



FINAL REPORT

Alexandria Recurring Income for Success and Equity



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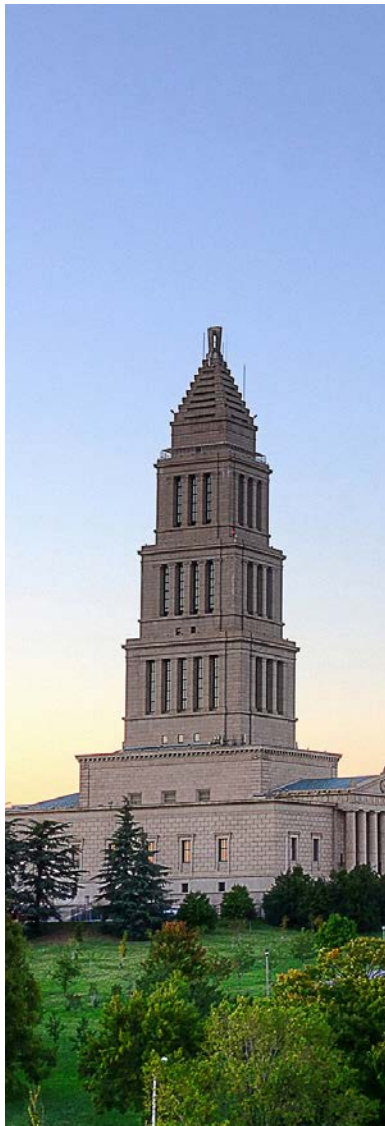
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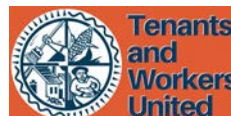
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This report is made possible by the 184 participants in the *ARISE* pilot, including 30 who shared their stories in interviews and 12 who shared their stories through ethnographic interviews and observations, and the 210 members of the study's control group. The research team gratefully acknowledges their generous contributions and their permission to include their voices in the writing. All names used in this brief are pseudonyms (not the real names of our interviewees) to protect their privacy.

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Executive Summary

This report presents final results from a mixed methods evaluation of *Alexandria's Recurring Income for Success and Equity (ARISE)*, the guaranteed income (GI) pilot of Alexandria, Virginia. GI provides participants with recurring cash payments they can use on any type of expense and without having to participate in any other services. Central to the idea of guaranteed income is the notion that GI participants themselves are better positioned than anyone else to know how to improve their own lives, and they will spend GI accordingly.

ARISE offered \$500 per month for 29 months, from February 2023 through June 2025, to 184 residents over the age of 18 residing within the city limits who had incomes that did not exceed 50 percent of Area Median Income, which for a family of three was a ceiling of about \$64,050. In total 170 residents participated in the program. Although *ARISE* began as a 24-month (2-year) pilot, Department of Community and Human Services (DCHS) obtained funding from Alexandria City Council to extend it by 5 months.

Exhibit ES.1: *ARISE* eligibility requirements

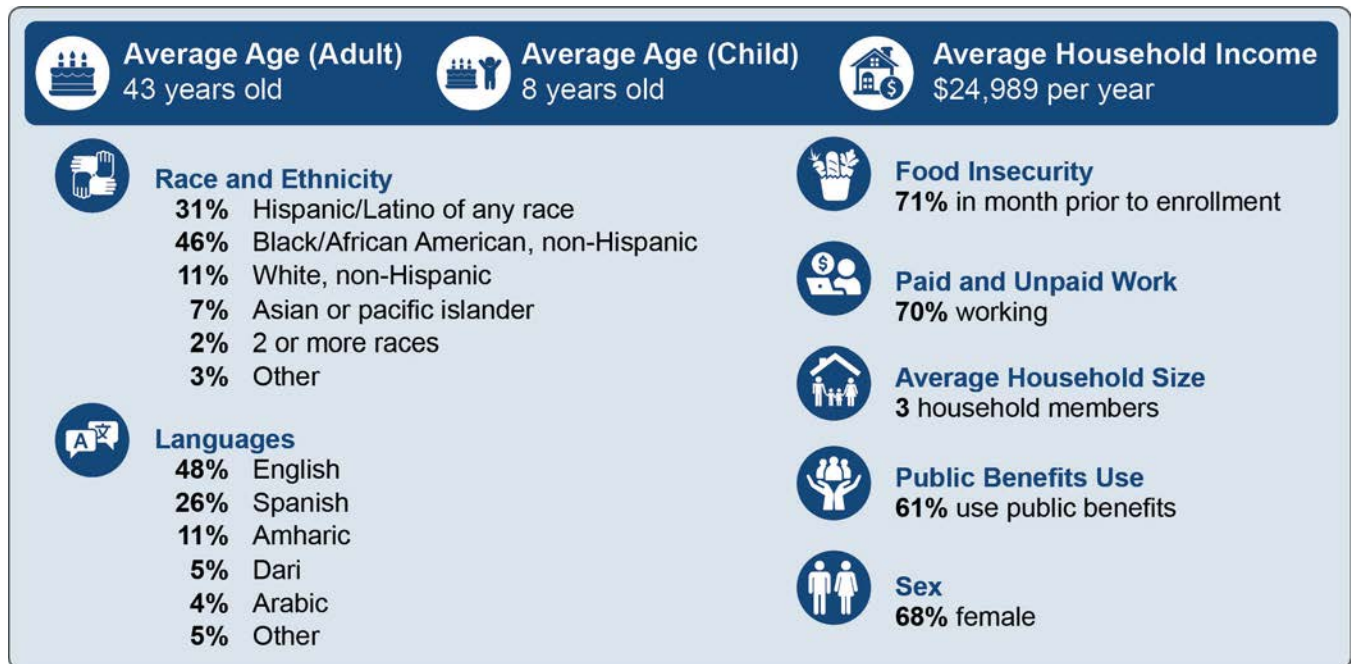
Eligibility Requirements	
	Alexandria City residents
	At least 18 years old
	Household income at or below 50% of Area Median Income (\$49,850 for one person; \$64,050 for a family of three)

Who participated in *ARISE*?

At the time of application, the average *ARISE* participant was 43 years old, female (68%), and identified as Black (46%). About half (56%) lived with children. Participants were economically disadvantaged at application; their average household income was around \$24,000, compared with the city's median household income of over \$113,179.

Most pilot participants were receiving public assistance (61%). Despite that, they still faced material deprivation in their basic needs: more than 70 percent were food insecure in the month prior to enrollment, meaning they did not have enough money to purchase foods their family needed. Few participants had any meaningful savings, and more than half had credit card debt or other revolving debt.

Exhibit ES.2: Participant Characteristics at Application



What did the research find?

Through a rigorous mixed methods (quantitative and qualitative) evaluation, the research team measured the impact of GI on various aspects of participants' quality of life, such as financial well-being, physical health, psychological well-being, food security, and housing stability. The team also looked at whether increased financial security and a stable income stream allowed participants to spend more time on important activities such as parenting, self-care, personal and professional development, or family. These findings were based on data from surveys completed by pilot participants and control group members, as well as interviews with a subset of pilot participants.

Quality of Life

Financial stability and debt: GI helped participants move from acute scarcity toward basic financial security. Survey data show reductions in payday loan use and "other debt," while interviews revealed participants paying down utility arrears, medical debt, and credit card balances that had accumulated over years. Although \$500 per month did not eliminate structural hardship, it stabilized month to month cashflow for many families. In the survey, a

statistically significant greater share of *ARISE* participants reported being able to cover costs compared to control group respondents.

Mental health and reduced stress: While statistical changes in stress measures were modest, interviews and ethnographic observations (in-depth, real-world observations of participants over time) showed profound emotional relief. Participants described *ARISE* as lifting a psychological weight—allowing them to "breathe," sleep better, and experience joy without constant fear of unmet bills. Parents reported being more patient and emotionally available to their children.

Food security and nutrition: Survey results did not show measurable gains in food security. However, interview data reveal clear improvements for some participants from receiving cash: families purchased higher quality food, avoided skipping meals, and no longer relied as heavily on food pantries. GI allowed children to have snacks, fresh produce, and occasional treats that were previously unaffordable. Interviewees described lower stress and stigma in meeting their household members' food needs.

Housing stability and homelessness:

One of *ARISE*'s most notable impacts was a statistically significant reduction in homelessness among treatment group members by month 24. In interviews, participants described using GI to secure safer housing, move to cleaner units, or bridge rent gaps during crises. Household chaos also decreased during the pilot, reflecting calmer, more predictable environments, which are particularly important for children.

Agency, Mattering, Network, and Parenting

Agency and future planning: GI substantially increased participants' sense of agency and future orientation. Survey data show higher scores on the Adult Hope Scale's "pathways" and "agency" subscales, especially at 12 months. In interviews, *ARISE* participants explained that in some cases, predictable income allowed families to plan for moves, job transitions, debt repayment, and savings. Many took "productive risks" they had long deferred.

Parenting and child wellbeing: By freeing families from constant crisis management, *ARISE* expanded parents' emotional and temporal bandwidth. Parents described being more present with their children, participating in extracurricular activities, and creating joyful experiences like meals out, sports, and birthday celebrations that strengthened family connection and supported children's development.

Sense of mattering and dignity: Although surveys showed limited statistical change, qualitative data reveal significant gains in perceived dignity. Participants felt recognized, trusted, and respected, especially compared to stigmatizing experiences in traditional benefit programs. Some used funds to invest modestly in themselves via new clothes or other self-care for the first time in years.

Social networks: Relieved from borrowing and crisis driven dependence, participants were able to reciprocate support within their networks. They bought groceries for relatives, hosted meals, and strengthened ties that serve as long term sources of resilience.

Income and Work

Paid and unpaid work: *ARISE* participants had lower earned income during the pilot period — a predictable finding for GI programs. This was not because they had fewer jobs, however, but rather because they worked slightly fewer hours. Qualitative data show this reflected strategic shifts, not reduced effort, as parents left second jobs to care for children, individuals recovering from surgery or pregnancy reduced work hours appropriately, and participants chose jobs better aligned with long term advancement. These findings challenge narrow public conversations about the impact of GI on "work effort," showing GI enabled healthier labor market matching and caregiving stability.

Transportation: *ARISE* program designers were interested in how GI could help participants with transportation needs. Participants often used GI for car repairs, gas, or, in a few cases and after saving for several months, for a down payment on a reliable vehicle. Access to a car improved employment consistency, school attendance for children, and family mobility.

Education and entrepreneurship: The survey did not show any changes in education enrollment. However, many participants had aspirations to pursue credentials, training, or small business ventures. High tuition costs, limited time, and Alexandria's cost of living meant the \$500/month amount was insufficient to enable these goals. Participants expressed interest in pairing GI with education advising or business incubation supports.

Design and Implementation

Outreach and accessibility: The City's multilingual, community partner driven outreach strategy was highly effective. Participants heard about *ARISE* through community organizations, schools, caseworkers, social networks, and public signage.

Application and payment experience: Participants generally found the application manageable and appreciated *ARISE*'s simplicity and respect compared to traditional programs. The MoCaFi card worked well for most, though

some preferred direct deposit or alternative payment frequencies (e.g., biweekly or lump sum options).

Stigma, privacy, and disclosure: *ARISE* participants navigated varying levels of stigma, with some keeping their participation private to avoid judgment or financial pressure from relatives. Others openly encouraged friends and family to apply in future cohorts.

Benefits interactions: In large part because the City secured waivers for many assistance programs, participants did not lose benefits from participation in *ARISE*. This was an essential design feature that minimized fear and administrative burden.

Preparing for the program's end: Participants varied widely in preparedness. Many “hoped for the best,” while others meticulously budgeted, saved, stocked up, or altered spending patterns. Despite their best efforts, many anticipated a return to financial strain once *ARISE* ended.

What do these findings mean?

ARISE demonstrates that modest but predictable cash support delivered over a long period can materially improve stability, reduce homelessness, strengthen family wellbeing, and facilitate forward-looking behavior, even in a high-cost city. That said, the pilot also showed that *ARISE* alone could not dismantle structural affordability barriers; it did, however, give families the space and security they needed to navigate those barriers more effectively.

Key policy implications include:

1. **Duration matters:** Longer-term cash payments (24+ months) are important. Predictability over time, not just the amount of cash, seems to drive improvements in agency, planning, and mental health.
2. **Cash plus mobility supports:** Participants want counseling, educational navigation, business support, and

resource mapping to help translate stability into mobility.

3. **Graduated offboarding helps:** Participants favored tapered or partial lump sums to avoid financial “cliffs” at program end.
4. **Consider hybrid structures:** A mid-program lump sum option could support asset investments – such as education, vehicles, and business equipment – and accelerate upward mobility.

How was the research conducted?

The findings in this report are based on rigorous mixed methods (quantitative and qualitative) research.

The research team used a randomized experiment to assess the impact of being offered GI, assigning applicants to the *ARISE* treatment group which was offered GI or to a control group that was not. Of 184 applicants assigned to the program group, 170 were confirmed eligible and received GI; 14 did not receive GI because they could not be contacted, proved to be ineligible, or declined the GI payment for various reasons such as the potential loss of other benefits. Another 210 applicants were randomly selected before the control group.

All 184 residents offered GI and the 210 control group members we were able to locate were asked to complete surveys at 12 and 24 months after the first payment. They were also asked to complete brief (two-question) surveys accompanying interim requests for updated contact information at 6 and 18 months. The research team estimated the impact of *ARISE* as the difference between the mean outcomes and the control group's mean outcomes of participants and those of the control group, making statistical adjustments to account for attrition over time (for example, when participants could not be contacted). The study's [pre-specified analysis plan](#) identified the outcomes that would best measure the program's effect on participants' quality

of life; hope and agency; and income and employment.

In addition, the team interviewed a subset of 30 GI participants at the 12-month mark to understand their experience in the program, explore topics not covered in depth on the survey, and help interpret the survey findings. The team also conducted offboarding interviews with 15 GI participants at the end of the tapering payments, as well as interviews with DCHS staff who designed and implemented *ARISE*. The evaluation also included an ethnographic sub-study throughout the full duration of *ARISE* with a panel of 12 single parents. DCHS selected single parents for this sub-study in recognition of the unique challenges they face as sole providers and caregivers. The research team met with ethnographic study participants in a range of settings, observing aspects of their daily lives and activities.

Exhibit ES3: Number of Ethnography and Non-Ethnography Participants Interviewed by Interview Type

	Baseline	Midpoint	Offboard
Non-Ethnography	0	30	8
Ethnography	12	9	6
Total	12	39	15





Chapter 1: Introduction and Description of Program

Guaranteed income (GI) programs provide participants with unconditional cash payments for a defined period. Participants can decide how to use these funds to meet their individual circumstances and needs, rather than having assistance earmarked for specific expenses. GI programs also generally establish eligibility once, at the start of the program, and do not conduct ongoing eligibility reviews. Doing this removes the burden of repeatedly recertifying and the risk of losing benefits by failing recertification. It also allows participants to make changes in their lives without the constraint of needing to maintain eligibility.

Program Description in Brief

- *Alexandria's Recurring Income for Success and Equity (ARISE)* provided \$500 per month for 29 months (February 2023 through June 2025) to 184 residents ages 18 and older living within city limits whose incomes did not exceed 50% of Area Median Income (approximately \$64,050 for a family of three). Of those offered the program, 170 residents chose to participate.
- *ARISE* worked with MoCaFi to distribute GI via debit cards. *ARISE* staff selected this vendor because it had a low-entry requirement: participants only had to provide phone numbers and no other information was needed. MoCaFi had an app which participants could download on their phones to see their balances, if desired. Participants could also use the 24/7 call center to hear their balance or request assistance.
- *ARISE* designed an intentional offboarding process which included counseling and provision of resources through texts, phone calls and emails to participants for 90 days after the pilot.
- The final 5 months of the pilot were added while the pilot was ongoing. Participants had the opportunity to choose between two payment options for the extra 5 months to increase autonomy and power in deciding which payment option worked best for them.

The City of Alexandria wanted to help income- and asset- constrained residents living in a city with deep-seated racial and economic inequality

The City of Alexandria, Virginia wanted to design a GI program to help ameliorate the income gap in Alexandria that the COVID-19 pandemic exacerbated – although economic inequality in Alexandria took root long before the pandemic. Alexandria’s economic disparities are the cumulative result of segregation, racially restrictive covenants, exclusionary zoning, and urban renewal that geographically concentrated Black residents in less desirable areas and limited access to wealth-building assets such as homeownership. Beginning in the 18th century, Black communities such as The Bottoms and Hayti were relegated by such policies to low-lying, under-resourced parts of the city, and vital facilities and services such as schools and libraries remained segregated well into the 20th century.

Alexandria today is racially and ethnically diverse: approximately 51 percent of its residents are white, 21 percent are Black, 6 percent are Asian, and 18 percent are Hispanic/Latino.¹ Alexandria is home to many new Americans, as nearly 25 percent of its residents are foreign-born and almost a third speak a language other than English at home.² These are families who are making a new life in the United States after escaping challenging economic situations and community violence and who are working hard to attain economic wellbeing in an expensive housing market. Immigrants represent a significant part of Alexandria’s labor force, with substantial

contributions as workers, entrepreneurs, and parents of U.S.-born children, while also facing challenges related to documentation, benefits eligibility, and credential hurdles.³

Alexandria currently sees dramatic bifurcation in its labor market: high wage sectors like technology and federal government contracting require credentials that many Alexandria residents historically excluded from opportunity do not possess, while low wage sectors like hospitality and retail are accessible but pay far below what Alexandria’s cost of living demands. Therefore, residents who currently live in poverty in Alexandria, where median income is over \$113,179, face challenges in meeting their basic needs such as housing and food.

An estimated 29 percent of households in Alexandria (22,344) live below the Asset Limited, Income Constrained, Employed (ALICE) threshold, which represents the minimum income a household needs to survive, accounting for variances in cost of living between geographic areas and changes in prices of household necessities.⁴ In Alexandria, ALICE households include “caregivers, healthcare providers, educators, service industry workers, entrepreneurs, Uber drivers, and more.”⁵

Alexandria ALICE households’ monthly “survival budgets” (the minimum cost of household basics) reach up to \$10,130 for two adults with two children, which would require the adults to earn approximately \$60.78 per hour between them.⁶ Similarly, MIT’s Living Wage calculator reports a living wage of \$79.09 per hour for one adult with two children in Alexandria.⁷ These figures illustrate the gap between wages and basic expenses such as childcare, housing, and healthcare in the city.

Local housing indicators show Alexandria residents are majority renters and heavily cost-burdened. About 45 percent of renters pay more than 30 percent of their income to housing, with

1 U.S. Census Bureau (2024)

2 U.S. Census Bureau (2024)

3 U.S. Census Bureau (2024); City of Alexandria Health Department (2025); Northern Virginia Regional Commission (n.d.); Vera Institute of Justice (2025).

4 United For ALICE (2025).

5 City of Alexandria (2023).

6 United For ALICE (2025).

7 Glasmeier & Massachusetts Institute of Technology (2026).

housing production in the city lagging behind population growth in many years despite recent spikes in construction.⁸ Childcare costs also remain a leading driver of hardship for families in Alexandria. MIT benchmarks and caregiver market data place monthly childcare costs near or above \$25,000 annually per child – a cost often eclipsing that of rent for ALICE households.⁹

Members of ALICE households in Alexandria are disproportionately people of color, and due to the nature of many of their careers, they were also disproportionately impacted by COVID-19. The City’s emphasis on racial equity and desire to help residents recover from the lasting economic impact of the pandemic converged to drive the development of Alexandria’s guaranteed income pilot.

DCHS designed and implemented *ARISE*

To design the GI program, the City of Alexandria, through a family foundation, commissioned a pre-pilot assessment in partnership with behavioral science consultants ideas.

This assessment included interviews with 22 potential applicants, as well as extensive consultation with numerous community-based organizations. To ensure broad participation and strengthen trust in the pilot, particularly among immigrant communities with diverse language needs, the City drew on a wide network of community groups, faith-based organizations, and local government agencies to support outreach and engagement.

Using the information gathered through the pre-pilot assessment, Alexandria’s Department of Community and Human Services (DCHS) designed Alexandria’s Recurring Income for Success and Equity (*ARISE*) program, a GI pilot program utilizing American Rescue Plan Act funds.




The pilot’s sponsors in DCHS hoped the pilot could alleviate the stress of living in poverty in the high-cost community and potentially offer economic mobility by providing participants with direct cash assistance.

DCHS partnered with MoCaFi, a financial services organization with infrastructure for and experience with disbursing GI payments, to be the disbursement partner. Participants could choose to either receive direct deposit into an existing bank account or use a MoCaFi-provided debit card that was reloaded with \$500 each month. DCHS also partnered with Abt Global to conduct the evaluation of the pilot.

Once participants were enrolled in *ARISE*, they regularly received email updates about services and classes available to them through DCHS or partner organizations. They could also reach out to a coach who was available to offer supports such as setting goals and connecting them to resources if needed.

The Alexandria GI pilot evaluation was based on a theoretical framework developed by researchers at the University of Pennsylvania’s Center for Guaranteed Income Research.¹⁰ That framework posits that prolonged episodes of scarcity exacerbate risky financial conditions, reduce cognitive capacity, undermine coping strategies, generate negative health and well-being outcomes, curtail hope, and psychologically trap individuals in the present. Conversely, GI may alleviate scarcity and thereby improve mental health and other life outcomes.¹¹

Exhibit 1: Eligibility criteria for *ARISE*

Eligibility Requirements	
	Alexandria City residents
	At least 18 years old
	Household income at or below 50% of Area Median Income (\$49,850 for one person; \$64,050 for a family of three)

8 Housing Association of Nonprofit Developers (2024).

9 Glasmeier & Massachusetts Institute of Technology (2026).

10 The Abt evaluation team used this shared framework in order to

allow the city of Alexandria to be part of a larger pooled analysis across the CGIR and Abt guaranteed income pilot evaluations.

11 West et al. (2023b).

DCHS wanted to protect participants’ other benefits

DCHS provided benefits counseling and onboarded participants. The purpose of benefits counseling was to make potential participants aware of any possible loss of benefits — for example, from housing assistance or Supplemental Security Income — as a result of their increase in income from GI, as well as benefits that would not be affected. DCHS obtained waivers to protect benefits including the Supplemental Nutrition Assistance Program; Low Income Home Energy Assistance Program; Temporary Assistance for Needy Families; Women, Infants, and Children; Medicaid; Child Care Subsidy Program; and means-tested city programs.

The *ARISE* evaluation tests the effects of a cash intervention coupled with access to additional services

During a ten-day application period in October 2022, 4,149 eligible Alexandria residents applied to *ARISE*. From this pool, 184 applicants were randomly selected to receive GI for two years; 14 were later found to be ineligible or declined the offer, leaving 170 participants in the program.¹² Beginning in February 2023, *ARISE* provided these participants with \$500 a month. In May 2024, City Council voted to extend the pilot 5 months, through June 2025, using general fund dollars. In addition to the monthly payments, participants received regular outreach about the program and other supportive services available through DCHS and its partners.

A separate group of 210 randomly selected applicants did not receive GI and served as the study’s control group. Together, the participant and control groups make up the “research

sample” (see Chapter 2 for additional details).

The research team conducted two follow-up surveys of the full sample at 12 and 24 months after payments began. In addition, at interim points (6 and 18 months after the first disbursement), the team administered a shorter tracking survey to confirm contact information, assess engagement in paid or unpaid work, and gauge participants ability to cover a \$400 emergency expense.

To gain deeper insight into the effects of GI, the research team also conducted in-depth interviews with 30 GI participants in March 2024, offboarding interviews with 8 (Exhibit 2) GI participants at the end of the tapering payments, and interviews with DCHS staff who designed and implemented *ARISE*.

Exhibit 2: Number of Ethnography and Non-Ethnography Participants Interviewed by Interview Type

	Baseline	Midpoint	Offboard
Non-Ethnography	0	30	8
Ethnography	12	9	6
Total	12	39	15

Furthermore, the team completed an ethnographic sub-study throughout the entire period of *ARISE* with a panel of 12 single parents. DCHS selected single parents for this sub-study, recognizing the unique challenges they have as sole providers and caregivers. The research team conducted 26 interviews, 10 in-person observations, and ongoing text and telephone communication with the 12-person ethnographic panel. The team met participants’ children, ran errands with them, shared meals, cheered at their children’s soccer games, and talked to participants around their kitchen tables. These intimate glances into the lives of single parents receiving GI allowed the study team to have a deeper understanding of the way GI shapes the lives of single parent households who shoulder significant caregiving responsibilities.

¹² 14 applicants who were originally assigned to receive GI could not be contacted, proved to be ineligible, or declined the GI payment for various reasons such as the potential loss of other benefits.

About this report

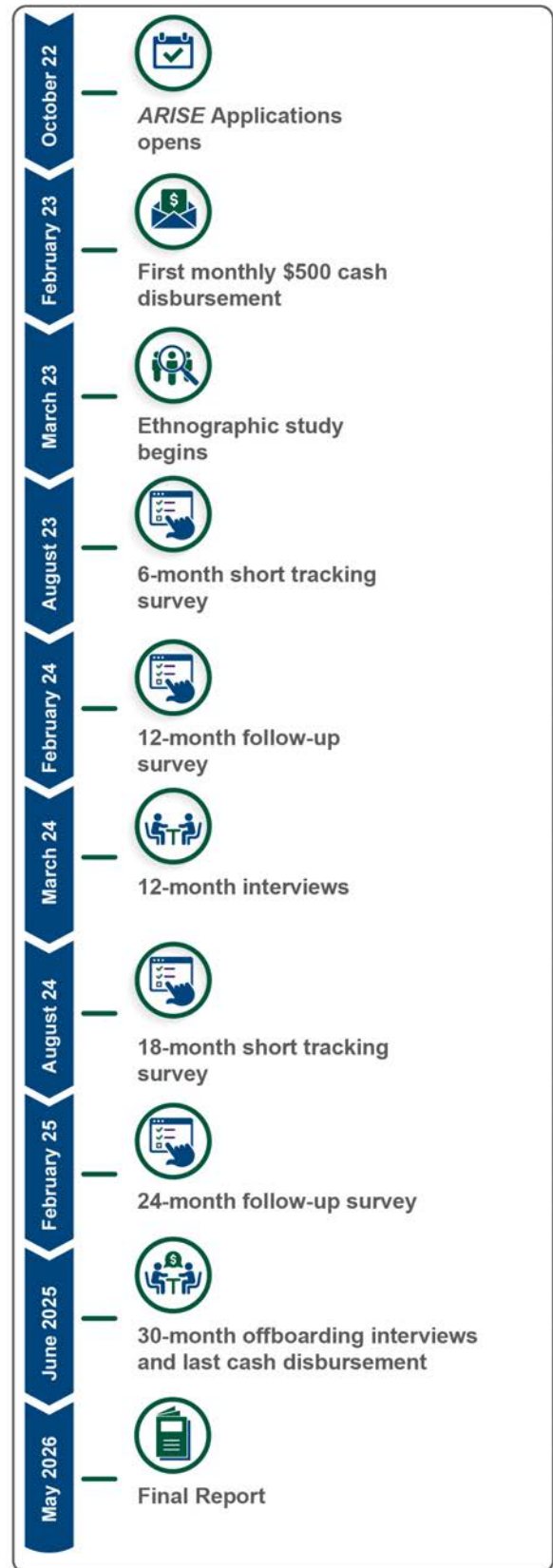
This report presents the final results of Abt’s mixed methods evaluation of *ARISE*, combining quantitative and qualitative data. The analysis draws on five waves of surveys (baseline, 6-, 12-, 18-, and 24-month) administered to applicants selected for the *ARISE* pilot (treatment group) and those not selected (control group). It also incorporates qualitative insights from interviews with 30 *ARISE* participants, as well as ongoing text communication and in-depth observations with a subset of 12 participants who were single parents (ethnographic group). Abt produced an interim report of results of the evaluation at the mid-point of the pilot (based on 6-month and 12-month surveys).¹³

Chapter 2 provides details of the research methods and sample. Chapters 3 through 5 present findings on the impact of *ARISE* on participants’ quality of life (Chapter 3); sense of self (Chapter 4); and income, work, and education (Chapter 5). Chapter 6 presents lessons from program implementation, and Chapter 7 discusses the findings and their implications for future GI and other safety net programs.



¹³ Juras et al. (2024).

Exhibit 3: *ARISE* Timeline





Chapter 2: Research Methods and Sample

The City of Alexandria undertook a rigorous mixed-methods evaluation of its GI pilot, led by Abt Global. The evaluation examines how GI affects participants' quality of life, their sense of self, and economic outcomes, as well as what participants' experiences suggest about the design and administration of safety net programs. This chapter describes the research methods used in the evaluation and the characteristics of the research sample.

The core premise of GI is that participants are best positioned to decide how to use additional income to improve their lives. We did not track how *ARISE* participants spent their GI, but we did measure the impact the GI had on various aspects of their lives. We examined financial well-being as the primary outcome, and then assessed whether changes in financial stability were associated with improvements in other aspects of participants' lives including psychological well-being, food security, and housing stability. We also explored whether a more stable income allowed participants to reallocate time toward education, personal development, parenting or family commitments, or self-care.

Building the research sample

Of the 4,149 applicants, 184 were randomly selected for the *ARISE* **program group**. Fourteen were later found to be ineligible or declined the offer, leaving 170 who ultimately received GI. An additional 210 applicants were randomly selected for the **control group**. Together, these two groups constitute the **research sample**.

Building that sample took the following steps:

1. **Collecting applications from Alexandria residents.** On behalf of the City of Alexandria, on October 31, 2022, the research team launched an online application for interested residents who were 18 or older, were living in Alexandria, and whose household income was at or below 50 percent of Area Median Income at the time of application. The City promoted the program through postcards, flyers, signs on public buses (DASH), websites, and social media platforms. They also collaborated with local community affinity groups, healthcare centers, libraries, food banks, schools, and community centers who promoted the program, and volunteers from many of these organizations helped applicants access and enter information if needed in community application

centers. The online application had three components: (1) questions about whether the applicant met the eligibility criteria for *ARISE*; (2) text explaining the study and asking applicants to consent to research activities should they be offered GI; and (3) a baseline survey asking applicants to answer questions about their demographics and other topics of interest for the research. The application was open for ten days, during which 4,149 people applied.

- 2. Randomly selecting *ARISE* program group and control group members.** The research team screened all 4,149 applicants for eligibility based on information they provided in their online applications. The team screened out applicants whose addresses were not in the city of Alexandria, had household incomes above 50 percent of Area Median Income (based on family size), or were younger than age 18. We refer to the remaining applicants who were not screened out as “potentially eligible” applicants; from them, the research team randomly selected an initial group of study members: 184 to *ARISE* and 210 to a control group not offered *ARISE*.
- 3. Confirming participation of randomly selected applicants.** After randomization, DCHS staff contacted those selected to receive GI to verify their eligibility, answer questions about *ARISE*, offer counseling on how receiving GI might affect other income-dependent public benefits, confirm their desire to participate in *ARISE*, and connect them with their debit card. Neither Abt nor DCHS conducted eligibility or onboarding with the 210 members of the control group.

Of those initial 184 randomly selected to *ARISE*, 14 could not be successfully onboarded—because they could not be contacted, turned out to be ineligible, or declined GI—and were replaced with others randomly selected from the potentially eligible

pool who had previously been unassigned. The original 14 who could not be onboarded—referred to as “inactive” program group members—are included in our analysis to maintain the integrity of random assignment, as is standard practice in randomized experiments. This type of analysis that measures impact of the offer rather than receipt of the intervention is called “intent-to-treat.”¹⁴

Thus, in total, DCHS staff reached out to 184 potentially eligible applicants, 170 of whom were eligible and chose to receive GI, while 14 who were not. **Throughout this report, “participants” or the “treatment group” refers to the 184 individuals offered GI.**

After confirmation was complete, we sent an email notifying all other applicants that *ARISE* participants had been chosen. The first GI payment was sent in February 2023, and monthly payments continued through June 2025, a period of 29 months.

The idea behind random selection of *ARISE* participants was to create two groups of people—an *ARISE* program group and a control group—who should look alike in every way except for the offer of GI. We compared the characteristics of treatment group members versus those of control group members and found no systematic differences between the two groups.



¹⁴ For practical reasons, non-active *ARISE* participants were not asked to respond to follow up surveys. Because they completed comprehensive surveys at the time of application, however, the research team was able to incorporate them in the analysis using the methods described in the study’s pre-specified analysis plan.

Data Collection and Analysis

The evaluation of *ARISE* used a rigorous mixed methods research design, combining quantitative and qualitative approaches. The quantitative component used a randomized experiment to assess the causal impact of the offer of GI, with surveys administered to both the program and control groups to measure outcomes. The qualitative component included interviews with GI participants to better understand their experiences, explore topics not captured in depth in the survey data, and provide context for the quantitative findings. The research team also interviewed DCHS staff involved in the design and implementation of *ARISE*.

Quantitative Methods

All 184 individuals offered GI (including the 14 who did not ultimately receive payments) and the 210 control group members were asked to complete a baseline survey at the time of application. Follow-up surveys were administered at 12-month intervals after the start of the pilot. There were sent to the 170 participants who received GI payments and to the 210 control group members, and were shorter versions of the baseline survey.

The surveys asked study members about their personal characteristics and household composition, employment and income, financial well-being, psychological distress, physical functioning, housing and food security, agency, and hope. The baseline survey was offered in English, Spanish, Amharic, and Arabic, and the follow-up and tracker surveys were offered in English, Spanish, and Amharic. As an incentive, respondents to follow-up surveys (from both the treatment group and the control group) were provided with \$50 gift cards.

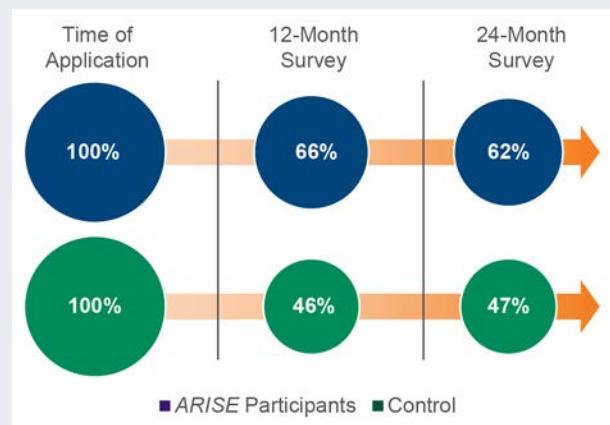
In addition to these surveys, at 6-month interim intervals (that is, at 6 and 18 months following the first disbursement), the 170 GI participants and 210 control group members were also asked to respond to a shorter tracking survey. This tracking survey asked participants to confirm their contact information, whether they are engaged in paid or unpaid work, and if they would be able to pay for a \$400 emergency expense.

The graphic below shows the number of study members in the program and control groups at the time of random assignment (“Application”) and then at each of the four follow-up and tracking surveys.

The research team estimated impacts of GI as the difference between the program group members’ mean outcomes and the control group’s mean outcomes, making statistical adjustments to account for study members leaving the sample over time (e.g., because they declined to respond to surveys). The control group’s experiences represent what would have happened to the program group without GI. The study’s pre-specified analysis plan (Juras et al., 2023) identified outcomes that would best measure *ARISE*’s effect on the program group’s quality of life, agency, hope, and income and employment.

The research team used classical statistical hypothesis tests to determine which impacts can be confidently attributed to GI. In this report, only findings with p-values of less than .05, which is a standard threshold, are described as statistically significant. Findings with p-values between .05 and .10 are described as marginally significant.

Exhibit 4: Survey respondents at each survey wave



Qualitative Methods

As part of the evaluation, the research team conducted an ethnographic sub-study. Ethnography is a method which draws on a variety of different data sources over an extended period of time, in order to build a rich understanding of a program. In this case, the ethnographic study engaged 12 participants over the length of the pilot, conducting interviews at multiple time points and attending events with the participants. Following best practice in ethnography, participant vignettes are woven into the report to offer a deepened understanding of their experiences participating in the *ARISE* program in the context of the other data in the study.

The research team conducted interviews with a subset of GI participants (n=30) at the 12-month mark, offboarding interviews with 15 GI participants (including 6 ethnographic participants and 8 non-ethnographic participants) at the end of the tapering payments, and interviews with DCHS staff members involved in the design and implementation of the pilot.

The 12-month interviews took place in February and March of 2025 and lasted between an hour and an hour and a half. They were largely conducted in person in private rooms in community centers and libraries around Alexandria. Some 12-month interviews were conducted virtually to accommodate participants who wanted to be interviewed after their work day and after community center's business hours. Offboarding interviews took place in November 2025 and lasted thirty minutes. All offboarding interviews were conducted virtually.

Of the 49 GI participants interviewed over the course of the pilot, 35 completed an interview only at a single timepoint, which somewhat limits our understanding of how their experiences changed during and after the pilot. We also did not interview members of the control group, which limits our ability to interpret how and why outcomes changed for them.

Furthermore, the ethnographic sub-study of 12 single parents consisted of 26 interviews, 10 in-person observations, and ongoing text and telephone communication with the ethnographic panel. The team met participants' children, ran errands with them, shared meals, cheered at their children's soccer games, and talked to participants around their kitchen tables, granting the study team a deeper understanding of the way guaranteed income impacts individuals and their families.

GI prioritizes participants' agency by allowing them to choose how to spend their cash. Similarly, we chose qualitative research methods that also emphasize participants' agency by conducting narrative interviews. That is, we asked open-ended questions about their life before receiving GI; experience with receiving GI, including onboarding, payments, and the effects of GI on their life; experience with other benefits programs; and what the end of the pilot would mean for them. We then asked follow-up questions to better understand what interviewees had shared. This approach let respondents lead the interview with their experience of what was most important to them about receiving GI—rather than our asking a more structured set of questions, as we did in our surveys.

Synthesis

Because of our narrative interview format, our findings likely underestimate how many interviewees shared the experiences described here. The variations in their experiences are equally if not more important than how common a theme was, as that variation shows how participants used the flexibility of GI to meet their varied needs and goals.

In this report, we synthesized the findings from the quantitative and qualitative data, using the qualitative data to help readers understand what participants' experiences of the pilot were, including how topics covered separately in the survey connect in everyday life. We draw heavily from our interviewees' own words. All names used are pseudonyms; some identifying details (such as occupations and health conditions) have been omitted, but other details are unchanged.

The Abt research team's goal in making sense of the interviews was to identify both what experiences were common and how participants' experiences differed. We denote how common a theme was across the 49 participant interviews using the conventions below:

Exhibit 5: Quantifying Participant Experiences

All/Almost All	Between 41 and 49 cases (85-100%)
Most	Between 29 and 40 cases (60-84%)
About half	Between 20 and 28 cases (40-59%)
Some	Between 7 and 19 cases (15-39%)
A Few	Between 1 and 6 cases ($\leq 15\%$)

One Caveat to Keep in Mind.

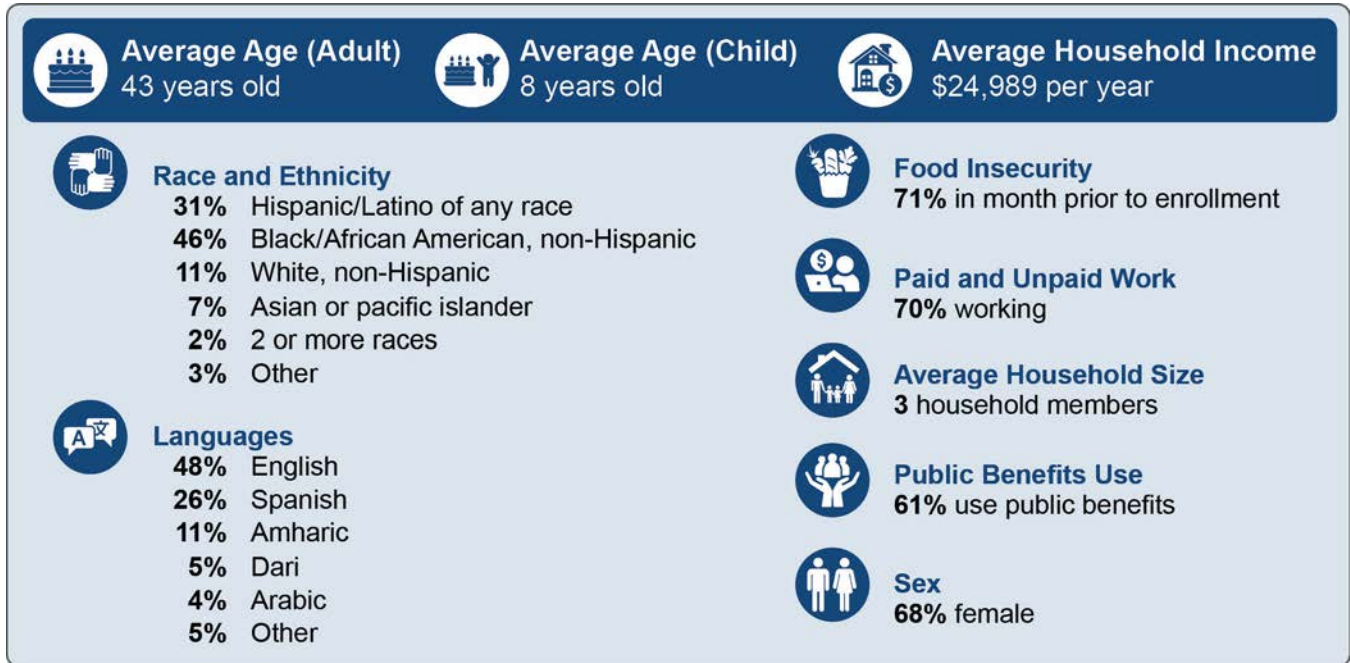
The study's small research sample (N=394) means that GI would need to have very large impacts on participants' well-being for the evaluation to be able to detect them in Alexandria alone. One way to describe an impact's magnitude, for any type of outcome, is as an **effect size** stated in terms of the outcome's standard deviation.

Previous large studies of the lasting effect of cash transfers have found that effect sizes as small as 0.05 standard deviations on key outcomes can be sufficient to make an intervention cost-effective if those effects persist for many years. In contrast, this study of *ARISE* cannot reliably detect impacts smaller than about 0.23 standard deviations, or about four times as large. For example, at application, 71 percent of the program group had experienced food insecurity in the past month; GI would have had to decrease this rate to below 65 percent to be detected as a statistically significant change.

In other words, the study's small research sample means *ARISE* would need to have been extraordinarily effective for this study to be able to confidently report it as a success. However, by combining the results from this study of *ARISE* with the results from numerous studies being simultaneously conducted by Abt and the Center for Guaranteed Income Research in other cities using the same research methodology, the overall effects of GI on participants' well-being will come into much sharper focus.



Exhibit 7: Characteristics of *ARISE* participants



Participant descriptions of life before *ARISE*

During interviews, participants shared a range of experiences of living with profound financial insecurity before the pilot, including food insecurity, stress, depression, desperation, inability to sleep, and feelings of loneliness and shame. Overall, participants found themselves in a defensive stance from financial deprivation and instability. For ethnographic participants in particular, this was compounded by the pressure of caregiving as single parents. Most participants experienced severe emotional and psychological distress prior to receiving GI from the *ARISE* program. One participant described

filling out the initial application and facing the reality of her financial difficulties on paper:

“As I was completing the application, the question just made me so emotional because a lot of them I could answer yes, and I need support... And you would think the yeses were good things, but it was like things like, well, do you skip meals? Well do you have emotional moments. Do you feel hopelessness?” - Catherine

Strong community connections to family and friends and institutions helped to mitigate these experiences by providing loans, childcare, and food but were rarely enough to sustain wellbeing.

\$500/Month in Context

*The median household income among participants was less than \$22,000 annually, and the average household income was around \$24,000. Even adding the full \$6,000 a year of *ARISE* income, participants were living in poverty in an expensive city.*



Our interviews and home visits with participants indicated that the city’s disparity between housing costs and income levels created significant financial strain, often forcing participants to prioritize rent over other essential needs. Many reported living in housing units with quality issues such as mold, pests, and inadequate maintenance, which can negatively affect their health and well-being.

One participant described the aftermath of a pest infestation that led to six months of homelessness, noting the lasting trauma that lingered for her and her children.

“I could survive anywhere but to see my kids - even though they didn’t quite understand and didn’t feel the depths of what was actually going on, it’s difficult as a mom to manage those thoughts and emotions of what you wanted for your kids and what life is giving you at that moment...the [infestation] caused a lot of trauma... It took a long time to be able to sleep without the fear of them jumping on the bed. And even though it took a long time to re-establish that peace, being able to be safe, to know it’s not happening anymore... we have a roof. That’s priceless.” - Athena



How to Interpret Graphics and Colors in This Report

This report uses bar charts to show the impact of GI on program group members’ well-being at two points in time after GI payments started in February 2023:

- 12 months after GI payments started, when participants had received two-fifths of their payments (February 2024).
- 24 months after GI payments started, when participants had received four-fifths of their payments (February 2025).

At each point in time, the bar charts show survey responses for the *ARISE* program group (blue) and the control group (green). The difference in height between the two bars at a timepoint should be interpreted as the effect of the intervention. Asterisks denote statistically significant differences, as follows: *** = $p < .01$; ** = $p < .05$; * = $p < .10$.

Colors are used to identify ethnography and non-ethnographic interviewees. Ethnographic participants’ pseudonyms are highlighted in blue, while non-ethnographic interview participants are highlighted in green.



Chapter 3: *ARISE*'s Effect on Participants' Quality of Life

A family's quality of life is closely tied to its economic circumstances, with low income and financial instability having been linked to an array of harms such as increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy.¹⁷ Receiving GI could improve participants' circumstances through better financial well-being and, as a result, access to the resources that are needed to support a healthy quality of life. These include shelter in safe neighborhoods, reliable utilities, proper nutrition and healthy foods, and similar elements that define a person's standard of living. GI may improve children's outcomes by allowing parents to afford basic needs and early childhood education and enrichment. Receiving GI may also help parents improve their own mental health and create a better work-life balance that allows them to have more positive and engaged relationships with their children.



We measured quality of life by asking survey and interview questions about the program group's and control group's cash flow, debt, and other markers of financial well-being; stress levels; physical and mental health; housing arrangements; and food security. We discuss *ARISE*'s effect on each of these outcomes in turn in the sub-sections below. Throughout, we present quantitative and qualitative evidence together to describe how receiving GI might have affected participants' lives.

Findings on Quality of Life In Brief

- *ARISE* participants paid down payday loans and other debt, and interviewees described using *ARISE* payments to address long-standing utility, medical, and credit card debts.
- Participants described increased joy and motivation and lower financial stress.
- Cash payments helped some participants cover medical costs and invest in preventative self-care.
- *ARISE* helped participants to increase the quality of their food and reduced the experience of food scarcity.
- *ARISE* helped participants to move out of homelessness



¹⁷ Office of Disease Prevention and Health Promotion (n.d.)

Participants described using *ARISE* payments to address payday loans and other types of debts

As *ARISE* participants entered the pilot, they were struggling to cover everyday expenses in a high cost of living city. Living with profound financial insecurity, many were carrying debt that they had used to meet the gap between income and cost of living. Debts included credit card debt, payday loans, and utility debt.

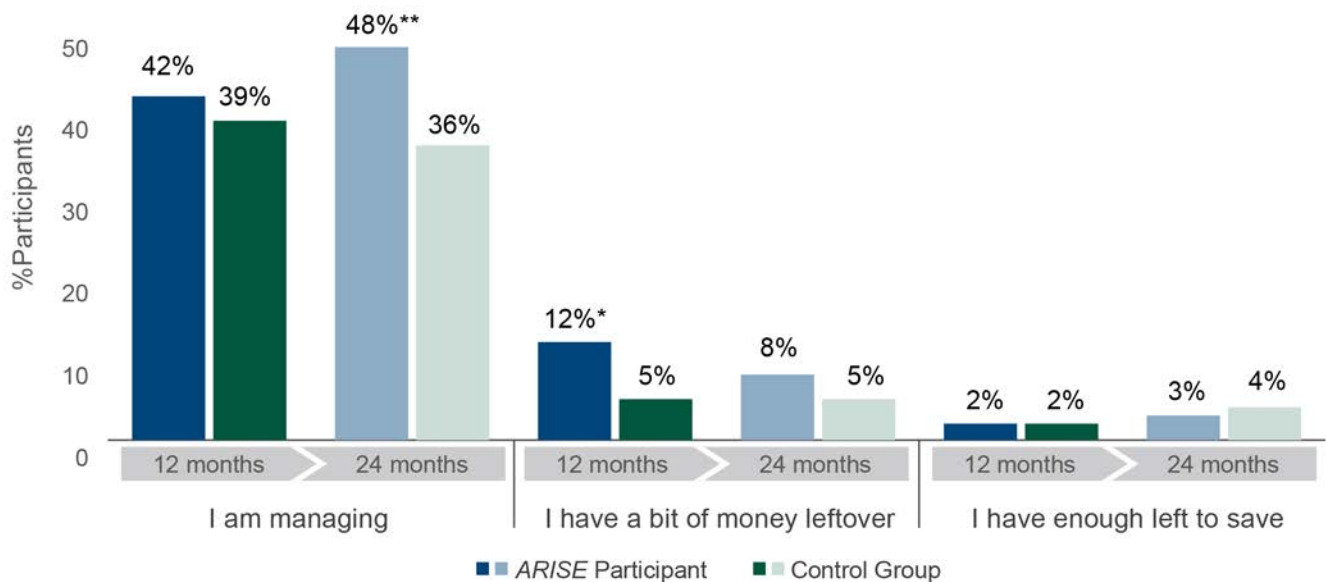
The results of our survey and interview data show GI had a positive but limited impact on *ARISE* participants' financial situations. In the surveys, respondents characterized their household financial situation by choosing one of the following: "Going into debt," "Living on my savings," "Managing," "I have a bit of money left over," "I have enough left to save," or "I don't know/would rather not say." At the 24-month survey, pilot participants were more likely than control group members to describe their financial situation as "Managing" (48% of *ARISE* participants versus 36% of control group), and this finding was statistically significant. At the 12-month survey, pilot

participants were more likely than control group members to describe their financial situation as "I have a bit of money left over," (12% of *ARISE* participants versus 5% of control group) and this finding was marginally significant.

Survey data also show that while receipt of GI did not affect credit card debt or utility debt, it did have an impact on certain other types of debt. At the 24-month survey, 2 percent of *ARISE* participants reported having a payday loan compared to 11 percent of the control group. Similarly, also at the 24-month survey, 15 percent of *ARISE* participants said they had "other debt" compared to 26 percent of the control group. Both of these differences were statistically significant.

Survey data do not, however, indicate that receipt of GI had a meaningful impact on *ARISE* participants' financial well-being. We used a 5-item financial wellness scale from the Consumer Financial Protection Bureau to measure survey respondents' subjective assessment of their financial well-being. At both the 12- and 24-month surveys, *ARISE* participants had higher average scores on this scale than control group members, but the difference was not statistically significant at either time point.

Figure 8. At the 12- and 24-month surveys, a statistically significant higher percentage of *ARISE* participants said they had money left over and were managing, respectively, compared to control group



Interview and ethnographic data create a picture of some *ARISE* participants using GI to chip away at credit card debt, car payments, utility debt, and rent arrears. Most interviewees (n=24) paid down or entirely eliminated debt during the pilot. One *ARISE* participant, Tiffany accumulated utility debt when she was first out of work during the COVID-19 pandemic. Since then, she has often had to seek assistance from the Salvation Army or local churches to pay her utility bills and prevent her water and electricity from being shut off. Using GI, she was able to finally pay off her utility debt and pay her incoming utility bills on time:

"I still had like a current balance left [from going into utility debt during the pandemic] that I had to pay now. And with that [GI] coming in, I was actually able to bring a balance down even though it wasn't big.... This is the first time I'm actually able to pay both of the utilities on time.... I was like, 'Man, I have not seen the [zero] balance ever since who knows when.' Like, it felt really good." - Tiffany

"Robbing Peter to Pay Paul"— Caitlyn's Story

Caitlyn was a single mother of two children. Before receiving GI through *ARISE*, Caitlyn was struggling financially with bills exceeding her income. Her electric bill had reached over \$1,000 at one point, and she was significantly behind on utility payments. She frequently had to tell her children no when they asked to do activities or go places because she could not afford it. Caitlyn described herself as *"robbing Peter to pay Paul,"* borrowing money from others and repaying it in installments when unexpected expenses arose. Her financial stress was constant, and she felt she could only provide basic necessities like food and shelter for her children.

By the middle of the pilot, *ARISE* had changed Caitlyn's financial stability and quality of life. She was able to catch up on bills, particularly her electric and water bills, and pay new bills on time or only a few days late. The cash allowed her to create a rainy-day fund that reached over \$1,200, which she used to cover a \$600 car repair emergency. Most significantly, she was able say yes to her son when he asked to do activities like going to Topgolf, trampoline parks, or taking weekend trips. Caitlyn reported feeling *"way better"* and more optimistic about her financial situation, with significantly less stress in her daily life.

"Before [ARISE], I didn't have enough – my bills were more than my income. But now it's not as bad.... So, I'm not stressing over where I'm going to get this from or how I'm going to go to the grocery store or how I'm going to – before, it was always like, oh, you got to eat whatever in the freezer or the refrigerator. You better eat it until it's all gone. We can't go to the grocery store until it's all gone. Now it's like mom, can we go – did you finish what's in the refrigerator? So, it's not really big... but it's definitely helped."

Near the end of the pilot, Caitlyn and her family moved from their "deteriorating and breaking" house to a new home that she and her children all love. However, Caitlyn also had to buy a new car when her old one was totaled in an accident. With her overall expenses higher than ever, Caitlyn said she would need to get a second job to maintain the improvement in her quality of life that *ARISE* had given her. Caitlyn felt that on net, she ended up in a similar situation at the end of the pilot as she was at the beginning.

"So [ARISE] really helped, like I said, because... my expenses were less then. And now it's like my expenses are almost just as much as I bring in, if that makes sense. So it's like I'm back to square one again, but not back to I mean, not back to square one. But it's like, well, I came up for a second. Now I'm back in slumps."

Both the quantitative data and the interview and ethnographic data point to the reality of a large structural gap between the cost of living in the City of Alexandria and the wages of workers at the low-end of the job market. Many participants faced sizable utility debts and delinquent bills at the start of the pilot, struggling to make just minimum payments so that they could keep housing and electricity. \$500 a month does not seem to have been quite enough to pull participants out of these financial holes and build savings for longer-term resilience without other changes such as landing a higher paying job.

Participants described increased joy and motivation and lower financial stress

Being able to cover basic needs can free up emotional space for joy and motivation. Conversely, financial deprivation increases financial stress. We measured mental well-being at the 12- and 24-month surveys across several dimensions, including with the Kessler 10 and the Perceived Stress Scale.¹⁸ The Kessler-10 scale ranges from 10 to 50, with a score of 30 representing psychological distress. The Perceived Stress scale ranges from 0 to 40. Notably, reducing an individual's stress level is challenging because families often face multiple other stressors in addition to financial ones.

While *ARISE* participants showed no difference from the control group on the Kessler 10 scale, they did have marginally statistically significant lower scores on the Perceived Stress Scale than did control group members at the 12-month survey, although this difference disappeared almost entirely at the 24-month survey. In interviews, however, participants spoke about the ways *ARISE* reduced their stress levels. Therefore, although the indication of reduced stress levels in the survey data is not statistically significant, taken together with interview data it suggests that *ARISE* participants did experience less stress overall.

¹⁸ The Kessler 10 provides a measure of distress based on depressive symptoms and anxiety experienced by participants (Kessler et al., 2003). The Perceived Stress Scale provides a measure for how stressed participants feel (Cohen et al., 1983).

Figure 9: *ARISE* participants were less stressed than control group members at 12 months

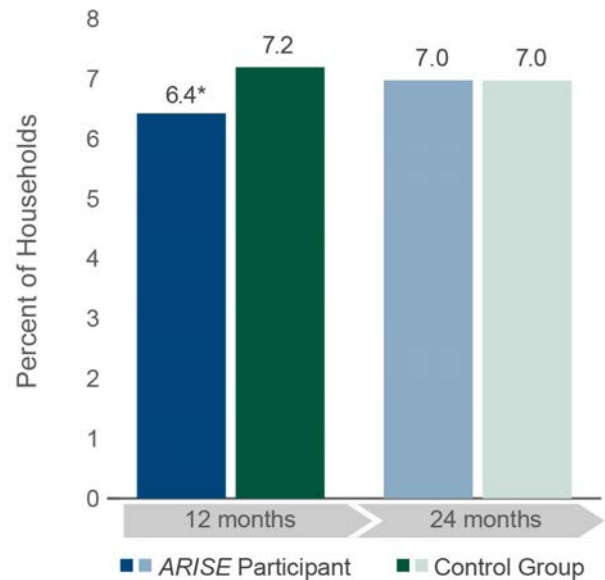
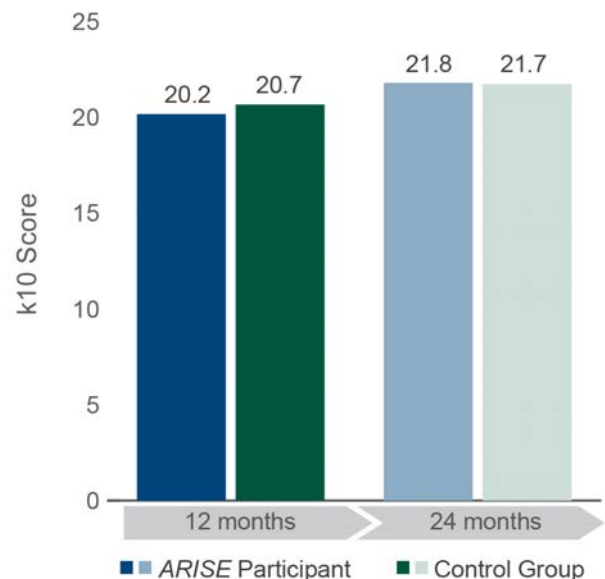


Figure 10: *ARISE* participants scored similarly to control group members on the Kessler 10



“I Have Been Able to Smile”–Tiffany’s Experience

Tiffany was a single mother of a 14-year-old. She worked at a job in Maryland, commuting each way by car, but her hours were inconsistent and she was often not able to work enough to earn the income she needed to provide for herself and her son. Before *ARISE*, Tiffany’s financial instability caused her emotional distress. She often had to go without purchasing things she or her son wanted or needed, including food, because she had to prioritize rent payments. Tiffany reflected on the stress and anxiety she experienced before the pilot:

“Before, honestly, I didn’t even want to go out. I felt stressed in the room [at home]... It never even occurred to me to spend anything. Since I didn’t have money, sometimes I’d be left with nothing in my pocket, just waiting for rent to come, and I’d think, ‘How am I going to manage?’ It’s such a terrible feeling. You really feel awful, because you ask yourself, ‘How am I going to pay the rent?’”

Once Tiffany began receiving GI, she used the cash to help cover rent, food, and occasional expenses like taking her son to IHOP when he requested it. When her car was totaled, she relied on GI to help her afford a new one. Tiffany described how not having to worry as much about how to afford the things she and her son needed improved her mood and life outlook:

“I feel different compared to when I wasn’t receiving those \$500. I don’t know. I felt frustrated, kind of like I had no motivation in life or something like that, that’s how I felt. And now with the program, no, honestly, I feel good. I really do. I feel like a different person. I feel very, very happy, truly... I just know it has helped us because it helped me control my life, my emotions, all of that. It’s helped me. I have been able to smile... To be happy because I was sadder before. Very sad. Very pensative. Not as much anymore. It has helped me to be happy.”

For Tiffany, GI helped replace feelings of despair with joy. At the end of the pilot, her stress increased again as her financial instability began to return. Tiffany explained that she was trying her best to cope with the stress to keep it from affecting her health:

“When I had that \$500 -- the stress disappeared a lot. You’re not nervous, everything’s perfect. Right now, my stress has gone up about 70 percent, but I’m trying to keep it from affecting me, because if the stress gets to me, I might get another illness, like kidney problems or something. I’m taking it easy. I’m trying to focus my mind on other things, you know? Not thinking about what’s coming and running out of money, because things are tough right now, so I’m trying to keep it from affecting me... I’ll focus on other things like drawing, doing things in a notebook.”

ARISE participants we interviewed explained that GI alleviated their financial stress in several ways, including by allowing them to catch up on bills, move to better quality housing, improve the quality and quantity of their food, and provide their children with the treats and after school activities they asked for. Less burdened with worry over where they would get money to cover these expenses, participants reported feeling calmer and happier. Lucia, the mother of a six-year-old, was under significant stress before the pilot as the small business she

owned at the time struggled financially. Lucia explained how GI helped her mentally and emotionally:

“I felt a little bit relieved because knowing that you have a little bit of help, you know, it gives you -- like I said, it gives you peace in the head and mind and heart and everywhere. And then you’re not stressing over -- you know, in front of your kids, so.” - Lucia

Cash payments helped some participants cover medical costs and invest in preventative self-care

While survey data do not show any statistically significant differences in *ARISE* participants' physical functioning compared to control group members over the course of the pilot, participants we interviewed discussed multiple ways in which GI allowed them to improve or maintain their physical functioning, including by helping them cover medical costs and invest in preventative care they otherwise would have had to forego. In some, GI helped participants absorb the financial shock of an unexpected medical bill. Daisy was out of state when she had to undergo emergency surgery for a hysterectomy and endometriosis treatment. Her bill was \$28,000. Daisy explained how GI helped her deal with this enormous cost:

“So actually that money that I was getting from [ARISE]... some of it I was using just to help, you know, for day-to-day things before that happened for -- you know, like helping with bills to pay. But when I got very ill, that [GI] was actually helping me out for parts of my medical bills, because as you can imagine, I'm having a surgery that was not planned while I'm out of town. That's going to -- I was getting more fees than I normally would do because I was out of network. And so that was like a blessing at that time....” - Daisy



There were also instances where GI allowed participants to access medical care when they were without health insurance. During a period when Catherine's children had been denied Medicaid and left with no health insurance, she was able to take her son to the pediatrician using GI:

At the beginning of the year and my son was having like, nosebleeds or something, and I had to pay out of pocket for him to go to the pediatrician. So that money was there, and it allowed me to be able to pay for it out of pocket and not worry about the fact that rent is right around the corner, you know?” - Catherine

For some *ARISE* participants, losing GI at the end of the pilot meant they could no longer cover the costs of psychiatric medications or routine health check-ups or procedures. For example, George said that after *ARISE* ended, he avoided going to the dentist despite needing dental care because he did not have dental insurance and could not afford to pay out of pocket. Furthermore, Irene was left with permanent injuries after a severe car accident in 2024, and as a result she needs regular spinal injections to manage her condition. After the end of the pilot, she faced unexpected costs for the injections, and she had to stop getting them because she could not afford the treatment.

Irene also lost access to psychiatric care and medications after the pilot due to cost. She explained how this affected her ability to manage her conditions:

“I mean, everything I was taking the medication for is now being managed by, you know -- with [a] mental health toolbox and one of the tools [is] medication. And when you need it, you need it. When you [don't] have it, you try to rely heavily on the other tools, which may not suffice. So I'm struggling with my [conditions].... Definitely not being able to afford my medications or seeing my psychiatrist [is] a direct contributor to not having what I need.” - Irene

ARISE helped participants to increase the quality of their food and reduce the stress of food scarcity

The results of our survey data show no significant impacts of *ARISE* on participants' food insecurity at 12 or 24 months. In interviews, however, pilot participants reported improvements in the quality and amount of food they were able to buy. Thirteen participants we interviewed said that before *ARISE* they had to skip meals or limit the amount of food they purchased due to financial limitations, but during the pilot they were able to use GI to purchase sufficient food. A few participants (n=4) temporarily stopped or greatly reduced their use of food assistance such as food banks and pantries specifically for the duration of the *ARISE* program. Additionally, 21 participants reported buying better quality food, such as Vicky, who explained:

"Eating healthy is more expensive than junk food. So I mean, [before ARISE] we would eat a lot of junk food unfortunately because it was cheaper." - **Vicky**

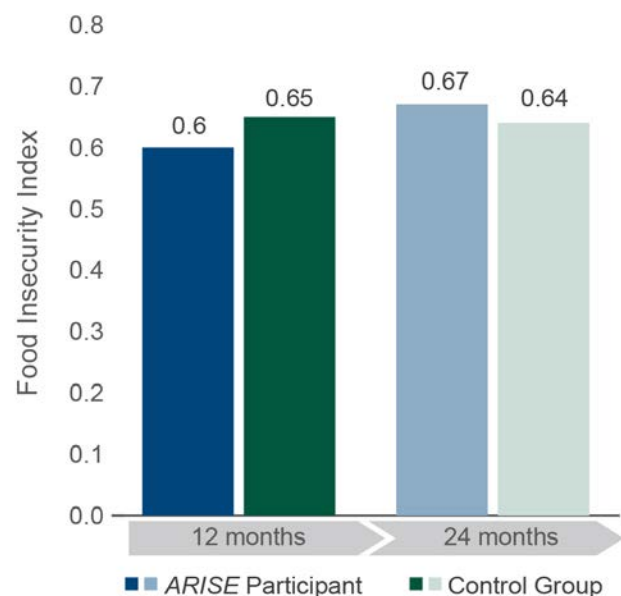
ARISE participants we interviewed at the end of the program described having to shift their eating habits back to being more restrictive in light of losing GI. After the pilot ended, Audrey was forced to go back to putting groceries on her credit card when her food budget ran out. She explained how challenging it is to be forced to resort to this method to buy food:

"I don't think anybody should have to go into debt to eat. I think that's crazy. I understand people going into debt for like, you know, consumerism and that kind of stuff, but I feel like going into debt for groceries is like humbling, to say the least." - **Audrey**

In some cases, participants reported relying more heavily on food pantries and other community food resources after the end of *ARISE*. Based on this testimony, it is possible that we do not see an impact of GI on food security in the survey data because the community has a strong network of food pantries that participants were able to access both before and after the program. However, interview data suggest participants had increased food-related stress without GI because they had to use food banks, take on debt, and restrict their types of food intake to make ends meet. Isabelle connected food security to mental wellbeing:

"If you don't have anything to eat, you start to worry. It gives you a lot to think about, right?" - **Isabelle**

Figure 11: *ARISE* participants reported similar food insecurity to the control group respondents



“If They’re Good, I’m Good”–Catherine’s Story

Catherine was one of twelve single parents who made up the study’s ethnographic panel. A young single mother with a habit of fidgeting with her hair, she remained calm while speaking of many challenging situations she had navigated, including an abusive relationship. Passionate about both her children and her new office job, Catherine lived with her three children in a two-bedroom apartment in Alexandria. With one of her children recently diagnosed with autism and ADHD, and as the sole parent responsible for her children for most of their lives, she often talked about her children’s needs and her own strategies to provide for them. The children’s father was in and out of the picture, but Catherine did not have a custody arrangement with him or receive child support. Before *ARISE*, Catherine was working multiple jobs to make ends meet, including a part-time position at a dental office and gig work doing Instacart deliveries. Despite this, she found herself in a regular budget deficit of about \$1,000 each month. Because she was under so much financial pressure, Catherine sometimes sacrificed her own meals to ensure her children had enough to eat:

“There were nights where I might have had like ten, maybe eleven dollars, and I was like do I make a decent meal for my kids or do I split it up to where we both can eat? I was like well, I’ll just make a decent meal for the kids and then, if they had leftovers or if there was something that [they] didn’t eat, then I would eat it.... So sometimes it would be where they’ll have spaghetti, I’ll eat noodles, right? Or if they did burgers and french fries, I would have some of the french fries. Just [up to] where it was that they were full, and then that [what was left] I could [eat].... If they’re good, I’m good. That’s all that matters to me.”

With GI, Catherine had financial breathing room. She was able to do fewer Instacart deliveries, freeing up time she could instead spend with her children. Catherine also saved as much GI as she could manage to prepare to move to a larger apartment where her growing children could have their own spaces. Where she spent most of her *ARISE* money, however, was on groceries. She described how GI eliminated her constant stress about affording food:

“It [ARISE] was a game changer; it allowed me to – when I think, ‘Oh, shoot, I don’t have money for food. Oh, I have this [GI].’ Honestly, if you look at those [most] if not all of my purchases [with the ARISE card] have been food items because it’s where I struggled the most to try to keep things together for my family. But, yeah, for me, it also changed my mental. I’m not as worried or concerned about tomorrow’s meal, if there’s money in my pocket, it is really that safety net that I needed to really keep us stable through the year and not trying to run to tax returns and use that as a way to catch up.”

For Catherine, *ARISE* was a “lifeline” that made “a tremendous difference” in her and her children’s lives. During the pilot, she could keep snacks in the house for her children, like her daughter’s favorite Costco muffins, and send her kids to school with sandwiches when they didn’t like the school lunch. When *ARISE* ended, however, Catherine’s family’s food intake decreased, and she had to return to finding ways to make less food stretch further:

“So I will do a bigger pack of ground turkey and have them eat tacos for two nights in a row instead of one night to help kind of stretch that, you know, that budget.... It’s always water now, we don’t do juices as much anymore.... There have been nights where the kids wanted seconds, but there wasn’t seconds. So again, because, you know, I got big boys, so sometimes they want seconds, and it’s like, I didn’t make enough for seconds. I only made enough for us to be able to eat.... Maybe drink some water. See if that’ll help you fill up.... So yeah, from having the funds to not having the funds, definitely can tell the difference. You know, I’m not racking up at Costco. I’m definitely, like, going and getting bare necessities.”

ARISE helped participants to move out of homelessness

Reflecting both the dramatic income inequality in the City of Alexandria and the gap between cost of living and income for *ARISE* participants, 5 percent of pilot participants' households were experiencing homelessness (including being unhoused or doubled up with family) right before the program began. At the 24-month survey, however, *ARISE* participants were less likely than control group members to report experiencing homelessness, a difference that was statistically significant and indicated that receipt of GI impacted whether respondents experienced homelessness.

On surveys, we also asked participants about their home environments, including the amount of disorganization, noise, unpredictability, and routine, as indicated by the Household Chaos scale. Total scores range from 15 to 60 with higher numbers indicating higher household chaos. We would expect that participants in doubled-up households experienced a greater degree of household chaos.¹⁹ Consistent with this hypothesis, *ARISE* participants reported significantly lower levels of household chaos at the 12-month survey than did control group members. Although the difference between household chaos levels reported by pilot participants and the control group was no longer statistically significant at the 24-month survey, *ARISE* participants still reported less household chaos on average, suggesting that *ARISE* helped some participants create more peaceful home environments over the entire period of the pilot.

Figure 12: By the end of the pilot, *ARISE* participants experienced less homelessness than the control group

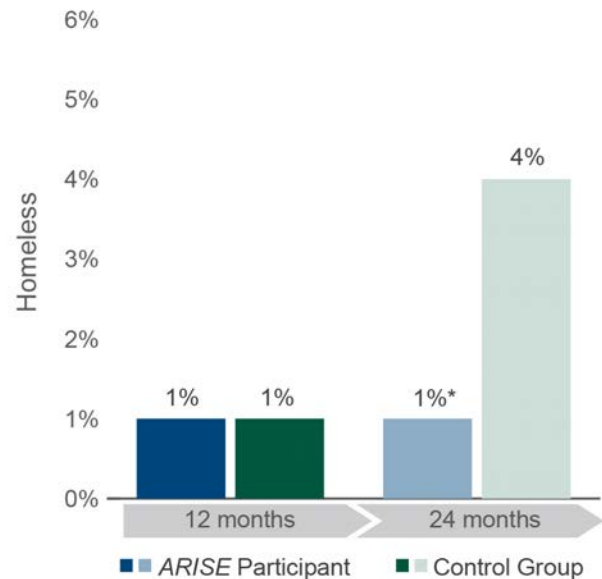
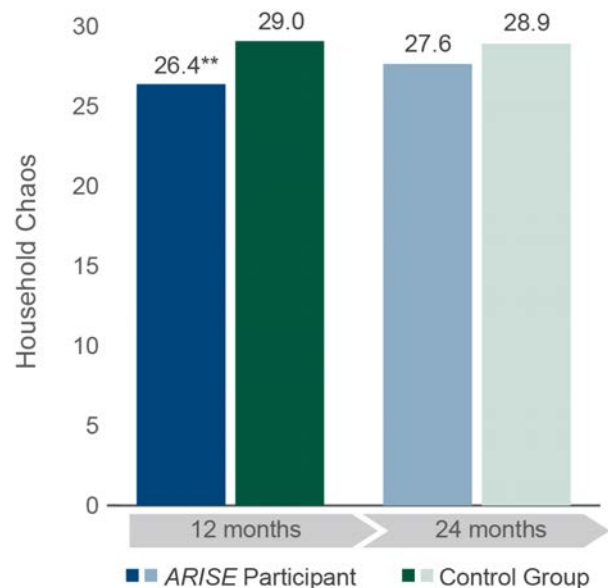


Figure 13: *ARISE* participants experienced lower household chaos by the mid-point of the pilot



¹⁹ The Household Chaos scale is a 15-item questionnaire with four response categories: "Very much," "Somewhat," "A little bit," and "Not at all." Total scores can range from 15 to 60, with higher numbers indicating higher levels of household chaos. Matheny et al. (1995).

Interview data generally mirror the results of the survey data: participants reported using GI to pay for improvements in the quality of their housing and to form new households, both of which would have reduced the level of household chaos and improved living conditions for participants and their children. Several participants we interviewed reported using GI to move out of sub-standard, pest-infested housing. Catherine, a mother of three, was living in a “decrepit” apartment before *ARISE*, where the family struggled with mice and roach infestations and Catherine shared twin beds with her younger children due to lack of space. Catherine was able to use GI to move her family to a cleaner and larger apartment where they feel comfortable and safe:

“Now instead of me sharing the bed, twin bed with my two youngest children, instead of my daughter having to go through her changes in the same room as her little brother, instead of me being terrified to even walk into the place that I live because of my [pest] phobia, we were able to move into a nicer place. But, of course, the nicer place means more money.” - Catherine

Many participants (n=29) used GI to help cover the costs of housing during the pilot. For some of these participants (n=10), the GI allowed them to move to a better housing or neighborhood situation. However, when the pilot ended, participants were unsure that they would be able to maintain their newly improved housing situations. Paige, a single mother of two, used some of her GI to help pay rent during the pilot period. When we interviewed her at the end of *ARISE*, she reported having received an eviction notice and said she had to seek emergency rental assistance to avoid losing her apartment.



“Somewhere I Can Call Home”—Scarlett’s Experience

Scarlett was a single mother of a kindergartener. Scarlett had been in the United States for several years, and at the start of the program was living with her mother in Alexandria. Every day, she had a round-trip commute of over two hours from her mother’s home to her job in another city. Although she tried to turn the drive into her “me time” by listening to music and podcasts, commuting more than ten hours each week wore her out. Scarlett was carrying significant debt, including approximately \$8,000 from an extensive dental procedure. She was also paying around \$1,000 per month in rent to her mother plus groceries.

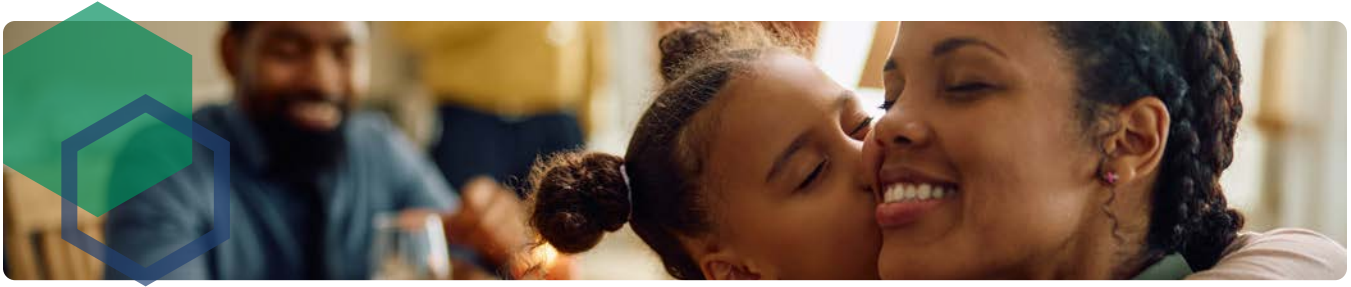
Scarlett felt trapped in her situation and unable to plan for the future. She had no emergency fund or retirement savings and felt she was living day-to-day and month-to-month without a clear plan. When *ARISE* began, Scarlett had a goal to move out of her mother’s house and into a place of her own. She explained that living independently was important to her as a way to keep her motivated and evolving:

“People tell me like, don’t move out, it’s too expensive. I’m like, no, you need to make that stuff. If you just keep on, you know, well, I’m going to be safer here, I’m going to save money. Yes, you can do that forever, but are you going to grow or are you going to change? No. Change is good. If my monthly expenses get higher then I’m going to push myself to make more. You got to grow, man.”

During the pilot, Scarlett saved some of her GI and used it to move to an apartment in another city with her child and her boyfriend of almost five years, which also improved her mental health:

*“I don’t think I would’ve been able to move out if it wasn’t for it [GI].... I think I needed about \$3,000 or \$4,000-ish to move out initially. To get everything in order. So, I was able to save that with the *ARISE* money I was getting. I was putting it aside probably six or seven months of that portion.... I feel like I have my own space now. It definitely helps my stress level. I know I love my mom, but sometimes it can be – it is her place after all, so I needed some space. I think my own place. Somewhere I can call home. So, this was huge.... It [*ARISE*] allowed me to make a plan and make bold moves, actually.”*





Chapter 4: *ARISE*'s Effect on Participants' Sense of Agency and Mattering, Their Social Networks, and Parenting

Living in poverty and experiencing economic instability interfere with people's ability to plan for the future. Poverty narrows the window of focus to immediate survival and reduces mental bandwidth for decision-making. A lack of time and a sense of financial instability have been documented to cause feelings of loss of autonomy and lack of confidence in one's ability to deal with new situations. In theory, receiving GI could ameliorate these feelings by increasing participants' financial ability to deal with unpredictable situations and plan for the future.²⁰

We measured various aspects of the subjective sense of self using the Adult Hope Scale and the Interpersonal Mattering Scale. The Adult Hope Scale combines constructs of agency (i.e., the ability to determine a course of action and live it out) and planning to meet goals that could be positively affected by financial independence. The Interpersonal Mattering Scale is a measure of how much a person feels like they matter to the people around them.

In interviews, we explored more about these concepts, gauging the ways that participants' increased sense of agency and greater connections to others played out. As in Chapter 3, we present evidence from surveys and interviews together to describe how receiving GI might have affected participants' sense of self. The interview data point to the important ways that GI helped parents provide for their children in more of the ways that they wanted to. Interviews also suggested participants were able to invest in the social networks that supported them in raising their children. Being more of the parent they wanted to be and feeling like they were contributing to their social networks may have been some of the ways that GI helped increase participants' sense of mattering.

Findings in brief

- Stable, predictable income over 29 months strengthened participants' agency and empowered them to plan, make strategic decisions, and take productive risks to enhance their families' wellbeing.
- *ARISE* participants were better able to create a joyful environment for their children by moving beyond survival.
- Participants described feeling valued.
- *ARISE* participants described being able to invest in their relationships and strengthen social networks.



²⁰ West et al. (2023b).

Stable, predictable income over 29 months strengthened participants' agency and empowered them to plan, make strategic decisions, and take productive risks to enhance their families' wellbeing

Prior research has established the adverse impact of financial scarcity on people's hope and sense of agency.²¹ Based on this, we might expect regular monthly cash payments through *ARISE* to improve participants' senses of agency and hope. Findings from both the survey and interview data support this hypothesis: *ARISE* participants reported statistically significant higher measures on the Adult Hope Scale (which measures both hope and agency), while participants we interviewed described an increase in both hope and a sense of agency in financial planning and looking to the future.

The Adult Hope Scale ranges from 8 to 64 with two sub-scales assessing the degree of hope and the degree of agency of participants. At the 12-month survey, *ARISE* participants scored over 3 points higher on the "agency" section of the Adult Hope Scale than did control group members, which measures ability to determine a course of action and live it out, and this difference was statistically significant. At the 24-month survey, *ARISE* participants still scored higher on this measure on average than did control group members, but the difference was no longer statistically significant. At both the 12- and 24-month surveys, *ARISE* participants scored higher than control group members on the "pathways" section of the Adult Hope Scale, which measures planning capacity, and this difference was statistically significant at

both time points, indicating that *ARISE* participants had increased hope for the future.

Figure 14: *ARISE* participants scored higher on the Adult Hope Scale than control group members

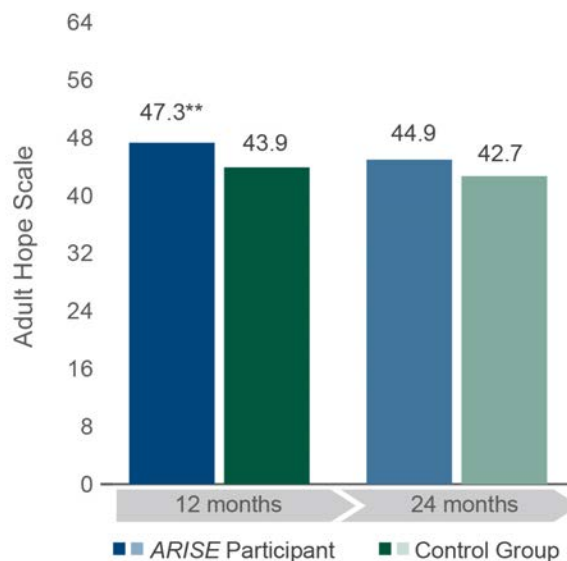
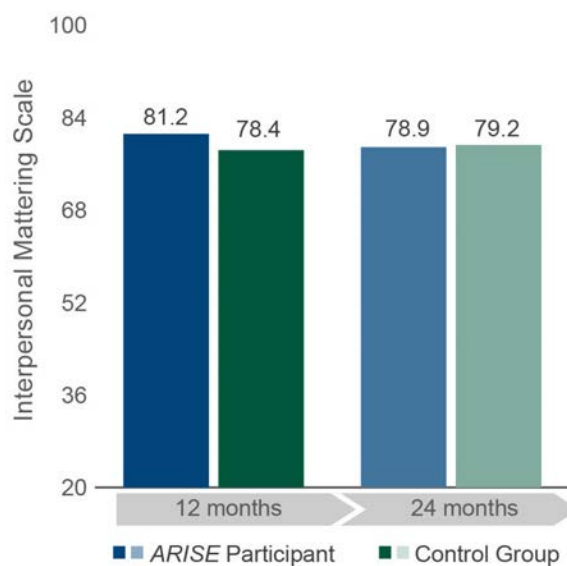


Figure 15: *ARISE* participants were not statistically significantly different on the Interpersonal Mattering Scale than control group members



21 Mullainathan & Shafir (2013).

In interviews, participants described several examples of forward-looking behaviors that illustrated a potential mechanism for the higher Adult Hope Scale scores *ARISE* participants reported on the surveys. Just as the Adult Hope Scale considers agency and future-thinking to be components of hope, interview data show that the financial security *ARISE* afforded participants gave them a sense of hope that in turn drove them to plan for the future, drawing on aspirations and goals that have been latent. Participants we interviewed reported that the predictability and length of the program allowed them to plan their finances for further into the future and eventually prepare the steps they needed to take to transition out of the program. Anthony explained how *ARISE* helped him begin to think seriously about his financial future:

*“I think [the biggest thing I’ve taken from the program is] financial freedom for sure. And kind of like I said earlier, budget my money like an adult, like have the opportunity now to save and to think about owning property as opposed to this time last year. I would say [the chance I would have been thinking about buying property without the *ARISE* money is] probably 50/50. I think that has always been something in the back of my mind, but just whenever you have extra money, like you just start thinking more about like, future forward-thinking things, so.” - Anthony*

Many (n=25) participants also reported that GI let them take positive risks to improve their lives. These participants described being in a state of fear state prior to the program that made them unwilling to take risks that could better their financial situations. During *ARISE*, however, they felt empowered to take those financial risks because they had a predictable source of income to cover their expenses and provide a cushion. This meant participants took new jobs, explored their career interests, found new apartments, planned budgets, and saved money – all forward-looking activities

²² See for example: Bywaters et al. (2022); Nazari et al. (2025).

that helped participants gain economic mobility. Relying on GI to make up for the income decrease, Christine was able to reduce her work hours from 40 to 20 hours per week so she could use the extra time to take online classes to become a certified nursing assistant:

“So this is the opportunity to -- for me to wind down, see what I like to do, go back to school, get my education, so when it’s time to move forward, I’ll be prepared.”
- Christine

***ARISE* participants were better able to create a joyful environment for their children by moving beyond survival**

The relationship between household poverty status and child wellbeing is well established: children in poor households fare worse than those raised with sufficient financial resources.²² Data from interviews and ethnography with *ARISE* participants demonstrate the small but important mechanisms by which financial scarcity sets the emotional tone in which children are raised. Specifically, financial stress creates anxiety, fear and anger for caregivers, which bleed into children’s household environments as they grow up, while financial security instead creates space for positive family connections through joy, fun, and play, all of which support the underlying socio-emotional development of the child.

Prior to *ARISE*, sixteen participants we interviewed who were parents described a status quo of anxiety, financial stress and constant rationing of both emotional energy and financial resources. The result was having to say no to their children’s requests most of the time, and they reported often finding themselves not emotionally present, tired, frustrated, and in some cases angry. Carol described how her financial stress created

emotional distance between her and her daughters:

“I would see in her face that sometimes she wanted things, because sometimes you can tell your children want to tell you something. So, it would be hard on me, and I would say, well, I guess I will sacrifice some things and buy it. But there were times they would say, mommy, no, you know you can’t afford it, or during the pandemic [when we were] at home, you know, you lost your job. So, I would say it was a bit sad for them. They were a bit worried. Sometimes they would ask, mommy, what are we going to do? I would say, what we always do, honey. God will provide.... Sometimes I would get angry because I was tired and had a lot of things to do, like [had to] pay for things that I couldn’t. So, I would get a bit frustrated and angry. Sometimes she saw that I was angry, and she would think that I might get angry if she asked me for something. I was more tired back then. You can get tired from thinking about a lot of things at once.” - Claire

Parents participating in *ARISE* reported that the program helped them at all stages of parenting. Most frequently, for parents with school-aged children, they were able to respond positively to their children’s request for small treats or extra-curricular activities. This allowed parents and children to experience fun and joy with one another rather than constantly focusing on survival. For example, one parent described how *ARISE* allowed them to move beyond survival mode and begin having fun experiences with her child, such as by going to restaurants like Chuck E Cheese:

“I think it [ARISE] did help us with the thinking of options of how we are going to make our daughter’s life much, much better.... The clothes, the food, the toys. And even when we go out to malls or like a playground or stuff, so sometimes you see the clothes, my daughter actually likes this, they like, what you call it, Chuck E. Cheese and stuff. Yeah. So I

think we -- like we have maybe twice a month we go to such places and try to have like fun time with her.” - Richard

Paige explained how she was able to enroll her children in extracurricular activities that were previously financially out of reach. She registered her son in soccer classes and her daughter in swimming classes. Both children were extremely excited and happy about these opportunities, especially her son:

“He hugged me that time. He was crying. He told me, mommy, is it true? I told him yeah. Yeah. We go to soccer practice.” These activities represented new opportunities for the children’s development and wellbeing. - Paige

Sylvia explained how *ARISE* helped her be able to plan ahead for special events such as her daughter’s birthday:

“[ARISE] has changed my life in the sense that I was able to plan ahead and say, ‘In August we’re going to do that.’ I made a plan because I know that money is going to be deposited, so it’s something steady... because even a small celebration costs a lot of money, so with the monthly payment, I was able to cover the extra expense. It gives you a kind of peace of mind, knowing there’s something you can count on.” - Sylvia

ARISE was also an invaluable resource for parents with much younger children or those who were expecting children. For participants who were pregnant, *ARISE* helped them adjust their lifestyles to reduce physical and mental strain during their pregnancies. One expectant mother found that her demanding job at a military base was too difficult to do while pregnant:

“I didn’t realize but everything made me sick. Going up the stairs, changing lights....” - Melissa

Because she had GI as a financial cushion, she was able to leave this job and switch to less physically taxing work during this vulnerable period.

Similarly, *ARISE* allowed new parents to spend time caring for their children that they otherwise would have had to spend working. George regularly kept two or three jobs before the pilot began because he needed the extra income. Having GI allowed him to reduce his work schedule to one full-time job during the pilot, and because his wife was pregnant and gave birth during the pilot period, he used the time he previously spent at his other jobs to support his wife during her pregnancy, care for their older children, and eventually spend time with their newborn.

Participants described feeling valued

Our survey included the Interpersonal Mattering Scale, which asked questions about respondents' perceptions of their relationships with others. The scale ranges from 24 to 120.²³ In interviews, we also asked participants whether they felt valued by their community. The survey offered little evidence that *ARISE* improved participants' sense of mattering, although they did respond somewhat more positively on the scale than did control group members at the 12-month survey.

Some interviewees (n=9), however, said the pilot did make them feel more valued by their community. Prior to participating in *ARISE*, some reported feeling looked down on by society, whether it was because they received support or benefits, felt like they could not fully contribute, or just had less than others. For example, one participant said she felt “invisible” and like “nobody wants [me]” due to her age. Another described feeling it was “embarrassing” that she received housing assistance, and a third said other people “look at me like trash” for experiencing chronic homelessness.

Participants said *ARISE* helped them regain dignity and feel valued and supported. For some, this was because it was the first time they felt they received meaningful help.

Jocelyn, who had trouble in the past with not qualifying for public assistance because she worked, said:

“... We working people. We never get help. You know, we never get help. So just because I work don't mean I still don't need help because I feel like I work just to pay my bills. So I think it [ARISE] was just an excellent idea, and I just -- you know, I felt excited about it. Like, 'Okay, I worked, and they selected me.' Like, I've never had nothing like this happen. I can't get anything, I mean, nothing, all because I work, so it was just a great idea, a big help.” - Jocelyn

Other participants named certain features of *ARISE*'s design that made them feel trusted and respected. One reported it “felt good” that the program was not monitoring how they spent GI, and that it “takes off a huge burden” knowing no one was “going to say, ‘Oh no, what are you doing with the money?’” Some participants also noted how program staff treated them with care and patience, which made them feel valued. Christine explained what her interactions with *ARISE* staff meant to her:

“ That [ARISE staff member] is tremendous...she is just remarkable. I mean, she -- through this whole process, she has continued to call me, during the holidays, and during my mom's passing, and words of wisdom and comforting.” - Christine

²³ The Interpersonal Mattering Scale is a 24-item scale that asks about respondents' sense of belonging and mattering to others. Respondents are asked how much they agree with each statement. Response options to the items range from “Strongly disagree” (1 point) to “Strongly agree” (5 points). Scores range from 24 to 120, with higher scores indicating higher levels of being perceived as mattering to others.

In addition to feeling more valued overall, participants we interviewed described how they used GI to improve their self-esteem by making purchases that helped them feel better about themselves. Tiffany, who was a single mother, went a year without buying any new clothes for herself and was finally able to shop for new clothes with GI. She described her happiness about buying herself something new, suggesting that GI allowed her to invest in herself in ways that affirmed her value as a person beyond just survival:

“... Before I got this [ARISE], I never went shopping for clothes. I just wore the same clothes.... My shoes, I’m not buying a lot of shoes, but when I see that they’re worn out, then I say, I’m going to buy more because I need them, but otherwise I don’t. And now with this, yes, I bought some shoes... I went to the store to shop and I felt good because I’m going to buy myself something new, I said. And I’m going to buy a shirt I never bought before. It had already been about a year since - and I felt good.” - Tiffany

ARISE participants described being able to invest in their relationships and strengthen social networks

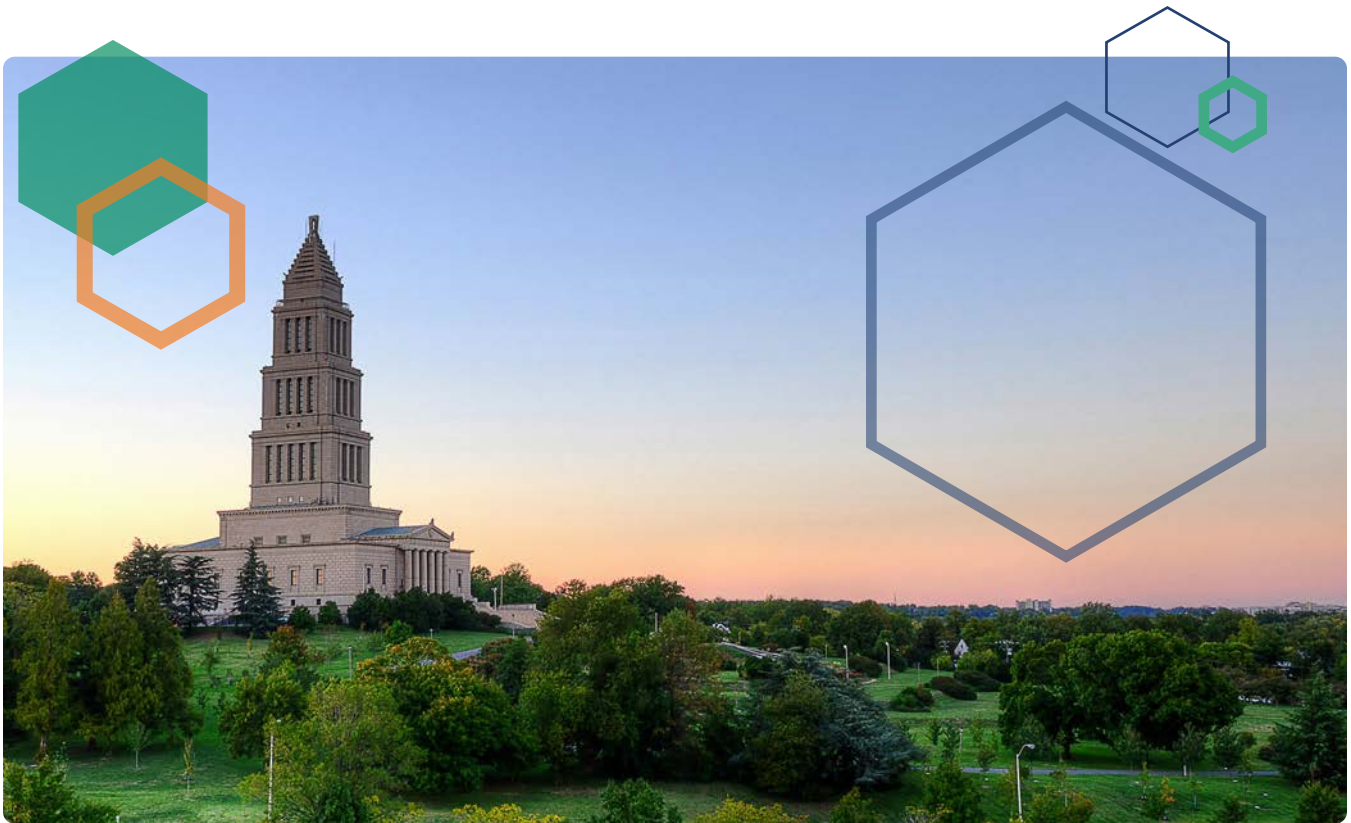
At the start of ARISE, some (n=7) participants said they had been getting financial help from friends and family, which created stress in those relationships. As the program unfolded, we heard in mid-point interviews that participants were able to re-invest in those relationships by providing gifts or offering help to those friends or family members who had lent them support during their hard times. These gifts and acts of service helped to strengthen those relationships, shoring up participants’ support networks.

Susan, for example, struggled to pay all her bills before the pilot, and occasionally her daughter would help by paying her phone bill for her. Once ARISE began, Susan was able to return the favor by assisting her daughter financially when she needed it – something she said she probably would not have been able to do if not for ARISE. Before ARISE, Emmett, who does not live with his children, was able to contribute \$100 towards his children’s households. With the program, Emmett was able to increase his support to his children to \$350 per month:

“I want to feel like I’m not just contributing emotional support, but financial. I just want to be there in all ways for my children, the best I can.” - Emmett

Participants were able to share more than just money with their social networks. Claire’s sister and four nephews lived in the same apartment building as her and her daughter. Claire knew her sister was struggling financially after her husband recently passed away. She described how she used GI to buy extra groceries so she could feed her sister and nephews and her other niece, and they could gather to have meals as a family:

“When I go to the store, I don’t just think about one person. I buy and I think of them [my nephews] because their mother doesn’t have anything down there and so they come up to look for something here.... Before [ARISE] they would come up and I didn’t have food.... [Now] I cook for them. I have another niece and I buy food and tell her to come eat with us. We all eat together. My apartment is small, and we all sit on the rug on the floor with our plates. We generally just do that Saturdays and Sundays.... And if I wasn’t receiving the payments, we might not be able to afford all that and share food with the whole family.” - Claire



Chapter 5: *ARISE*'s Effect on Income, Work, and Educational Attainment

The potential effect of GI on family income depends on a range of factors. All else equal, receiving GI would increase participants' individual and household income by the amount of GI. That effect would be even greater if participants used the income in ways that improved their ability to work, such as buying a car or hiring a childcare provider. On the other hand, receiving GI could also encourage participants to leave paying jobs that were not fulfilling or meaningful, or to spend more time on activities such as caring for their children, going back to school, or obtaining a certification, which would temporarily reduce their income. In this chapter, we examine these trade-offs by answering questions about how GI affected participants' paid and unpaid work hours, income, job quality, and education. unpaid work hours, income, job quality, and education.

Findings in Brief

- *ARISE* allowed many participants to focus on caregiving, health, work passions and career progression.
- *ARISE* may have helped participants improve their childcare situations.
- *ARISE* participants described using funds to pay for gas and car maintenance expenses.
- Participants aspired to invest in their education or start a business, but *ARISE* payments were not sufficient to overcome financial barriers.

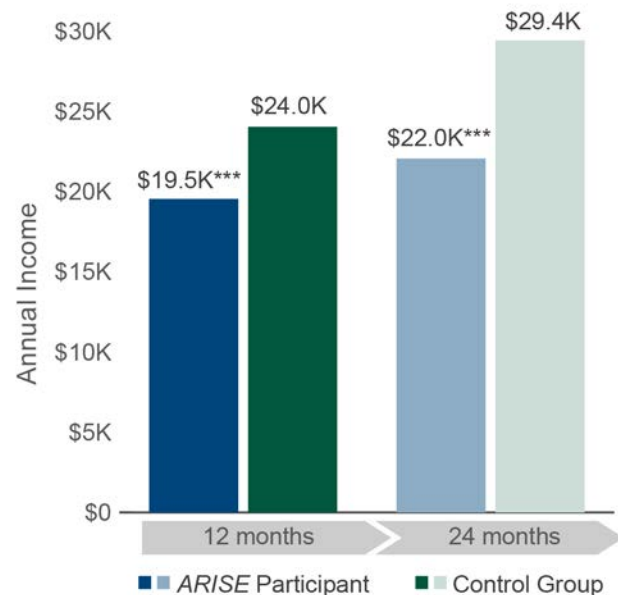
ARISE allowed many participants to focus on caregiving, health, work passions, and career progression

Economists have focused on the ways that providing direct cash payments reduces hours worked.²⁴ Results from the survey data show that *ARISE* participants did have statistically significant lower earned incomes during the period of the pilot compared to control group members. Yet the typical labor economist narrative about work hides the longer-term labor market matching enabled by the financial cushion created by direct cash. Interviews with *ARISE* participants demonstrated how monthly GI payments gave workers more agency to ensure their employment situations fit well with their caregiving responsibilities or short- or long-term health constraints and focus on their career progression and passions. Often this required that participants reduced their hours worked or took a lower-paying job, which lessened household income overall.

Ten pilot participants we interviewed reported reducing the amount of paid work they did to better fulfill their parenting or other caregiving duties. It would be incorrect to characterize these situations as cases of participants working less during the pilot. Rather, these participants traded some amount of paid work for caregiving work that, while not a source of income, demands as much time and effort as clocking in for a shift and results in similarly serious consequences if neglected. Ian, the father of twins, was able to quit his second job during *ARISE*, bringing his paid work week from 80 hours to 40 hours. Using the 40 hours he gained back, he was able to spend much more time with his children, picking them up from school daily and helping them with their homework.

In his own words, “It [*ARISE*] has covered numerous expenses, allowing me to dedicate my time to my children instead of working.”

Figure 16: *ARISE* participants earned less income at 12 and 24 months

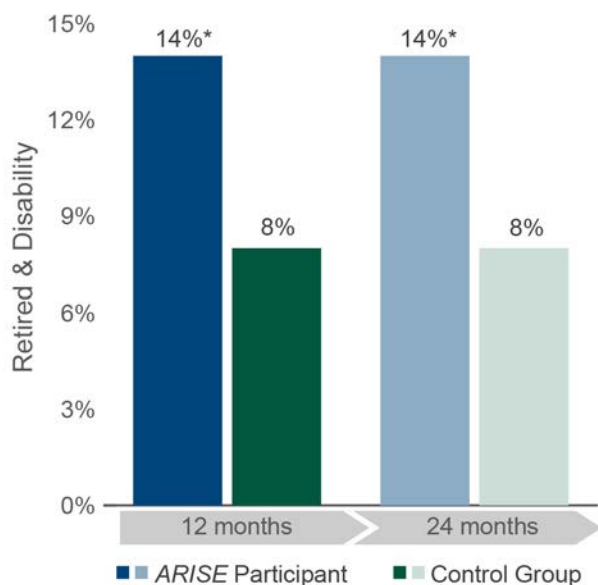


At both the 12- and 24-month surveys, we see a statistically significant increase in the proportion of *ARISE* participants who reported being retired or disabled and unable to work. Interview data offer a possible explanation: we heard from some (n=8) interviewees that they were managing debilitating pregnancy symptoms or recovering from a surgery, meaning they reduced their working hours. For example, Madison originally made a living doing cleaning work, but she had knee surgery shortly before *ARISE* began that put her out of work for a year while she recovered. GI helped her stay afloat during that period so she could fully recover instead of forcing herself to work while injured. Using GI, Madison could also afford physical therapy sessions, and as a result her injury improved enough that mid-way through the pilot she was able to resume limited cleaning work that accommodated her physical limitations. On a slow but steady path to full recovery enabled by GI, Madison expressed hope to eventually return to more hours and better-paying work:

²⁴ See for example a recent study which examined labor outcomes from GI considered productivity using pre-specified time use categories which did not allow understanding from the participants of what they were doing with the additional time. The lack of participant narratives to understand their behavior is a significant limitation for such studies in understanding how households shift time and labor activity: Vivalt et al. (2024).

“I have faith that when my knee gets better, I’ll start looking for something better.” - Madison

Figure 17: More *ARISE* participants are retired or disabled at 12 and 24 months



ARISE also enabled a few participants to get into or stay in career paths that matched their needs and interests, whether by helping them switch to better-paying jobs, work toward career progression, or stay in a career that they loved but was relatively low-paying. For Anthony, who left a job near the beginning of the pilot, GI allowed him to be selective in his job search and focus on finding the best opportunity rather than accept the first position he was offered out of desperation. He switched jobs several times over the course of the pilot until landing at his “pretty awesome” current position. Anthony said that taking this approach to find the best job for him “would’ve been tough to do... without *ARISE*, for sure.” George, for his part, was able to reduce the hours he spent driving for Uber during the pilot, and with the extra time he took free online courses in Excel and other office skills in hopes of progressing upward in his primary job.

Richard was a graduate student who used GI to pay approximately \$3,000 in fees to take a licensing exam. He explained that most

students in his field typically take these exams after they graduate, but he wanted to complete them early so he could include them on his resume when he graduated and hopefully strengthen his job applications. Richard’s situation is an example of an *ARISE* participant using GI to invest in their resume and better position themselves for upward economic mobility.

Another participant, Christine, worked as a caregiver for many years. She loved her job, but was under financial pressure before the pilot that was exacerbated by an unexpected move across state lines to care for her mother. Christine explained that GI allowed her to continue her work in caregiving without worrying about whether the pay was sufficient. For participants like Christine, *ARISE* removed the pressure to choose income over passion:

*“This is what I love. So it’s not even about the money. And because of [the] *ARISE* program, I can honestly say I don’t have to worry about that. I can just go to work and be happy.... And I can do what I like doing, and not worry about if I’m going to make enough money to pay my bills because there’s the *ARISE* program.”*

- Christine

Despite the ways that GI bridged periods of low or unstable income, helped reduce unreasonably high working hours, and allowed some participants to explore their career options, it could not change the longer-term economic mobility of most participants. As a result, we did not see meaningful changes in most participants’ employment situations.



ARISE may have helped participants to improve their childcare situations

Because *ARISE* did not require participants to be parents to qualify for the pilot, the number of participants from whom we can draw conclusions about GI's effect on childcare access is small. Specifically, this resulted in relatively few responses to the sections of our surveys that asked about childcare. Results from the survey data suggest that *ARISE* participants were more likely to have children in formal childcare arrangements (such as licensed childcare facilities and Head Start) than were members of the control group during the pilot. Survey data also show *ARISE* participants experiencing fewer issues in the prior month with childcare being far away or their child being too young for childcare compared to the control group. Due to our small sample size for these measures, however, it is difficult to say whether these findings are generalizable beyond our specific participant subset.

In interviews, a few participants who were parents spoke of the possibilities afforded to them and their children because they could use *ARISE* to pay for childcare. Lucia was able to secure childcare for short periods of time so she could go to the gym:

"I could not leave my baby alone. You cannot take them all the time when you go to the gym. So knowing that I have, like, you know, \$50 in my card, then I would just hire a nanny for an hour or two hours." - **Lucia**

Scarlett used GI to pay for childcare for her son during the two summers of the pilot period. She explained that not having to worry about how she would afford childcare was "huge," but that it was also crucial for her son's social development:

"I wanted him to still have experience hanging out with kids, not just be stuck at home all day long." - **Scarlett**

ARISE participants described using funds to pay for gas and car maintenance expenses

Transportation was one domain of people's lives that the City of Alexandria hoped in particular to impact positively through *ARISE*. While we do not have survey data on how *ARISE* impacted transportation, we heard in interviews how pilot participants used GI to cover the costs of gas, car maintenance, and in a few cases new vehicles. Having enough money to afford owning and maintaining a car was crucial to participants' ability to work, attend school, access childcare, and visit friends and family.

Before *ARISE*, Richard's family relied on buses to get around, but their inconsistent schedules often made his wife, who was in school to learn English, arrive late to classes or miss them entirely. After saving *ARISE* money for several months and borrowing from friends, Richard was able to purchase a car, which allowed his wife to attend classes consistently and made it easier for the couple to take their daughter to daycare, visit friends, make weekend plans, and move around freely. Crucially, Richard also began using the car to work for Uber, making it a tool by which he increased his household income. Christine, who used GI to get a reliable truck through a Maryland state program, summed up how transformative the pilot was for participants like herself and Richard who struggled with unreliable vehicles and lack of access to a vehicle:

"It's all because I was able to give that \$500 up from the program to get that vehicle so that I could go on with my life." -**Christine**

Participants aspired to invest in their education or start a business, but *ARISE* payments were not sufficient to overcome financial barriers

Results from the survey data do not suggest that *ARISE* participants enrolled in educational classes or otherwise progressed their education. It also does not offer evidence that pilot participants engaged in entrepreneurial activities during the pilot period. Interview data provide some explanation for these findings: while many participants expressed motivation to start a business or acquire additional educational credentials, factors such as the cost of living, cost of tuition, business start-up costs, and confusion about where to get resources to help them take the next steps prevented most of these participants from acting on their aspirations.

Overall, money was the main barrier for participants who wanted to enroll in educational programs or make progress on entrepreneurial goals. Participants widely said they had to use GI to cover their rent and other household bills, leaving little left over for other endeavors. One participant, who was already a student when *ARISE* began, was able to use GI to pay for her living expenses while she was in school. Her tuition, however, was already covered by a scholarship. Had she needed to cover both living expenses and tuition, the *ARISE* money would not have been sufficient for her to stay in school.

Participants who were working also struggled to find educational programs that did not conflict with their work schedule. Tiffany's goal was to go to school, either to become a dental hygienist or to learn medical billing and coding.

She researched programs, but many were too expensive, far away, or had classes concentrated between 8am and 5pm, which

were exactly the hours Tiffany worked at a job she had only recently started.

Some *ARISE* participants were already engaged in entrepreneurial gigs (in addition to other work) to supplement their income when the pilot began. However, those who were yet to make tangible steps toward their entrepreneurial goals tended to find themselves at a loss for how to begin, even when they had the *ARISE* money to work with. Catherine wanted to open a skating rink or a teen club to provide a safe space for youth in Alexandria. She said that if GI had been given to participants as a lump sum, it would have been easier to invest in starting her business. Catherine also explained, though, that she would have needed more guidance to get started – something she had hoped she could access through *ARISE*:

“I know they did the credit class; the credit score class which was great, but I was like, if there’s someone that I can talk to like how do I learn how to invest or what if I wanted to start a business, who can I talk to? Because again, I don’t want to see this money go to – I don’t want to waste this opportunity, so who can I talk to about this?... Maybe that is something that just requires me to really take time to do some research and learn about it, but that was something that I was hoping to get out of the program.”

- Catherine

Although many participants shared Catherine's sentiment that they did not want to “waste this opportunity,” taking steps toward education or entrepreneurship was difficult without additional time, money, or knowledge of exactly what to do.



Chapter 6: Implementation Lessons from *ARISE*

The philosophy of GI as unconditional, unrestricted, and trusting in participants' agency differs markedly from the philosophy of the means-tested and often conditional nature of existing federal and state U.S. social safety net programs. In federal programs, participants must go through multiple and ongoing eligibility assessments, which create administrative costs for both the government agency administering the programs and the participants. This process also serves to signal distrust of participants and create ongoing stigma about receiving those funds. By contrast, *ARISE* program designers wanted to ensure participants experienced dignity and respect in receiving the funds, and that the distribution mechanism did not mark participants with stigma. This chapter reviews the implementation experiences of participants, concluding with a set of recommendations from participants about ways to improve the program's design.

Findings In Brief

- *ARISE* program designers sought to build a surround sound awareness of the pilot, and interviewees heard about the program through diverse pathways.
- *ARISE* participants generally found the application process straightforward and less onerous than other benefit programs. They appreciated the predictability of the program structure and payments.
- Participants found the financial platform straightforward, with some proposing alternate disbursement frequency.
- Participants varied in whether they wished to disclose their participation in *ARISE*; some worried about stigma and social obligation to share the funds, while others felt comfortable about their participation in *ARISE*.
- Participants did not experience a loss of benefits from participating in *ARISE*; instead *ARISE* funds helped to fill gaps in the current social safety net.

ARISE program designers sought to build a surround sound awareness of the pilot, and interviewees heard about the program through diverse pathways

ARISE's program designers were concerned that when people heard about the pilot, they might consider it a scam. As a result, they received a strategic communications grant to work with a communications firm who ran focus groups with potential participants to better understand what language to use to explain concepts like “randomized selection.” The communications firm also designed a branded communications tool kit which the city made public and available to all community groups to help use consistent branding and language among trusted messengers. Program designers also built awareness of the program through their diverse set of community partners. They trained community partners on the full communications toolkit, which included branded emails and flyers. The communication toolkit itself was available in multiple languages, including English, Spanish, Amharic and Arabic. As program designers expected, several participants had some initial skepticism about whether the pilot was real, while others were worried about what the application process would be like, given their past experiences with other benefit programs.

Program designers succeeded in reaching potential applicants through a wide range of community organizations. In interviews, participants described learning about *ARISE* through a mix of community-based, institutional, interpersonal, and media channels. The primary pathways by which participants learned of *ARISE* fell into the following categories:

Community-based organizations (CBOs):

About half (n=13) of pilot participants we interviewed learned about *ARISE* through trusted grassroots organizations that serve

Alexandria’s immigrant, worker, and low-income communities. These included Tenants and Workers United (which multiple participants mentioned); Kids’ First Years; housing and social service provider organizations; and other community advocacy or engagement partners. These organizations spread information via many different strategies, including meetings, text or WhatsApp messages, staff assistance with *ARISE* applications, door-to-door outreach, partner convenings and referrals, and affordable housing provider emails.

Social networks: Many participants reported learning about *ARISE* informally via word of mouth from people they knew and trusted. These included direct family members, neighbors, co-workers, and friends, speaking to the importance of social networks in reaching potential participants.

Schools, daycares, and caseworkers:

Several participants said they learned about *ARISE* through institutions connected to their children, including from childcare center staff, school caseworkers, and school outreach mechanisms such as emails, texts, and resource fairs.

Media coverage: Participants mentioned learning about *ARISE* through public media like TV, news apps, and newspapers. They said these vehicles helped validate the program’s legitimacy; participants who were fearful of scams could search online and find trustworthy news stories about the pilot.

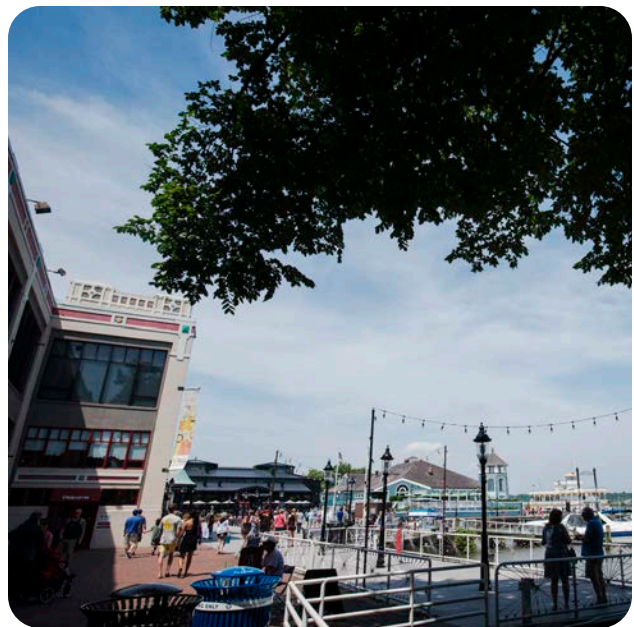
Physical signage and flyers: Participants encountered roadside signs, flyers at recreation centers and in neighborhoods, and postcards in the mail that advertised the pilot.

ARISE participants generally found the application process straightforward and less onerous than other benefit programs and appreciated the predictability of the program structure and payments

ARISE was designed to have a simple eligibility and application process. Program staff purposefully did not want a disbursement mechanism that would have required participants to have a bank account.

Program staff also focused on making sure that the offboarding process was predictable and that participants knew exactly when the program would end. Program staff said that they also wanted to make sure that as they offboarded participants, they were helping participants sustain the benefits they'd gained through the program. Specifically, staff wanted to ensure that as participants hit bumps in the road after the end of the program, they knew where to find resources to replace the ARISE cash with other programs and benefits. One of the program staff explained their approach, saying:

"[We were] identifying either in partnership with specific participants or in general, what is the biggest benefit for people?... And then trying to help them figure out how to continue that.... So like if it's that I get to spend time with my kids, how can we sort of, you know, help people create strategies where they still get to spend time with their kids or at the very least, you know, put together resources that are at their fingertips for free activities in the city that they can do with their kids?" - ARISE Program Staff



Most participants did not comment extensively on the application process; only some of those we interviewed (n=5) spoke about it. Two of those said ARISE had succeeded in designing a simple application. They described finding the application process mostly straightforward, with the application taking about 20 to 25 minutes to complete. However, the others (n=3) said they found the application to be much longer than they expected, such as Tyler, who said:

"I didn't realize the application was so long. And then I got midway through it and then it just kept going." - Tyler

Because the application also included a baseline survey and informed consent, comments about the application's length were expected. One other participant mentioned that the application would have been difficult to complete on a cell phone, which would have added burden for any applicant who did not have a computer. Another found the financial questions onerous.

ARISE participants, especially those who had experience with public assistance problems, said in interviews that they appreciated ARISE's lack of work requirements and the freedom it granted them to use GI as needed. Participants also valued that changes in their circumstances, such as a move to another city or fluctuations

in income, did not affect their eligibility for the pilot. When Scarlett first considered moving out of Alexandria to be closer to her job, she was worried that doing so would make her ineligible for *ARISE*:

“I just got it [GI]. And if I have to move what am I going to do?” - Scarlett

She was relieved when she checked the program materials *ARISE* staff had given her and found out that moving would not affect her GI.

Participants' feelings about *ARISE* staff members were overwhelmingly positive. Some participants (n=11) shared anecdotes about ways pilot staff made them feel supported and respected, using descriptions such as “*she [staff member] was so nice to me.*” A few participants explicitly highlighted the difference in their experiences with *ARISE* and other social safety net programs like SNAP or housing assistance. Catherine noted that in typical interactions with public assistance programs, she might feel rushed or judged. With *ARISE*, she instead felt that people genuinely cared about her situation:

“All of you were so patient and kind and handled us with care. I mean, I didn't feel any type of disrespect. I didn't feel belittled. I didn't feel like I was wasting your time.... It was just a one of a kind experience, especially if you're coming from a public service sector, like, just phenomenal.” - Catherine

Athena described a similar experience with *ARISE* of being seen for who she was rather than what she did not have:

“A lot of people do judge you. Even people who are there to ‘help you’ look at you as, ‘Oh, you're a statistic, you're this, you're that, let me help you.’ It [ARISE] is not sympathy, it's empathy, and it's beautiful.” - Athena

Many participants we interviewed described valuing the additional emails they received from the program about other supportive resources, and some asked for even more integration with other programs. One participant explained that this was “*a big help*” because it meant she always had access to “*something how you could get help or you could better yourself.*”

Participants found the financial platform straightforward, with some proposing alternate disbursement frequency

To disburse GI to pilot participants, *ARISE* partnered with financial technology company MoCaFi, which provided participants with a debit card reloaded every month with \$500 that participants could withdraw as cash, use electronically, or use in stores. Participants could download an app on their phones to track their funds if desired and could call a 24/7 help line. *ARISE* program staff also stayed in contact with *ARISE* participants during the course of the program, providing regular emails with resources and programs available to participants through community partners and the city. Participants could switch from one disbursement option to another if needed. For example, Isaiah used the pre-paid debit card until he could open a bank account for direct deposit, allowing him to use the most convenient option through the program. Overall, about half of interviewees expressed appreciation for being able to incorporate the GI payments into their existing financial habits.

In interviews, we asked *ARISE* participants about their experiences with receiving GI. Most interviewees either said they were satisfied with the MoCaFi card or did not offer any opinions on the disbursement mechanism, but a few described pain points. Two participants expressed that they would have preferred a direct deposit option to receive payments; one of those participants explained that to pay their rent, they had to withdraw cash

from the MoCaFi card using an ATM and then deposit the cash into their personal bank account, which was inconvenient. Another two participants discussed their experiences with using the debit card, finding that they could use it across different payment platforms and for different needs. One participant struggled to replace the card due to security requirements related to phone numbers associated with the account. Another experienced significant challenges in setting up the account because they did not have a cell phone — only a landline.

Only some participants shared their opinions on the frequency of GI payments. Six participants said they were happy with receiving GI in monthly installments, explaining that this schedule provided ongoing financial security, made it easier to budget, and helped them avoid overspending. A few (n=2) believed they had personal traits such as impulsivity that made them more likely to misuse the money. These participants said receiving GI in monthly installments was essential to keep them on track with how they planned to use the cash and avoid misspending.

A smaller subset of participants (n=6) would have preferred a different disbursement schedule. Among these participants, some said they would have liked to receive GI in a lump sum to allow for major investments such as down payments or other large expenses like moving to better rental housing or paying medical bills. Other participants recommended more frequent disbursements occurring every week or two, which they explained would allow for better budgeting and prevent them from running out of GI mid-month.

A few participants also noted that the services provided by the program were helpful. Caitlyn described accessing a program for her son that *ARISE* emailed her about:

“Actually they sent out an e-mail just last week for -- to sign up for -- the kids for the summer youth program to -- job. And I clicked that link, and I applied for my son. I applied for my son, a job.”
- Caitlyn

Another participant, Jada attended and appreciated the financial literacy classes she found through an email from *ARISE*. She explained:

“I learned a lot of stuff that I didn’t know.”
- Jada

Richard discussed reaching out to *ARISE* staff for resources to prepare for a job interview:

“[ARISE staff] sent us an email about something else. Then I like emailed her back... I said like I have interviews, do you have any resources for -- she was like, yeah, we have this program. And she sent me some like resources ... if you want to schedule one to one interview, they teach you how to like navigate the interviews, how to ask, how to answer, what to expect. So then I scheduled with them and interviewed. They actually helped me. We talked about how to answer common questions in interview.” - **Richard**

Participants varied in whether they wished to disclose participation in *ARISE*; some worried about stigma and social obligation to share the funds, while others felt comfortable about their participation in *ARISE*

In interviews, participants described a wide spectrum of disclosure practices regarding GI, ranging from complete secrecy to selectively sharing their participation in *ARISE* with only a few trusted individuals. Those who chose not to tell anyone about receiving *ARISE* funds – including their children – often cited concerns

about maintaining privacy or feeling a sense of stigma about receiving GI. For several, there was personal or cultural stigma associated with experiencing financial hardship, which prompted them to avoid sharing their involvement in the pilot to maintain their dignity or independence. One participant described feeling ashamed of needing the money from *ARISE*:

“It is embarrassing because I’m a college educated person, you know? It’s part of my culture though. We’re very proud for people who don’t like to get help from anyone but ourselves, you know?”
- **Anastasia**

Other participants who chose to keep their involvement secret said they were following the safety instructions *ARISE* gave them; a number referenced program messaging about confidentiality, which reinforced their decisions to keep their participation private.

A few participants kept GI a secret for fear that others would ask them for money. For these participants, secrecy was a protective strategy to maintain financial stability, avoid family members perceived as financially demanding, or protect themselves within controlling relationships. Daniel did not tell his family about *ARISE* because he did not want to field their requests for money:

“Certain things you just don’t tell your family about, especially financial, because my family is greedy as hell. So I won’t share nothing with them. As far as me getting any, any type of kind of extra money or anything of that nature because they got their hands out... They got their own income, I got mine, so that’s that.” - **Daniel**

Some participants described more open disclosure within their households, typically telling children (both young and grown), mothers, or spouses. Reactions were predominantly supportive—children expressed excitement, parents described feeling “*like winning the lottery*,” and spouses participated in

planning how to use the funds. In some cases, disclosure was selective even within the family: participants might tell an adult child but not a younger one or share with a parent but withhold information from siblings. Paige told her young daughter about the program, and when her daughter expressed her happiness about having berries and other items in the house that they did not usually have, Paige said:

*“I told her you need to [say] thank you [to the] *ARISE* program. Not me, so much.”*
- **Paige**

A subset of participants was highly open about the program beyond immediate family, encouraging friends, coworkers, and community members to apply; some even helped others complete applications, and multiple acquaintances were selected as a result. These participants viewed sharing as a way to support their community, and some saw telling their story as part of a broader personal “journey” they were willing to discuss publicly.

Participants did not experience a loss of benefits from participating in *ARISE*; instead, *ARISE* funds helped to fill gaps in the current social safety net

Most participants that we interviewed did not discuss any concerns they had about how other benefits may have interacted with the *ARISE* program. However, a few participants (n=4) were concerned about this, and described withholding information about *ARISE* from some public benefits programs. Participants received benefits counseling at the start of *ARISE*, where staff assured them that their benefits would not be adjusted because GI was considered a gift. Despite this, anxiety clearly remained for some pilot participants.

Several participants told us about changes in their benefits during the course of the pilot, but they did not indicate that *ARISE* was the reason for the changes. For example, one participant reported that she received SNAP, retirement income, pension, and Social Security. She described a significant reduction in her SNAP benefits from \$289 to \$23 per month during *ARISE*, but she did not report this decrease being related to *ARISE*, so it may have been the result of a regular reapplication process. This same participant also mentioned being told by Social Security that they had been overpaying her since 2020 and that she owed them the money back as a result, but she had rectified this issue with Social Security by the time our research team interviewed her.

At least one other participant mentioned that she appreciated how GI complemented rather than replaced her other public benefits, particularly during a period when she was not working. Specifically, she reported using GI for expenses her other benefits did not cover, such as diapers, wipes, and bills, which speaks to the way GI can close financial gaps for participants who receive public benefits with restrictive rules attached.

Interviewees either hoped for the best or actively planned for the income adjustment at the end of *ARISE*

Because we interviewed *ARISE* participants at offboarding, the pilot evaluation provided a unique opportunity to understand how participants were managing and preparing for the end of GI. For the additional 5 months of the pilot, participants were given a choice of continuing to receive \$500 per month or gradually decreasing the amount each month the five extra months and receiving the remainder as a lump sum when the pilot ended. This choice was given to participants to allow budgets to adjust more gradually to lessen the financial cliff experienced at the end of the pilot.

Through these offboarding interviews, we were able to see differences in how participants were behaving and planning, and what steps they had been able to take to manage the drop in once the pilot ended.

Participants described a wide range of preparation strategies for the end of *ARISE*, reflecting different levels of financial stability, planning capacity, and awareness of the program timeline. A few were unaware of the exact end date and expressed relief when learning during interviews that the pilot had been extended. Some participants acknowledged the program's conclusion but had not developed concrete plans, expressing uncertainty or anxiety about how they would manage once the extra \$500 ended. These individuals often tried to maintain a positive mindset, hoping work hours would remain stable or anticipating future income changes such as promotions, new jobs, or a spouse returning to work.

For example, Vicky was anxious about the end of *ARISE*. She and her husband moved to a more comfortable but more expensive apartment during the pilot, and while she hoped they would be able to stay there once *ARISE* ended, she was not certain. Midway through the pilot, her approach to preparing to lose GI was to hope for higher incomes for herself and her husband:

"I'm hoping I go permanent with my job. They said that I should be going permanent.... He can get a better income stable for him as well by the time the program's up. So it's hard to say at this point [whether we'll be able to stay in this apartment]. I would say, I hope so."
- **Vicky**

A substantial portion of participants did engage in active and intentional planning to mitigate the loss of GI. Their plans included increasing work hours, seeking additional jobs, strategically timing debt payoff with the end of the pilot in order to reduce monthly expenses, and building savings or emergency funds on the *ARISE* card that they could later withdraw and put

into savings. Some adjusted their spending behavior by reducing discretionary purchases, mentally separating *ARISE* funds from regular income, or choosing GI payment structures (e.g., decreasing amounts) that would help them “wean off” the benefit. Some participants also leaned heavily on budgeting: they tracked expenses, projected future costs, and coordinated with partners or family members to manage financial obligations. A few participants used the extended months of the pilot to stock up on essential supplies, especially where medical needs were involved.


Alexander, for one, told the research team he anticipated needing to cut expenses and return to more careful spending habits when the program ended. He planned to ask his wife to watch her spending and eliminate non-essential expenses and hoped that once his young son began full-day school, his wife could work more hours and her additional income would help compensate for the loss of GI.

There were also participants who leveraged *ARISE* as a bridge to longer-term stability. They used the period of the pilot to advance their careers, pursue certifications, or focus on health improvements tied to their ability to work. These participants described returning to employment, building savings buffers, planning for major life transitions, or securing supplemental income sources (such as gig work or part time jobs) that could replace the \$500 GI after the pilot ended. Even among those who struggled to

save or faced ongoing financial instability, there was widespread recognition that *ARISE* was temporary and that they needed to adapt as a result.

Despite their best efforts to plan and their hopes for stability after the pilot, the reality that some participants wrestled with is that hopes and plans were often insufficient to meet their financial needs once *ARISE* ended. Beth worked hard to save \$300 during the pilot despite her financial constraints. She was proud of this accomplishment, especially since it was part of her preparation for the end of the pilot. However, Beth also knew that the amount she had saved was modest compared to the magnitude of both her financial need and the challenges she expected to face after GI stopped:

“Recently I got like some savings in my bank.... That is all I, like when I’m thinking about it, that that’s going to be finished next year, yeah, January next year, it gave me anxiety.” - Beth



Offboarding interviews also provided a space for participants to explain their decision-making for choosing to continue to receive \$500 per month or to slowly decrease the amounts during the extra 5 months of the pilot. Most participants interviewed (n=12) chose to continue to receive \$500 per month. Only three participants interviewed chose to decrease their payments, noting that they wanted to “train” or “prepare” themselves for not having the *ARISE* funds. There did seem to be some confusion about the decrease in funds: some participants were not aware of the choice (the payments defaulted to \$500 per month if the participant did not respond) while others understood the options to be a lump sum payment or \$500/month, not a decreasing amount. Some participants (n=4) were wary of lump sum payments because they did not want to be “tempted” and wanted to “be responsible with spending” and opted to maintain their payments at \$500 per month.

Interviewee suggestions to improve the pilot

In interviews with *ARISE* participants, some shared suggestions for improving GI policy design. Across interviews, recommendations clustered into several domains:

- **Payment Amount:** The recommendation we heard most often was to increase the amount of GI paid to participants each month. Participants suggested a variety of alternative amounts, each for their own reason, including: \$600-\$800 per month, to account for gradual increases in the cost of living; \$750 per month, to support both household needs and debt repayment; \$1,000-\$1,500 per month, to cover rent and allow for savings; \$3,000 per month, to fully cover rent and expenses; and a monthly amount equal to half each participant's rent, varying by individual.
 - **Duration and Re-enrollment:** Participants widely requested some sort of extension of the pilot, including making the pilot 3 years long. Others suggested allowing participants to enroll again if the pilot is repeated in the future, creating a graduated exit (e.g., decreasing amounts ending with a lump sum), and making the pilot permanent for future cohorts.
 - **Payment Structure Changes:** Participants had various opinions about how they received GI and the frequency of the payments. Some participants suggested more frequent payments (weekly or biweekly), while a few others suggested offering a lump-sum option for major purchases or investments, such as homeownership. When we asked participants how they felt about the debit card *ARISE* used to disburse GI, some said they would have preferred direct deposit. A few others wanted the
- option to redeposit funds onto the card to use it as a savings account.
 - **Program Application:** Some participants recommended improvements to the pilot's application. Specifically, they suggested shortening the application and improving its compatibility with mobile devices (because many low-income households rely on phones instead of computers).
 - **Resource Navigation and Add on Services:** We heard from some participants that they wanted stronger integration of *ARISE* with other resources, such as housing assistance and other city programs. Participants also suggested providing more post-pilot support, including but not limited to giving participants a list of community resources at the end of the pilot.²⁵ Some participants shared ideas for other services *ARISE* could provide in tandem with GI, including one-on-one financial advising, financial literacy classes taught by community members, training or education programs, and workshops and enrichment activities for non-working mothers and their children.
 - **Focus of the Program:** When asked who they thought future GI pilots should serve, participants expressed a range of opinions. Some wanted the program to expand to include all low-income residents. Others recommended prioritizing single mothers, people with disabilities, people recovering from cancer or accidents, people shut out of other benefits programs, or families with multiple dependents. A few also wanted to see the program expanded beyond Alexandria to Maryland, D.C., and other regions.

²⁵ The *ARISE* program did provide a list of resources to participants at the end of the program, though it is unclear whether it effectively reached all participants.

Chapter 7: Discussion

Given Alexandria's high cost of living, the modest median incomes of participating households, and the *ARISE* program's \$500 monthly payments, implementers anticipated that the intervention might primarily help stabilize families by reducing food insecurity and preventing housing instability. In practice, *ARISE* delivered even more than originally hoped. Participants reported reduced stress around securing quality food, and the program contributed to a measurable reduction in homelessness among the treatment group, though the number was small. Families also used the payments to address certain types of debt. Most importantly, *ARISE* provided a consistent and predictable income floor for 29 months—an effect that reshaped families' financial planning horizons and, for some, created enough stability to pursue economic mobility opportunities such as changing jobs, relocating, or consolidating employment to advance in a single workplace.

At the core of *ARISE* is its provision of stable monthly income over an extended period. This predictability allowed participants to shift out of scarcity-driven decision-making and adopt a more forward-looking mindset. For many, this translated into the capacity to take financially risky but potentially beneficial steps, including job changes, moves to better housing, or prioritizing a single job to support career progression. Participants also described using the payments to better manage their finances—for example, paying down utility and payday loan debt, and in a smaller number of cases, building savings. Yet because the gap between household income and Alexandria's cost of living remains substantial, most families were only able to tackle high-cost, high-interest debts rather than amass savings. These behavioral patterns provide insights into the conditions necessary to enable economic mobility-related actions in high-cost urban contexts. Participants also expressed interest in accessing wraparound services, which they felt could help them plan and execute mobility-oriented decisions more effectively.

These findings expand our understanding of how income volatility shapes household financial trajectories. Research such as the 2019 Household Financial Diaries has documented the tight linkage between volatile earnings and household debt, showing how low-wage workers rely on credit cards, payday loans, and utility debt to smooth consumption during income swings. The Alexandria data offer a meaningful counterpoint: even a relatively small but predictable income floor enabled adults to plan ahead and reduce reliance on these high-cost mechanisms. *ARISE* participants were able to pay down utility and payday debt — two central tools families often use to bridge gaps between volatile income and ongoing household expenses.

The qualitative data also reveal how guaranteed income can support economically risky but mobility-enhancing decisions. While economic mobility research often focuses on long-term outcomes, it rarely addresses the immediate financial risks inherent in switching jobs or securing new housing—changes that can generate substantial social and economic benefits but require short-term trade-offs in time, money, or stability. *ARISE*'s predictable payments appear to have lowered some of these barriers.

Finally, the program supported caregivers in spending more time with their children. Importantly, participants were not reducing full-time hours; rather, they were scaling back from extremely high workloads, which were sometimes 60 to 80 hours per week. This shift did not necessarily change their perception of work-life balance, perhaps because time gained from paid work was often reallocated to unpaid household labor, leaving overall workload burdens largely unchanged.

Recommendations

Our findings suggest several ways for program designers and policymakers to develop effective GI programs going forward.

Build longer-term guaranteed income programs (over 24 months in duration) in order to encourage more sustainable financial planning and positive economic mobility risks. Prior research has established the sustained benefits of long-term cash transfers. This pilot confirms that consistency and predictability, along with a longer duration of payments, allows families to more sustainably engage in financial and life planning, smoothing out income variability. This finding suggests that longer durations of support are more conducive to shifts in financial and economic mobility planning. Our recommendation is to test longer duration pilots of at least two years that give families enough time to plan and make moves toward economic mobility.

Provide supports and resources that empower participants to attain their aspirations. Participants requested more supports and resources through which they can begin to work toward their aspirations. For example, several participants wanted access to business counseling and resources, while others wished to have more information about education classes and certifications. Some participants made use of financial planning and budgeting resources to help them pay down debt.

Gradually reduce payments to allow participants to adjust their household budgets. Participants requested more graduated payments at the end of the program to allow them to adjust their household budgets.

Consider the structure of a program coupled with an asset investment. Several participants wanted to invest in infrastructure that would have allowed them to start a business or pay tuition to attend college. Structuring the program so that a participant could choose to take a lump sum payment at midpoint would allow participants to invest in their future economic well-being.



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