

**An Assist in Getting Public Assistance:
The Effects of Providing Information and Support to Potential WIC and ECE Applicants**

Lindsay Weixler¹, Jon Valant², Alica Gerry¹, Christopher Pottle³, Emilia Nordgren¹,
and Tynesia Fields¹

¹ Tulane University

² Brookings Institution

³ Louisiana Department of Health

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Correspondence concerning this article should be addressed to Lindsay Weixler, Department of Psychology, Tulane University, Stern Hall #3052, 6823 St. Charles Ave., New Orleans, LA 70118, United States. Email: lweixler@tulane.edu.

Abstract

Many social safety-net programs in the U.S. are underenrolled, partly due to administrative burden in the application process. This paper reports on a randomized controlled trial in Louisiana that assessed strategies for increasing enrollment in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and in free early childhood education (ECE) programs. In Louisiana, several state and local agencies administer public programs for low-income residents, requiring residents to submit similar applications to different agencies. For this study, applicants to the SNAP program were randomly assigned to one of three groups: a control group; an “information” group that was notified of their likely eligibility for WIC or free ECE and provided with a link to the relevant applications; or a “support” group that, along with receiving information, was invited to transmit application materials directly to the agencies administering WIC or ECE. We find that both treatments sharply increased WIC application rates, but the effects on WIC enrollment were smaller. The treatments had little effect on ECE enrollment, likely because of the additional steps required and the misaligned timing of the SNAP and ECE application processes. Stakeholder interviews reveal the benefits and challenges of unifying application processes.

Keywords: Administrative burden, WIC, early childhood education

INTRODUCTION

The time between birth and age 5 is a critical period for sensory, cognitive, and language development. Young children's access to experiences and stimuli that positively affect development—and avoidance of stressors and stimuli that negatively affect development—can set them on a path to success in the elementary school years (Fox, Levitt, & Nelson III, 2010). Research has shown that these early life experiences are heavily influenced by children's exposure to poverty (Blair & Raver, 2016; Hair et al., 2015; National Academies of Sciences, Engineering, and Medicine, 2019). Young children who live in poverty start kindergarten well behind their peers and tend to stay behind (Chaudry et al., 2021; National Academies of Sciences, Engineering, and Medicine, 2019; Reardon, 2013). They are less likely to receive thorough medical care and adequate nutrition compared with children from higher-income families (Chaudry & Wimer, 2016; National Academies of Sciences, Engineering, and Medicine, 2019). Recent research has even identified income-linked differences in infant brain activity (Troller-Renfree et al., 2022).

In 2024, about 14 percent of U.S. children under age 18 lived in poverty (Shrider & Bijou, 2025). This was true despite what we know about the pernicious effects of poverty and despite a patchwork of social safety-net programs that aim, in part, to improve financial security for low-income families. These safety-net programs include: food assistance programs like the Supplemental Nutrition Assistance Program (SNAP) and Special Supplemental Nutrition Program for Women, Infants and Children (WIC); income transfer programs like Temporary Assistance to Needy Families (TANF); health programs like Medicaid and the Children's Health Insurance Program (CHIP); and childcare programs such as Head Start and the Child Care and

Development Fund (CCDF). Typically, state and local agencies administer these programs, with funding support—and rules—from the federal government.

Research on the effectiveness of America’s social safety-net programs is vast and difficult to characterize succinctly, but it shows that many programs are producing positive outcomes for children, families, and society (Hoynes & Schanzenbach, 2018; National Academies of Sciences, Engineering, and Medicine, 2019). For instance, one review concluded that participating in WIC, which provides food assistance and nutrition education to families with children under age 5, is associated with better birth outcomes, lower infant mortality rates, improved cognitive development, and healthier diets (Caulfield et al., 2022). SNAP, which was previously the Food Stamp Program, has been linked to a host of positive outcomes that include better child health (Kreider et al., 2012) and test scores (Gassman-Pines & Bellows, 2018), increased economic self-sufficiency for mothers (Hoynes, Schanzenbach, & Almond, 2016), and fewer grocery store thefts (Carr & Packham, 2019). Studies of ECE programs show a wide range of effects, with some programs having positive long-term outcomes and others falling short of that standard (Burchinal et al., 2024; Phillips et al., 2017).

Still, many of today’s programs are undersubscribed, as large shares of eligible families do not participate. SNAP participation is high, with an estimated 88 percent of eligible individuals obtaining SNAP benefits in fiscal year 2022 (Cunnyngham, 2025). Medicaid’s participation rate is similar, at 87 percent in 2023, and 92 percent for eligible children (Smith, Aboulafia, & Sommers, 2025). However, WIC’s participation rate is substantially lower—56 percent in 2023 (Kessler et al., 2025). This ranged from 41 percent in Louisiana—the focus of this study—to 80 percent in Vermont (Kessler et al., 2025). This is the case even though children enrolled in Medicaid or SNAP are automatically income-eligible for WIC. Some tuition-free

early childhood education (ECE) programs are similarly underutilized. For instance, in New Orleans, only about 20 percent of age- and income-eligible children applied for Head Start in the spring of 2022 (Weixler, Valant, Doromal, & Gerry, 2024).

These statistics raise questions about why more low-income families with young children do not enroll in public assistance programs. The explanations are myriad, and they vary across programs, contexts, and family circumstances. One possibility is a lack of interest in what a program offers. For example, parents might opt not to enroll their child in Head Start if they prefer their child to spend their early years at home. A second possibility is a lack of information. Parents of a toddler might not enroll in WIC because they did not know WIC offers benefits beyond infant formula—a common misconception (Fiedler et al., 2025). Third, families might confront barriers in a program’s application or enrollment process. The list of required steps and documents for enrolling in a program like SNAP is long (Fox, Feng, & Reynolds, 2023). The cumulative burden of applying to multiple programs is substantial, especially if the programs have separate application processes. Fourth, families may confront barriers to participation unrelated to the enrollment process. As one example, if a family does not have reliable transportation, they might decline to enroll in a free ECE program even if they are aware of the program, would like to enroll, and could navigate the enrollment process.

The optimal approaches to addressing underutilization of public assistance programs depend on the factors acting as barriers to program utilization. For example, if a burdensome application process is a major issue, then simplifying that process could increase participation. On the other hand, if families are not interested in a program’s benefits, then changes to the application process might have little effect.

This study was designed in collaboration with state and local agencies in Louisiana to assess the reasons for underenrollment in public assistance programs and test interventions aimed at increasing enrollment. In Louisiana, like many other U.S. states, several different agencies administer programs. For this study, individuals in the process of applying for SNAP were randomly assigned to a control condition or one of two treatment conditions. The treatment groups received either: *information* about their likely eligibility for other programs—WIC or free ECE—and a link to the relevant applications; or *support* in transmitting portions of their SNAP application materials to the agencies that administer these other programs. Results indicate many potential WIC and ECE applicants are interested in these programs. Both the information and support interventions substantially increased WIC application rates, though the effects on WIC enrollment rates were weaker. These interventions had no measurable effect on ECE enrollment rates, which may be attributable to the misaligned timing of the SNAP and ECE application windows. Stakeholder interviews illuminate challenges in these enrollment processes as well as the opportunities and perils of creating a unified, “one-door” application for multiple programs.

BACKGROUND

This study aims to identify and address barriers to enrolling in public assistance programs in Louisiana. Conceptually, we approach this work from the perspective of mitigating administrative burden in these programs’ application and enrollment processes. Scholars of public administration have documented the many obstacles that people—and, especially, the most marginalized and economically disadvantaged—confront on the path to obtaining “free” government resources such as WIC benefits or tuition-free ECE (Barnes & Henly, 2018; Herd & Moynihan, 2019; Moynihan, Herd, & Harvey, 2015; Nisar, 2018).

Herd and Moynihan (2019) classify administrative burdens into three types of costs: learning, compliance, and psychological. Learning costs are incurred as would-be applicants search for information about programs, such as information about eligibility requirements and potential benefits. Compliance costs are incurred in the process of seeking services by attending to the various requirements and rules attached to these programs (and their application processes). Psychological costs arise from the stresses and stigmas that many people experience when accessing public assistance programs.

The application processes for social safety-net programs in Louisiana are rife with these costs, partly due to the splintered nature of these programs. For example, despite a great deal of overlap in application and eligibility requirements, families would apply for: SNAP and TANF through the Department of Children and Family Services (DCFS)¹; Medicaid, CHIP, and WIC through the Department of Health (LDH); childcare assistance through the Department of Education; and Head Start and pre-K programs through their local school districts. Information on programs and eligibility is neither centrally located nor easily found. A parent who applies for SNAP might not realize that they are also eligible for a program like WIC. Even if they are aware, most of the state's application portals are outdated and not linked to one another, so applying to additional programs could require them to submit an overlapping set of documents and information through each agency's distinct application portal. For a parent interested in multiple programs, the compliance costs multiply, and the process can become confusing, frustrating, and burdensome.

The process of obtaining a tuition-free pre-K seat in New Orleans shows how substantial administrative burden can be even within a single program. Weixler et al. (2024) describe a

¹ In October 2025, Louisiana moved SNAP to the Louisiana Department of Health.

multi-step process of learning about ECE programs, applying, verifying eligibility, and enrolling. Parents report gaps in the availability of high-quality, useful informational resources, which can increase learning costs (Gerry et al., 2023). Applying and verifying eligibility is burdensome, with compliance costs associated with filling out online applications, locating and providing documents, and, for some applicants, completing in-person interviews (Weixler et al., 2020). Psychological costs can create additional deterrents if would-be enrollees—many of whom are busy caregivers—find this process stressful or dislike being associated with programs intended to serve low-income families.

One implication of research on administrative burden is that reducing learning, compliance, and psychological costs could lead more families to participate in public assistance programs. A growing empirical literature supports this implication (Daigneault et al., 2025). For instance, Finkelstein and Notowidigdo (2019) conducted a randomized controlled trial (RCT) with elderly people who were eligible for SNAP but not yet enrolled. They found that providing information to these individuals (i.e., targeting learning costs) resulted in almost a doubling of enrollment rates from a baseline of 6 percent, while providing information and phone-based application assistance (i.e., targeting compliance costs) roughly tripled enrollment. Bettinger et al. (2012) sought to improve take-up rates of college financial aid by reducing learning and compliance costs associated with submitting a Free Application for Federal Student Aid (FAFSA). As low-income individuals who were potentially eligible for federal financial aid received tax assistance, they were randomly assigned to an information, assistance, or control group that entailed varying attempts to reduce the burdens of completing a FAFSA. The study found that providing both information and assistance increased rates of FAFSA submission, aid

receipt, and college attendance. They did not find significant effects from providing information alone.

We conducted an RCT that tests the effects of reducing administrative burden for low-income families with young children in Louisiana. Our study focuses most explicitly on reducing learning and compliance costs in the process of applying for WIC and free ECE. We partnered with an organization that was designing a pilot version of a new SNAP application for DCFS. We sought to help SNAP applicants with young children apply for WIC (a statewide program) and free ECE (in Orleans and Jefferson Parishes). Applying to these other programs required applicants to submit materials through a different agency's portal.

The RCT consisted of a control condition and two treatment conditions. The control condition preserved the status quo. That is, control group applicants who submitted a SNAP application could seek out a WIC application through LDH or an ECE application through the New Orleans Public Schools (NOLA-PS) or Jefferson Parish Schools (JPS). However, they would do this on their own, as they did not receive additional information or support through this intervention. A randomly assigned "information" group was notified of their likely eligibility for these other programs and provided with links to the programs' websites. This primarily targeted learning costs. A randomly assigned "support" group was notified of their likely eligibility—and, in addition, invited to click a button to share the relevant portions of their SNAP application with LDH or NOLA-PS. This support intervention targeted both learning and compliance costs. It would streamline the process of applying to multiple programs and put applicants in touch with agency staff, though additional steps to enrollment remained.

This study makes several contributions to the literature on administrative burden in the enrollment process for public assistance programs. First, it provides experimental evidence from

an authentic, real-world setting involving multiple agencies that have struggled with low take-up rates. Second, it focuses on WIC, a program that suffers from administrative barriers and does not yet have a robust empirical literature that examines strategies for improving enrollment rates (Davis, Leavitt, & Chau, 2022). Third, it accompanies RCT results with stakeholder interviews that reveal challenges in increasing enrollment in these programs and the considerations involved in creating a more unified application system across agencies.

SETTING

This project directly engaged four government agencies in Louisiana: two at the state level (DCFS and LDH) and two at the local level (NOLA-PS and JPS). Louisiana is a racially and ethnically diverse state with, by some measures, the highest poverty rate in the United States (Benson, 2025). The state's diversity is reflected among its poorest residents as well, as poverty is evident in both rural and urban areas, and among residents of many backgrounds.

The state administers several public assistance programs, many of which are programs established and funded, at least in part, by the federal government. This includes both SNAP and WIC, which are available to qualifying residents statewide. These programs are means-tested, with a household income limit of 200 percent of the federal poverty line. WIC is available to pregnant women and caregivers with children under the age of 5. Louisiana residents can apply for these benefits at any time during the year.

SNAP accepts applications online, by mail, and by phone. Applicants must provide documents verifying identity, citizenship, and income, and must complete a follow-up interview to enroll in the program. To apply for Louisiana WIC, families can complete an online "interest form" or contact any WIC clinic in the state. The online application collects household information and is transmitted directly to Louisiana WIC's Management Information System.

The WIC clinic nearest an applicant's home address then contacts the applicant about completing enrollment via an in-person appointment, which includes verifying identity and income documents.

School districts in Louisiana oversee applications to publicly funded early childhood programs, including public-school pre-K, Head Start, and tuition-free seats in childcare centers. To apply in Orleans and Jefferson Parishes, families log into a website and fill out a single application with rank-ordered choices. Then, they answer questions and provide documents to verify their eligibility. Districts' specific processes and timelines vary. For example, New Orleans Public Schools (NOLA-PS) allows applicants to rank up to eight programs and typically runs a lottery for seats in March, with remaining seats filled on a first-come, first-served basis beginning in May. Jefferson Parish allows only three choices, runs its first lottery in May, and subsequently runs additional lotteries as applications are received.

SNAP, WIC, and free ECE programs have similar eligibility and document requirements. In fact, participating in SNAP confers automatic *income* eligibility for WIC and most public ECE programs in Louisiana (though not for two state-funded ECE programs that also have a work or school requirement). This simplifies the process of assessing SNAP applicants' eligibility for WIC and free ECE. Importantly, though, transmitting eligibility documents does not complete the enrollment process. ECE applicants must also rank and request their preferred programs. In addition, both WIC and Head Start (a provider of ECE seats in Orleans Parish) require applicants to complete in-person or phone appointments. Transmitting applicants' documents begins these processes. In doing so, it reduces the number of steps and amount of time required from applicants, along with initiating contact with agency offices. However, additional steps remain, and many individuals who start the application process do not complete

all steps. For example, the eligibility verification process for free ECE has been a stubborn challenge for NOLA-PS. About one-third of ECE applicants who submit ranked requests—that is, express that they want a seat—forefeit their opportunity to obtain a seat because they do not verify their eligibility (Weixler et al., 2020; Weixler et al., 2024).

METHODS

This study consists of an RCT and accompanying interviews to provide context for the study findings and observations. This project aims to answer the following research questions (RQs):

1. How much interest do SNAP applicants show in also applying for WIC or free ECE?
2. Does providing information to SNAP applicants about WIC and ECE—and the applicants' likely eligibility for these programs—affect application and enrollment rates?
3. Does providing SNAP applicants with support in applying for WIC and ECE affect application and enrollment rates?
4. Do the effects of providing information or application assistance vary across programs or applicant subgroups?
5. How do agency leaders perceive the possibility of streamlining or unifying these application processes?

Participant Recruitment

The planning phase for this project coincided with an ongoing effort to create a more user-friendly SNAP application portal. With support from the relevant agencies (DCFS, LDH, NOLA-PS, and JPS), we integrated an RCT into a pilot application portal that was then being tested. The RCT used SNAP as an anchor application for testing the impacts of reducing the

costs associated with applying for WIC (statewide) or free ECE programs (in Orleans and Jefferson Parishes).

The pilot portal launched on March 13, 2024, and remained open through September 16, 2024. During this period, Louisiana residents could apply for SNAP using the pilot portal. Alternatively, they could apply using the existing SNAP application portal run by DCFS. Thus, only a subset of SNAP applicants during this period entered via the portal that facilitated the RCT. To encourage families to try out the pilot portal—and participate in this study—our partners advertised the new website using daily online advertisements from Google Ads. In addition, the research team distributed flyers to community partners in five parishes in Louisiana: Orleans, Jefferson, St. Tammany, Lafourche, and Tangipahoa. These partners included childcare centers, food banks, libraries, and city offices. Overall, a large majority of individuals participating in the study arrived at the website via the Google advertising. However, in Orleans Parish, about 40 percent of participants reached the application via other means (e.g., using a QR code or link from a community flyer). Of the traceable QR codes, about 50 percent came from a program partnership with the New Orleans Public Library. Another 40 percent came from Orleans Parish government advertising, which included official social media posts.

Treatment and Control Group Assignment

SNAP applicants using the pilot portal were deemed eligible for the study if, in the process of completing the SNAP application, they added a household member who was eligible for WIC or ECE. Applicants were eligible for the WIC intervention if they or their partner was pregnant or had a child born after February 29, 2020. Applicants were eligible for the ECE intervention if they lived in Orleans or Jefferson Parish and they or their partner was pregnant or had a child born after September 30, 2019 (the PK4 cutoff date for the 2024/2025 school year).

All SNAP applicants eligible for either WIC or ECE were randomly assigned to one of the three study conditions:

Control group participants completed the pilot SNAP application as they would have in the absence of this study. Their version of the SNAP application did not contain any mention of WIC or free ECE. Figure 1 shows the beginning of this application (as seen by control and treatment group participants).

Information group participants saw: 1) notifications they were likely eligible for WIC or free ECE (if eligibility appeared likely based on their SNAP application responses); 2) brief descriptions of the programs' benefits; and 3) links to the application websites. For Louisiana applicants outside of Orleans and Jefferson Parish, ECE was not an option. They could receive information only for the WIC application. Information group participants saw a screen—shown in Figure 2—that provided information about WIC or ECE and asked about their interest (which was recorded). At the end of the SNAP application, all applicants in the information group—regardless of whether they clicked “yes” at the earlier screen—saw links to the relevant ECE or WIC applications.

Support group participants also received information about WIC or ECE and a note about their likely eligibility. In addition, they were invited to transmit some information from their SNAP application to the agencies that administer WIC and ECE. Figure 3 provides a screenshot of this part of the support group's application. Clicking “start my application” for ECE led district staff to create an application for that individual and then contact the individual to encourage them to log into the account and select their preferred ECE programs. This contact typically occurred 1 to 2 weeks after the submission of the SNAP application. Importantly, because of the specific requirements for some ECE programs, applicants still needed to log into

the ECE application, select choices, answer verification questions, and submit documents.

Support group applicants who selected “start my application” for WIC then should have been contacted by agency staff regarding the additional steps required to complete their application.

For WIC, this included an appointment at a WIC clinic, where applicants would provide additional documentation to demonstrate eligibility and speak with a WIC representative about the program and its benefits.

Randomization occurred within the structure of the pilot SNAP application and unbeknown to the applicant. In total, 2,699 SNAP applicants were randomized to a condition for appearing to be eligible for either WIC or free ECE.² However, not all these applicants made it to our analytical sample, as described below. Additionally, 9 percent of intervention condition applicants did not get far enough in the application to see a treatment-specific message. These applicants are retained in the analytic sample to preserve the intent-to-treat design.

Matching SNAP Applicants to WIC and ECE Records

Data sharing for this study was complex, as the study involved several agencies and organizations and a great deal of confidential data. To begin, the DCFS contractor that managed the pilot SNAP application portal shared a list of intervention participants with LDH (for WIC), NOLA-PS (for ECE), and Jefferson Parish Schools (for ECE). The agencies then merged this list with their application records from the intervention period to identify which SNAP applicants included in the study had subsequently started a WIC or ECE application. Agencies then sent summary statistics to the research team, reporting the number of applicants from the SNAP file

² WIC applicants born after 2/29/2020 were included in the intervention, but ECE eligibility extended until birthdates of 9/30/2019. This resulted in 25 families being eligible only for the ECE portion of the intervention.

who completed various application steps. These summary statistics were disaggregated by various applicant characteristics, including applicants' race, ethnicity, and home ZIP code.

The matching processes for WIC and ECE records differed based on agencies' protocols, available data, and manual reviews of potential matches (but was identical for treatment and control groups). Because Jefferson Parish had a short list of potential applicant matches, their staff manually searched and matched SNAP applicants with their application and enrollment records using names and birthdates. LDH and NOLA-PS used R to match SNAP applicants with their administrative records. Prior to matching, they standardized first and last name fields by lower/upper-casing all letters, removing punctuation and diacritics, and collapsing white space.

WIC analysts used a multistep matching process that LDH had refined prior to this study. First, analysts identified exact matches on first name, last name, and date of birth. Next, they identified applicants with a matching date of birth and region³ and an optimal string distance of one when matching on first name.⁴ Within this set, LDH kept applicants as matches if their last name matched with an optimal string distance of one, or if the string of letters in one last name was fully contained within the string of the other last name. This set of matches, combined with the exact name and birthdate matches, were counted as WIC applicants and enrollees.

NOLA-PS began by matching children in their databases with child applicants from SNAP records. Then, for any SNAP households without a match, they matched adult SNAP applicants with guardians in their records. NOLA-PS determined that using birthdates did not yield better matches and that allowing string distances greater than zero resulted in incorrect matches. As a result, NOLA-PS only identified matches based on full names.

³ LDH divided the state into nine regions for administrative purposes.

⁴ Optimal string distance is the number of insertions, deletions, substitutions, and transpositions required to transform one string into another.

Analytic Sample

Of the 2,699 SNAP applicants, 2,374 were unique applications eligible for WIC as determined by LDH (based on child age). We removed the 325 ineligible and duplicate applicants from the sample.⁵ In addition, we removed 941 SNAP applicants from our WIC analytic sample because they had enrolled in WIC prior to submitting their SNAP application—and therefore could not have been induced to apply by the treatment. These drops were handled identically across treatment and control conditions.

This leaves 1,433 households in the WIC sample: 459 control group applicants, 475 information-only group applicants, and 509 support group applicants. We calculate rates using these numbers. Table 1 shows descriptive statistics and randomization balance for the 1,443 households applying for SNAP who were not already enrolled in WIC. We separated the sample into those with an infant (under age 1 at the time of application), those with a child older than 1 but younger than 5, and those who were pregnant but did not have another child under age 5. Child age is a particularly important distinction for WIC. WIC's participation rates are much higher for families with an infant, likely because infant formula—a significant expense for families with infants—is included in WIC's benefits package (Kessler et al., 2025).

Our analytic sample was both racially and geographically diverse. Just over half (52 percent) of the sample came from a rural area or small town, about one-fifth (19 percent) from a suburban area, and the remaining 29 percent from an urban area (split between New Orleans and other cities). Roughly one-third of applicants (31 percent) reported their race/ethnicity as non-Hispanic White, one-fifth (22 percent) as non-Hispanic Black, and one-fifth as Hispanic (17 percent), with the other applicants not reporting their race.⁶ Most applicants did not list their

⁵ When duplicate applications were submitted, we kept the group assignment of the first submission.

⁶ Roughly 20 percent of the applicants in our sample completed the SNAP application in Spanish.

income on the application (only in supporting documents), so we do not report income levels. However, we assume the vast majority of applicants were living near or below 130 percent of the poverty threshold, as that was the income eligibility limit for SNAP. The sample is balanced across treatment and control groups on nearly all observed characteristics. The one exception is for urban applicants from cities other than New Orleans. We have slightly fewer of these applicants ($p < 0.1$) in the support group compared to control.

We had anticipated statistical power challenges for ECE—and then confronted additional challenges in how the timing of the pilot SNAP application’s window fit with the timing of the ECE application window in Orleans Parish. The intervention was designed to launch in January to coincide with NOLA-PS’s primary application window (January and February). However, due to contractor delays, the intervention launched in March, when NOLA-PS’s application was closed in between application rounds. The application reopened in May, but by that time, many seats had already been filled. For these reasons, when discussing findings from the RCT, we focus most attention on WIC outcomes. Appendix Table 1 shows descriptive statistics and randomization balance for the sample. After removing ineligible and duplicate applications, 280 applicants were eligible for the ECE intervention in Orleans Parish and 173 were eligible in Jefferson Parish, for a total of 453 applicants in the ECE sample.

Analysis

The data generated by this study provide information about SNAP applicants’ behaviors and outcomes as they relate to applying to SNAP, WIC, and ECE. As a first step, we examined SNAP enrollment rates. We did this for the 2,699 applicants eligible for our intervention, all applicants who used the pilot site (including households without young children), and all applicants who used the legacy portal on DCFS’s site during the same time period. Using DCFS

records, our DCFS contractor partner summarized enrollment rates and the recorded reasons for denials. This information was available for pilot site applicants but not for legacy portal applicants.⁷

We analyzed application and enrollment rates at the household level. A single SNAP application might list multiple children who were age-eligible for WIC or ECE. We handled a household as a single observation regardless of the number of children living there. If we observed WIC or ECE applications (or enrollment) for any child in the household, the entire household was marked as having applied (or enrolled).

All reported statistical tests come from two-sample proportion tests to compare rates of completing each application step. We show results of tests that compare rates for the: 1) information versus control group; 2) support versus control group; and 3) combined treatment (information and support, together) versus control group.

In addition, we examine effects by household composition, urbanicity, and racial/ethnic group. Household composition is defined by the age of the youngest WIC/ECE-eligible child in the household. To identify urbanicity, we converted applicants' home ZIP codes to ZIP Code Tabulation Areas (ZCTAs) and used the locale codes assigned to ZCTAs by the National Center for Education Statistics.

Agency Interviews

To complement the RCT, we conducted interviews with leaders of the agencies that administer these and similar programs. The interviews focused primarily, but not exclusively, on the possibility of moving to a universal benefits application that provided “one-door” access to multiple programs. We used a stratified purposeful sampling strategy, recruiting senior

⁷ This analysis was conducted in September 2024, and as a result, we only examined enrollment rates for households applying between March and July 2024. This allowed enough time for agency processing.

management and leadership personnel from several public agencies in Louisiana. Our final sample was composed of ten individuals across six agencies. The semi-structured interview questions were designed to elicit participants' experiences with, and perspectives on, the application processes for public assistance programs, as well as their understandings of the factors that could influence the feasibility, sustainability, and desirability of a universal application system. Findings from these interviews are not presented as representative of agency staff. Rather, they offer perspectives and experiences from individuals with extensive knowledge of the landscape surrounding public programs and services in Louisiana.

The research team recorded, transcribed, and coded these interviews. We used a coding scheme developed both deductively (using codes corresponding to the primary research questions) and inductively (drawing out additional themes expressed by the interviewees themselves). All interview transcripts were coded by two independent coders and then consensus-coded, a process through which coders discuss and address any discrepancies (Hill et al., 2005). For each code, analysts drafted memos to summarize emergent themes within that code and make connections to other codes—a first step towards a more comprehensive, final analysis.

RESULTS

First, we present results from the field experiment. This includes data collected through the SNAP application portal as well as the treatment effects on WIC and ECE application and enrollment rates. Then, we present findings from the stakeholder interviews.

RCT Findings

SNAP Enrollment

The anchor application for this RCT was the pilot SNAP application. Looking first to the SNAP applicants themselves, we note that the majority of those who started a pilot SNAP application ultimately did not enroll in SNAP. As shown in Figure 4, only 36 percent of the study sample and 39 percent of all pilot portal applicants enrolled in SNAP. The observed reasons are mixed and, in some cases, hard to disentangle. Only about 11 percent of the study sample was formally deemed ineligible. About one-quarter (25 percent) of this sample missed a required interview. That is, they did not respond to the agency’s interview request—typically, by not answering a call from DCFS during the specified call time. Another 17 percent were documented as having “procedural” reasons for not enrolling, such as not submitting all required documents. A small share of applicants (5 percent) either withdrew or were deemed to have submitted multiple applications.

A low enrollment rate among those who start a SNAP application is not an issue that is unique to the new, pilot version of the SNAP application. Even with the legacy portal, only about half (50 percent) of SNAP applicants ultimately enrolled. These low enrollment rates suggest the possibility of considerable administrative burden in the SNAP enrollment process. However, this study was not designed to assess barriers to SNAP enrollment, and we note some ambiguity in what the results in Figure 4 show. For example, some applicants might have skipped an

interview or declined to submit documents because they realized that they were not, in fact, eligible for SNAP.

Interest in WIC and ECE

Next, we look to SNAP applicants' responses to questions in the portal application about WIC and ECE. These questions provide an indication of SNAP applicants' interest in these other programs. This is a more proximate indicator of interest than WIC and ECE application or enrollment rates (which require subsequent actions). The results in this section appear in Table 2.

Many SNAP applicants showed interested in these other programs. As shown in Figure 2, SNAP applicants in the information group were asked about their interest (e.g., "Are you interested in the WIC nutrition program?"). Most SNAP applicants expressed interest. Specifically, 66 percent of those asked about ECE and 59 percent of those asked about WIC clicked "Yes" in response to that question about their interest. At the end of the SNAP application, these information group participants were provided with links to the WIC and/or ECE applications. About one-quarter (25 percent) of those provided with an ECE link clicked it, and about one-fifth (21 percent) of those provided with a WIC link did the same.

SNAP applicants who were assigned to the support condition were invited to transmit information to get started on their WIC or ECE application (see Figure 3). Of those asked, "Would you like us to send your information to the Louisiana Department of Health to help complete your WIC application?", 41 percent replied, "Yes, start my WIC app." About 39 percent of those presented with a similar question about ECE replied, "Yes, start my free childcare app."

Treatment Effects on WIC Application Rates

The estimated treatment effects on WIC application rates appear in Table 3.⁸ They are shown separately for the information condition, the support condition, and the combined treatment condition (information and support). Table 3 also shows results disaggregated by household type (child age), urbanicity, and applicants' race and ethnicity.

We find large, statistically significant effects on the rates at which SNAP applicants submitted a WIC application. The control group serves as a baseline, with 29 percent of control group applicants submitting a WIC application.⁹ The information treatment led to an increase of nine percentage points (31 percent) in application rates relative to control. The support treatment produced a similar increase of eight percentage points (28 percent) relative to control. Both differences are significant at $p < 0.01$.

We see notably large effects for some subgroups. For instance, we see effects of approximately 11 percentage points for households with children age 1+, which—from a low baseline application rate for this group—amounts to an 88 percent increase (for the combined treatment group). We also see large effects for Hispanic and (non-Hispanic) White applicants, particularly from the support condition. The treatment effects for urban participants differ substantially between Orleans Parish and other urban areas. The reasons for this gap are unclear, with a range of possibilities that includes small sample sizes and differences by parish in how WIC clinics communicate with potential applicants.

⁸ An application is defined as a record created within WIC's information management system. This occurred when an applicant submitted an online interest form, began the process at a clinic, or requested that an application be started through their response to the portal SNAP application.

⁹ Note that because we remove previously enrolled applicants from our analysis, our enrollment rates do not reflect total enrollment in WIC. Including previously enrolled applicants, 59 percent of the control group was enrolled in WIC within six to 12 months of applying for SNAP benefits.

Treatment Effects on WIC Enrollment Rates

Enrolling in WIC is less proximate than expressing interest or submitting application materials. It requires applicants and WIC clinic staff to complete additional steps. As shown in Table 4, we see lower enrollment rates than application rates (for the control group). We also see more modest treatment effects. The estimated treatment effects are smaller in magnitude than the effects on application rates—and are either marginally significant or not significant at all.

Here, as with application rates, we see similar treatment effect estimates for the information and support conditions. The combined treatment effect of four percentage points is significant at $p < 0.1$. Compared to the 24 percent of control group participants who enrolled in WIC within six to 12 months after submitting a SNAP application, this represents an 18 percent increase in enrollment rate.¹⁰ Individually, neither the information treatment nor the support treatment produced a significantly significant increase in enrollment rates.

The only (marginally) significant subgroup effects appear for families with a child age 1+. However, the coefficients are similar across the household types, so the differences in statistical significance may reflect differences in sample size.

Effects on ECE Applications and Enrollment

Our analytic sample for ECE is much smaller than our analytic sample for WIC, largely because the ECE interventions were restricted to Orleans and Jefferson Parishes. Among the control group (n=143), 32 percent of families started an ECE application, 19 percent completed the application and verified eligibility, and 13 percent enrolled in an ECE program during the 2024/2025 school year (note that ECE enrollment is constrained by seat availability). We saw no statistically significant differences between control and treatment groups for any step of the

¹⁰ WIC application and enrollment numbers were downloaded on March 3, 2025, approximately one year after the start of the intervention, and six months after its conclusion.

process. As noted above, this may reflect the mismatched timing of the pilot SNAP portal's application window and the primary ECE selection period in Orleans Parish.

Interview Findings

Interviews with agency leaders provide context and perspectives related to administrative burden in the application process for these programs—and initiatives to reduce that burden. Several interviewees described challenges arising from the state's fragmented benefits system, discussing the many ways that fragmentation created inefficiencies in applying to, and recertifying for, Louisiana's benefits programs. Interviewees reported that these processes often required duplicative effort from applicants and agency staff alike. In principle, many interviewees supported the idea of an integrated benefits application:

“Do you realize a million people are on this program? Yet, they also had to spend their time and money to apply for all these other programs. We're talking about the exact same group of people. Why can't they just apply once?”

In lieu of an integrated, interagency application, several agencies had been independently pursuing changes to simplify their application processes. Interviewees reported some progress in those areas. For example, they noted the implementation of direct certification and responsive applications (more adaptable to different devices). They also described making use of existing platforms, including The Work Number (an Equifax database with employment and income information), LAWallet (a digital record of Louisiana residents' driver's license or state ID numbers), and Social Security. A few described attempts at interagency collaboration. For instance, DCFS had been working with Medicaid, enabling SNAP applicants to start a partially pre-populated Medicaid application.

Interviewees had mixed assessments of these efforts. Most were positive about the focus on reducing burden and duplicity. However, they described how these initiatives had exposed existing challenges and created new ones. Several of these challenges, they noted, would apply to any broader effort to integrate applications, too.

Some concerns focused on outdated, agency-specific platforms and data management systems. Interviewees said that technological upgrades are expensive and disruptive, and that agencies' data management tools and processes had evolved in different directions over the years. Moving to a unified system would be a major undertaking that requires substantial inter-agency collaboration to determine what the new system would look like (and which agency, if any, would have the "anchor" application), create data sharing agreements, and coordinate work across agencies that did not have much experience collaborating with one another.

Interviewees also noted inconsistencies across the various programs' application and verification requirements. Some differences were potentially resolvable at the state level; others would require changes to federal law. Notably, these inconsistencies were not just about policy. We also heard of different philosophies and cultures that had emerged across agencies. Interviewees from one agency touted that their program had the *"highest eligibility standards."* In contrast, an interviewee from another agency expressed that their priority was that *"every person who is eligible can easily access (their program's benefits)."*

Several interviewees, when discussing the possibility of a unified application, expressed a view that no technology can replace knowledgeable, accessible staff:

"Again, the application processes can be streamlined and documents can be uploaded and all of that, and that's all very well and good, but at the end of the day, it still takes people to review these, to talk to the participants, to get them on the same page and help."

These interviewees referenced examples of odd or confusing situations for applicants, and they worried that creating distance between agency staff and applicants would leave families without access to knowledgeable people who can address their needs with a human touch. One interviewee described some of the challenges that applicants face—and how agency staff can help:

“They might have trouble getting transportation... They might have trouble finding a particular time that works for them, or getting particular documents that are needed for them to be able to enroll in the program. A lot of those hurdles are cleared just by the staff who work really hard. In the clinic visits that I've done in my time here, they truly care about the people that they're serving and the job that they do.”

Given the resources and coordination needed to create a unified application—and the “*complex political landscape*” for public assistance programs in Louisiana—most interviewees felt the initiative would need come from a coordinated, top-down effort. In fact, in the months after our interviews, Louisiana passed legislation related to these initiatives. One law moved SNAP and several other programs from DCFS to LDH and transferred workforce development programs from DCFS to a new, integrated center called LA Works (Pelican Institute, 2025). In a public statement, the secretary of LDH, Bruce Greenstein, summarized the purpose of this restructuring as “not only improving how government delivers services, but helping move individuals from dependence to independence” (Louisiana Department of Health, 2025).

DISCUSSION

Administrative burdens are, in effect, taxes imposed on those who navigate government programs like SNAP, WIC, and government-provided ECE. They make participating in these programs costlier and more difficult. The costs can be especially steep for the poor and

marginalized, who are more likely to rely on these programs and less likely to have the resources and capital needed to overcome administrative obstacles (Herd & Moynihan, 2019; Masood & Azfar Nisar, 2021).

This study examines an initiative to reduce administrative burden in the application process for public assistance programs in Louisiana. Through a partnership with several government agencies, we sought to reduce the learning and compliance costs involved in applying to WIC (statewide) and free ECE (in Orleans Parish). We did so through an experimental study embedded in a new SNAP application portal that the state was piloting.

Our findings show that addressing administrative burden in the application process *can* increase application and take-up rates for public assistance programs. For instance, relative to the control group, being assigned to one of these treatment conditions—information-only or support—led to an eight percentage point (29 percent) increase in the probability of starting a WIC application and a marginally significant four percentage point (18 percent) increase in the probability of enrolling in WIC. The differences between the study’s two treatment groups were modest, as they had similar effects relative to the control condition.

We saw particularly large effects for certain subgroups. This includes Hispanic and non-Hispanic White applicants, though it is unclear whether these effects are attributable to individual-level characteristics (e.g., Hispanic applicants being especially responsive to these interventions) or system-level characteristics (e.g., Hispanic applicants living near WIC clinics that were especially effective at processing applications). We also saw a stronger response from families with children age 1+ relative to families with younger children. This could reflect that families are more aware of WIC’s benefits for families with infants—such as infant formula—than the benefits for families with older children. This intervention highlighted some of those

benefits for older children. This pattern also could reflect that families with infants hear more about WIC from sources like pediatricians.

Stepping back, these experimental findings tell a story that is consistent with many other interventions aimed at reducing administrative burden, including other experimental work with low-income families in Louisiana (e.g., Weixler et al., 2024). These studies show that obtaining public benefits is commonly a multistep process—and that, often, an intervention is designed to help individuals through some but not all of those steps. This has implications for the interventions' effectiveness. On one hand, these types of interventions clearly can help individuals through some steps and get them farther down the path to obtaining services. We see this in the large impacts on WIC application rates, especially for some subgroups. On the other hand, these types of interventions tend to have the largest effects on the steps they target directly, which are often the most proximate steps (e.g., starting an application). If an intervention stops short of getting would-be applicants to the finish line—and, perhaps, leaves other burdens or obstacles untouched—then the effects on ultimate enrollment rates, or outcomes, may be relatively weak. We see this in the WIC enrollment impacts being considerably smaller than the application impacts. This suggests that, all else equal, we should expect stronger effects from interventions that target the most—and most daunting—obstacles in the application process.

Still, this study's interviews stressed the importance of the people involved in these processes, such as those working in WIC clinics and other government offices. These workers are involved in many parts of the application process. They communicate with prospective program enrollees, identify and address problems in applications, and, more generally, stand at the front lines of administering complex programs. At their best, the offices that administer public assistance programs put their employees in a position to humanize and streamline

application processes. However, the presence of humans also brings potential for human error. We heard (and saw evidence) of plenty of instances of human error, such as planned phone calls to applicants that did not happen. These “human” problems may have institutional roots, such as a lack of funding that keeps the offices from being staffed at appropriate levels. This study’s interviewees stressed the importance of keeping people involved in the application process and ensuring that agencies have enough people to manage their workloads effectively.

This study also highlighted pain points in these processes. Within the SNAP application, 25 percent of applicants were denied access to SNAP due to a missed interview, which often is the result of not answering the phone or having an outdated number. Another 12 percent were denied for other administrative issues, like missing documents. These same types of issues plague the WIC and ECE processes. Applicants who submit the online form must respond (e.g., by answering the phone) to schedule an appointment and continue their application. ECE applicants in Louisiana often must respond to calls or emails about missing documentation or risk having their application excluded when seats are assigned. Each of these requirements constitutes another hurdle on the path to getting public assistance.

This study’s findings are pertinent to questions about whether and how to unify the application processes for public assistance programs. In recent years, many U.S. programs have moved in this direction. Some offer categorical eligibility such that all individuals who are eligible for one program (e.g., TANF) are automatically eligible for another program (e.g., SNAP). Further, some states now have unified application portals that residents can use to apply to multiple programs at one time, without having to duplicate their efforts. Our finding that the support intervention increased application rates provides empirical support for the idea of unified applications. All else equal, less paperwork and obstacles should mean easier access for

families—and less wasted time and money. Notably, too, more than half of families in the information condition indicated that they were interested in the programs they learned about through the intervention.

This study's interviewees generally supported the idea of a more unified application system, at least in principle. At the same time, some warned of potential negative consequences. An application that serves multiple agencies has its own complexities and dynamics. For instance, as one interviewee noted, in a decentralized setting, programs can differ—perhaps appropriately—in whether they err on the side of letting too many ineligible people in or keeping too many eligible people out. Unifying the application process could mean applying the same standard to all programs, whether that is desirable for each individual program or not.

This points to the importance of being aware of a program's context—institutional, political, and social—when designing application processes and supporting infrastructure. We might expect that reducing administrative burden by streamlining or unifying application processes will generally improve take-up rates for undersubscribed programs. However, the precise effects of these efforts can differ substantially based on factors such as the nature and burdens of the application process and the needs of the local community. This has implications for the generalizability of this study's (or any study's) findings. Consider, for example, that this study shares a similar experimental structure with one that featured an information-only, support, and control condition in examining FAFSA applications and college outcomes (Bettinger et al., 2012). While the FAFSA study found effects from the support treatment but not the information-only treatment, this WIC study found similar effects across its two treatment groups. We can speculate about why the support treatment did not have stronger effects than the information alone. It may be, for example, that the WIC support intervention left a considerable amount of

work for overburdened families and overworked agency staff—leaving many would-be enrollees short of the finish line. Notably, any potential explanation is anchored in a program’s particular context.

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Table 1. Descriptive statistics and randomization balance for WIC sample.

	Control	Treatment minus control	Information minus control	Support minus control
Household type				
Pregnant	0.279	-0.013 (0.025)	0.001 (0.029)	-0.025 (0.028)
Infant	0.172	0.013 (0.022)	0.015 (0.025)	0.011 (0.025)
Child age 1+	0.549	-0.000 (0.028)	-0.016 (0.033)	0.015 (0.032)
Urbanicity				
Rural or Town	0.523	0.021 (0.028)	0.014 (0.033)	0.027 (0.032)
Suburban	0.185	0.003 (0.022)	0.002 (0.025)	0.003 (0.025)
Urban, non-NOLA	0.153	-0.031 (0.019)	-0.024 (0.023)	-0.037* (0.022)
NOLA	0.135	0.007 (0.020)	0.008 (0.023)	0.006 (0.022)
Missing	0.004	-0.000 (0.004)	-0.000 (0.004)	-0.000 (0.004)
Applicant's race/ethnicity				
Black, non-Hispanic	0.216	0.022 (0.024)	0.024 (0.027)	0.020 (0.027)
Hispanic	0.174	-0.031 (0.020)	-0.025 (0.024)	-0.037 (0.023)
White, non-Hispanic	0.314	0.017 (0.026)	0.015 (0.031)	0.018 (0.030)
Other race/ethnicity	0.046	-0.007 (0.011)	-0.012 (0.013)	-0.003 (0.013)
Missing	0.251	-0.001 (0.024)	-0.002 (0.028)	0.001 (0.028)
Observations	459	1,443 (Treat=984)	934 (Info=475)	968 (Support=509)

Notes: Standard errors appear in parentheses. "Control" column shows characteristics of control group households in proportions. Other columns show differences in proportions between treatment and control groups.

"Treatment" combines information and support groups.

*** $p < 0.01$; ** $p < 0.05$; * $p < 0.1$.

Table 2. Proportion of SNAP applicants initiating or showing interest in WIC or ECE applications.

	Asked about WIC	Asked about ECE
Information group: "Are you interested in this program?"	0.593 (n=815)	0.661 (n=198)
Support group: "Yes, start my application."	0.412 (n=855)	0.386 (n=196)

Notes: Table shows the proportion of individuals who responded affirmatively to the prompt. The total number of individuals who saw the prompt appears in parentheses. Prompts differed by condition, and control group applicants saw neither of these. Statistics are calculated based on applicants' responses within the SNAP application and include all applicants initially identified as program-eligible who saw the intervention screen(s). These observations include applicants later removed from other analyses because they were already enrolled in the program, applied multiple times, or were determined to be age-ineligible.

Table 3. Effects on WIC application rates, overall and by subgroup.

	Effects on WIC application rate				Sample sizes (control, info, support)
	Control	Treatment minus control	Information minus control	Support minus control	
Overall	0.290 (0.454)	0.084*** [0.027]	0.089*** [0.031]	0.080*** [0.030]	C=459, I=475, S=509
Household type					
Pregnant	0.523 (0.499)	0.064 [0.053]	0.071 [0.061]	0.058 [0.062]	C=128, I=133, S=129
Infant	0.443 (0.497)	0.046 [0.067]	0.051 [0.077]	0.041 [0.076]	C=79, I=89, S=93
Child age 1+	0.123 (0.328)	0.108*** [0.030]	0.102*** [0.034]	0.114*** [0.033]	C=252, I=253, S=287
Urbanicity					
Rural or Town	0.304 (0.460)	0.090** [0.037]	0.096** [0.043]	0.085** [0.042]	C=240, I=255, S=280
Suburban	0.259 (0.438)	0.066 [0.060]	0.089 [0.070]	0.043 [0.067]	C=85, I=89, S=96
Urban, non-NOLA	0.229 (0.420)	0.246*** [0.073]	0.263*** [0.084]	0.229*** [0.083]	C=70, I=61, S=59
Urban, NOLA	0.355 (0.478)	-0.069 [0.070]	-0.105 [0.080]	-0.035 [0.082]	C=62, I=68, S=72
Applicant's race/ethnicity					
Black, non-Hispanic	0.343 (0.475)	0.041 [0.058]	0.069 [0.067]	0.015 [0.065]	C=99, I=114, S=120
Hispanic	0.287 (0.453)	0.138** [0.068]	0.121 [0.077]	0.155** [0.079]	C=80, I=71, S=70
White, non-Hispanic	0.292 (0.455)	0.099** [0.048]	0.048 [0.054]	0.146*** [0.055]	C=144, I=156, S=169
Other race/ethnicity	0.429 (0.495)	-0.034 [0.134]	0.009 [0.164]	-0.065 [0.149]	C=21, I=16, S=22
Missing	0.217 (0.412)	0.092* [0.051]	0.155*** [0.060]	0.033 [0.054]	C=115, I=118, S=128

Notes: Standard errors appear in parentheses. "Control" column shows characteristics of control group households in proportions. Other columns show differences in proportions between treatment and control groups.

"Treatment" combines information and support groups. C=Control, I=Information, S=Support.

*** $p < 0.01$; ** $p < 0.05$; * $p < 0.1$.

Table 4. Effects on WIC enrollment rates, overall and by subgroup.

	Effects on WIC enrollment rate				Sample sizes (control, info, support)
	Control	Treatment minus control	Information minus control	Support minus control	
Overall	0.235 (0.424)	0.042* [0.025]	0.043 [0.029]	0.042 [0.028]	C=459, I=475, S=509
Household type					
Pregnant	0.461 (0.498)	0.054 [0.054]	0.050 [0.062]	0.058 [0.062]	C=128, I=133, S=129
Infant	0.316 (0.465)	0.030 [0.064]	0.043 [0.073]	0.017 [0.072]	C=79, I=89, S=93
Child age 1+	0.095 (0.294)	0.044* [0.025]	0.031 [0.028]	0.055* [0.028]	C=252, I=253, S=287
Urbanicity					
Rural or Town	0.242 (0.428)	0.052 [0.035]	0.060 [0.040]	0.044 [0.039]	C=240, I=255, S=280
Suburban	0.200 (0.400)	0.059 [0.056]	0.058 [0.064]	0.060 [0.063]	C=85, I=89, S=96
Urban, non-NOLA	0.214 (0.410)	0.102 [0.067]	0.081 [0.076]	0.125 [0.079]	C=70, I=61, S=59
Urban, NOLA	0.290 (0.454)	-0.076 [0.065]	-0.084 [0.076]	-0.068 [0.075]	C=62, I=68, S=72
Applicant's race/ethnicity					
Black, non-Hispanic	0.293 (0.455)	0.002 [0.055]	0.023 [0.063]	-0.018 [0.061]	C=99, I=114, S=120
Hispanic	0.250 (0.433)	0.105 [0.065]	0.088 [0.074]	0.121 [0.075]	C=80, I=71, S=70
White, non-Hispanic	0.222 (0.416)	0.039 [0.043]	0.002 [0.048]	0.074 [0.050]	C=144, I=156, S=169
Other race/ethnicity	0.333 (0.471)	0.009 [0.129]	0.042 [0.158]	-0.015 [0.143]	C=21, I=16, S=22
Missing	0.174 (0.379)	0.054 [0.046]	0.089 [0.054]	0.021 [0.050]	C=115, I=118, S=128

Notes: Standard errors appear in parentheses. "Control" column shows characteristics of control group households in proportions. Other columns show differences in proportions between treatment and control groups.

"Treatment" combines information and support groups. C=Control, I=Information, S=Support.

*** $p < 0.01$; ** $p < 0.05$; * $p < 0.1$.

Table 5. Effects on ECE application and enrollment rates.

	Control	Treatment minus control	Information minus control	Support minus control
Started ECE application	0.322	0.017 (0.048)	-0.026 (0.054)	0.057 (0.055)
Finished ECE application (and verified eligibility)	0.189	-0.034 (0.038)	-0.028 (0.044)	-0.040 (0.043)
Enrolled in ECE program	0.126	0.000 (0.034)	-0.005 (0.038)	0.005 (0.038)
Observations	143	453 (Treat=310)	292 (Info=149)	304 (Support=161)

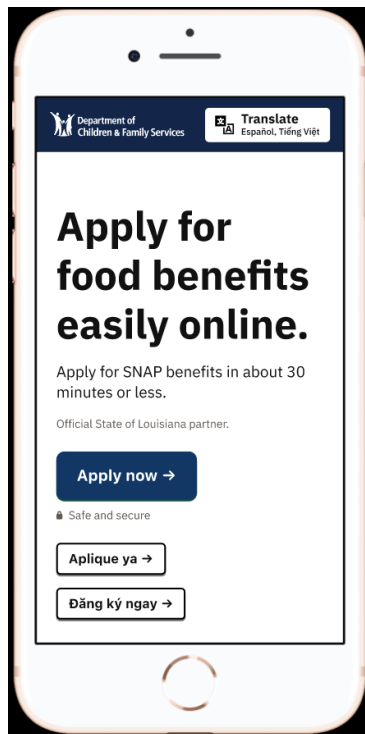
Notes: Standard errors appear in parentheses. "Control" column shows characteristics of control group households in proportions. Other columns show differences in proportions between treatment and control groups.

"Treatment" combines information and support groups. C=Control, I=Information, S=Support.

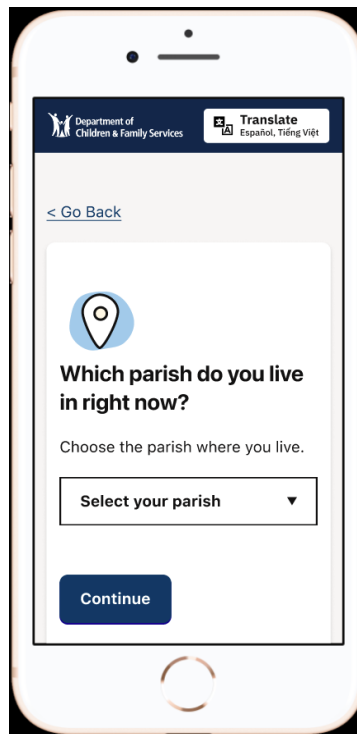
*** $p < 0.01$; ** $p < 0.05$; * $p < 0.1$.

Figure 1. Beginning of Pilot SNAP Application, Shown to All Groups.

1a. Top of first page



1b. Top of second page



1c. Top of third page (what applicant would see while scrolling)

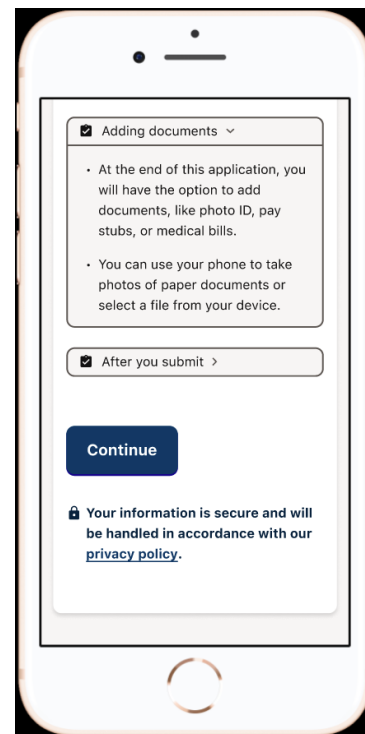
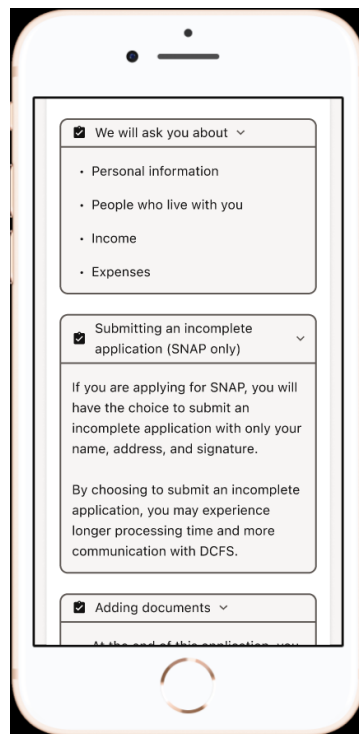
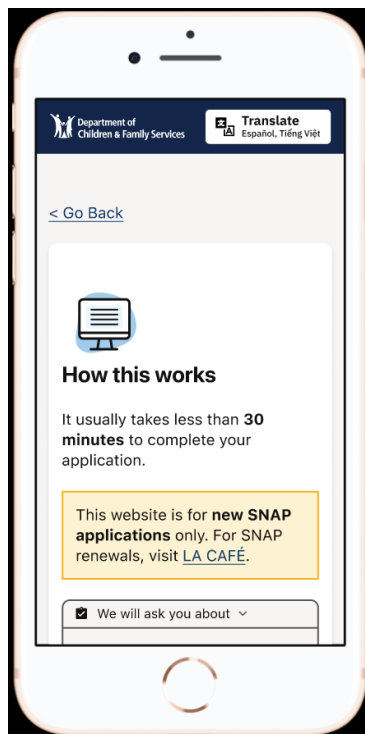



Figure 2. Screenshots of SNAP Application for Information Group.




Good news! If you're approved for SNAP, you're also eligible for free childcare and pre-K.

These programs can:

- Provide free childcare and education for children from birth through age 4
- Provide free pre-K in public or private school for 4-year-olds

At the end of this application, we'll show you a clickable link to the NOLA Public Schools application (enrollnolaps.com).

Are you interested in free childcare or pre-K?



Good news! If you're approved for SNAP, you're also eligible for the Women, Infants, and Children (WIC) program.

WIC can:

- Provide infant formula
- Provide a WIC EBT card for healthy food
- Provide nutrition education

At the end of this application, we'll show you a clickable link to the WIC application (mywic.us/participantreferral).

Are you interested in the WIC nutrition program?

Figure 3. Screenshots of SNAP Application for Support Group.

Good news! If you're approved for SNAP, you're also eligible for free childcare and pre-K.

These programs can:

- Provide free childcare and education for children from birth through age 4
- Provide free pre-K in public or private school for 4-year-olds

Would you like us to send your information to New Orleans Public Schools to help complete your free childcare application?

NOLA-PS would contact you to finish the application.

Yes, start my free childcare app

No, I'm not interested

Good news! If you're approved for SNAP, you're also eligible for the Women, Infants, and Children (WIC) program.

WIC can:

- Provide infant formula
- Provide a WIC EBT card for healthy food
- Provide nutrition education

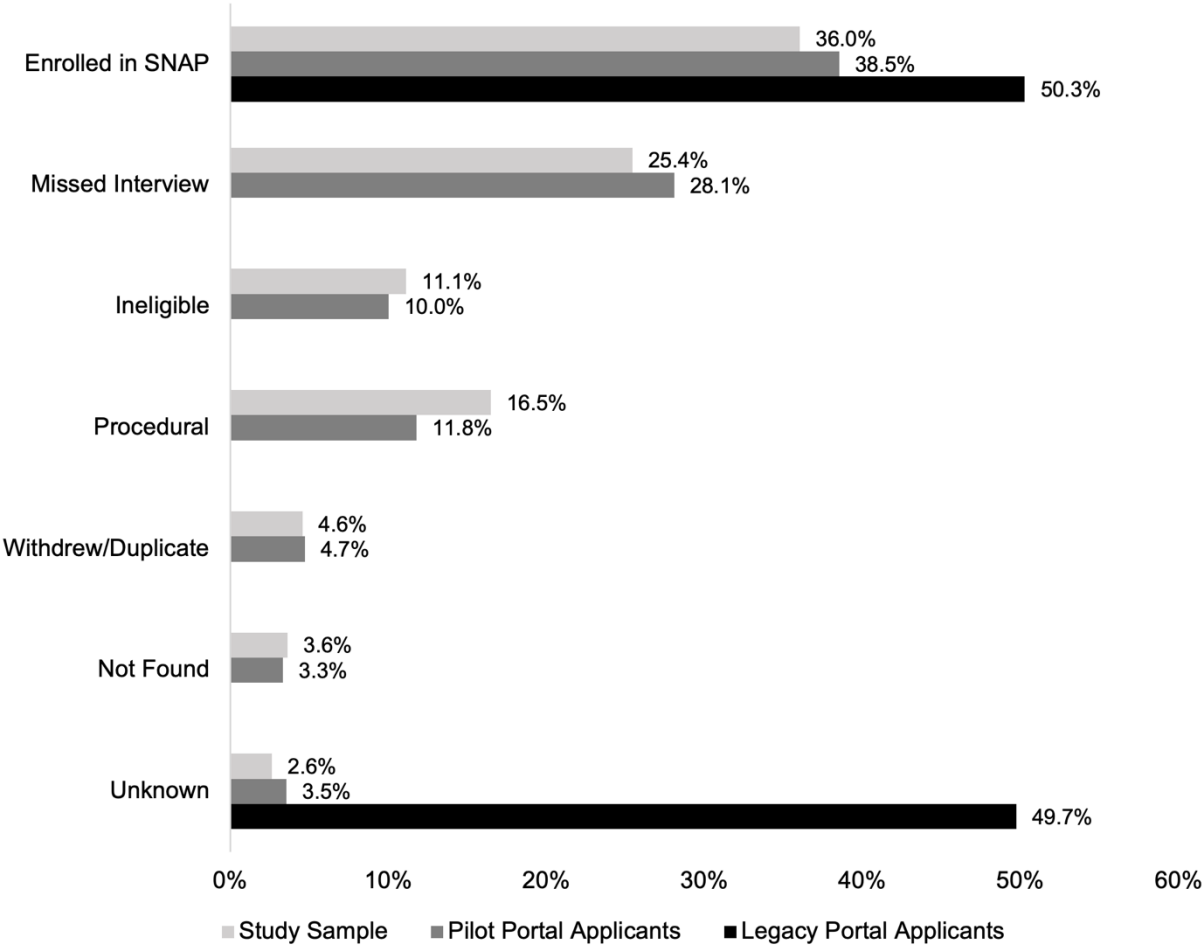
Would you like us to send your information to the Louisiana Department of health to help complete your WIC application?

The Louisiana Department of Health would contact you to finish the application.

Yes, start my WIC app

No, I'm not interested

Figure 4. SNAP Applicants' Enrollment Outcome or Reason for Not Enrolling.



Appendix Table 1. Descriptive statistics and randomization balance for ECE sample.

	Control	Treatment minus control	Information minus control	Support minus control
Household type				
Pregnant	0.070	-0.018 (0.024)	-0.023 (0.027)	-0.014 (0.028)
Infant	0.315	0.014 (0.047)	0.048 (0.055)	-0.017 (0.053)
Child age 1+	0.615	0.004 (0.049)	-0.025 (0.057)	0.031 (0.055)
Applicant's race/ethnicity				
Black, non-Hispanic	0.252	0.010 (0.044)	-0.010 (0.050)	0.028 (0.051)
Hispanic	0.259	0.086* (0.047)	0.050 (0.053)	0.120** (0.054)
White, non-Hispanic	0.091	-0.039 (0.025)	-0.064** (0.027)	-0.016 (0.032)
Other race/ethnicity	0.042	-0.010 (0.019)	-0.002 (0.023)	-0.017 (0.020)
Missing	0.357	-0.047 (0.047)	0.026 (0.057)	-0.114** (0.052)
Observations	143	453 (Treat=310)	292 (Info=149)	304 (Support=161)

Notes: Standard errors appear in parentheses. "Control" column shows characteristics of control group households in proportions. Other columns show differences in proportions between treatment and control groups. "Treatment" combines information and support groups. *** $p < 0.01$; ** $p < 0.05$; * $p < 0.1$.