

The following example is a full proposal submitted by Mary Kate Batistich, Adrienne Sabety, and Jim Sullivan, shared here to illustrate how a strong application can meet J-PAL's evaluation criteria. (Note that this example is not specific to a specific sector/initiative area.)

The Impact of Cash Transfers for Rapid Rehousing Clients

PROJECT ABSTRACT

More than half a million individuals in the U.S. are homeless at a point in time (HUD, 2022). Rapid Re-Housing (RRH) programs are an increasingly common policy response designed to help people transition from homelessness to stable housing. These programs offer a combination of temporary benefits that typically last between 6 and 24 months, such as housing identification assistance, rental subsidies, and case management. Despite these benefits, 28% of individuals return to homelessness within a year after exiting RRH (Walton et al, 2018). Anecdotal evidence suggests that a primary reason many return to homelessness is they still do not have a sufficiently stable income stream when the rental subsidies expire. We explore one possible way to bridge the gap: offering cash transfers to participants the year after exiting RRH. We quantify the impact of cash transfers through a randomized controlled trial (RCT), randomly offering monthly payments totaling approximately \$13,000-\$16,000 over 12 months. Our target sample is 990 individuals exiting RRH across five counties in the San Francisco Bay area. Using administrative data, we will measure the impact of cash transfers on homelessness, housing stability, financial security and other outcomes one and two years after enrollment.

Proposals should begin with an abstract of 150-200 words which should include information on the research question(s), hypothesis, intervention, (potential) sample size, and outcomes.

Here, the PIs also establish the policy relevance and connection to poverty.

NARRATIVE

A. Relevance to Public Policy and Issues of Poverty

Each year the federal government allocates billions of dollars to help those experiencing homelessness transition to stable housing. One such program is Rapid Re-Housing (RRH), which has been widely adopted over the last decade. In 2021, RRH accounted for 15% of all beds available to people experiencing homelessness, and RRH beds have increased 263% since 2014 (HUD, 2022). The aim of RRH is to connect individuals presently experiencing homelessness to private market housing, with 6-24 months of case management and rent assistance that tapers over time. The short-term nature of RRH means that more people can be served relative to longer-term solutions, such as Housing Choice vouchers (formerly Section 8), which provides rent subsidies indefinitely. However, evidence shows RRH recipients are at high risk of returning to homelessness after benefits fade out: 28% experience homelessness within 12 months of exiting the program (Walton et al., 2018).

In recent years, policymakers have started leveraging unconditional cash transfers to promote financial stability (for example, see descriptions of several pilots of basic income programs in Hoynes and Rothstein, 2019). Most programs provide monthly cash payments directly to recipients for a specified duration, typically between one and three years. Transfers positively impact client outcomes; however, to date, there are no completed studies on cash transfers for people facing a high risk of homelessness.

Our experiment will fill the gap by targeting cash payments to those exiting RRH. To target this population, we will partner with Abode Services, the largest provider of homeless housing and services in the Bay Area. At any point in time, Abode supports approximately 5,000 people in housing, including roughly 300 single adults and 900 households with dependents in RRH programs. Among RRH participants served, 50% are female, 30% are Black or African American, and 40% are Hispanic. By drawing our study participants from people exiting RRH at Abode Services, we can better understand how cash transfers affect those from under-represented groups. We are particularly interested in how the effects will differ by gender and race.

If shown to be effective, targeting unconditional cash transfers to those exiting RRH has the potential to influence the structure of housing programs and policies around the country. While RRH programs are widespread, they fall short in supporting clients' long-term success, given the high rates of returning to homelessness. Cash transfers are expensive, but if they are shown to significantly reduce returns to homelessness they may result in not only direct benefits to the individual but also cost savings associated with the use of other services. It will be important to understand the full benefits of these transfers to determine whether they justify their costs. For this reason, we aim to track a rich set of participant outcomes that capture direct benefits to the recipient as well as societal benefits and cost savings.

J-PAL NA funds randomized evaluations that contribute to our mission of reducing poverty by ensuring policy is informed by rigorous evidence. Research questions should address a pressing public policy issue with significant impact on people who are low-income or living in poverty, who have risk factors associated with falling into poverty, or who identify as members of a racial/ethnic group at greater risk of living/falling into poverty due to structural racism. Proposals should discuss the policy landscape, potential contributions of the proposed evaluation to public policy, and potential to generate benefits for economically marginalized populations.

B. Academic Contribution

Quasi-experimental studies show cash transfers can make a difference in material well-being. For example, Akee et al. (2010) found that an exogenous increase in household income of \$4,000 for the poorest families increases a child’s education by about one year. Silver and Zhang (2022) found that even a relatively modest increase (\$1,000 per year) in government benefits reduced homelessness by 0.184 percentage points (1.3% of the baseline mean) and food insecurity by 0.099 percentage points (4.1% of the baseline mean) over five years among veterans claiming mental disorder disability. Because they use a very large sample of over 800,000 veterans, they are able to detect relatively small effects from relatively small cash transfers with precision.

Proposals should situate the research within the existing evidence base and explain its potential contributions including any new questions, novel methods, measures, or interventions. Note that reviewers come from different academic backgrounds, the discussion of the evidence base should be explicit.

This proposal discusses prior RCT and quasi-experimental work on cash transfers, and outlines the unique contributes of the proposed research.

Recent RCTs of cash transfer programs have found encouraging results, but have suffered from small sample sizes and/or small transfer amounts, which reduces statistical power and limits the strength of the results (Hoynes and Rothstein, 2019). The Stockton Economic Empowerment Demonstration (SEED), a widely cited cash transfer pilot, included only 200 participants (West et al., 2021). While their results on measures of income volatility and employment point in the right direction, they do not report the statistical significance of their findings. Yoo et al. (2022) in contrast had a larger sample of 1,000 low-income mothers, but included smaller payments of \$333 per month for the treatment group. While they find some encouraging results including increased spending on child-specific goods and mothers’ early-learning activities with infants, they are unable to detect effects in their main outcomes: maternal use of alcohol, cigarettes, or opioids and household expenditures on alcohol or cigarettes.

Our project has at least three unique aspects that will improve upon this literature. First, we plan to enroll a study sample of nearly 1,000 participants who are at high risk of homelessness, and provide a substantial cash transfer equal to about half the area median fair market rental rate. Given the relatively large sample and the size of the transfers for a vulnerable population, our study is designed to be able to detect meaningful decreases in the treated groups’ rate of returning to homelessness. Second, our study has the potential to inform the design of cash transfers programs, particularly whether such programs can be effective if targeted to individuals and families who are at risk of homelessness. Third, unlike prior studies, our central analysis will rely on a rich set of administrative data providing information on housing, financial, program participation, and employment outcomes. These data have advantages over survey data including being less susceptible to non-response bias and measurement error due to imperfect recall.

C. Technical Design

C1. Overview

The research team and Abode Services are studying the impact of randomly giving \$13,000-\$16,000 in monthly installments to individuals for the year after they exit RRH. Our primary research question is: Do cash transfers reduce returns to homelessness? In addition, we will examine other outcomes that reflect well-being or potential benefits of the intervention. Table 1 provides a summary of the research timeline and activities through the end of 2025. For the interim report, we plan to provide results for homelessness, housing stability, and financial security. We expect to complete a 12-month report for the full sample in the second quarter of 2026, and a final report for the completed study that includes results for all outcomes (as noted below), measured at 12 and 24 months after enrollment, by the first quarter of 2027.

This section provides a clear statement of the primary research question, secondary outcomes, and a realistic plan for implementation. The inclusion of a detailed timeline for key activities (enrollment, transfers, reporting) demonstrates strong attention to feasibility and planning. Strong proposals should specify when and how outcomes will be measured and when results will be disseminated.

Table 1: Research Timeline

Timeline (October 2022-December 2025)	2022	2023	2024	2025
	2			

	Q4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Project Set Up													
IRB approval	X												

Hire Program and Enrollment Coordinator and secure payment vendor	X												
Pilot Phase		X											
Implementation Activities													
Study Enrollment		X	X	X	X	X	X	X	X				
Cash Transfers		X	X	X	X	X	X	X	X	X	X	X	X
Surveys													
Intake Survey		X	X	X	X	X	X	X	X				
Follow-Up Surveys (note, only administered if additional funding becomes available)						X	X	X	X	X	X	X	X
Analysis													
Interim Report: 6-month results for full sample													X

C2. Enrollment

Beginning in early 2023, clients who exit Abode Services' RRH programs will have the option to participate in a cash transfer program. Figure 1 lays out the enrollment process. Because clients meet regularly with their case manager while receiving RRH rent subsidies, we will integrate study enrollment

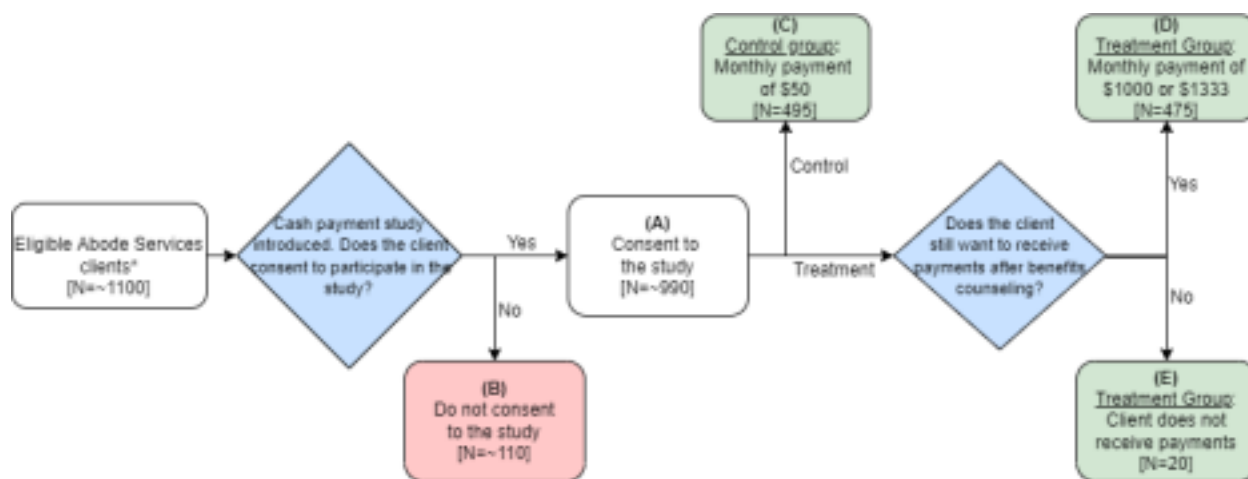
into those meetings. During the last case manager meeting prior to exit from RRH, the case managers will ask the client if they are interested in participating in a study that provides cash payments of \$50 or more for one year. If the client indicates interest, the case manager refers them to the Program and Enrollment Coordinator with whom they will meet immediately following the meeting with the case manager.

The Program and Enrollment Coordinator will introduce the cash transfer program, describing how the value of the payments will be determined by a lottery. Potential participants will be asked to consent to receive cash payments of an amount determined by a lottery. Those who consent to participate in the cash payment program will then be asked to be part of the study and allow the research team access to their information in a variety of administrative data sources. Individuals can still receive payments even if they do not want to be part of the study and share data (Figure 1, Box B); they will be randomized into the same cash transfer options as those in the study, but will not be part of the study. This avoids concerns about the offer of payments being viewed as coercion to participate in the study. Those who consent to the study will complete a short intake survey. Our aim is to enroll 990 households into the study (Figure 1, Box A). We anticipate having to run enrollment until 1,100 eligible clients have exited RRH in order to enroll 990 households, assuming a 90% consent rate for the study. We expect this will take approximately two years. The 90% consent rate is based on the actual rate from a study with a similar structure (Bartik et al, 2020). Those participating in the lottery will have an equal chance of being assigned to either the treatment or control group.

At this same meeting, the Program and Enrollment Coordinator will inform the participant of their treatment status, their monthly payment amounts, and the potential impact of the cash transfers on eligibility for federal, state, and local means-tested programs for which a waiver is not available. Participants will be informed that they can opt-out of receipt of cash payments or the study at any time. Finally, the participant will receive a preloaded debit card with the first month's payment, and the Program and Enrollment Coordinator will inform the participant that subsequent monthly payments will be automatically added to their debit card.

Those who are randomized into the control group will receive \$50 per month for 12 months. The treatment group will receive much larger monthly payments ranging from \$800 to \$2,000 depending on family type and month. These payments are roughly comparable to the average payment made by Abode's RRH programs (\$1,400) and will on average cover $\frac{1}{2}$ to $\frac{3}{4}$ of monthly rent (\$2,100). These payments are also comparable to other recently launched large-scale cash transfer studies (Bartik et al, 2020). Motivated by feedback from prior Abode RRH clients, the payments will be larger in the initial months than in later months to help with bigger expenses such as car repairs. Table 2 shows the payment schedule. We intend to stratify the randomization by family type given that families will receive larger amounts.

Proposals should describe the intervention and study design in detail, explain how the design is well-suited to answering the research questions.



* Client must be exiting RRH in the next month, not currently enrolled in another cash transfer study, and willing to participate in a cash transfer program

Table 2: Cash Transfer Payment Schedule

Treatment Group	Months 1-4	Months 5-12
Singles / Adults Only	\$1,650	\$800
Families with Dependents	\$2,000	\$1,000

C3. Data

We will link study participants to administrative data using the personally identifiable information (e.g., name, date of birth) collected during the intake survey. We will measure homelessness as the use of homelessness services such as shelter stays or street outreach through the county-level Homeless Management Information Systems (HMIS) where Abode Services operates. We will access information for other outcomes through a variety of other administrative data sources, including address history information (through the consumer reference database, Infutor), financial well-being outcomes (through credit bureau records from Experian), health care utilization (through Medi-Cal records), criminal justice data (through arrest records), child education (through state school records), and employment and earnings (through unemployment insurance records). If we can secure additional funding beyond this grant, we also intend to collect outcomes not available in administrative data (e.g., indicators of mental, emotional, and physical well-being) through two follow-up surveys one and two years after baseline. Finally, we will examine how individuals spend cash transfers. However, this analysis will be limited because we will not observe all spending, only transactions made directly with the debit card.

Proposals should address any threats to validity and plans to address threats. Here, the PIs propose linking administrative data across domains (housing, financial, health, education,

C4. Analysis and Power

Full study proposals must include a robust discussion of power, including: parameters of chosen average effect size (ITT, LATE, etc); outcome(s) on which power calculations are based; units used in power calculations; minimum detectable effect size, underlying assumptions about sample and take up rates.

Here, the PIs provide a well-justified power calculation showing MDE relative to the baseline rate of homelessness.

For our analysis, we will estimate differences in outcomes between treatment and control group participants using an intent-to-treat (ITT) framework controlling for baseline covariates. The large sample size ($N = 990$) is an essential and unique feature of our study. Our sample allows us to draw statistically precise conclusions about modest changes in homelessness, enabling us to substantially contribute to the academic literature and the policy debate surrounding the effect of cash transfers on homelessness. We will be powered to detect a 6.5 percentage point (23%) decrease in the probability of becoming homeless 12 months after exit from RRH, assuming an untreated mean of 28%. Given the nature of the intervention, we expect take-up to be very high. Since about 4% of Abode's RRH clients receive SSI or SSDI benefits, we conservatively assume that all SSI/SSDI recipients in the treatment group will decline to take up the cash transfers due to the impact on their existing benefits (Figure 1 Box E), resulting in a 96% take-up rate. With the current flow of clients exiting Abode Services' RRH programs, we expect to reach a sufficient sample size after approximately two years of enrollment, as denoted in Table 1.

Better supporting individuals facing housing instability directly relates to intergenerational mobility and equity. We will explore subgroup heterogeneity across groups defined by baseline characteristics, such as gender, family type (adult-only households versus families with dependents), immigration status, and race and ethnicity.

C5. Preliminary Evidence:

Because this is the first study to examine the effect of targeted cash payments on homelessness, we do not have direct preliminary evidence. The motivation for this intervention, however, was driven by the provider's experiences working with clients transitioning off of RRH. Through these interactions, Abode

determined that many of these clients are at risk of homelessness because of a shortfall in resources. In addition, Abode Services conducted focus groups with former clients to gain insight into the impact cash transfers would have had for them. Many clients said the additional cash, especially more cash in the first few months, would have allowed them to pay for high cost items. This feedback helped to shape the design of the intervention.

Although direct preliminary evidence is unavailable, the PIs draw on provider experience and client focus groups to justify the intervention design. Strong proposals should show how local context, prior relationships, or exploratory evidence informs the proposed study.

D. Viability of Project

This section demonstrates that the project has a highly capable and committed implementing partner. Abode Services' large client base ensures sufficient flow for enrollment, while their prior experience implementing an RCT strengthens confidence in their ability to carry out the study. Strong proposals should provide evidence that the implementing partner has both the capacity and the motivation to sustain engagement throughout the study.

A strong provider partner is an essential feature of a large-scale RCT. Abode Services is an ideal partner for this project for several reasons. First, Abode is a large, well-established provider of housing services. As a result, they have expertise in working with a vulnerable population, and their large portfolio of RRH clients ensures that the study will have a sufficient flow of participants. Second, Abode is committed to the research project because they fundamentally believe that rigorous evidence of impact will help them better serve their clients and sustain an effective intervention. Finally, Abode has experience implementing housing services in the context of an RCT. They implemented a pay-for-success RCT that examined the impact of permanent supportive housing in 2015 (Raven, Niedzwiecki, & Kushel, 2020). Consequently, they are very familiar with the many challenges associated with RCTs, including recruiting study participants, obtaining consent, informing participants about the lottery outcome, managing the data requirements for the study, etc.

In terms of risks to viability, one important challenge will be accessing data for a few of our outcomes. Because of existing relationships between Abode and HMIS providers, we are confident that we will be able to access HMIS data for all study participants. Abode already uses HMIS data for the counties where most of their clients reside; however, they are still securing access for other counties where a smaller number of clients live. The research team has existing contracts with Infutor and Experian, which include address and credit records. We will also link to health care utilization data through Medi-Cal records at Stanford University. However, we do not yet have a clear path for obtaining criminal justice, child education, and employment and earnings records. Even if we cannot access these data, evidence of the impact of the intervention on outcomes we know we can obtain is substantive and highly policy-relevant.

The PIs acknowledge potential risks in accessing certain data sources while documenting established relationships and existing contracts for core outcomes. This balance of candor and contingency planning strengthens confidence in the project's feasibility. Strong proposals should be transparent about risks and provide reasonable mitigation strategies.

We expect the COVID impacts on this project to be minimal. The intervention requires limited direct contact with clients, and because RRH is an essential service, Adobe Services has experience providing RRH services during the pandemic. In terms of travel, we have set aside a very small fraction of the budget for this. We are willing to be flexible with our travel dates if there are heightened risks because of COVID.

E. Research Transparency

We will register this project in the AEA RCT registry along with our pre-analysis plan. At the end of the study we will make our deidentified data and replication code public subject to approval from the administrative data sources.

F. References

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<https://www.hudexchange.info/resource/6573/2021-ahar-part-1--pit-estimates-of-homelessness-in-the-us/>
- Yoo, P. Y., Duncan, G. J., Magnuson, K., Fox, N. A., Yoshikawa, H., Halpern-Meekin, S., & Noble, K. G. (2022). Unconditional cash transfers and maternal substance use: findings from a randomized control trial of low-income mothers with infants in the US. *BMC Public Health*, 22(1), 1-11.

Proposals should include references, Chicago Author-Date style is suggested. References are not included in the page count.

Addendum on Ethics & Risks

Q-1: If the underlying intervention you are studying will not be reviewed by the IRB approval that you have secured or will secure (because, for example, if the intervention is being implemented by outside entities not for research purposes), then please discuss any relevant ethical considerations around the intervention, taking into account the benefits to society of doing this research vs. the risks to subjects.

This project will be reviewed by the University of Notre Dame IRB.

Applicants are encouraged to respond to the following questions and discuss any potential ethical risks that fall outside IRB review. Responses should be included in a separate addendum. This does not count towards the 5-page limit.

Q-2: Are there potential harms to research participants in the process of data collection and/or research procedures (for example, discomfort to being asked certain questions or breach of confidentiality), that are not part of an existing or planned IRB approval? If so, what are they, and what proactive measures will be taken to assess, monitor, and mitigate/prevent any such potential risks?

There are no potential harms outside of this project's IRB approval.

Q-3: Are there potential harms to research staff from conducting the data collection (such as, for example, exposure to political violence, unusual levels of a communicable disease, emotional well-being from surveying about difficult matters)? If so, what are they? Has the team taken proactive measures to assess, monitor, and mitigate/prevent any such potential risks?

There are no potential harms to research staff from conducting data collection. Data collection will involve administrative data matching and administering surveys. The follow-up surveys will be conducted by a third party survey firm that has expertise conducting such surveys in a safe environment.

Q-4: Are there any contractual limitations on the ability of the researchers to report the results of the study? If so, what were those restrictions, and who were they from?

There are no contractual limitations to report the results of the study.

Q-5: Beyond anything discussed and/or disclosed in existing or planned IRB submissions, are there any other ethical considerations that you feel are important for the Board to be aware that you have already thought of these, and incorporated in your work?

All known risks will be noted in the IRB, and we believe these risks are minimal.