GrandFacts: Data, Interpretation, and Implications for Caregivers

December 2009

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Leah Bradley and Wendy Heiges, for their editing and review.

Grandparents and other relative caregivers who are raising children are making tremendous contributions and often, serious sacrifices to keep their families together. We dedicate this report to them.
Executive Summary

Grandfamilies are families headed by grandparents and other relatives who are sharing their homes with their grandchildren, nieces, nephews, and/or other related children.

This report focuses on one specific population of grandfamilies – that of skipped generation grandfamilies headed by grandparents in which no parents of the grandchildren are present (throughout the report, referred to as “skipped generation grandfamilies”). To understand these families better, we highlight data from the U.S. Census Bureau’s latest national sample, the 2005-2007 American Community Survey 2005-2007 (ACS) three year estimates. We do not include “other” relatives such as aunts, uncles, and siblings in our definition of skipped generation grandfamilies because we have very limited data about them; but anecdotally we know that these “other relatives” face issues similar to those of grandparents.

The available data demonstrates that skipped generation grandfamilies are the least common type of grandfamily. This report focuses on them because so little is known about them as a sub-group. Also, because of the absence of any parents in the household, their challenges are thought to be significant. We now know that compared to parent-headed households, skipped generation grandfamilies face greater challenges in many areas.

There are about 640,000 skipped generation grandparent-headed grandfamilies in the United States, all with one or more children younger than age 18. Between 2005 and 2007 the number of children in skipped generation grandfamilies has remained constant at about one million.
Important findings about skipped generation grandfamilies:

- Many of the children are teenagers – 42 percent are ages 12 to 17. In parent-child families one-third of the children are in each age group -- 12 to 17, six to 11, and younger than six years.
- Approximately one out of every seven children ages five to 17 has a disability compared to one of out of 16 children in parent-headed households. Many others have physical and mental health needs.
- One-third of the children are in families with incomes below the poverty level. This is double the child poverty rate in parent-child families.
- Nearly half face housing cost burdens, including home owners as well as renters. This is significantly more than is the case with parent-child families.
- Nearly one-third of grandparent householders have not completed high school. This compares to one-eighth of parents in parent-child families who do not have high school diplomas.

These findings have direct implications for research, policy, and practice. This report is a first step in learning more about the caregivers and children in skipped generation grandfamilies. Full data charts and other information are also available at www.gu.org. Policy-makers should be aware of these national-level findings, as well as local and state data that affect policy. The available data will also assist agencies that provide services to these grandfamilies, helping to ensure they are meeting the needs of the families. Using this data and conducting further research about this group within grandfamilies will further help in providing them with the tools they need to thrive.
Introduction

*If we truly believe what we say about making a difference in the lives of vulnerable children and adults, then we need to acknowledge a fundamental flaw in how we tend to frame – or think and speak about – our work.*

The client is not the child.  
The client is not the adult.  
The client is the family.¹

While multiple reports have studied either grandparent or other relative caregivers or the children in grandfamilies, relatively few studies have compiled data on the entire family or household. This report provides data on children, caregivers, and the entire grandfamily. Grandfamilies are families headed by grandparents and other relatives sharing their homes with their grandchildren, nieces, nephews, and/or other related children.

The specific focus of this report is one type of grandfamily: skipped generation grandparent-headed grandfamilies. These grandfamilies are families headed by grandparents in which no parents of the grandchildren are present. (This group will be referred to as “skipped generation grandfamilies.” throughout this report.) The available data demonstrates that skipped generation grandfamilies are the least common type of grandfamily. This report focuses on them because of the lack of useful information about these families in which parents are absent.

Skipped generation grandfamilies headed by “other relatives” -- such as aunts or uncles – are not included in this report simply because of the limited data about them, although anecdotally we know they face many of the same challenges.

With few exceptions, reports examining other types of grandfamilies have not been based on a large national sample of households. This GrandFacts report is unique. Using the American Community Survey 2005-2007 (ACS) three year estimates,² this report outlines many demographics and characteristics of the individuals and households classified as skipped generation grandfamilies. Full data charts from the ACS, along with additional information, are also available at www.gu.org.

This report was written to assist those who want to learn more about, provide services for, or advocate on behalf of skipped generation grandfamilies. It is primarily aimed at four specific audiences: Relatives as Parents Programs (R APPs) and other support groups and caregivers, practitioners, policymakers, and the general public.

Grandfamilies Come Under Pressure

Until she lost her job last September, Wendy denied nothing to her granddaughter, Summer, whom she raised since she was a baby.

These days, Wendy, 57, unable to land a job interview much less a job, is worried about stocking the refrigerator and paying the mortgage. She is also fearful of being able to support Summer, who she says was born addicted to heroin, and who has been in her custody since infancy.

Today, more and more children are being raised by their grandparents. These grandparents provide a crucial safety net, allowing children whose parents can’t provide for them to remain in families, instead of winding up as wards of the state. But, as the recession hits “grandfamilies,” that safety net is under stress.

From an article by Lucette Lagnado, *Wall Street Journal*, April 4, 2009
Demographic Data About Skipped Generation Grandfamilies

The Numbers of Skipped Generation Grandfamilies In Comparison to Other Types of Grandfamilies

There are about 640,000 skipped generation grandfamilies in the United States, all with one or one or more children younger than age 18. Another 2.2 million are multigenerational grandparent-headed households with one or both parents of the grandchildren living in the household, and 1.4 million are households with children younger than age 18 headed by relatives other than grandparents of the children.

The graph illustrates the number of grandfamilies categorized by three main types: skipped generation grandparent-headed, multigenerational grandparent-headed, and other relative-headed grandfamilies.

Skipped generation grandfamilies are families headed by grandparents in which no parents of the grandchildren are present. These families are formed because of parental death, substance abuse, mental health problems, military deployment, divorce, domestic violence, or other reasons. As with all categories of grandfamilies, the U.S. Census Bureau does not collect data on the reasons multigenerational families are formed.

Multigenerational grandparent-headed grandfamilies are families headed by grandparents with a parent or parents of the children present in the household. There are many reasons for these households. Some are formed out of economic necessity. Parents who are the primary caregivers of their children may lose a job and move in with their parents because they can no longer afford to pay rent. In other situations, parents may work while the grandparent, who is the household owner, provides day care for the children. Many multigenerational grandparent-headed grandfamilies are formed because the parent is still a teenager or the parents may move in with a grandparent caregiver because of substance abuse, or a physical or mental health problem causing the parent to be dependent on the grandparent. In many of the latter cases, grandparents may be the primary caregivers of the children, while the parents provide minimal or inconsistent care.

Other relative-headed grandfamilies are families headed by aunts, uncles, or other relatives (not grandparents or parents of the children). These other relative-headed grandfamilies may or may not have a parent of the children living in the household. These families are formed for a variety of reasons, including those that lead to skipped generation or multigenerational grandfamilies.
While skipped generation grandfamilies have many of the same characteristics of other types of grandfamilies, they least resemble parent-child households.

Where Skipped Generation Families Live
This chart shows the number of skipped generation grandfamilies in each state, the District of Columbia, and Puerto Rico. These grandfamilies live throughout the country in urban, suburban, and rural settings. As expected, the largest numbers of skipped generation grandfamilies are found in three of the larger states: Texas, California, and Florida. As a percentage of all households with related children younger than age 18, the District of Columbia and the southern states of Mississippi, Arkansas, Alabama, South Carolina, and Louisiana each have three percent or higher.

For each state, there may be large concentrations of grandfamilies in certain localities within that state. Unfortunately, the American Community Survey (ACS) data does not include any sub-state data. Using this national level data, researchers can create tables for particular localities to make a stronger case for supportive programs and policies. We know from previous research and anecdotal information that there are cities and counties with large concentrations of skipped generation grandfamilies.

### Related Children Under 18 in Skipped Generation Grandfamilies

<table>
<thead>
<tr>
<th>Geographical area</th>
<th>All related children under 18</th>
<th>Related children under 18 In skipped generation grandfamilies</th>
<th>Geographical area</th>
<th>All related children under 18</th>
<th>Related children under 18 In skipped generation grandfamilies</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>71,974,520</td>
<td>1,037,025 (1.4%)</td>
<td>Montana</td>
<td>213,955</td>
<td>2,895 (1%)</td>
</tr>
<tr>
<td>District of</td>
<td></td>
<td></td>
<td>Idaho</td>
<td>388,470</td>
<td>5,105 (1%)</td>
</tr>
<tr>
<td>Columbia</td>
<td>111,585</td>
<td>3,500 (3%)</td>
<td>Illinois</td>
<td>3,148,265</td>
<td>40,775 (1%)</td>
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<tr>
<td>Mississippi</td>
<td>746,385</td>
<td>23,360 (3%)</td>
<td>North Dakota</td>
<td>139,840</td>
<td>1,725 (1%)</td>
</tr>
<tr>
<td>Arkansas</td>
<td>674,430</td>
<td>18,975 (3%)</td>
<td>South Dakota</td>
<td>189,880</td>
<td>2,305 (1%)</td>
</tr>
<tr>
<td>Alabama</td>
<td>1,095,770</td>
<td>30,805 (3%)</td>
<td>Colorado</td>
<td>1,150,960</td>
<td>13,875 (1%)</td>
</tr>
<tr>
<td>South Carolina</td>
<td>1,026,715</td>
<td>26,605 (3%)</td>
<td>Pennsylvania</td>
<td>2,735,815</td>
<td>32,855 (1%)</td>
</tr>
<tr>
<td>Louisiana</td>
<td>1,079,820</td>
<td>27,570 (3%)</td>
<td>Alaska</td>
<td>177,265</td>
<td>2,005 (1%)</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>863,430</td>
<td>20,970 (2%)</td>
<td>Michigan</td>
<td>2,425,640</td>
<td>27,125 (1%)</td>
</tr>
<tr>
<td>Kentucky</td>
<td>975,985</td>
<td>23,365 (2%)</td>
<td>Kansas</td>
<td>676,735</td>
<td>7,450 (1%)</td>
</tr>
<tr>
<td>West Virginia</td>
<td>376,455</td>
<td>8,715 (2%)</td>
<td>Washington</td>
<td>1,483,720</td>
<td>16,140 (1%)</td>
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<tr>
<td>Tennessee</td>
<td>1,423,640</td>
<td>32,440 (2%)</td>
<td>New York</td>
<td>4,364,170</td>
<td>45,175 (1%)</td>
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<tr>
<td>New Mexico</td>
<td>484,110</td>
<td>9,965 (2%)</td>
<td>Maine</td>
<td>273,240</td>
<td>2,800 (1%)</td>
</tr>
<tr>
<td>Georgia</td>
<td>2,414,470</td>
<td>48,295 (2%)</td>
<td>California</td>
<td>9,188,180</td>
<td>87,700 (1%)</td>
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<tr>
<td>North Carolina</td>
<td>2,118,335</td>
<td>41,365 (2%)</td>
<td>New Jersey</td>
<td>2,047,130</td>
<td>19,395 (1%)</td>
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<td>Texas</td>
<td>6,351,200</td>
<td>107,660 (2%)</td>
<td>Connecticut</td>
<td>810,630</td>
<td>7,465 (1%)</td>
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<td>Delaware</td>
<td>197,985</td>
<td>3,275 (2%)</td>
<td>Nebraska</td>
<td>433,790</td>
<td>3,845 (1%)</td>
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<td>Hawaii</td>
<td>278,790</td>
<td>4,605 (2%)</td>
<td>Wisconsin</td>
<td>1,293,300</td>
<td>10,825 (1%)</td>
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<tr>
<td>Florida</td>
<td>3,917,920</td>
<td>64,500 (2%)</td>
<td>Iowa</td>
<td>692,625</td>
<td>5,545 (1%)</td>
</tr>
<tr>
<td>Virginia</td>
<td>1,783,970</td>
<td>29,005 (2%)</td>
<td>Vermont</td>
<td>130,145</td>
<td>1,020 (1%)</td>
</tr>
<tr>
<td>Ohio</td>
<td>2,710,135</td>
<td>42,970 (2%)</td>
<td>New Hampshire</td>
<td>294,800</td>
<td>2,155 (1%)</td>
</tr>
<tr>
<td>Wyoming</td>
<td>120,155</td>
<td>1,900 (2%)</td>
<td>Massachusetts</td>
<td>1,416,840</td>
<td>9,955 (1%)</td>
</tr>
<tr>
<td>Missouri</td>
<td>1,386,550</td>
<td>20,960 (2%)</td>
<td>Minnesota</td>
<td>1,233,955</td>
<td>8,210 (1%)</td>
</tr>
<tr>
<td>Nevada</td>
<td>624,095</td>
<td>8,980 (1%)</td>
<td>Utah</td>
<td>784,920</td>
<td>5,175 (1%)</td>
</tr>
<tr>
<td>Oregon</td>
<td>831,130</td>
<td>11,745 (1%)</td>
<td>Rhode Island</td>
<td>232,745</td>
<td>1,405 (1%)</td>
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<tr>
<td>Arizona</td>
<td>1,582,735</td>
<td>22,310 (1%)</td>
<td>Puerto Rico</td>
<td>971,825</td>
<td>21,795 (2%)</td>
</tr>
<tr>
<td>Maryland</td>
<td>1,334,390</td>
<td>18,800 (1%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indiana</td>
<td>1,537,310</td>
<td>21,470 (1%)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2005 to 2007 American Community Survey custom tabulation
Race and Hispanic Origin Diversity of Skipped Generation Grandfamilies

Demographic studies of skipped generation grandfamilies show that the majority are headed by a grandparent who is White and non-Hispanic. When compared to parent-child households, skipped generation grandfamilies headed by non-Hispanic Blacks and Hispanic grandparents are disproportionately represented. However, the race and Hispanic origin of the skipped generation grandfamilies in a particular area are often reflective of the race and Hispanic origin of the residents in that area. For example, 94 percent of skipped generation grandfamilies in the District of Columbia are headed by a non-Hispanic, Black grandparent, consistent with the race and Hispanic origin of the larger population. Likewise, 91 percent of Maine’s grandfamilies are non-Hispanic White.

Caregivers in Skipped Generation Grandfamilies

Since 2000, the Census Bureau has obtained information about grandparent caregivers by asking in the ACS:

Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?

Data from the ACS estimates there are 2,456,907 grandparent caregivers in the United States. Of these, 38.1 percent are grandparent caregivers with no parents of grandchildren present; so there are about 936,000 grandparent caregivers in skipped generation grandfamilies. Sixty-nine percent of these primary caregivers in skipped generation households are householders (the person who owns or rents the house or apartment), and 31 percent are the spouses of the householders. This signifies that 46 percent of the caregivers in skipped generation grandfamilies are married and have a spouse present. Additional characteristics of caregivers in skipped generation grandfamilies are not easily available from published ACS tables. The ACS does not ask: Does this person have any parents of these grandchildren under the age of 18 living in this house or apartment?

Children in Skipped Generation Grandfamilies

Custom tabulations of ACS data estimate there are 1,037,025 children younger than age 18 living in 641,480 skipped generation grandfamilies. The majority of skipped generation grandfamilies provide homes for one or two children younger than age 18, although some are caring for more children. While almost all – 93 percent – of the children in skipped generation grandfamilies are the grandchildren of the householder, some of these grandfamilies provide homes for other children younger than age 18 who may include:

- “Own children” – biological, adopted, or stepchildren of the householder
- Other related children – nephews, nieces, and other relatives
- Children who are unrelated to the householder, also called “fictive kin”
According to a summary definition, fictive kinship is based on bonds different from blood and marriage. In many communities, fictive bonds are as or more important than family bonds. For example, godchildren can be very important fictive kin, especially in African American and Hispanic American families.

Ages of Children in Skipped Generation Grandfamilies

In households consisting of parents with their own children and no other related children, the ages of the children are distributed equally among the categories younger than age six, six to 11, and 12 to 17. Children in skipped generation grandfamilies are more likely to be teenagers; 42 percent are ages 12 to 17. The large proportion of teenagers is a significant factor to consider in providing supports and services to skipped generation grandfamilies.

Family Income and Poverty of Children in Skipped Generation Grandfamilies

The ACS data provides estimates of the median family incomes of children in four different types of households.

Grandchild living with a grandparent householder, with no parent present …..$32,662

Child living in a married-couple family household …..$75,344

Child living in a male householder, no wife present, family household …..$37,070

Child living in a female householder, no husband present, family household …..$23,673

The last three household types – married couple, male-child, and female-child – constitute what is referred to as parent-child households in this GrandFacts report.

As the numbers clearly demonstrate, the median family income of grandparent-grandchild households is significantly lower than that of married couple-child households.

Equally significant is the median household income of grandparent-grandchild households, which is substantially greater than that of mother-child households and only slightly lower than that of father-child households.

Poverty levels vary by the size of the family and the number of children in the household. The accompanying graph contrasts the percentage of skipped generation grandfamilies with all types of parent-child households below the poverty level.
Implications from the Demographic Data

The demographic data presented here affects all aspects of effective programming and policymaking. It also points to the need for additional data collection and research on all grandfamilies, including skipped generation grandfamilies.

Additional Research Needed

Aside from this report, there are relatively few studies of grandfamilies that provide data based on a large, national sample. Furthermore, many of those that use a relatively large sample rely on data collected voluntarily, rather than the mandatory data collection that occurs with the ACS. Such volunteer data is probably limited because respondents may be more reluctant to share information they consider personal. From a cultural standpoint, this may skew the results because some ethnic and racial groups may be less likely to respond.

Despite the large, mandatory nature of the ACS, the data is also limited in a number of critical ways. It is only reported for each state and the District of Columbia, rather than by sub-state. Collecting and encouraging additional research is of vital importance in advocating for policies and programs that help these families and are tailored to their unique strengths and needs. More research proving children fare well when raised by relatives, particularly outside of the child welfare system, is needed. Other data that would be very useful include the following:

- Information about other relatives such as aunts or uncles, who are caregivers for children younger than age 18. The ACS does not collect this data.
- More research to better understand the distinctions and similarities between the needs and concerns of children and caregivers in the formal foster care system and outside of that system. Longitudinal studies would help to identify how the formal and informal systems intersect and how best to support and sustain caregivers and children.
- Longitudinal studies are also needed to follow families over time as they transition into and out of grandparent- and other relative-headed households.
- The percentages of grandfamilies formed due to each major casual factor, e.g., parental substance abuse, mental illness, military deployment, death, incarceration, poverty, and teenage pregnancy.
- The number of caregivers who fall into poverty as a result of raising children.
- The religious affiliation of these families.
- More characteristics about the grandchildren of the householder and other children living in skipped generation grandfamilies, including children who are unrelated to the householder, also called "fictive kin". The article, “African American extended families and kinship care: how relevant is the foster care model for kinship care?” has recommendations for research and practice considering the importance of fictive kinship among African Americans. This is one important available piece, but there is much to learn about the children in skipped generation families.
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- Additional research on the health of the children and caregivers in grandfamilies.
- More research focusing on specific subsets of the population in order to most effectively identify their unique characteristics, needs, and challenges. However, researchers should acknowledge the degree to which the data is limited to a particular age, gender, race, ethnicity, or geographic area and should be cautious about the degree to which this information is applied to the larger population.

When developing programs, practitioners can effectively make a case for the need for their services by using data in this report to demonstrate the number and characteristics of grandfamilies in their states. Practitioners can also further refine this data for their
localities. When sharing data, they can highlight areas they plan to serve that boast significant numbers of skipped generation families while also pointing to the increased challenges families with no parents present are likely to face. However, practitioners should also acknowledge and plan for many multigenerational and other relative-headed families facing challenges similar to those of skipped generation grandfamilies. The state- and locality-specific demographic data will help practitioners more adequately prepare for families who could potentially be served by programs and help determine the components of such programs. For example, if there is a high percentage of Hispanics in an area, Spanish language materials and translators may be necessary. If the poverty rate is high for grandfamilies in a specific locality, financial assistance, food banks, and similar supports will be necessary. For rural grandfamilies, mobile services or Internet/telephone support groups may be useful solutions. In urban areas, programmers will want to ensure that families have access to affordable public transportation to obtain the services they may need. Urban and suburban areas may be challenged serving large concentrations of families, so programmers may want to explore shared sites such as co-located child care centers and senior centers. Navigation services that help caregivers access other services, and coordination and partnerships among providers can help in urban, suburban, and rural areas, but the characteristics of these areas should dictate how services are designed.

Implications for Policy
It is critically important that legislators are familiar with the nature and needs of their constituent families. This data suggests that between one and three percent of children in each state are living in skipped generation families. The families’ needs within each geographic area will vary based on poverty status, age, race, and other demographic characteristics. While three percent may seem small, it could translate to as many as 100,000 children in constituent families for some legislators. Furthermore, the data suggests that many multigenerational or other relative-headed families may face similar challenges, substantially increasing the percentage and thus, the number of constituents who may benefit from supportive policies.

Demographic Data Shows Need for Teenager Specific Programs
Knowing that skipped generation grandfamilies have a higher percentage of teenagers can lead to innovative, responsive programs. In summer 2009, the University of Maine Rural Relatives as Parents Program (RAPP) launched a Facebook Internet site program for teens living in grandfamilies that will give them opportunities to discuss their concerns and challenges with peers living in similar situations. Just as caregivers benefit from the support of others, so do teens. Providing the opportunities for teens to make connections, ask questions, and hear from peers and professionals will help both teens and entire families. There is no cost to join the group, and all teens (ages 12-19) who are living with a grandparent, aunt, uncle, sibling, other relative or a family friend are welcome to participate.
Disability and Health Status of Children and Caregivers in Skipped Generation Grandfamilies

Children in skipped generation grandfamilies are about twice as likely as those in parent-child households to have a disability\(^{10}\), as shown on the graph below. Caregivers also have their own health challenges, with about 30 percent having at least one disability.

![Children with Disabilities in Parent-Child Households and Skipped Generation Grandfamilies](source)

While published research specific to the health of skipped generation grandfamilies is not available, there is general research on the health of children being raised by grandparents. This research indicates that the children have high rates of physical, mental, and emotional problems, often due to the same issues that prompted their living with grandparents.\(^{11}\) In many cases, children live with grandparents due to parental substance abuse, and this can have a direct correlation to health. Author Sally Houtman observes: “Children of alcohol- and drug-addicted parents, as well as children whose parents are unstable for other reasons, will bring with them more than their share of physical and emotional problems.” She continues, “Those children who escape physical damage often suffer emotional scars that are much deeper and more difficult to detect. Some emotional problems may be readily apparent, while others may not surface until later in the child’s development.”\(^{12}\) The Hunter College School of Social Work prepared an information packet that includes a brief summary of what is known about the health of children in kinship care, along with a bibliography.\(^{13}\) In addition, a book published in 2009 by physician Charlotte E. Thompson provides a comprehensive guide for grandparents of children with disabilities. Multiple resources for coping with various disabilities are listed at the end of this book.\(^{14}\)

Compounding these challenges, caregivers without a legal relationship to the children — such as legal custody, guardianship or adoption — often have trouble consenting to medical, dental, and mental health care treatment for the children. They also often have problems obtaining health insurance for them. Despite the flexibility of most state Medicaid and the Children’s Health Insurance Program (CHIP) enrollment policies, a small number of states continue to maintain policies that require court-ordered legal custody or guardianship or count the caregiver’s income in determining whether a child meets the eligibility guidelines for Medicaid and CHIP. Some states require proof of relationship and full-time caregiver status. Such requirements discourage, delay, and in some cases, prevent eligible children in grandparent- and other relative-headed families from obtaining health insurance coverage under Medicaid and CHIP.

As for caregivers themselves, though more than one in four have a disability, they may be unable to attend to their own medical needs due to a lack of child care, respite care, or adequate health insurance. They are frequently stressed at a time in their lives when they did not expect to care for children. They are often socially isolated from their peers and may be burdened by feelings of shame and guilt about their adult children who are unable to parent.
Implications for Programming

Programmers can learn from other states about how to conduct effective outreach to grandfamilies about Medicaid and CHIP. A number of states have made special efforts to spread the word about Medicaid and CHIP to relative-headed families. State and county Kinship Navigator Programs help relatives raising children access a full range of federal and state benefits and services for which they are eligible, including health care. In some states, Medicaid and CHIP programs have partnered with state agencies serving seniors, networks of support programs for relative caregivers, AARP offices, or faith-based organizations working with relative caregivers. Medicaid and CHIP staffs have been out-stationed in Social Security offices and other locations serving seniors. Some states have made special efforts to send nurses, nursing students, agency staff, or other emissaries into the community to inform relative caregivers about their children’s eligibility for CHIP or Medicaid. Child health advocates and other children’s advocates in some states have included programs serving relative caregivers in their outreach efforts. Other states have prepared brochures specifically for relative caregivers informing them about their children’s eligibility for CHIP and Medicaid, as well as how to apply and encouraging them to take advantage of the programs. There also has been outreach to tribal elders and caregivers living on Indian reservations.

Support groups for grandparents and other relatives often include an information segment on health insurance and other resource information. These support groups in which participants share their joys and concerns and build social networks can be critical for the caregivers’ mental health. Respite care is also of utmost importance so caregivers can attend to their own health needs.

Implications for Policy

About half the states have addressed the problem of relatives being unable to give consent to medical care for the children they are raising by passing medical consent laws. In these states, parents can sign a consent form authorizing grandparents and other relative caregivers to obtain medical treatment for their children even if the caregivers do not have legal custody or guardianship. Some states have power of attorney laws or similar laws that may be used to authorize a designated third party to consent to medical care on a child’s behalf. These states typically allow the designation of power of attorney for six months to a year, so this may not be the best option for long-term caregivers. States without medical consent laws and/or power of attorney laws may want to explore their options.
Housing Challenges and Resources for Skipped Generation Grandfamilies

The U.S. Department of Housing and Urban Development (HUD) defines a housing cost burden as a household paying 30 percent or more of its income for housing. As shown here, nearly half of skipped generation grandfamilies have housing burdens, significantly more than parent-child households. While this is true for both home owners and renters, a greater percentage of owners have housing cost burdens. Many of these “owners” are still making mortgage payments.

Previous data also demonstrate that grandfamilies have greater housing burdens than parent-headed families. In April 2008, HUD issued a report to Congress, *Intergenerational Housing Needs and HUD Program Options*. That report was based on 2000 and 2001 U.S. Census Bureau data and found that “almost half of very low-income renter grandparent-headed households, numbering approximately 150,000 households, had rent burdens of 50 percent or more of income.”

**Implications for Programming**

Several affordable housing developments that meet the needs of all ages in skipped generation grandfamilies have been successfully operating during the last decade. The most notable is GrandParent Family Apartments, located in the South Bronx, New York, which opened in 2005 and is the first and only ground-up high-rise construction for the families. It has a variety of supportive on-site services specifically tailored to the multiple generations living in these households. Services are provided in comfortable, designated community spaces for caregiver support groups, afterschool teen programs, early childhood education, and many other services. The building also has specially designed features to accommodate these families such as extra-wide hallways and handrails along the walls, grab bars in the bathrooms, a 24-hour security desk with staff who cross check visitors with court orders, and laundry facilities on each floor so that older caregivers can wash the copious amounts of laundry children generate.

There is growing interest around the country in many more specially designed housing programs for grandfamilies, and several are in various stages of development. Two of these programs – one in urban Chicago and the other in rural Tennessee -- were awarded federal funds through the Living Equitably: Grandparents Aiding Children and Youth (LEGACY)
Act of 2003. These two demonstration programs will be used to determine how this type of housing can be replicated in even more jurisdictions. Hopefully, the LEGACY programs will provide interested developers with critical information on how to develop effective programs. Lessons learned from GrandParent Family Apartments and other programs that predate LEGACY also should be compiled and shared with parties interested in doing further development.

**Implications for Policy**

Policymakers need to pursue solutions for skipped generation grandfamilies given their greater housing burdens and for owners within these families in particular. Much of the research and housing assistance currently available to grandfamilies are for families who rent their homes. Little assistance is available for grandparents who own their single family homes. Once these grandfamilies take on the extra expenses of raising children, the affordability of their homes becomes a bigger concern. Their homes may also be too small to accommodate their grandchildren. To address the housing needs of family caregivers of older individuals, Congress created the Elder Cottage Housing Opportunity Program (ECHO). As the ECHO program is currently configured, funds can be used for the initial purchase and placement costs of small, free-standing, and barrier-free housing units for older relatives to live near their families. This program could be adapted to allow for the addition of bedrooms in small caregiver homes to accommodate children who come into the homes unexpectedly.

In addition to expanded solutions for owners, renters also need more affordable housing opportunities. LEGACY’s funding for the two housing demonstration programs mentioned above comes from the Section 202 elderly housing program. This means that at least one member of the family in these units must be 62 years or older to qualify. However, the majority of relative caregivers are younger than age 60, so many needy families will be excluded from these projects. Solutions for skipped generation families whose head of household is younger than 62 should also be explored.

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**Housing – Dorothy’s Story**

Dorothy was initially unprepared to raise her grandchildren. Her daughter died suddenly ten years ago of a brain aneurysm after a battle with drug abuse. Dorothy took custody of her 3-year-old granddaughter and 10- and 18-year-old grandsons. She had helped raise four other grandchildren, but her daughter’s death left her in a difficult financial situation and with full-time responsibility for the children. Despite working for the same company for 30 years and her big retirement dreams, Dorothy agreed to serve as “mother” for the second time.

Caring for children full-time meant significant changes for Dorothy. She had to stop working to provide around-the-clock care for the children. Yet she still needed to meet their needs and provide adequate housing for her family of four. To make all of this possible, she knew she needed to change her housing situation. Fortunately, she learned of a new building project by Presbyterian Senior Services. The new facility was the first group of apartments in the country built from the ground up specifically for grandparents raising grandchildren. To her delight, everything from tutoring to day care is available to the family under one roof. Dorothy says, “I just cannot tell you how the apartments are. I love them to death.”

From www.grandfamilies.org, housing stories
Statistics show that nearly one-third of the grandparents who head skipped generation grandfamilies do not have high school diplomas; whereas the same is true for only one-eighth of parents in parent-headed households. Fewer years of formal education can challenge grandparents who are striving to help the children they are raising with school work. There could be a lack of understanding and reinforcement of the importance of advanced education. In many cases, schools do not recognize and respond to the needs of parenting grandparents.

Tina is raising her two granddaughters, ages 11 and six. Tina’s older granddaughter came into her care unexpectedly at 10 months of age because her mother was abusing drugs and unable to care for her. Her younger granddaughter moved in and out of foster care for several years after she was born, but Tina was eventually able to gain custody of her as well. Tina found it hard to access supportive services for the children and knew others must have faced similar challenges. Wanting to find a way for relative caregivers to help one another, Tina co-founded Grandparents United of Delaware, a legal advocacy and support group to help grandparents and other relatives raising children in the state.

When her older granddaughter reached school age, Tina took her to enroll in school. The school told her that grandparents are not allowed to enroll their grandchildren. Familiar with challenges other caregivers had faced, Tina was equipped with information about Delaware’s educational consent law. The law allows a relative to use an affidavit to enroll the children in public school tuition-free. Tina shared the law with school personnel and was able to enroll her granddaughter, thereby paving the way for other grandfamilies in Delaware.

From www.grandfamilies.org, education stories

Many relative caregivers who lack a legal relationship -- such as guardianship, legal custody or adoption -- to the children they are raising face additional challenges related to education access. Those caregivers may face obstacles in enrolling the children in school and accessing special education services.

Implications for Programming
Simple changes in schools can make a big difference for grandfamilies. Things like referring to children’s “grown-ups” or “caregivers” -- instead of “parents” -- in class and in written materials can help the families. Schools should avoid the phrase “parent-teacher conferences” and talk about “family-teacher conferences” instead. Some schools have provided on-site gatherings or support groups for grandparents.
and other relatives, so they become comfortable with being part of the school community. After-school tutoring programs that provide extra assistance and resources are useful for all children. Such programs can be particularly important to caregivers in relative-headed households who may be less educated, less able to help children with school work, and who do not possess computers and other necessary supplies.

**Implications for Policy**

Encouraging additional states to implement educational consent laws or comparable provisions would provide grandfamilies with easier access to schools. Educational consent laws allow relative caregivers — without legal relationships to the children they raise — to access school enrollment. At least fourteen states currently have educational consent laws.¹⁸

Other states have found innovative ways to ensure that children being raised by grandparents and other relatives can attend public school tuition-free. In five states — Michigan, Missouri, Rhode Island, South Dakota, and Virginia — children’s residency basically follows them, rather than following their parents. In other words, where a child lives is his or her legal residency for purposes of attending public school. Indiana has a different approach that also allows children raised in grandfamilies to enroll in school. Indiana’s law provides that the “legal settlement” of a student being supported, cared for, and living with another person is the school attendance area of that person.¹⁹ Texas has an innovative provision in its law, which does not appear to exist in any other state. A child may attend a school district in which he or she does not reside, but in which the grandparent resides “and provides a substantial amount of after-school care for the person as determined by the board.”²⁰

Some states allow children being raised by relatives to enroll in public school tuition-free through open enrollment laws. These laws generally allow a parent or guardian to enroll his or her child in a public school not located in the district where the parent lives. If the parent is still involved in the child’s life, this may be a way to enroll a child near the home of the relative who is raising him or her. At least 22 states have explicitly codified power of attorney laws so parents can bestow relatives with the power of attorney for the care of their children, including the ability to enroll a child tuition-free in public school.²¹ These states typically allow the power of attorney to be designated for six months to a year, so it may not be the best option for long term caregivers.

In addition to school enrollment issues, some school districts misinterpret the federal special education laws and require grandparents or other relatives to overcome extra hurdles to access services for the children they raise. State policymakers can examine their state’s practices and work to implement laws that will improve access. According to the federal Individuals with Disabilities Education Act (IDEA) — which funds special education services — schools should be including relative caregivers in the process of developing special education Individual Education Plans (IEPs) for eligible children. The U.S. Department of Education regulations implementing IDEA define “parent” to include relative caregivers.²² However, some jurisdictions reportedly require relative caregivers to go through a process to become a “surrogate parent” in order to be considered a “parent.” The plain language of the federal regulation does not require this step for these caregivers. Advocates should point to this regulation in cases where relatives are required to complete the process.

Arizona and Oklahoma specifically cite the federal regulation in their statutes concerning surrogate parents, thereby making it clear that grandparents and other relatives who are acting as parents are not required to become surrogate parents.²³

These types of laws make caring for children easier for all grandfamilies, and specifically for skipped generation grandfamilies in which parents are not available to enroll the children and access special education services.
Conclusion

We hope this 2009 GrandFacts report, along with the full data charts available at www.gu.org, have added to the knowledge base and available resources about grandfamilies. Skipped generation grandfamilies have many of the same strengths and needs as all types of grandfamilies. Compared to parent-headed families, the data show that skipped generation grandfamilies face great challenges, presumably because the parents are absent.

As stated at the beginning of this report, a convening of experts by the National Human Services Assembly emphasized that the focus of practice should be on the entire family. In the case of skipped generation grandfamilies, the parents are absent. Nonetheless, they exert a powerful influence over their children. When researching, working with, and advocating for skipped generation grandfamilies, the focus needs to be all on three generations.

We would like to hear from you. How has this report helped you to understand the situation of grandfamilies better? How have you been able to use the data in advocating for or addressing the needs of grandfamilies in your community? Are there additional areas about which you would like to learn more? Send your comments and questions to gu@gu.org
Federal Supportive Policies and Programs

This GrandFacts report provides information about some important issues in the lives of skipped generation grandfamilies that can be enhanced by developing policies and programs to address the needs of these unique families.

Below is an explanation of four federal laws aimed at supporting grandfamilies. Each of these policies is implemented as state and local programs.

**National Family Caregiver Support Program (NFCSP):** Enacted in 2000, the NFCSP funds local Area Agencies on Aging and partner agencies to offer supportive services to informal family caregivers age 55 and older raising children younger than age of 18. This help provided under the NFCSP includes: provision of information to caregivers about available services; assistance to caregivers in gaining access to such services; individual counseling, support groups, and caregiver training; respite care; and supplemental long-term care services to complement the care provided by caregivers and other informal caregivers. In 2006, the age eligibility requirement was lowered from age 60 to 55, but funding has not expanded proportionally to assist this larger group of eligible recipients.

**Lifespan Respite Care Act:** Passed in 2006, this Act authorizes competitive grants to states to make quality respite available and accessible to family caregivers, regardless of age or disability. The act requires grantees to identify, coordinate, and build on federal, state, and local respite resources and would help support, expand, and streamline planned and emergency respite, as well as provide training. The program received an appropriation of $2.5 million in fiscal year 2009, a small fraction of the $289 million originally requested. More funding is required in order to adequately meet the needs of family caregivers.

**Fostering Connections to Success and Increasing Adoptions Act of 2008:** This law promotes permanent families for children by providing states with an option to use federal Title IV-E funds for kinship guardianship assistance to enable children in the care of grandparents and other relatives to exit foster care into permanency; authorizes Family Connection Discretionary Grants to explore solutions for grandfamilies such as kinship navigator programs to help link relative caregivers to a broad range of services and supports to help meet their needs and the needs of the children in their care; requires notice be provided to adult relatives when children are removed from their parents' home; and gives states the option to waive non-safety-related licensing standards for relative foster parents. In September 2009, the Administration for Children and Families awarded its first round of Family Connection Discretionary Grants.

**Living Equitably: Grandparents Aiding Children and Youth (LEGACY):** Three provisions from the LEGACY bill that address affordable housing for grandparents and other relatives raising children were signed into law as part of the American Dream Downpayment Act of 2003. The U.S. Department of Housing and Urban Development has provided partial funding for two demonstration housing projects specifically for grandparents and other relatives raising children; organized training and education for front-line workers who through no fault of their own may be misinterpreting policies that affect grandfamilies; and published a national study in April 2008 of the housing needs of grandfamilies.
Glossary of Terms

Grandfamilies – families headed by grandparents and other relatives who are sharing their homes with their grandchildren, nieces, nephews, and/or other related children.

Householder - the primary person who owns or rents the house or apartment.

Housing Cost Burden - households paying 30 percent or more of their income for housing.

Multigenerational Grandparent-Headed Grandfamilies – families headed by grandparents with a parent or parents of the children present in the household.

Other Relative-Headed Grandfamilies – families headed by aunts, uncles or other relatives (not grandparents or parents of the children). These other relative-headed grandfamilies may or may not have a parent of the children living in the household.

Parent-Child Families – families headed by parents, with their biological, adopted or step children.

Skipped Generation Grandparent-Headed Grandfamilies (skipped generation grandfamilies) -- families headed by grandparents in which no parents of the grandchildren are present.

Resources for More Information

The Brookdale Foundation Group consists of The Brookdale Foundation, The Glendale Foundation, and Ramapo Trust. Each entity, which is totally distinct with separate Officers and Boards of Directors or Trustees, was originally endowed by the Schwartz Family and shares a common outlook and purpose. Although Henry, Irving, Robert, Benjamin, and Arnold Schwartz are all deceased, their vision and compassion remain the driving force as we focus on the needs and challenges of America’s elderly population.

The Relatives As Parents Program (RAPP), initiated in 1996 by the Foundation, was created to promote the creation and expansion of services to grandparent caregivers and other relatives raising children. RAPP has evolved into a comprehensive, nationwide community approach of providing high quality services to relative caregivers and their families. RAPPs provide services to relative caregivers and their families in 44 states.

The Brookdale Foundation Group
950 Third Avenue, 19th Floor
New York, NY 10022
Phone: (212) 308-7355
www.brookdalefoundation.org

Casey Family Programs’s mission is to provide and improve—and ultimately to prevent the need for—foster care. Established by United Parcel Service founder Jim Casey, the Seattle-based national operating foundation has served children, youth, and families in the child welfare system since 1966. The foundation operates in two ways. It provides direct services and it promotes advances in child welfare practice and policy.

Casey collaborates with foster, kinship, and adoptive families to provide safe, loving homes for youth in its direct care. The foundation also collaborates with
counties, states, and American Indian and Alaska Native tribes to improve services and outcomes for the more than 500,000 young people in out-of-home care across the U.S.

Drawing on four decades of front-line work with families and alumni of foster care, Casey Family Programs develops tools, practices, and policies to nurture all youth in care and to help parents strengthen families at risk of needing foster care.

Casey Family Programs
1300 Dexter Avenue North
Seattle, WA 98109
Phone: (206) 282-3330
www.casey.org

**Children’s Defense Fund’s** mission is to Leave No Child Behind® and to ensure every child a Healthy Start, a Head Start, a Fair Start, a Safe Start, and a Moral Start in life and successful passage to adulthood with the help of caring families and communities.

CDF provides a strong, effective voice for all the children of America who cannot vote, lobby or speak for themselves. CDF pays particular attention to the needs of poor and minority children and those with disabilities. CDF educates the nation about the needs of children and encourages preventive investment before they get sick or into trouble, drop out of school or suffer family breakdown.

CDF began in 1973 and is a private, nonprofit organization supported by foundation and corporate grants and individual donations.

Children’s Defense Fund
Child Welfare and Mental Health Division
25 E Street, N.W.
Washington, D.C. 20001
Phone: (202) 662-3568
www.childrensdefense.org

**Generations United (GU)** is the national membership organization focused solely on improving the lives of children, youth, and older people through intergenerational strategies, programs, and public policies. GU represents more than 100 national, state, and local organizations and individuals representing more than 70 million Americans. Since 1986, GU has served as a resource for educating policymakers and the public about the economic, social, and personal imperatives of intergenerational cooperation. GU acts as a catalyst for stimulating collaboration between aging, children, and youth organizations providing a forum to explore areas of common ground while celebrating the richness of each generation.

GU’s National Center on Grandfamilies seeks to improve the quality of life of grandparents and other relative caregivers and the children they are raising by addressing the unique needs of each generation. It provides a wide variety of resources, technical assistance, and training to service providers and professionals across the country, and educates policymakers on the importance of adopting intergenerational public policies and programs.

The interactive GU website includes Selected Characteristics for Grandparents Living with Grandchildren Data for every state, the District of Columbia, and Puerto Rico at www.gu.org/Grand12311807.asp. The website also includes numerous free publications about grandfamilies, including the comprehensive 2005 Grandparents and Other Relatives Raising Children: The Second Intergenerational Action Agenda at ipath.gu.org/documents/A0/2004_Action_Agenda_Fin al.pdf

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The Grandfamilies State Law and Policy Resource Center at www.grandfamilies.org is a collaboration between Casey Family Programs, the American Bar Association’s Center on Children and the Law, and Generations United. The Grandfamilies State Law and Policy Resource Center serves as a national legal resource created to educate individuals about state laws and legislation in support of grandfamilies and to assist interested state legislators, advocates, caregivers, attorneys, and other policymakers in exploring policy options to support relatives and the children in their care both within and outside the child welfare system. This resource center consists of:

- a searchable database of current laws and pending legislation;
- topical analyses, which include summaries and comparisons of state laws, legislative trends, and practical advocacy and implementation information;
- powerful personal stories from grandfamilies; and
- other relevant Internet resources.

Additionally, the ABA and Generations United staff are available to provide tailored technical assistance and training to state policymakers and advocates or other interested parties.

About Generations United

Generations United (GU) is the national membership organization focused solely on improving the lives of children, youth, and older people through intergenerational strategies, programs, and public policies. GU represents more than 100 national, state, and local organizations and individuals representing more than 70 million Americans. Since 1986, GU has served as a resource for educating policymakers and the public about the economic, social, and personal imperatives of intergenerational cooperation. GU acts as a catalyst for stimulating collaboration between aging, children, and youth organizations providing a forum to explore areas of common ground while celebrating the richness of each generation.
Endnotes


2 The 2005-2007 ACS three-year estimates are based on data collected from 9 million households between January 2005 and December 2007. Estimates from this sample represent the average characteristics over this 3-year period of time. Because the ACS is part of the decennial census program, response is mandatory and data are obtained from about 98 percent of all households.

3 This and additional detailed information about these caregivers are published in American Community Survey (ACS) Subject Table S1002, Grandparents, available at www.factfinder.census.gov

4 There is new data from the single-year 2008 ACS which is not used in this document, as it is not specifically available for skipped generation grandfamilies.


8 Information about the family income poverty thresholds is available at the following address:
   http://www.census.gov/hhes/www/poverty/threshld.htm

9 Requests for reprints should be sent to Don Cohon, Edgewood Center for Children and Families, Institute for the Study of Community-Based Services, 1 Rhode Island Street, San Francisco, CA 94103; email: dcohon@itsa.ucsf.edu

10 The Census Bureau defines disability as any long-lasting sensory, physical, mental, or emotional condition or conditions that make it difficult for a person to do functional or participatory activities such as seeing, hearing, walking, climbing stairs, learning, remembering, concentrating, dressing, bathing, going outside the home, or working at a job. The questions about going outside the home and working at a job are asked only about people 15 and older. No disability questions are asked about children younger than 5. All disability estimates are based on the responses of the person completing the survey questionnaire.


15 Arizona, Arkansas, California (includes consent for mental health treatment), Colorado (immunization consent only), Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Indiana, Kansas (immunization consent only), Louisiana, Maryland, Mississippi, Missouri, Montana, Nevada (emergency care consent only), New Mexico, New York (immunization consent only), North Carolina, North Dakota, Ohio (includes consent for psychological treatment), Oklahoma, Pennsylvania (includes consent for developmental and mental health treatment), South Carolina, South Dakota, Texas (includes consent for psychological treatment), Utah, Virginia, and Washington.


17 From the Foreword of the HUD report.

18 California, Connecticut, Delaware, Hawaii, Louisiana, Maryland, Montana, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, and South Carolina.


20 Tex. [Ed.] Code Ann. Section 25.001


22 34 CFR section 300.30.
