of the limited supports available to them. Though eligible for far fewer benefits and services than asylees, asylum seekers are generally eligible for emergency medical services, non-cash disaster relief assistance, and English language instruction under Title II of the *Workforce Innovation and Opportunity Act* (WIOA). Certain groups, including asylum seekers who are pregnant, children, and youth who meet certain criteria, are eligible for additional forms of medical, nutritional, early childhood development, and financial support. Some children of asylum seekers are U.S. citizens or have other qualifying statuses that make them eligible for additional benefits and services, such as child care and the Child Tax Credit. Support with navigating and accessing these programs can have significant bearing on asylum seekers' ability to provide for their families and contribute to the U.S. communities in which they live, especially as they wait for employment authorization.

The federal government has a responsibility to align its programs and practices with the longstanding legal framework for immigration, health and human services, and workforce development that indicates that asylees should have access to cash, food, and medical assistance and key services that promote employment and economic mobility. To do so, the government should take steps to address structural barriers that prevent many asylees from accessing the benefits and services available to them. ORR should reestablish a national hotline that offers information and referral services, conduct research on asylees' characteristics and unique service needs, and provide technical assistance to help states and nonprofit organizations serve more asylees and in ways that are more responsive to their needs. USCIS and the Executive Office for Immigration Review should improve how they notify asylees of available benefits and services, including by encouraging collaboration between local immigration judges, asylum offices, and state government and resettlement agencies to better disseminate this information in orientation sessions for new asylees. Such measures would help put asylees on more even footing with refugees and support asylees' successful integration.

Though asylum seekers are eligible for far fewer benefits and services, they and their children would also benefit from assistance with navigating the complex eligibility rules for English language instruction, employment services, supports for children, and other programs, including those funded solely by states. State and local governments, in partnership with philanthropic organizations, should develop mechanisms to connect children of asylum seekers with benefits and services for which they are eligible, including Head Start and Early Head Start; the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); home visiting; and in some states, Medicaid. These programs are essential for children's healthy growth and development and can influence their health, economic, and social outcomes in adulthood. To the extent possible, states and localities could also consider establishing or expanding state replacement programs to ensure asylum seekers have access to assistance programs to meet their families' basic needs and are not vulnerable to labor exploitation or human trafficking schemes common in the informal labor market. In addition, philanthropic organizations can play a valuable role in funding direct service organizations that help asylum seekers learn about and apply for such benefits and services.

Both sets of measures could help alleviate unnecessary strain on schools, diaspora communities, faith-based groups, and other charitable service organizations that are typically at the front lines of supporting asylees and asylum seekers, while supporting the long-term integration into U.S. society of those granted protection.

1 Introduction

Both refugees and asylees receive protection from the U.S. government because they have been persecuted or have a well-founded fear of persecution on the grounds of race, religion, nationality, membership in a particular social group, or political opinion. Yet there are key differences between these groups. To become a refugee, a person has to apply for protection while outside of the United States; to become an asylee, an application for protection must be submitted from inside the country or at the border. The United States has a well-developed system for receiving newly resettled refugees and providing them with benefits and services. When individuals are granted asylum, they qualify for many of the same benefits and services, but

there is no standardized system to let asylees know this, connect them with needed benefits and services, or address distinct needs they may have.

Multiple options exist under current law to improve asylees' links to benefits and services, as this report will explore. Doing so would help asylees meet their food, housing, medical, and other basic needs, while increasing their chances for economic mobility through employment and microbusiness support programs. Employers and U.S. communities would also reap benefits from these investments as asylees upskill to meet staffing shortages, contribute to local economies and tax revenues, and become active members of the communities in which they live.

The situation for many asylum seekers is different. They cannot legally work in the United States for at least six months after they file their application for asylum, and often much longer than that. While they await a decision in their asylum case, they are also typically eligible for far fewer public benefits than refugees and asylees. Asylum cases often take years to be decided, and without the ability to work or access benefits and services, asylum seekers can face deep poverty, labor exploitation, and human trafficking. It is thus important to improve the systems for linking asylum seekers to the benefits and services that are available to them. At the same time, there is a need to connect their children and other family members to available supports, since many asylum seekers live in mixed-status households and some children of asylum seekers are U.S. citizens. Girding asylum seekers and their children with supports in this way strengthens and stabilizes families, enabling them to direct their attention to educational and training programs, volunteer community service, and other activities while waiting for employment authorization.

Asylum cases often take years to be decided, and without the ability to work or access benefits and services, asylum seekers can face deep poverty.

This report provides an overview of the asylum process in the United States and the characteristics of asylees and asylum seekers. It then describes the benefits and services available to each of these two groups and makes recommendations for improving their access to such programs.

2 The Asylum Process in the United States

Individuals seeking asylum in the United States request protection from the federal government either once already in the country or when arriving at the border.¹ An asylum claim can be filed affirmatively with U.S. Citizenship and Immigration Services (USCIS) or raised defensively by a noncitizen in removal proceedings in an immigration court, administered by the Executive Office for Immigration Review (EOIR) within the U.S. Department of Justice (DOJ).² The latter group includes asylum seekers held in detention facilities as well as immigrants apprehended in U.S. communities. The immigration courts also hear cases from individuals whose affirmative asylum applications were denied by USCIS and who are placed in removal proceedings.³ Children entering the country with family members can have their cases processed along with other

¹ "Asylum," 8 U.S. Code § 1158 (a)(1); *The Refugee Act of 1980*, Public Law 96–212, *U.S. Statutes at Large* 94 (1980): § 208(a).

² U.S. Citizenship and Immigration Services (USCIS), "Obtaining Asylum in the United States," updated September 16, 2021.

³ USCIS, "Obtaining Asylum in the United States—Defensive Asylum Processing with EOIR," updated September 16, 2021.

members of their family or choose to pursue their asylum claim independently. Unaccompanied children can have their claims considered by USCIS in a non-adversarial proceeding.⁴

Both EOIR and USCIS operate an “asylum clock” that measures the number of days a case has been pending since the application was filed.⁵ According to U.S. law, the final adjudication on an asylum case should be completed within 180 days of when an application is filed with USCIS or EOIR, absent exceptional circumstances.⁶ In practice, the process typically takes far longer. Cases filed in immigration court between October 2001 and September 2021 have taken an average of four and a half years to complete.⁷ USCIS data from 2018 indicate that the time between when individuals file an application and when they are interviewed by an asylum officer was in the range of two to five years, and the backlog has grown considerably since then.⁸ These lengthy wait times have been linked to asylum applicants’ economic instability, mental health decline, and prolonged family separation.⁹

A. *Employment Authorization*

An asylum applicant with a pending application may be eligible to seek employment authorization.¹⁰ While awaiting employment authorization, asylum seekers cannot be legally employed in the United States. During this time, many rely on charitable support or work in the informal economy, even though engaging in unauthorized employment generally bars an immigrant from adjusting to lawful permanent residence.¹¹ Prior to August 2020, asylum seekers with pending claims were eligible to apply for an employment authorization document (EAD) 150 days after they applied for asylum and to have the application acted on 30 days after that, for a total of 180 days from the date of filing their asylum petition. In August 2020, two new rules changed those timeframes, making it significantly harder for asylum seekers to obtain EADs. On August 25, 2020, one new rule extended the period an asylum seeker must wait before submitting an EAD application to 365 days and made asylum seekers who cross the border between designated ports of entry ineligible for employment authorization, subject to limited exceptions. A related rule removed the requirement that EAD applications be adjudicated within 30 days, effective August 21, 2020.¹² In September

4 USCIS, “[Minor Children Applying for Asylum by Themselves](#),” updated March 23, 2021.

5 When USCIS refers a case to the Executive Office for Immigration Review (EOIR), the asylum clock does not restart but continues from the day the case is referred. Memorandum from Brian M. O’Leary, Chief Immigration Judge, EOIR, to all immigration judges, court administrators, attorney advisors and judicial law clerks, and immigration court staff, *Operating Policies and Procedures Memorandum 13-02: The Asylum Clock*, December 2, 2013, 4; EOIR and USCIS, “[The 180-Day Asylum EAD Clock Notice](#)” (joint notice, revised June 8, 2018).

6 “[Asylum](#),” 8 U.S. Code § 1158(d)(5)(A)(iii).

7 Transactional Records Access Clearinghouse (TRAC) Immigration, “[A Mounting Asylum Backlog and Growing Wait Times](#),” updated December 22, 2021.

8 National Immigration Forum, “[Fact Sheet: U.S. Asylum Process](#),” updated January 10, 2019; Doris Meissner, Faye Hipsman, and T. Alexander Aleinikoff, *The U.S. Asylum System in Crisis: Charting a Way Forward* (Washington, DC: Migration Policy Institute, 2018), 4.

9 Anika Ades and Kennji Kizuka, *Protection Postponed: Asylum Office Backlogs Cause Suffering, Separate Families, and Undermine Integration* (Washington DC: Human Rights First, 2021), 5–10.

10 USCIS, “[Asylum—Permission to Work in the United States](#),” updated August 3, 2021.

11 “[Adjustment of Status of Nonimmigrant to That of Person Admitted for Permanent Residence](#),” 8 U.S. Code § 1255(c); USCIS, “[Chapter 6 - Unauthorized Employment \(INA 245\(c\)\(2\) and INA 245\(c\)\(8\)\)](#),” in *USCIS Policy Manual*, updated September 16, 2021. However, applicants for adjustment of status may be able to overcome those disqualifications if their default, such as engaging in employment without employment authorization, lasted for less than 180 days in the aggregate. See “[Adjustment of Status of Nonimmigrant to That of Person Admitted for Permanent Residence](#),” 8 U.S. Code § 1255(k)(2)(B).

12 See “[Employment Authorization](#),” 8 Code of Federal Regulations § 208.7(a)(1), as amended by U.S. Department of Homeland Security (DHS), “[Asylum Application, Interview, and Employment Authorization for Applicants](#),” *Federal Register* 85, no. 124 (June 26, 2020): 38532–38626. See also USCIS, “[Removal of 30-Day Processing Provision for Asylum Applicant-Related Form I-765 Employment Authorization Applications](#),” *Federal Register* 85, no. 120 (June 22, 2020): 37502–37546.

2020, a district court preliminarily enjoined the government from enforcing these rules against asylum seekers served by CASA de Maryland, Inc. and the Asylum Seeker Advocacy Project, two plaintiffs that are membership-based nongovernmental organizations (NGO).¹³ Then in December 2020, AsylumWorks and other plaintiffs challenged the application of these rules to all asylum seekers.¹⁴ In February 2022, a district court granted a summary judgement vacating both rules and USCIS stopped applying them.¹⁵

Even when the 365-day waiting period was in effect, certain groups were not subject to it and could apply for employment authorization immediately. This included individuals who had been temporarily paroled into the United States “for urgent humanitarian reasons or significant public benefit,”¹⁶ which was the situation for Afghan evacuees entering the United States as parolees. The target processing time for employment authorization applications had returned to 180 days before Ukrainians began entering the United States as parolees under the Uniting for Ukraine process. (See Box 2 for more on Afghan and Ukrainian parolees.)

B. Policy Changes under the Trump and Biden Administrations

The Trump administration adopted a large number of immigration policy changes, many of which restricted asylum seekers’ ability to apply for or obtain protection in the United States.¹⁷ In July 2019, the Department of Homeland Security (DHS) published a rule—often called the “transit-country asylum ban”—making migrants ineligible for asylum if they entered the United States through the southern border after transiting through a third country without applying for protection there.¹⁸ In the same month, the attorney general opinion in *Matter of L-E-A-* restricted consideration of asylum claims based on membership in a family unit, making it harder for persons suffering from gender-based violence to receive asylum.¹⁹ A year prior, in June 2018, the attorney general opinion in *Matter of A-B-* determined that individuals who experienced domestic violence or gang violence and “women unable to leave their marital relationship” generally did not constitute membership in a particular social group.²⁰ This significantly affected families arriving at the U.S. southern border, many of whom claimed asylum on those bases.²¹

While such policies narrowed who can receive asylum, two of the most far-reaching and hotly debated policies under the Trump administration limited opportunities to apply in the first case. In January 2019,

13 *Casa de Maryland, Inc. v. Wolf*, Civil Action No. 8:20-cv-02118-PX (U.S. District Court for the District of Maryland, memorandum opinion, September 11, 2020).

14 *AsylumWorks et al. v. Wolf et al.*, Civil Action No. 1:20-cv-03815 (U.S. District Court for the District of Columbia, memorandum opinion and order, June 1, 2021).

15 *AsylumWorks et al. v. Wolf et al.*, Civil Action No. 20-cv-3815 (BAH) (U.S. District Court for the District of Columbia, memorandum opinion and order, February 7, 2022); USCIS, “USCIS Stops Applying Certain EAD Provisions for Asylum Applicants,” updated April 28, 2022.

16 Congressional Research Service (CRS), *Immigration Parole* (Washington, DC: CRS, 2020), 14. See also “Classes of Aliens Authorized to Accept Employment,” 8 *Code of Federal Regulations* § 274a.12(c)(11).

17 Jessica Bolter, Emma Israel, and Sarah Pierce, *Four Years of Profound Change: Immigration Policy during the Trump Presidency* (Washington, DC: Migration Policy Institute, 2022); Lucas Guttentag, “Immigration Policy Tracking Project (IPTP),” accessed October 1, 2021; Lindsay Muir Harris, “Asylum under Attack,” *Loyola Law Review* 67, no. 1 (January 2021): 50–69.

18 Memorandum from James R. McHenry III, Director, EOIR, to all of EOIR, *Guidelines Regarding New Regulations Governing Asylum and Protection Claims*, July 16, 2019. The policy memo was later rescinded and canceled by memorandum from Jean C. King, Acting Director, EOIR, to all of EOIR, *Cancellation of Policy Memorandum 19–12*, May 14, 2021. See also Bolter, Israel, and Pierce, *Four Years of Profound Change*, 82.

19 *Matter of L-E-A-*, 28 I&N Dec. 304 (Attorney General, June 16, 2021), 304.

20 *Matter of A-B-*, 27 I&N Dec. 316 (Attorney General, June 11, 2018), 333.

21 Meissner, Hipsman, and Aleinikoff, *The U.S. Asylum System in Crisis*, 1.

the administration implemented the Migrant Protection Protocols (MPP, also known as “Remain in Mexico”), under which certain migrants, including asylum applicants, arriving at the U.S. southern border were sent back to Mexico to await U.S. immigration court proceedings.²² This policy has left many asylum seekers stranded in Mexican border communities for extended periods, and there have been multiple accounts of kidnapping, rape, torture, and other attacks against this population.²³ Then in March 2020, the Centers for Disease Control and Prevention (CDC) issued an order that generally prohibited unauthorized individuals arriving at a U.S. land border from entering the country and instead pushed them back to Mexico or Canada, or returned them to their origin country, justifying the policy as a measure to mitigate the spread of COVID-19.²⁴ These rapid expulsions further reduced opportunities to raise asylum claims at the border.

The Biden administration has reversed some of the Trump administration’s policies restricting asylum. On its first day, the Biden administration ceased enrolling migrants arriving at the border in MPP.²⁵ District and appellate court rulings subsequently ordered the administration to resume the program based on a concern about the approach taken to terminating it.²⁶ The U.S. Supreme Court disagreed with the lower court and upheld the administration’s ability to end of MPP in June 2022.²⁷ In May 2021, the transit-country asylum ban was rescinded.²⁸ In June 2021, the attorney general overturned *Matter of A-B-* and *Matter of L-E-A-*.²⁹ The CDC order no longer applies to unaccompanied children. In April 2022, the CDC announced it would end the order altogether, effective May 23, 2022, but a district court issued a ruling that required the Biden administration to retain the public-health order.³⁰ DHS data through September 2021 indicate that the Biden administration applies the CDC order mostly to single adults but not to most arriving families.³¹

22 USCIS and EOIR, “Implementing Bilateral and Multilateral Asylum Cooperative Agreements under the Immigration and Nationality Act,” *Federal Register* 84, no. 223 (November 19, 2019): 63994–64011; DHS, “Migrant Protection Protocols,” updated January 24, 2019; U.S. Customs and Border Protection (CBP), “Guiding Principles for Migrant Protection Protocols” (guidance document, January 28, 2019); memorandum from Kirstjen M. Nielsen, Secretary, DHS, to L. Francis Cissna, Director, USCIS; Kevin K. McAleenan, Commissioner, CBP; and Ronald D. Vitiello, Deputy Director and Senior Official Performing the Duties of Director, U.S. Immigration and Customs Enforcement (ICE), *Policy Guidance for Implementation of the Migrant Protection Protocols*, January 25, 2019; DHS, “Secretary Kirstjen M. Nielsen Announces Historic Action to Confront Illegal Immigration” (news release, December 20, 2018).

23 Human Rights First, “Legal Services Joint Letter on MPP,” updated October 19, 2021.

24 U.S. Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC), “Order Suspending Introduction of Certain Persons from Countries Where a Communicable Disease Exists” (order, March 20, 2020); CBP, “CBP Announces March Operational Update,” updated April 9, 2020.

25 DHS, “DHS Statement on the Suspension of New Enrollments in the Migrant Protection Protocols Program” (press release, January 20, 2021).

26 *Texas v. Biden*, No. 2:21-cv-00067-Z (U.S. District Court for the Northern District of Texas, Amarillo Division, memorandum opinion and order, August 13, 2021); *Texas v. Biden*, No. 21-10806 (U.S. Court of Appeals for the Fifth Circuit, memorandum opinion and order, August 19, 2021).

27 Uriel Garcia, “U.S. Supreme Court Hears Arguments on Whether Biden Can Toss Trump’s ‘Remain in Mexico’ Policy,” *The Texas Tribune*, April 26, 2022; *Biden v. Texas*, No. 21-954 (U.S. Supreme Court, June 30, 2022).

28 Memorandum from Jean C. King, Acting Director, EOIR, *Cancellation of Policy Memorandum 19–12*.

29 Memorandum from Vanita Gupta, Associate Attorney General, *Impact of Attorney General Decision in Matter of L-E-A- and Matter of A-B-*, June 16, 2021.

30 HHS, CDC, “Order Suspending Introduction of Certain Persons from Countries Where a Communicable Disease Exists” (order, March 20, 2020); HHS, “Control of Communicable Diseases; Foreign Quarantine; Suspension of the Right to Introduce and Prohibition of Introduction of Persons into United States from Designated Foreign Countries or Places for Public Health Purposes,” *Federal Register* 85, no. 177 (September 11, 2020): 56424; “Foreign Quarantine,” 42 *Code of Federal Regulations* § 71; DHS, “Public Health Reassessment and Order Suspending the Right to Introduce Certain Persons from Countries Where a Quarantinable Communicable Disease Exists,” *Federal Register* 86, no. 148 (August 2, 2021): 42828; CDC, “CDC Public Health Determination and Termination of Title 42 Order” (media statement, April 1, 2022); *Louisiana v. CDC*, No. 6:22-cv-00885 (U.S. District Court for the Western District of Louisiana, Lafayette Division, memorandum opinion and order, May 20, 2022).

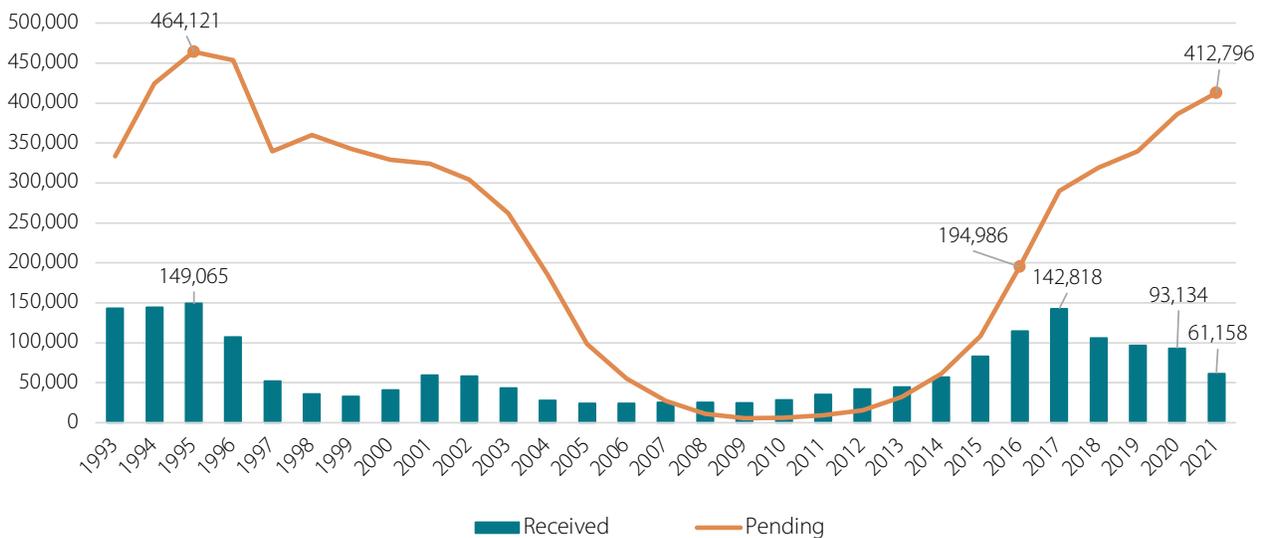
31 Migration Policy Institute (MPI) calculations based on data from CBP, “Southwest Land Border Encounters,” accessed December 22, 2021.

In addition to reversing some Trump-era policies, the Biden administration has proposed new changes to the asylum process. In March 2022, DHS and DOJ published an interim final rule that amends and streamlines the regulatory framework governing credible-fear determinations.³² Prior to this rule, when asylum seekers arrived at or near a U.S. border and expressed a fear of returning to their home country, they were referred to an asylum officer who conducted a credible-fear interview to determine if each person has a “significant possibility” of demonstrating persecution or fear of persecution to an immigration judge who would then review the individual’s asylum application or eligibility for withholding of removal or protection under the Convention Against Torture. Under this rule, which is being implemented in phases beginning May 2022, individuals who receive a positive credible-fear determination will have their applications adjudicated by an asylum officer instead of an immigration judge—a change the administration expects to cut the processing time down to 90 days in most cases.

3 Trends in Asylum Claims and Asylum Processing

From fiscal year (FY) 2009 to 2017, affirmative asylum claims filed with USCIS grew rapidly, and in FY 2017 they reached the highest levels since the mid-1990s (see Figure 1). The number of affirmative claims filed then fell from 142,818 in FY 2017 to 93,134 in FY 2020, and further to 61,158 in FY 2021. Despite the recent drop in new affirmative asylum claims, the number of pending claims more than doubled between FY 2016 and FY 2021 to reach 412,796—a level not seen since the mid-1990s.

FIGURE 1
Affirmative Asylum Claims Received by USCIS and Pending, FY 1991–2021

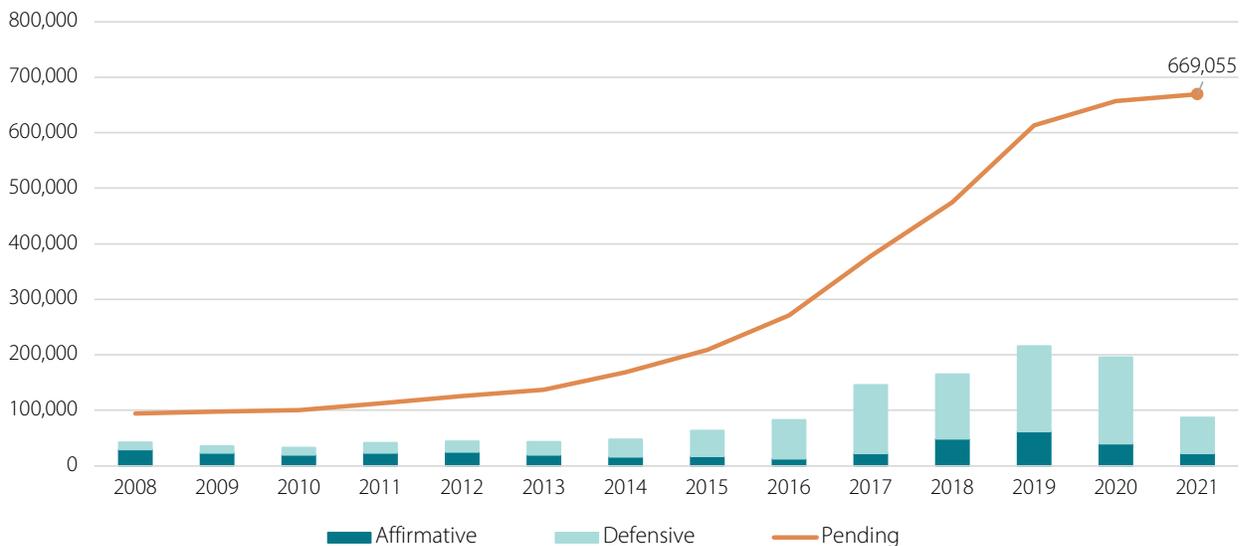


Sources: U.S. Citizenship and Immigration Services (USCIS), “Number of Service-Wide Forms by Fiscal Year to-Date, Quarter, and Form Status (2018),” accessed December 22, 2021; USCIS, “Number of Service-Wide Forms Fiscal Year to-Date, by Quarter, and Form Status (Fiscal Year 2019),” accessed December 22, 2021; USCIS, “Number of Service-Wide Forms Fiscal Year to Date, by Quarter and Form Status (Fiscal Year 2020),” accessed December 22, 2021; USCIS, “Number of Service-Wide Forms by Quarter, Form Status, and Processing Time (Fiscal Year 2021, Quarter 4),” accessed December 22, 2021; data on fiscal years (FY) 1991–2017 were provided to the Migration Policy Institute (MPI) by USCIS; Doris Meissner, Faye Hipsman, and T. Alexander Aleinikoff, *The U.S. Asylum System in Crisis: Charting a Way Forward* (Washington, DC: MPI, 2018), Figures 1 and 3.

32 DHS and EOIR, “Procedures for Credible Fear Screening and Consideration of Asylum, Withholding of Removal, and CAT Protection Claims by Asylum Officers,” *Federal Register* 87, no. 60 (March 29, 2022): 18078.

From FY 2008 to FY 2019, the number of asylum applications filed with EOIR increased fivefold, from 42,838 to 215,566 (see Figure 2). This includes affirmative applications USCIS has denied and referred to EOIR as well as defensive cases raised by asylum seekers in an immigration court. In FY 2020, the number of new filings fell to 195,683, though this was still larger than any recent year except FY 2019. The number of new filings continued to fall in FY 2021, reaching a total of 87,055. At the end of FY 2021, there were 669,055 pending asylum cases in immigration court—more than six times the 94,373 cases pending in FY 2008—and a total of more than 1 million combined defensive and affirmative pending asylum cases. At the end of FY 2021, asylum cases accounted for 40 percent of the total immigration court backlog of nearly 1.7 million cases.³³ The average amount of time an immigration case (asylum or otherwise) is pending has also increased, from 438 days in FY 2008 to nearly 700 days in FY 2017 and further to 934 days in FY 2021.³⁴

FIGURE 2
Affirmative and Defensive Asylum Applications Filed with EOIR and Total Applications Pending, FY 2008–21



Note: In this figure, affirmative applications are those that were initiated through the affirmative asylum process and later referred by USCIS to the immigration courts. Defensive applications are those that began in the defensive asylum process, having been received directly by the Executive Office for Immigration Review (EOIR). Total applications pending includes both affirmative and defensive asylum applications that were filed in previous fiscal years but that had not been decided by the end of the current fiscal year. Sources: EOIR, “Affirmative Asylum Applications,” updated April 18, 2022; EOIR, “Defensive Asylum Applications,” updated April 18, 2022; EOIR, “Total Asylum Applications,” updated April 18, 2022.

The increased backlog of cases in immigration courts is due in part to the increased number of asylum applications filed in recent years.³⁵ This increase, in turn, is related to the shifting profile of migrants arriving at the U.S. southern border. While in prior periods, single adults, often seeking employment in the United States, made up the largest share of migrants apprehended by U.S. border authorities, since 2014 there has been a marked increase in the number of unaccompanied children and families traveling to the United States, many hoping to apply for asylum. In FY 2012, families and unaccompanied children constituted

33 MPI calculation comparing pending asylum cases to active pending cases, EOIR, “Active and Inactive Pending Cases,” updated January 19, 2022.

34 TRAC Immigration, “Immigration Court Backlog Tool: Average Days,” updated November 2021.

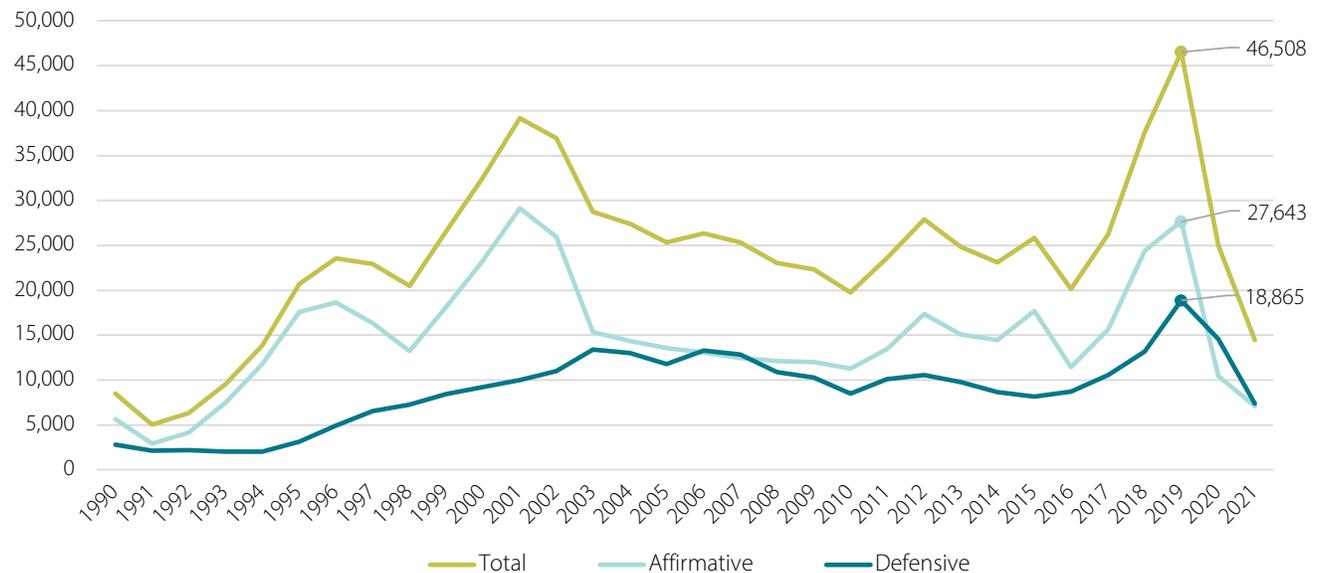
35 State Department, “Report to Congress on Proposed Refugee Admissions for Fiscal Year 2021,” accessed October 8, 2021.

10 percent of migrant apprehensions at the border. By 2019, the share had increased to 65 percent of apprehensions.³⁶ This shift has implications not only for the asylum system, but also for the formal and informal job markets and the types of economic supports and services that asylees and asylum seekers may need.

A. Trends in Asylum Grants

In FY 2019, the U.S. government made 46,508 asylum grants—the highest number since FY 2001—with 59 percent (27,643) granted affirmatively and the remainder (18,865) granted defensively (see Figure 3). The increase in asylum grants reflects both the increase in applications and accelerated adjudications.³⁷ In FY 2020, total asylum grants fell to 25,012, with affirmative grants falling more sharply and representing only 42 percent of all grants. This steep downward trend continued in FY 2021, when total asylum grants fell to 14,471. These large drops are due in part to restrictive policies implemented between 2019 and 2020, such as MPP, the transit-country asylum ban, and the CDC order (see Section 2.B.). Unprecedented spending cuts and reduced operations at USCIS in FY 2021 also contributed to this.³⁸

FIGURE 3
Affirmative, Defensive, and Total Asylum Grants, FY 1990–2020



Notes: In this figure, affirmative applications are those that were initiated and granted through the affirmative asylum process. Defensive applications are those that began in either the affirmative or defensive asylum process and were granted by EOIR. Total grants for FY 2020 and FY 2021 were calculated by adding EOIR and USCIS grant data for each year. In FY 2020, there were a reported 14,551 defensive grants and 10,461 affirmative asylum grants. In FY 2021, there were a reported 7,353 defensive grants and 7,118 affirmative asylum grants.

Sources: Data for FY 1990–2019 are from Department of Homeland Security (DHS), *Yearbook of Immigration Statistics: 2019* (Washington, DC: 2020), Table 16. FY 2020 and FY 2021 data are from EOIR, “Total Asylum Applications”; USCIS, “Number of Service-Wide Forms (Fiscal Year 2020)”; USCIS, “Number of Service-Wide Forms (Fiscal Year 2021, Quarter 4).”

36 CRS, *Immigration: Recent Apprehension Trends at the U.S. Southwest Border* (Washington, DC: CRS, 2019), 1.

37 Muzaffar Chishti and Jessica Bolter, “The ‘Trump Effect’ on Legal Immigration Levels: More Perception than Reality?,” *Migration Information Source*, November 20, 2020.

38 USCIS, “USCIS Averts Furlough of Nearly 70% of Workforce” (news release, August 25, 2020).

B. Characteristics of Asylees and Asylum Seekers

Asylees and asylum seekers come from diverse backgrounds. In order to understand the types of benefits and services they may need, it is helpful to consider the countries from which they come, key demographic characteristics, and the U.S. states in which they reside. For example, many asylees and asylum seekers speak languages that are less common among refugees residing in the United States, so although they may benefit from some of the same supports, providers may need different linguistic skills to effectively serve these populations.

For asylum seekers in FY 2020, the top five countries of origin were Guatemala, Honduras, Venezuela, El Salvador, and Mexico (see Table 1). China, Cuba, and India are also prominent in this list, with China the second most common origin country in affirmative asylum cases.

TABLE 1
Asylum Cases Filed in the United States, by Applicant's Country of Origin, FY 2020

Affirmative Cases			Defensive Cases			All Cases		
Country	Number	Percent	Country	Number	Percent	Country	Number	Percent
Venezuela	22,586	24%	Guatemala	40,508	21%	Guatemala	48,869	17%
China	9,656	10%	Honduras	33,398	18%	Honduras	39,406	14%
Guatemala	8,361	9%	El Salvador	25,206	13%	Venezuela	33,799	12%
Honduras	6,008	6%	Mexico	20,713	11%	El Salvador	30,610	11%
El Salvador	5,404	6%	Cuba	11,427	6%	Mexico	24,718	9%
Haiti	5,008	5%	Venezuela	11,213	6%	China	14,339	5%
Mexico	4,005	4%	India	5,449	3%	Cuba	11,427	4%
Colombia	3,676	4%	China	4,683	2%	India	8,566	3%
India	3,117	3%	Ecuador	4,319	2%	Haiti	5,008	2%
Nigeria	2,302	2%	Nicaragua	4,178	2%	Ecuador	4,319	2%
All other countries, including unknown	23,101	25%	All other countries, including unknown	28,744	15%	All other countries, including unknown	62,001	22%
Total	93,224	100%	Total	189,838	100%	Total	283,062	100%

Source: MPI calculations based on data from DHS, *Fiscal Year 2020 Refugees and Asylees. Annual Flow Report* (Washington, DC: DHS, 2022), Tables 6a and 6b.

These same countries are among the top ten countries of origin for individuals granted asylum, though this list is somewhat more geographically diverse. For all asylum grants in FY 2020, asylees' top five countries of origin were China, Venezuela, El Salvador, Guatemala, and Turkey (see Table 2). Looking specifically at affirmative grants, Egypt and Russia were among the top five origin countries. Cuba and India ranked highly among defensive grants.

TABLE 2
Asylum Grants, by Asylee's Country of Origin, FY 2020

Affirmative Grants			Defensive Grants			All Grants		
Country	Number	Percent	Country	Number	Percent	Country	Number	Percent
Venezuela	3,349	20%	China	1,949	13%	China	4,804	15%
China	2,855	17%	El Salvador	1,721	12%	Venezuela	4,239	13%
Turkey	1,568	9%	Guatemala	1,435	10%	El Salvador	2,012	6%
Egypt	1,336	8%	Cuba	1,226	8%	Guatemala	1,876	6%
Russia	741	4%	India	1,179	8%	Turkey	1,622	5%
Mexico	490	3%	Honduras	1,013	7%	Egypt	1,444	5%
Guatemala	441	3%	Venezuela	890	6%	India	1,337	4%
Nigeria	411	2%	Mexico	717	5%	Honduras	1,269	4%
El Salvador	291	2%	Cameroon	591	4%	Cuba	1,242	4%
Syria	286	2%	Nicaragua	364	2%	Mexico	1,207	4%
All other countries, including unknown	5,096	30%	All other countries, including unknown	3,480	24%	All other countries, including unknown	10,377	33%
Total	16,864	100%	Total	14,565	100%	Total	31,429	100%

Source: MPI calculations based on data from DHS, *Fiscal Year 2020 Refugees and Asylees*, Tables 7, 8, and 9.

Age, Sex, and Marital Status of Individuals Granted Affirmative Asylum

The U.S. government also makes additional demographic information available about individuals granted asylum affirmatively. In FY 2020, most individuals granted affirmative asylum (58 percent) were younger than age 35, and about one-fifth (21 percent) were under age 18.³⁹ About half (51 percent) of affirmative asylum grantees were male and 49 percent were female. Slightly less than half (49 percent) of individuals granted asylum affirmatively were single, 46 percent were married, and the remainder (5 percent) were reported as divorced, separated, widowed, or as having an unknown marital status.

Where Asylees Lived When They Were Granted Asylum

Data on where in the United States asylum seekers are when they are granted asylum can shed light on where the greatest needs for benefit and services are. Migration Policy Institute (MPI) calculations based on federal data for FY 2019 and FY 2020 indicate that two-thirds of people granted asylum in these two years lived in six states at the time asylum was granted: California (31 percent, 25,932); New York (16 percent, 13,193); Florida (7 percent, 5,428); New Jersey (6 percent,

BOX 1 Explore State and Local Data

Data on the number of persons granted asylum in recent years by state or U.S. territory and in top zip codes, plus the top countries of origin for asylees in different states, are available on the MPI website: www.migrationpolicy.org/research/asylees-asylum-seekers-benefits.

³⁹ DHS, *Fiscal Year 2020 Refugees and Asylees Annual Flow Report* (Washington, DC: DHS, 2022), Table 11.

4,899); Texas (5 percent, 4,414); and Illinois (4 percent, 3,475).⁴⁰ However, every state had some residents granted asylum, and most states had 200 or more in FYs 2019–20.

The top countries of origin for asylees vary significantly from state to state. For example, for total asylum grants in FY 2019 and FY 2020, China was the most common country of origin for persons granted asylum in California and New York, while Venezuela was the most common origin country for asylum grantees in Florida and Texas, and Turkey was the top country for New Jersey. At the same time, asylum grantees come from a wide range of countries. In FY 2019 and FY 2020, asylum grantees in California came from 139 different countries of origin, those in New York from 138 countries, and those in Florida from 80 countries.

4 Benefits and Services Available to Asylees and Asylum Seekers

When refugees enter the United States, they become eligible for a set of refugee-specific benefits funded by the Department of State and the Office of Refugee Resettlement (ORR) within the Department of Health and Human Services. In addition, they become eligible for a range of mainstream public benefits that are available to a broad range of eligible persons, such as Medicaid, the Supplemental Nutrition Assistance Program (SNAP), and child-care assistance.

Under federal law, asylees are generally eligible for public benefits to the same extent as refugees. Eligibility is much more limited for asylum seekers. This section describes the eligibility rules that govern asylees' and asylum seekers' access to different benefits and services.

A. *Benefits and Services from the State Department and ORR*

Refugees arriving in the United States are eligible for two kinds of refugee-specific benefits. First, the Department of State provides funding to national resettlement agencies to provide benefits and services through the Reception and Placement (R&P) Program. The R&P Program provides resettlement agencies a one-time payment per refugee to assist with expenses during the refugee's first 30 to 90 days in the United States. During this period, resettlement agencies assist arriving refugees with attaining housing, food, and other necessities, and with enrolling in employment services, registering children and youth for school, applying for Social Security cards, and connecting with available social and language services.⁴¹

Second, refugees are eligible for benefits and services funded through ORR, including cash and medical benefits, medical screening, and support services. ORR funds state refugee coordinators to provide up to 12 months of cash assistance to income-eligible refugees who are not eligible for Temporary Assistance for Needy Families (TANF) or Supplemental Security Income (SSI) and up to 12 months of medical assistance for those who are ineligible for Medicaid. The 12-month eligibility period for cash and medical assistance

⁴⁰ MPI calculations based on unpublished federal asylum data shared with the authors by the Office of Refugee Resettlement (ORR) in October 2021.

⁴¹ State Department, "Reception and Placement," accessed October 12, 2021.

begins on refugees' date of arrival in the United States.⁴² ORR also provides funding for medical screenings to identify conditions that need follow-up treatment or are significant for public-health reasons and, in many states, additional funding to support a range of health promotion activities.

Refugee Support Services (RSS) include social services to promote employment and address barriers to it, and can include English language instruction, vocational skills improvement opportunities, job advancement, and naturalization assistance.⁴³ ORR provides funding for RSS to authorized state refugee coordinators, and the services are often administered through contracts with refugee resettlement agencies and other NGOs.

ORR also funds several other programs to encourage rapid employment, promote career pathways, support schools and students, mentor youth, foster microenterprise development, and address barriers to integration through intensive case management for certain groups such as women, seniors, and individuals with complex medical needs.⁴⁴ One key example is the Matching Grant Program, in which resettlement agencies provide job placement and related services and assistance for highly employable refugees as an alternative to cash assistance.⁴⁵

Asylees are eligible for all ORR-funded benefits and services to the same extent as refugees, and their eligibility period begins with the date of the final grant of asylum.

Asylees are eligible for all ORR-funded benefits and services to the same extent as refugees, and their eligibility period begins with the date of the final grant of asylum.⁴⁶ However, they are not eligible for the State Department's R&P Program.⁴⁷

Asylum seekers are generally not eligible for ORR-funded benefits and services available to refugees and asylees or for R&P services.⁴⁸ The only types of ORR-funded assistance for which most asylum seekers may be eligible are the services provided through the Survivors of Torture program⁴⁹ and the services available to unaccompanied children, some of whom have pending asylum claims.⁵⁰

42 Administration of Children and Families (ACF), "Expansion of the Refugee Cash Assistance and Refugee Medical Assistance Eligibility Period" (dear colleague letter 22-12, March 28, 2022).

43 ACF, "Refugee Benefits for Asylees" (fact sheet, January 2020).

44 ORR, "Resettlement Services," updated February 3, 2021.

45 ORR, "Voluntary Agencies Matching Grant Program," updated October 15, 2021.

46 ACF, "Refugee Benefits for Asylees."

47 State Department, "Reception and Placement."

48 ORR, "Cuban Entrants' Remain Eligible for ORR Benefits and Services" (Policy Letter 17-01, February 8, 2017); ORR, "Documentation Requirements for the Refugee Resettlement Program" (Policy Letter 16-01, October 7, 2015); ORR, "Additional ORR-Eligible Statuses and Categories and Acceptable Documentation Requirements for Afghan Nationals" (Policy Letter 22-02, October 14, 2021).

49 ACF, "Services for Survivors of Torture," accessed October 12, 2021.

50 ACF, "Unaccompanied Children (UC) Program" (press release, November 1, 2021).

BOX 2**Afghan and Ukrainian Parolees Seeking Asylum in the United States**

As part of Operation Allies Welcome, thousands of Afghan nationals were resettled in the United States beginning in calendar years 2021 and 2022. Some arrived as refugees, Special Immigrant Visa holders, or applicants of such visas. But more than 70,000, the overwhelming majority, entered the country as humanitarian parolees. Similarly, Ukrainians fleeing the Russian invasion of Ukraine may be paroled into the United States through the Uniting for Ukraine process.

Unlike a grant of asylum, parole is a temporary measure with no clear pathway to lawful permanent residence or U.S. citizenship. Individuals granted parole can apply for employment authorization but are generally barred from public benefits and services for up to five years. Special laws were passed to make Afghan and Ukrainian parolees eligible for such programs without the waiting period and to the same extent as refugees and asylees, including ones funded by the Office of Refugee Resettlement (ORR). Afghan parolees are also eligible for the Afghan Placement Assistance Program, which is funded by the State Department and mirrors the Reception and Placement (R&P) Program for refugees.

Afghan and Ukrainian parolees can file affirmative asylum applications with U.S. Citizenship and Immigration Services (USCIS). ORR funds legal assistance programs to help Afghan parolees and certain unaccompanied Ukrainian children with a range of immigration-related legal services. These include legal orientation workshops, assistance with completing an asylum application, and representation of those who seek asylum in their affirmative asylum interview.

The federal government does not usually provide benefits and services, including legal assistance, to asylum seekers, making these examples of support for Afghan and Ukrainian parolees who seek asylum instructive case studies.

Sources: Department of Homeland Security (DHS), *Department of Homeland Security Operation Allies Welcome. Afghan Evacuee Report* (Washington, DC: DHS, 2021), 7; USCIS, “Uniting for Ukraine,” updated May 27, 2022; Department of State, “Information for Nationals of Ukraine,” updated May 27, 2022; *Extending Government Funding and Delivering Emergency Assistance Act*, Public Law 117–43, *U.S. Statutes at Large* 135 (2021): 344; *Additional Ukraine Supplemental Appropriations Act*, Public Law 117–128, *U.S. Statutes at Large* 136 (2022): 1211; State Department, “Briefing with Senior U.S. Government Officials on Operation Allies Welcome Relocation Assistance Efforts for Non-SIV Holders” (special briefing, September 14, 2021); ORR, “Immigration-Related Legal Assistance Allowable under ORR ASA Funding” (Policy Letter 22-11, May 6, 2022); ORR, “Ukrainian Humanitarian Parolees Eligible for ORR Benefits and Services” (Policy Letter 22-13, May 26, 2022).

B. Federal Public Benefits

Federal public benefits include a wide range of programs and services. Federal law defines them as “any retirement, welfare, health, disability, public or assisted housing, postsecondary education, food assistance, unemployment benefit, or any other similar benefit for which payments or assistance are provided to an individual, household, or family eligibility unit by an agency of the United States or by appropriated funds of the United States.”⁵¹

⁵¹ “Aliens Who Are Not Qualified Aliens Ineligible for Federal Public Benefits,” 8 *U.S. Code* § 1611(c). HHS has clarified the scope of federal public benefits at HHS, “Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA); Interpretation of ‘Federal Public Benefit,’” *Federal Register* 63, no. 14 (August 4, 1998): 41658.

Under federal law, many lawfully residing noncitizens—including individuals who have attained lawful permanent residence (also known as a green card)—are ineligible for many public benefits for the first five years after attaining that status.⁵² However, refugees and asylees are not subject to these restrictions. As a result, they are generally eligible for federal public benefits to the same extent as U.S. citizens. An important exception is SSI, a cash assistance program for low-income elderly, disabled, and blind persons. Eligible refugees can access SSI for the first seven years after entering the country, and eligible asylees for the first seven years after being granted asylum, unless they attain citizenship sooner.⁵³

The situation for unauthorized immigrants, including those who seek asylum, is very different. They are considered “nonqualified immigrants” for the purposes of federal public benefits eligibility, meaning they are ineligible for these benefits, subject to the following limited exceptions:⁵⁴

- ▶ emergency services under Medicaid;
- ▶ short-term, non-cash, in-kind emergency disaster assistance/relief;
- ▶ public-health assistance for immunizations and for testing and treatment of symptoms of communicable diseases; and
- ▶ programs, services, or assistance (such as soup kitchens, crisis counseling and intervention, and short-term shelter) specified by the attorney general that deliver in-kind services at the community level, including through public or private nonprofit agencies; do not condition the provision of assistance, the amount of assistance provided, or the cost of assistance provided on the individual recipient’s income or resources; and are necessary for the protection of life or safety.⁵⁵

The exception for emergency Medicaid coverage is limited to life-threatening, emergent conditions. In the context of the pandemic, some states utilized the exception for Medicaid emergency services to extend testing and treatment for COVID-19 to unauthorized immigrants, including asylum seekers, through their state’s Medicaid program.⁵⁶ In light of the exception for public-health assistance for immunizations,

52 For overviews of immigrant eligibility for public benefits, see Tanya Broder, Gabrielle Lessard, and Avidah Moussavian, “Overview of Immigrant Eligibility for Federal Programs,” National Immigration Law Center, October 2021; Alison Siskin, *Noncitizen Eligibility for Federal Public Assistance: Policy Overview* (Washington, DC: CRS, 2016).

53 Social Security Administration (SSA), “SI 00502.106 Time-Limited Eligibility for Certain Aliens,” Program Operations Manual System, accessed December 21, 2021; Siskin, *Noncitizen Eligibility for Federal Public Assistance*, Appendix A.

54 Asylees and Cuban-Haitian entrants are classified as qualified immigrants under “Definitions,” 8 U.S. Code § 1641(b)(2) and (b)(7), respectively. The special status for Afghan evacuees is at *Extending Government Funding and Delivering Emergency Assistance Act*, Public Law 117–43, *U.S. Statutes at Large* 135 (2021): 377, Title V, Section 2502. The federal statute refers to “qualified aliens” and “nonqualified aliens.” Consistent with federal usage, this report refers to qualified and nonqualified immigrants; see memorandum from Troy A. Miller, Senior Official Performing the Duties of the Commissioner, CBP, *Updated Terminology for CBP Communications and Materials*, April 19, 2021.

55 “Aliens Who Are Not Qualified Aliens Ineligible for Federal Public Benefits,” 8 U.S. Code § 1611(b).

56 Sarah A. Lister and Paulette C. Morgan, *Health Care Provisions in the Families First Coronavirus Response Act, P.L. 116-127* (Washington, DC: CRS, 2020). As of July 1, 2021, twelve state governments (California, Colorado, Connecticut, Delaware, Illinois, Massachusetts, Maine, Michigan, New York, Oregon, Pennsylvania, and Washington) determined that their states’ Emergency Medicaid would cover testing or treatment of the coronavirus, under the assumption that they can receive federal reimbursement for these services. See KFF, “Medicaid Emergency Authority Tracker: Approved State Actions to address COVID-19,” updated July 1, 2021. See also Pennsylvania Health Access Network, “Medicaid Coverage during COVID-19,” updated April 20, 2020.

in February 2021, DHS confirmed that every individual who needed a vaccine could get one at no cost, regardless of immigration status.⁵⁷

It should be noted, however, that not all asylum seekers are unauthorized immigrants. Some have a visa to legally work or study in the United States, and others have attained Temporary Protected Status (TPS) or another status that permits them to stay in the United States for a finite period. While asylum seekers are generally ineligible for federal benefits, states can choose to extend Medicaid and the companion Children's Health Insurance Program (CHIP) to certain lawfully present asylum seekers and other individuals under the *Children's Health Insurance Program Reauthorization Act (CHIPRA)* option.⁵⁸ Medicaid may be extended to immigrant children up to age 21 and immigrants who are pregnant, and CHIP may be extended to children up to age 19; in both cases, immigrants must meet a certain definition of being lawfully present in the United States.⁵⁹ Under federal guidance, coverage can be extended to asylum-seeking children under age 14 who have had an asylum application pending for at least 180 days and to older children and youth and pregnant persons if they have employment authorization.⁶⁰ As of June 2022, 34 states and the District of Columbia had elected the CHIPRA option.⁶¹ In addition, immigrants who do not qualify for federal public benefits, including asylum seekers, may receive health care at community health centers.⁶²

In short, asylum seekers are generally ineligible for federal public benefits, subject to the exceptions described above and additional exceptions for children. They are ineligible for TANF, SNAP, and SSI, and they are ineligible for Medicaid and CHIP unless their state has enacted the CHIPRA option and they are determined to be eligible under that option.

C. *Unemployment Insurance and Employment Services under the Workforce Innovation and Opportunity Act*

Asylees can qualify for unemployment insurance. Asylum seekers may also qualify, as long as they had employment authorization during a specified period prior to losing employment and have employment authorization at the time they apply for and receive unemployment insurance.⁶³

Asylees as well as asylum seekers with employment authorization are eligible for employment services, such as job search assistance and job training, funded through Title I of the *Workforce Innovation and Opportunity Act (WIOA)*.⁶⁴ Access to English language instruction and other adult education services under Title II of

57 DHS, "Statement on Equal Access to COVID-19 Vaccines and Vaccine Distribution Sites" (press release, February 1, 2021); CRS, *Unauthorized Immigrants' Access to COVID-19 Vaccines* (Washington, DC: CRS, 2021), 1.

58 Valerie Lacarte, Mark Greenberg, and Randy Capps, *Medicaid Access and Participation: A Data Profile of Eligible and Ineligible Immigrant Adults* (Washington, DC: MPI, 2021).

59 Letter from Centers for Medicare and Medicaid Services (CMS) to state health officials, *Medicaid and CHIP Coverage of "Lawfully Residing" Children and Pregnant Women*, July 1, 2010.

60 Letter from CMS, *Medicaid and CHIP Coverage*, 3.

61 Valerie Lacarte, *Immigrant Children's Medicaid and CHIP Access and Participation: A Data Profile* (Washington, DC: MPI, 2022); Medicaid.gov, "Medicaid and CHIP Coverage of Lawfully Residing Children & Pregnant Women," updated July 9, 2021.

62 HHS, Health Resources and Services Administration, "Federally Qualified Health Centers," accessed November 19, 2021.

63 U.S. Department of Labor, "Eligibility of Aliens for Unemployment Compensation Under Section 3304(a)(14)(A), FUTA" (Unemployment Insurance Program Letter 01-86, October 28, 1985).

64 Talent Investment Agency and Michigan Office for New Americans, "How Do I Know if an Immigrant or Refugee Is Eligible for WIOA Title I Services?" (fact sheet, accessed November 29, 2021).

WIOA is not limited to persons with work authorization, unless such services are restricted by the state, meaning these services may be available even to asylum seekers who are unauthorized immigrants without work authorization.⁶⁵

D. Assistance to Children

If a child of an asylee is born in the United States, the child will be a U.S. citizen and thus eligible for public benefits on the same terms as other U.S.-citizen children. If not born in the United States, the child may have attained asylee status as part of their parent's application or in a separate application as the principal applicant; in both cases, the child will be eligible for public benefits and services to the same extent as other refugees and asylees.

Like the U.S.-born children of asylees, children of asylum seekers born in the United States are U.S. citizens and eligible for public benefits on par with other U.S.-citizen children. These U.S.-citizen children of asylum seeker parents may thus have access to certain benefits that noncitizen children of asylum seekers do not. For example, federal child-care assistance eligibility through the Child Care and Development Fund (CCDF) is determined based on the immigration status of the child; as a result, if an asylum seeker's child is a citizen or has another qualifying immigration status, child-care assistance could be available to support the employment of the employment-authorized parent.⁶⁶

Like the U.S.-born children of asylees, children of asylum seekers born in the United States are U.S. citizens and eligible for public benefits on par with other U.S.-citizen children.

Finally, some services for children are available without regard to their immigration status. These include, notably, the Head Start and Early Head Start programs; the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. In addition, CCDF-funded child care that is subject to public educational standards is available without regard to immigration status. And, as discussed above, children under age 14 who have a pending asylum claim can qualify for Medicaid or CHIP after their application has been pending for 180 days if their state has elected the CHIPRA option.

⁶⁵ U.S. Department of Labor, "Eligibility of Deferred Action for Childhood Arrivals Participants for Workforce Investment Act and Wagner-Peyser Act Program" (Training and Employment Policy Letter No. 02-14, July 14, 2014); Sapna Mehta, *Updating WIOA to Empower Workers and Create Shared Prosperity* (Washington, DC: Center for Law and Social Policy, 2022).

⁶⁶ ACF, "Child Age, Citizenship, and Residence," accessed June 10, 2022; ACF, "Parental Activities and Reason for Care," accessed June 10, 2022.

TABLE 3

Asylee and Asylum Seeker Eligibility for Public Benefit Programs

Benefit Program	Asylee	Asylum Seeker
Temporary Assistance for Needy Families (TANF)	Yes	No
Supplemental Nutrition Assistance Program (SNAP)	Yes	No
Medicaid and the Children's Health Insurance Program (CHIP)	Yes	Yes, if the state elected the <i>Children's Health Insurance Program Reauthorization Act</i> (CHIPRA) option and the asylum seeker meets the program's definition for lawfully present. This includes children under age 14 with an asylum application that has been pending 180 days or more and children 14 or older who have employment authorization. Pregnant asylum seekers who have employment authorization are also considered lawfully present. Noncitizens who are children or pregnant and who have Temporary Protected Status, a pending application for Special Immigrant Juvenile status, were paroled for less than one year, have a nonimmigrant visa (e.g., work or student visa), or certain other circumstances are also eligible in CHIPRA states, whether they are seeking asylum or not.
Supplemental Security Income (SSI)	Yes, but eligibility for SSI is limited to seven years after being granted asylum (unless citizenship attained sooner)	No
All other federal public benefits	Yes	No, subject to specific emergency and public-health exceptions
Unemployment Insurance	Yes	Yes, if asylum seeker had employment authorization during period prior to loss of employment and when applying for and receiving unemployment insurance
Employment services under Title I of the <i>Workforce Innovation and Opportunity Act</i> (WIOA)	Yes	Yes, if employment authorized
English language services under Title II of WIOA	Yes	Yes, regardless of immigration status or employment authorization, unless restricted by the state
Head Start and Early Head Start	Yes	Yes
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	Yes	Yes
Maternal, Infant, and Early Childhood Home Visiting (MIECHV)	Yes	Yes
Child care funded through the Child Care Development Fund	Yes	Yes, if the child is a U.S. citizen or qualified immigrant
State and local public benefits	Yes	Yes, if there is affirmative state legislation

E. State and Local Benefits

There are no federal restrictions on asylee eligibility for state and local benefits, and any restriction imposed by a state or locality would likely be subject to legal challenge. In contrast, asylum seekers' eligibility for state and local benefits will depend on state or local law. Federal law provides that immigrants who do not qualify for federal benefits, including asylum seekers, are also ineligible for state and local public benefits, subject to many of the same exceptions applicable to federal public benefits—unless the state has passed a law that affirmatively makes them eligible.⁶⁷

A number of states have developed programs to assist certain groups of individuals who are ineligible for federal assistance due to immigration-status restrictions; these programs are often referred to as state replacement programs. Whether asylum seekers are eligible for such replacement programs depends on the specific provisions in state law. Asylum seekers are eligible for state cash assistance programs in states such as Illinois, Minnesota, and Washington.⁶⁸ As to health care, in several states (including California, New York, and Oregon), children ineligible for Medicaid or CHIP may receive health coverage regardless of their immigration status.⁶⁹ And, some states have developed state replacement programs for certain categories of immigrants ineligible for SNAP assistance, including in some cases asylum seekers.⁷⁰

F. Tax Benefits

There are two important federal refundable tax credits that can benefit low-income individuals and families: the Earned Income Tax Credit (EITC) and the Child Tax Credit (CTC). They are called refundable because they can be paid in cash to tax filers when the amount of the credit exceeds the taxpayer's tax liability. Both asylees and asylum seekers and their children may be eligible for these benefits if they meet specified eligibility requirements.

The Internal Revenue Code broadly categorizes noncitizens as "resident aliens" or "nonresident aliens" for the purposes of taxation and eligibility for tax credits such as the EITC and CTC.⁷¹ A noncitizen qualifies as a "resident alien" for tax purposes if they are lawful permanent residents or meet a substantial presence test based upon the number of days they have been present in the United States during the current and previous two years.⁷² Thus, an asylee will qualify after becoming a lawful permanent resident; otherwise, both asylees and asylum seekers must meet the substantial presence test. For some tax credits, however,

67 "Aliens Who Are Not Qualified Aliens or Nonimmigrants Ineligible for State and Local Public Benefits," 8 *U.S. Code* § 1621(1) and 1621(d). Nonimmigrants and individuals granted parole for less than one year may be eligible for state and local benefits, though they are considered nonqualified under PRWORA. Also, the exception for treatment of emergency medical conditions is not limited to treatment through the Medicaid program.

68 National Immigration Law Center, "Table 8: State-Funded TANF Replacement Programs," updated April 2020.

69 Lacarte, *Immigrant Children's Medicaid and CHIP Access and Participation*.

70 National Immigration Law Center, "Table 12: State-Funded Food Assistance Programs," updated April 2020.

71 According to the Internal Revenue Service (IRS), "Although the immigration laws of the United States refer to individuals who are not U.S. citizens as immigrants, nonimmigrants, and undocumented aliens, the tax laws of the United States refer only to resident and nonresident aliens." See IRS, "Introduction to Residency under U.S. Tax Law," updated September 9, 2021; IRS, "Who Qualifies for the Earned Income Tax Credit (EITC)," updated March 14, 2022; IRS, "Child Tax Credit," updated May 4, 2022.

72 "Definitions," 26 *U.S. Code* § 2201(b)(1)(A) and 2201(b)(3); IRS, "Substantial Presence Test," updated October 27, 2021.

asylees or asylum seekers must have a Social Security Number (SSN) that is valid for employment (often referred to as an employment-authorized SSN).⁷³

To be eligible for the federal EITC, the taxpayer, taxpayer's spouse (if filing jointly), and all qualifying children must meet the Internal Revenue Code's "resident alien" definition and have an SSN valid for employment.⁷⁴ Thus, asylees and asylum seekers who meet both the substantial presence test and SSN requirements may be eligible for the EITC.⁷⁵

To claim the CTC, the parent or legal guardian, as the filer, does not have to meet the "resident alien" definition and can file with an SSN or an Individual Taxpayer Identification Number (ITIN). If filing jointly, the taxpayer's spouse must also have an SSN or ITIN. The qualifying child must be a U.S. citizen or "resident alien" and must have an SSN valid for employment.⁷⁶ Accordingly, an asylee or asylum seeker with a U.S.-citizen child may be eligible to claim the CTC.

5 Participation in Federal Benefits and Services

There is very limited information about asylee participation in federal benefits and services, and no information about asylum seeker participation. It is not possible to tell the extent to which asylees participate in non-ORR federal programs based on the data the agency publicly reports. TANF does not distinguish between refugees, asylees, or other qualified immigrants in its data, reporting instead on the participation of all "qualified immigrants" as a single category.⁷⁷ SNAP separately reports a category for refugees, in which the program includes refugees, asylees, and persons granted a stay of deportation,⁷⁸ so there is no way to determine the number or share of participating asylees. For SSI, reported data distinguish between citizens and noncitizens,⁷⁹ but there is no breakdown by categories of noncitizens. The Centers for Medicare and Medicaid Services gathers demographic information on Medicaid and CHIP beneficiaries but does not release data separating asylees from other qualified immigrant groups.⁸⁰ Meanwhile, data on federal child-care benefits are reported by race and ethnicity but not the immigration status of either children or their parents.⁸¹

There is some limited information available on asylee participation in ORR-funded benefits, and it suggests that only a fraction of eligible asylees receive this type of assistance. Starting in FY 2017, ORR began collecting data on participation in its cash assistance, medical assistance, and support services programs.

73 "Earned Income," 26 U.S. Code § 32(m); Erika K. Lunder, *Legal Authority for Aliens to Claim Refundable Tax Credits: In Brief* (Washington, DC: CRS, 2015), 2. See also Erika K. Lunder and Margot L. Crandall-Hollick, *Federal Income Taxes and Noncitizens: Frequently Asked Questions* (Washington, DC: CRS, 2014), 1.

74 "Earned Income," 26 U.S. Code § 32(c)(1)(D). The *Personal Responsibility and Work Opportunity Act* (PRWORA) of 1996 amended the Internal Revenue Code by establishing a restriction for Earned Income Tax Credit filers without a Social Security number. See Siskin, *Noncitizen Eligibility for Federal Public Assistance*, 6.

75 Lunder, *Legal Authority for Aliens to Claim Refundable Tax Credits*, Table 2.

76 "Child Tax Credit," 26 U.S. Code § 24(h)(7); IRS, "2021 Child Tax Credit and Advance Child Tax Credit Payments – Topic B: Eligibility for Advance Child Tax Credit Payments and the 2021 Child Tax Credit," Question B4, accessed August 13, 2021.

77 HHS, "Characteristics and Financial Circumstances of TANF Recipients, Fiscal Year (FY) 2019," Table 23, accessed November 18, 2021.

78 U.S. Department of Agriculture (USDA), *Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2019* (Alexandria, VA: USDA, 2021), 36.

79 SSA, *SSI Annual Statistical Report, 2019* (Washington, DC: SSA, 2020), Table 30.

80 CMS, *Technical Guidance: Annual Demographic and Eligibility (DE) File* (Baltimore, MD: CMS, 2021).

81 ACF, Office of Child Care, "FY 2019 CCDF Data Tables (Preliminary)," updated May 21, 2021.

However, there are some important limitations to the data. States only report the numbers of asylees and refugees for the first year after asylees attain that status and after refugees enter the country, even though they are eligible for support services for their first five years after those starting points. The data ORR reports publicly also do not distinguish between receipt of cash and medical assistance, which are available for several months, compared to support services, which are available for up to five years. In addition, data about asylees' participation in ORR's discretionary grant programs are not publicly available.

Even with these limitations, ORR data offer an important window into the extent of asylees' benefits participation. From FY 2017 through FY 2020, the number of asylees receiving ORR-funded services or benefits represented only 12 percent to 16 percent of persons granted asylum in those years (see Table 4).

What might account for such low participation by asylees in benefits that are available to them?

One potential contributing factor is that there is no system in place to inform asylees of their benefits eligibility. Another factor could be that, among asylees who knew they were eligible, some may have been reluctant to access these benefits due to the public-charge rule adopted by the Trump administration, under which applicants for permanent residence and those seeking to renew temporary visas faced a forward-looking test assessing whether they might ever use public benefits in the future.⁸² The public-charge rule, which has been reversed by the Biden administration,⁸³ had a pronounced "chilling effect" on benefits use among immigrant families, with many left uncertain and/or fearful that participation in any benefit program could have an adverse effect on their immigration status, even though a number of groups, including asylees, were exempt from the rule.⁸⁴ Despite the COVID-19 pandemic, one in seven adults in immigrant families reported avoiding public

TABLE 4
Asylees Receiving Certain ORR-Funded Benefits and Services,* FYs 2017–20

Fiscal Year	Asylees Served	Asylees Granted Status	% Served of All Asylees Granted Status
2017	3,980	26,199	15%
2018	5,378	37,567	14%
2019	5,538	46,508	12%
2020	5,127	31,429	16%

Notes: For FYs 2017–19, the Office of Refugee Resettlement (ORR) data reflect the number of asylees states reported serving that were matched with federal data. In FY 2021, ORR's methodology changed, shifting the look-back period from one to two years. This table reflects MPI's tabulation of federal data for FY 2020. See ORR, "FY 2021 Refugee Support Services Formula Allocations" (dear colleague letter 21-10, July 1, 2021). In determining Refugee Support Services (RSS) funding allocations, ORR includes individuals who reportedly received cash and medical assistance and/or support services. The data do not include information about populations served using funding from the Refugee School Impact Grant, the Refugee Youth Mentoring Program Grant, or the Older Refugees set-aside. See ORR, "FY 2020 Refugee Support Services Formula Allocations" (dear colleague letter 20-06, May 19, 2020). Sources: MPI calculations based on data from DHS, *Fiscal Year 2020 Refugees and Asylees*, Table 7; ORR, "FY 2021 Refugee Support Services Formula Allocations"; ORR, "FY 2020 Refugee Support Services Formula Allocations"; ORR, "FY 2019 Refugee Support Services Formula Allocations" (dear colleague letter 19-05, September 4, 2019); ORR, "FY 2018 Refugee Social Services Formula Allocations" (dear colleague letter 18-05, October 1, 2018).

82 Jeanne Batalova, Mark Greenberg, and Michael Fix, "Millions Will Feel Chilling Effects of U.S. Public Charge Rule That Is Also Likely to Reshape Legal Immigration" (commentary, MPI, Washington, DC, August 2019).

83 State Department, "Visas: Ineligibility Based on Public Charge Grounds," *Federal Register* 84, no. 198 (October 11, 2019): 54996; DHS, "Visa Inadmissibility on Public Charge Grounds; Implementation of Vacatur," *Federal Register* 86, no. 48 (March 15, 2021): 14221.

84 Randy Capps, Julia Gelatt, and Mark Greenberg, "The Public-Charge Rule: Broad Impacts, But Few Will Be Denied Green Cards Based on Actual Benefits Use" (commentary, MPI, Washington, DC, March 2020); USCIS, "Public Charge Fact Sheet," updated March 10, 2021.

benefits in 2020 for fear it would have a negative impact on their path to lawful permanent residence or that it would draw attention from immigration enforcement.⁸⁵

One study, published in 2016, found that low benefit uptake among asylees may stem from a number of potential factors, including fear or mistrust of governmental systems, general unawareness of benefit availability, and psychological barriers such as longstanding feelings of isolation from other immigrant communities eligible for benefits upon arrival or the experience of adjusting from receiving no assistance to having access to several different forms of assistance.⁸⁶ In some circumstances, by the time asylees receive that status and become eligible for ORR-funded support or mainstream benefit programs, they have been in the country for months or years, and they may have had employment authorization for some time. This could affect their need for subsistence benefits such as TANF. However, circumstances may be very different for persons who have been detained until they are granted asylum and for asylees whose family members arrive in the United States after them (as derivative asylees). Moreover, even asylees who have had employment authorization and have been working for some period of time might benefit from mainstream benefits and services such as Medicaid, SNAP, child-care assistance, or the range of services available through ORR-funded programs.

6 Connecting Asylees with Benefits and Services

Asylees' low participation in federal benefits programs in the face of numerous unmet needs is concerning and may point to structural inequities in these programs. Research has found that asylees experience concerning service gaps in health and mental health screening, education, employment, housing stability, and food security—forms of support that can be critical to helping asylees integrate into and thrive in U.S. communities.⁸⁷

Compared to refugees, who are connected with a variety of benefits and services shortly after resettlement in the United States (see Section 4.A.), there is no standardized process for ensuring that asylees are connected to resettlement agencies or otherwise informed of federal benefits and services for which they may be eligible. For example, a study published in 2021 found that asylees, particularly those granted status through the courts, may experience challenges when applying for benefits due to a failure to obtain necessary documentation such as the Form I-94 (Departure/Arrival Record), which demonstrates legal status and employment authorization.⁸⁸ While refugees are automatically provided electronic access to their individual I-94s upon arrival, asylees must make an appointment to

Research has found that asylees experience concerning service gaps in health and mental health screening, education, employment, housing stability, and food security.

85 Hamutal Bernstein, Michael Karpman, Dulce Gonzalez, and Stephen Zuckerman, "Immigrant Families Continued Avoiding the Safety Net during the COVID-19 Crisis" (fact sheet, Urban Institute, Washington, DC, February 2021), 1.

86 Lindsay Harris, "From Surviving to Thriving? An Investigation of Asylee Integration in the United States," *NYU Review of Law and Social Change* 40, no. 29 (2016): 49 and 62.

87 Harris, "From Surviving to Thriving?," 64.

88 Benjamin Levey and Rachel Zoghlin, "Considering Asylee Integration: The Unfulfilled Promise of the Refugee Act," *AILA Law Journal* 3, no. 1 (2021): 31. See also USCIS, "Handbook for Employers M-274: 6a. Refugees and Asylees," updated May 20, 2022.

receive this form. Whether and how asylees are told about the availability of benefits and services often depend on whether they are granted asylum through the affirmative or defensive process. USCIS, EOIR, and ORR have limited ways of notifying asylees of available benefits and services, and there is currently no national, systematic method for providing such notification.

When individuals are granted asylum through the affirmative process, USCIS provides them with an asylum approval notice. The notice provides information about asylees' rights and responsibilities and indicates that, in order to get information about ORR-funded programs, the individual should go to the ORR website. The link the notice provides is to a part of the ORR website that lists information about local resettlement agencies and state coordinators, but that provides no specific information about what benefits exist or how to apply for them.⁸⁹ Similarly, USCIS has developed a pamphlet entitled "USCIS Welcomes Refugees and Asylees," which notes that ORR funds certain programs to assist refugees and asylees, and then provides links to the contact information for state refugee coordinators but does not provide additional information on how to access benefits and services.⁹⁰ Pioneered by the San Francisco USCIS asylum office, some asylum offices provide in-person orientation sessions to inform new asylum grantees of benefits and services available to them, but there is no overall policy directing offices to do so.⁹¹

Immigration courts do not have a uniform process for informing individuals granted asylum through the defensive process about benefits and services for which they may be eligible. EOIR's website has information about asylees' rights and responsibilities, including employment, but does not have information on ORR-funded programs or other health and human services. In addition, these materials are only available in English.⁹²

From FY 2001 through FY 2012, ORR funded the Catholic Legal Immigration Network, Inc. (CLINIC) to administer the National Asylee Information and Referral Line.⁹³ In addition to providing national information and referral services for asylees, CLINIC coordinated with federal asylum offices, immigration courts, state officials, the American Immigration Lawyers Association (AILA), immigration attorneys, resettlement agencies, and others to inform asylees about available benefits and services. The hotline received 3,943 calls in its last year of operation before it officially closed on October 12, 2012, when federal funding ended. The hotline received an average of 315 calls and made an average of 784 referrals per month during its last three-year grant cycle, which ended September 29, 2012. Seven states (California, Florida, Maryland, New Jersey, New York, Texas, and Virginia) and the District of Columbia received the most referrals from the hotline.⁹⁴

Even while the hotline was operating, ORR did not proactively inform asylees of available benefits, and since the hotline was terminated, ORR has principally relied on its website and ORR staff to inform asylees of

89 USCIS sample approval letter, on file with MPI.

90 USCIS, "Benefits and Responsibilities of Asylees," updated March 8, 2018; USCIS, "USCIS Welcomes Refugees and Asylees" (pamphlet, November 2019), 11.

91 Harris, "From Surviving to Thriving?," 78–81.

92 Justice Department, Civil Rights Division, "Employment Rights and Resources for Refugees and Asylees" (guidance document, January 2019).

93 ORR, "Technical Assistance to ORR-Funded Refugee Programs and Services for Asylees," *Federal Register* 68, no. 153 (August 8, 2003): 47348–47360; ORR, "State Letter #01-18: Asylee Information Hotline," updated July 9, 2001.

94 MPI analyst email with Laura Burdick, former Project Manager for the National Asylee Information and Referral Line, Catholic Legal Immigration Network, Inc. (CLINIC), February 14, 2019.

available benefits and services. ORR has an online fact sheet and website that provide general information about benefits and services available to asylees and contact information for state refugee coordinators and resettlement agencies.⁹⁵ Some asylees, attorneys, advocates, and eligibility workers also contact ORR directly for information about how to access benefits and services.⁹⁶

After the National Asylee Information and Referral Line closed in 2012, some states have used or developed their own hotlines, and some asylees and service providers have come to rely on the New Americans Hotline, an information and referral hotline funded by New York State and designed primarily as a state resource. While the New York hotline continues to connect asylees with resources, the numbers show the need for a national hotline. For example, in the National Asylee Information and Referral Line's last month of operation (October 2012), it handled 192 calls and provided in excess of 400 referrals to individuals from more than 55 countries and calling from 24 states.⁹⁷ In the same month in 2020, the New York hotline handled 33 calls from asylees from 19 different countries and provided 62 referrals to individuals calling from 9 states.⁹⁸

In the absence of a robust, nationwide system for connecting asylees with critical benefits and services, a number of states and localities have undertaken efforts to make these connections. These include proactive outreach and referral hotlines, benefits orientations at regional asylum offices, and case management support.

A. *Proactive Outreach and Referral Hotlines*

States and nonprofit organizations can play a key role in connecting asylees to benefits and services by leveraging local networks of social and legal service providers and technology for hotlines, mobile apps, and other mass communication tools. Examples of initiatives that take this approach include:

- ▶ The Catholic Charities of the Archdiocese of New York, which previously operated CLINIC's national hotline, has coordinated with the New York State refugee coordinator's office, as well as local immigration courts and asylum offices to create and disseminate palm cards with information about asylees' access to benefits and services and the number for a toll-free, multilingual hotline. In the first month the cards were available, more than 16,000 were distributed. Catholic Charities also performs outreach via email and mailings, flyers, individual and small group meetings, partnerships with legal assistance providers and other local organizations, community referrals, and word-of-mouth.⁹⁹
- ▶ Refugee Services of Texas, a local nonprofit that serves immigrants in Austin, TX, designed an automated hotline as a pilot project in collaboration with other community partners to provide asylees with information about ORR-funded cash and medical assistance and support services. The

95 ACF, "Asylee Eligibility for Assistance and Services," updated July 12, 2012; ACF, "Refugee Benefits for Asylees"; ORR, "Find Resources and Contacts in Your State," accessed October 15, 2021; ORR, "Key State Contacts," updated October 5, 2021.

96 A 2016 report described ORR receiving approximately two to three inquiries each week. See Harris, "From Surviving to Thriving?"

97 Author email with Kelly Agnew-Barajas, Director of Refugee Resettlement, Catholic Charities of the Archdiocese of New York, December 7, 2021.

98 Author email with Kelly Agnew-Barajas, December 7, 2021.

99 Kelly Agnew-Barajas, "Promising Practices in Asylee Outreach" (presentation at MPI roundtable event Improving Asylees' Access to Benefits and Services, Washington, DC, March 10, 2020); author email with Kelly Agnew-Barajas, October 13, 2021.

hotline, which ended in October 2021, was accessible 24/7 by phone call or text message. Callers received recorded information in English, Spanish, Kinyarwanda, Nepali, and Tigrinya. Text messages were available in English and Spanish. Hotline users who wanted to connect with a person were given the option to have their call forwarded to a local resettlement agency. The Central Texas Office for Refugees and partners distributed a hotline flyer to advertise the free service.¹⁰⁰

- ▶ The Maryland Office for Refugees and Asylees awarded HIAS, a nonprofit that provides services to refugees and other humanitarian populations, funding to establish an Asylee Outreach Project (AOP) to help asylees in the state access benefits and services. The AOP directs its outreach efforts to legal service providers, federal agencies such as USCIS and EOIR, and the local asylee community. The AOP also hosts a website dedicated to linking asylees to resettlement benefits and services.¹⁰¹ A HIAS affiliate in Pennsylvania operates another AOP where staff conduct outreach to asylees through the regional asylum office, faith-based groups, and local partnerships with social and legal service providers.¹⁰²
- ▶ In Virginia, the Department of Social Services' Office of Newcomer Services (ONS) conducts outreach to law firms and nonprofit organizations. ONS sends law firms and nonprofits a letter notifying them that asylees in Virginia are approved for financial, housing, and employment benefits and services. ONS also asks these organizations to post translated flyers in their respective offices to inform asylees about available benefits and services. ONS provides the flyer in English and in Amharic, Arabic, Farsi, and Spanish.¹⁰³

These state and local examples highlight promising approaches to conducting proactive, targeted, multi-pronged, and linguistically accessible outreach to asylee communities and social and legal service providers.

B. *Benefits Orientations*

Another leading strategy for connecting asylees with available benefits and services is for state and local governments or resettlement agencies to co-host benefits orientation sessions with the regional asylum office. A clear advantage to this model is asylees' familiarity with the regional asylum offices, which many would have visited as part of the affirmative asylum application process, including for their in-person interview. Partnering with government and nonprofit agencies is equally important since these organizations are directly responsible for administering or delivering benefits and services and can thus explain how asylees can access them and answer any questions they might have. Examples of benefits orientations for asylees include:

- ▶ The San Francisco Department of Public Health's Refugee Health Program has taken this strategy through its partnership with the San Francisco USCIS asylum office. Since 2009, USCIS has provided

100 Comments by Rachel Factor, Senior Program and Data Specialist, Central Texas Office for Refugees, during MPI roundtable event Improving Asylees' Access to Benefits and Services, Washington, DC, March 10, 2020; author email with Rachel Factor, October 18, 2021.

101 Author interview with Benjamin Levey, Former Asylee Outreach Specialist, HIAS, September 26, 2019; author email with Amy Doring, Asylee Outreach Specialist, HIAS, October 12, 2021.

102 Author email with Shaloo Jose, Director, Asylee Outreach Program, HIAS Pennsylvania, July 7, 2021; HIAS Pennsylvania, "Asylees (Asylee Outreach Program)," accessed June 25, 2020.

103 MPI analyst email with Seyoum Berhe, Virginia State Refugee Coordinator, May 20, 2019.

new asylees an invitation to a monthly new asylee orientation (pre-pandemic, at the San Francisco USCIS office). The invitation, which is easily recognizable on colored paper, is part of the standard information packet that asylees receive with their grant letter and helps to ensure that asylees have timely access to benefits, services, and information. As of March 2021, The San Francisco Department of Public Health had partnered with the California Department of Public Health's Office of Refugee Health to update and lead monthly virtual orientations for a state-wide audience and beyond. The orientation covers a wide range of information relevant to new asylees and service providers, such as steps to obtain critical documents (e.g., Social Security cards and state IDs), how to apply for and access local social services and health care, employment rights, an overview of the U.S. school system, and information about community resources. USCIS staff members lead the section on key immigration topics, such as family reunification, asylee travel, obtaining lawful permanent resident status, and pathways to citizenship. Recorded orientations are available in English, Mandarin, Cantonese, and Spanish, with more languages planned.¹⁰⁴

- ▶ The South Texas Office for Refugees (STOR), a department of the YMCA of Greater Houston, led an in-person asylum benefits orientation program in partnership with USCIS between 2017 and 2019 and shifted to a virtual format from 2020 to 2021. When USCIS issued asylum approval letters and grant packages, the packages included information on the time and place for an in-person asylee benefits orientation at USCIS and the process to attend. Orientations were led by one of five refugee resettlement agencies in Houston. These agencies conducted outreach to inform asylees about the orientations by providing informational materials to a variety of legal providers throughout the region, posting the asylum benefits presentation on the STOR website in six languages, making audio recording of the orientations available on the STOR website, and posting informational flyers in their waiting rooms and in religious gathering places, apartment complexes, and other community spaces. Flyers were available in Arabic, Spanish, Turkish, Farsi, English, and French.¹⁰⁵ In February 2022, the Texas Office for Refugees initiated a similar partnership with USCIS to provide virtual asylum benefits orientations.¹⁰⁶
- ▶ Through the AOP, the Maryland Office for Refugees and Asylees and HIAS also offers orientation workshops for asylees.

Benefits orientation workshops are a needed complement to the generic information available through USCIS and ORR. It is not reasonable to expect a new asylee to independently conduct research on federal websites and navigate multilevel government agencies to access benefits and services they may have learned about through a federal publication or website. Benefits orientation workshops offer an opportunity for asylees to connect with local resettlement agencies and other service providers, ask questions specific to their circumstances, and learn more about the benefits and services available to them.

104 Cristy Dieterich, "Promising Practices in Asylee Outreach" (presentation at MPI roundtable event Improving Asylees' Access to Benefits and Services, Washington, DC, March 10, 2020); author email with Cristy Dieterich, Program Manager, Newcomers Health Program, San Francisco Department of Public Health, October 18, 2021.

105 Author email exchange with Kimberly Haynes, former Executive Director, South Texas Office for Refugees, July 21, 2022.

106 Author email exchange with Jeff Demers, State Refugee Coordinator, Texas Office for Refugees, July 21, 2022.

C. Case Management

Once connected with state or local refugee resettlement service providers, asylees should generally get ORR-funded case management services, though many do not. In 2021, California adopted the Enhanced Services Program for Asylees and appropriated \$8 million for the state to fund nonprofit organizations, including refugee resettlement agencies, to provide case management services for asylees.¹⁰⁷ This program may offer promising practices and lessons on how to design a case management system that addresses the unique situations and needs of asylees. Frontloading case management and other supports may also facilitate asylees' integration, leading to better educational, economic, and civic engagement outcomes.

7 Connecting Asylum Seekers with Benefits and Services

Asylum seekers may also benefit from emergency assistance and interdisciplinary services provided by various organizations, including food and rental assistance, legal assistance, forensic medical and mental health evaluations, case management, and information and referral services. Local assistance for asylum seekers is primarily administered by private and nonprofit agencies and supported by local and philanthropic funding.

Organizations' capacity to provide such benefits and services is often outpaced by the need for them. Service providers often decide how to allocate limited resources by reflecting on asylum seekers' most pressing needs and developing approaches and partnerships such as the ones described below.

A. Emergency Assistance

For many asylum seekers, the transitional months between applying for asylum and receiving employment authorization can be the most vulnerable period, during which they may face labor exploitation or even human trafficking in the informal economy. Barred from the formal job market and federal benefits and services, asylum seekers often rely on the charity of local communities and service providers for emergency assistance. Recognizing this, nonprofits offer a range of emergency assistance programs. These include:

- ▶ The International Rescue Committee (IRC) provides emergency reception services at a welcome center in Phoenix, Arizona. Since 2019, IRC has provided these services to nearly 30,000 asylum seekers, with nearly 25,000 being served in the first ten months of 2021. Clients receive food, water, basic medical assistance, clothing, travel coordination, and critical Know Your Rights handouts that include information on service providers in the asylum seekers' intended destinations.¹⁰⁸
- ▶ Refugees Northwest, a program of the Lutheran Community Services Northwest, provides emergency food, transportation, and clothing to asylum seekers in the Seattle–Tacoma metropolitan area of Washington State.¹⁰⁹

¹⁰⁷ State of California, "Chapter 5.9. Enhanced Services for Asylees and Vulnerable Noncitizens," in Division 9 (Public Social Services) of the *Welfare and Institutions Code*, Chapter 1784.

¹⁰⁸ Author email with Daniel Bloch, National Coordinator, Asylum Seeking Families, International Rescue Committee, October 19, 2021.

¹⁰⁹ Author email with Najib Nazhat, Senior Program Manager, Lutheran Community Services Northwest, July 12, 2021.

- ▶ Home is Here NOLA, a community-based nonprofit in Louisiana, partners with community members to provide recently detained asylum seekers temporary and long-term support in New Orleans through their hosting-housing model. This model connects asylum seekers with families in the community who commit to hosting them at home. The host family provides lodging and meals as the organization helps the asylum seeker plan for next steps. The hosting-housing approach first began in New Orleans as an urgent humanitarian response when the organization observed that some detained asylum seekers were being quickly released under the Biden administration, without enough time to notify family or friends in other states. The model has led to community building, and some host families have extended their offer of temporary housing to long-term housing.¹¹⁰ This resembles the housing-first approach, an evidence-informed strategy for ending homelessness by providing safe and stable housing upfront so individuals who were previously housing insecure can effectively make use of support services.¹¹¹

B. *Integrated Legal and Support Services*

In addition to emergency assistance, many asylum seekers would benefit from legal, case management, and other support services as they wait for the outcome of their immigration case. Organizations that offer such services include:

- ▶ AsylumWorks partners with numerous legal services programs to offer complementary employment and social services to asylum seekers living in Maryland, Washington, DC, and northern Virginia. The organization reports that clients are dramatically more likely to attend immigration proceedings and secure a form of legal protection that offers a pathway to citizenship when they have access to interdisciplinary services that combine legal assistance with other supports.¹¹²
- ▶ Refugees Northwest also takes an interdisciplinary approach by helping asylum seekers access pro bono medical and mental health services, which can strengthen their cases and corroborate claims of harm.¹¹³
- ▶ Church World Service (CWS) launched a resource call center in 2019 to connect asylum seekers, asylees, and refugees with resources and supports, including legal and social services, in their local communities. The phone number is distributed to asylum seekers by border shelters, and U.S. Immigration and Customs Enforcement (ICE) gives asylum seekers this number as they leave federal custody. The call center receives more than 500 calls a month from individuals in 48 U.S. states, including asylum seekers from 29 different countries. CWS also offers case management to asylum seekers across the United States in 19 cities, including common destinations such as Miami, New York City, Houston, and Chicago. Case managers provide information and referrals to legal services, housing

110 MPI analyst meeting with Julie Ward, Founding Director, Home is Here NOLA, August 26, 2021.

111 National Alliance to End Homelessness, “[Housing First](#),” updated March 2022; National Low Income Housing Coalition, “[The Case for Housing First](#),” updated June 3, 2022.

112 Author emails with Joan Hodges-Wu, Founder and Executive Director, AsylumWorks, November 1, 2021 and March 14, 2020.

113 Author email with Najib Nazhat.

assistance, health and mental health services, school registration, and other community services and resources.¹¹⁴

- ▶ IRC's network of U.S. offices similarly provides comprehensive case management to asylum seekers and other applicants for humanitarian legal relief, including survivors of torture and trafficking, victims of crime, and unaccompanied children.¹¹⁵

In the context of the pandemic, some states, localities, and NGOs have created or extended assistance programs to help individuals, including asylum seekers, not benefitting from federal aid. A number of states, including Washington and California, created disaster relief programs for individuals ineligible for federal stimulus or benefits.¹¹⁶ Similarly, local governments, particularly those in large metropolitan areas such as Boston and New York City created locality-specific relief funds through private-public partnerships to assist individuals ineligible for federal relief.¹¹⁷ Rapid response funds and mutual aid networks were created in cities such as San Diego, Washington, DC, and Salt Lake City to provide cash assistance to immigrants ineligible for other forms of relief.¹¹⁸ These cash assistance initiatives are critical since federal disaster relief for unauthorized immigrants, including many asylum seekers, is restricted to in-kind assistance and does not include cash relief payments. Given the high volume of information circulating about COVID-19, some actors have focused on making this information more accessible to asylum seekers and other immigrants; for example, Catholic Charities in Maine has compiled resources that are linguistically accessible and culturally relevant.¹¹⁹

8 Recommendations

Services that support asylees' and asylum seekers' well-being and successful integration benefit not only these individuals but also their families and the communities in which they live. The initial months after an individual applies for or receives asylum can be challenging transitions because asylum seekers typically have to wait six months or more to work legally in the United States, and thus may struggle to support themselves while their asylum cases move through the extensive backlog, and because both groups are cut-off from many benefits and services, though for different reasons.

As this report has discussed, asylees are eligible for public benefits and services to the same extent as refugees, but there is no nationwide system to tell them about their eligibility, and the limited data on their participation in available benefits suggests it is very low. The federal government can address this by

114 Bethany Showalter, "Promising Practices in Asylee Outreach" (presentation at MPI roundtable event Improving Asylees' Access to Benefits and Services, Washington, DC, March 10, 2020); Church World Service, "CWS Launches Call Center to Connect Asylum Seekers Released from Detention with Resources in Local Communities" (press release, January 25, 2019); author email with Bethany Showalter, Associate Director for Asylum and Border Services, Church World Service, October 19, 2021.

115 Author email with Daniel Bloch.

116 Washington State Department of Social and Health Services, "DSHS to Provide Disaster Cash Assistance for Some Washingtonians Beginning April 17" (press release, April 17, 2020); California Department of Social Services, "Coronavirus (COVID-19) Disaster Relief Assistance for Immigrants," accessed June 8, 2020.

117 City of Boston, "Boston Resiliency Fund," updated September 28, 2021; Mayors Fund to Advance NYC, "NYC COVID-19 Immigrant Emergency Relief Fund," accessed June 11, 2022.

118 San Diego Immigrant Rights Consortium, "SDIRC Immigrant Relief Fund," accessed October 19, 2021; GoFundMe, "Donate Your Stimulus Check to Immigrant Families," updated January 2021.

119 Catholic Charities Maine, "COVID-19 Get the Facts," accessed June 8, 2020.

putting in place mechanisms to inform asylees about the availability of benefits and services and by improving data collection to better measure trends in program participation. While ORR is the logical entity to fund such efforts and provide asylees guidance about their benefits eligibility, USCIS and EOIR also have roles to play by implementing mechanisms to ensure individuals who are granted asylum are aware of who to contact locally to obtain information about the supports available and how to access them.

Services that support asylees' and asylum seekers' well-being and successful integration benefit not only these individuals but also their families and the communities in which they live.

For asylum seekers, fewer benefits are available. Key issues for this population involve building linkages to those benefits for which asylum seekers are eligible and addressing gaps in their eligibility for services and benefits.

Recommendations to the Office of Refugee Resettlement

- 1 **ORR should reestablish a national hotline to provide individualized information and referrals to benefits and services for which asylees may be eligible.** While it should not be the only means of providing information, reestablishing the national hotline would offer a simple way for asylees, lawyers, service providers, and others to access information about available resources. The hotline should have multilingual capacity to answer questions about health and human service programs and provide links to service referrals.
- 2 **ORR should work with state refugee coordinators, resettlement agencies, and other service providers on messaging, technical assistance, and pilot programs to improve outreach and services to asylees, both for ORR-funded services and mainstream programs.** To support these efforts, ORR could use the data it is already gathering to estimate the share of asylees receiving services and analyze data from USCIS, EOIR, and other federal agencies to improve understanding of asylees' characteristics, including but not limited to unaccompanied children who become asylees and may have unique support needs. ORR could offer technical assistance to state refugee coordinators and resettlement agencies to help them develop target measures for serving more asylees in ways that respond to their distinct needs. Such services could include help with applying for cash, medical, or food assistance; mental health supports to cope with trauma from detention or other migration experiences; and service delivery in languages they speak (which are often different from those commonly spoken by resettled refugees). ORR and its implementing partners should also seek input from asylee communities to gauge their needs. Finally, ORR could make use of competitive grant funding to encourage resettlement agencies and other service providers to pilot and test innovative service models designed to strengthen provider capacity, the quality of the services provided, and asylees' access to those services.
- 3 **ORR should initiate a research agenda to build knowledge about the distinctive needs and circumstances of asylees and service strategies for addressing the identified needs.** Asylees may have needs that are distinct from those of refugees, particularly in light of the fact that they may have been residing in the United States for a number of years before asylum is granted and, in some cases,

been held in immigration detention facilities. However, limited research exists on the characteristics and needs of asylees and their family members. A research initiative funded by ORR could greatly increase understanding of the characteristics, strengths, and support needs of this population. ORR engaged in a study of this kind in June 2022 to gather information about Afghans resettled through Operation Allies Welcome.¹²⁰ In addition, while ORR submits a report to Congress each year based in part on a survey of refugees, this survey does not currently include asylees. By expanding the survey to also collect information about asylees, ORR could enhance knowledge and better inform decisions about programs and services for this population.

Recommendation to USCIS and EOIR

- 4 **USCIS should improve the information provided to individuals it grants asylum. Likewise, EOIR should develop a standard, user-friendly information packet for those granted asylum through the immigration courts.** If ORR establishes a national hotline, both USCIS and EOIR should include its contact details in the information they provide new asylees. If not, multilingual packets could provide voice and text phone numbers and/or email addresses for individual inquiries to ORR, the relevant state refugee coordinator, and the nine national resettlement agencies. Both USCIS and EOIR could also encourage collaboration between local immigration judges, asylum offices, and state government and resettlement agencies to better disseminate information about benefits and services in orientations for new asylees.

Additional Recommendations to the Federal Government

- 5 **The Office of Management and Budget (OMB) should work with federal agencies to improve data reporting on refugees' and asylees' participation in benefits programs.** This would not necessitate collecting any additional information beyond what benefit applicants currently provide, as many programs need to know immigrants' status in order to determine their eligibility. For those programs that do not have immigration-related eligibility requirements, data about immigration status should not be collected or reported as doing so could discourage some eligible immigrants from participating in the program and violate certain program rules or laws.
- 6 **The Centers for Medicare and Medicaid Services should revise its guidance for Medicaid and CHIP eligibility under the CHIPRA option to include asylum seekers who are older children and those who are pregnant if they have had an asylum application pending for 180 days.** The current guidance provides eligibility for children under age 14 who have had asylum applications pending for this length of time, but for older children and youth and pregnant asylum seekers to be eligible, the guidance requires that they have employment authorization. Initially, eligibility may have been tied to employment authorization for older applicants because the federal government anticipated that their asylum applications would be processed within the target timeframe of 180 days, the same period children under age 14 wait to become eligible for Medicaid or CHIP. But this became an increasingly restrictive provision when the Trump administration extended the timeframes for accepting and adjudicating EAD applications, and it remains problematic given the extensive backlog for processing USCIS filings, including applications for employment authorization. Tying

120 ORR, "ORR to Conduct OAW Survey of Resettled Afghans," accessed July 20, 2022.

eligibility to employment authorization in this way is punitive to asylum seekers since the federal government's administrative delays often prevent them from getting employment authorization in a timely manner.

Recommendations to States, Localities, and Philanthropy

- 7 **States and counties should ensure that systems are in place to connect asylum-seeking children, youth, and pregnant people with Medicaid and CHIP benefits in states that have enacted the CHIPRA option.** While children under age 14 with asylum applications pending for 180 days or more and older children, youth, and pregnant asylum seekers with employment authorization are eligible for these programs, without coordination between state and local authorities and service providers, they may have no way to know they are eligible. The same considerations apply for unaccompanied children released to parents and other sponsors in U.S. communities who have pending asylum applications.
- 8 **States and counties, potentially with support from philanthropy, should develop mechanisms to connect young children of asylum seekers with programs and benefits for which they are eligible.** If the children are U.S. citizens, they will be eligible to the same extent as other U.S.-citizen children. If they are not U.S. citizens, they may still qualify for important early childhood programs including Head Start, Early Head Start, the WIC Program, and home visiting without needing to meet an immigration-status requirement. Connecting these children to programs for which they qualify would strengthen their chances at healthy growth and development, while helping programs to better perform their missions by serving eligible families in their communities and removing systemic practices that might block these families' access to services.
- 9 **States, localities, and philanthropy should consider whether to use nonfederal funds to provide assistance to asylum seekers ineligible for federal assistance.** Provision of state or local benefits to federally ineligible immigrants must be done by affirmative state legislation. A number of states have developed replacement programs for certain groups of immigrants ineligible for federal assistance, but asylum seekers are not always included in such programs. States that already have replacement programs should review whether asylum seekers are currently excluded and, if so, consider program expansions. States and localities without such programs should consider developing them. And in all states and localities, philanthropy can play a valuable role in funding direct service organizations working with asylum seekers.

Attaining asylum should unlock asylees' access to benefits and services, according to longstanding immigration and public benefits eligibility rules in the United States. But too often, structural barriers prevent this from happening and asylees do without. This often follows a period of even greater disadvantage when, as asylum seekers, they are generally ineligible for benefits and services and wait at least six months before getting employment authorization, making them susceptible to labor exploitation and leaving their families, including their U.S.-citizen children, vulnerable to deep poverty. This can place unnecessary strain on schools, diaspora communities, faith-based groups, and other charitable service organizations that are typically at the front lines of supporting asylees and asylum seekers in local communities.

State refugee coordinators, resettlement agencies, and the philanthropic community have taken measures to remedy this, but piecemeal efforts are not enough. The federal government is best positioned to develop a national system of outreach, information, and referral services based on benefits participation data and research on asylees' needs. State and local governments and the philanthropic community can play a greater role in linking asylum seekers and their children to the limited benefits and services available to them.

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Essey Workie is Director of the Human Services Initiative at the Migration Policy Institute (MPI). Her research interests include immigrant children and families, health and human services, equity, and leadership development.

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