



Harm Reduction: An Approach that Puts Housing First (Part 2)

Hearthland Health Outreach's Pathways Home program is located on the north side of Chicago and has been providing harm reduction services and housing since 1999. Treatment is delivered through a comprehensive, integrated continuum that does not predicate services on abstinence. Street outreach teams typically initiate contact with participants. The outreach workers comb alleys and parks and visit shelters and drop-in centers, seeking people with untreated co-occurring psychiatric and substance use disorders. When individuals refuse service, the teams

challenge themselves to develop strategies that will engender the trust



and motivation necessary to bring the individual in from the cold (or the sweltering heat)—before he or she has decided to stop using alcohol or other drugs.

How is the program implemented?

Multidisciplinary treatment teams cross-trained in mental health and substance use treatment are responsible for the implementation of Pathways Home. The teams include counselors, case managers, psychiatrists, and registered nurses. Using an integrated treatment approach, they provide:

(Continued on page 5)

Appropriations Bills Left to Next Year

The 110th Congress ended in the early hours of Saturday, December 8 without passing any of the 10 remaining appropriations bills for FY07, including the Transportation, Treasury, HUD bill. To keep the government operating and federal funds available until Congress returns in January, a third Continuing Resolution (CR) was approved and will run until February 15.

By not moving any of the remaining appropriations measures, the Republican leadership has left the incoming Democratic Congress with

the difficult challenge of getting FY07 appropriations measures totaling \$463 billion passed while it begins work on the FY08 budget. There has been some discussion among Democratic leaders in both the House and Senate about the possibility of extending the stopgap measure again in February for the remainder of the fiscal year that ends on September 30, 2007. However, others do not see this as a viable option. Many programs, including housing, would see a reduction in

(Continued on page 5)

Inside Headlines

- 2 Suburban Poor Outnumber Urban Poor
- 2 Medical Commission Report
- 2 Affordable Housing Case Studies
- 3 Out of Reach in Illinois
- 3 Making the Connection
- 6 Private Resources
- 7 Grantsmanship Training
- 7 National Family Homelessness Conference
- 8 Headlines Directory

Headlines/Hotline on the Internet - The Illinois Community Action Association publishes both Homeless Headlines and Homeless Hotline on the Publications page of its web site at www.icaanet.org. To receive both by email, send a blank email to: headlines-hotline-subscribe@yahoogroups.com. (Self service only.)



Suburban Poor Outnumber Urban Poor

On December 7, the Brookings Institute's Metropolitan Policy Program issued Two Steps Back: City and Suburban Poverty Trends 1999-2005. Using 2005 American Community Survey (ACS) data, the study finds that the suburban poor (12.2 million) outnumbered their city counterparts (11 million) in the largest 100 metropolitan areas in the U. S., representing a departure from 1999 when the population in poverty was almost evenly split between central cities and their suburbs.

The report attributes the increase in suburban poverty to a large migration of families out of central cities and an overall increase in the national poverty rate during the years covered by the study. Despite the increase in suburban poverty, however, central cities continue to have a much higher poverty rate than their suburbs and thus represent a disproportionate share of poor individuals in these metropolitan areas.

In addition, the report shows that poverty rates rose significantly in the Midwest and the South, remained stable in the West and fell slightly in the Northeast between 1999 and 2005. The study states that many poor families are moving to the Midwest and the South to avoid high rents in the Northeast but are finding local communities unprepared to provide adequate access to quality low-income housing and employment opportunities.

Metropolitan Chicago and Metropolitan St. Louis (Missouri and Illinois) are included in the study.

For a complete look at the Brookings Metropolitan Policy Program report visit: www.brookings.edu/metro/pubs/20061205_citysuburban.pdf.

Medicaid Commission Report

During the 2005 Medicaid reform debate, Congress asked Department of Health and Human Services Secretary Michael Leavitt to create a commission to review the Medicaid program and make recommendations for any future reform effort.

Recently, the Medicaid Commission finished its year-long effort and published final recommendations which include: increase state flexibility to select covered benefits, allow states to change eligibility criteria without submitting waivers to the federal government, allow the uninsured to acquire insurance through tax credits, re-evaluate the federal Medicaid match rate for each state, create a coordinated system of care for all Medicaid beneficiaries, and collect better data to evaluate the Medicaid program.

It is unclear whether Congress will move to adopt any or all of these recommendations.

Read Recommendations - www.aspe.hhs.gov/medicaid/090105rpt.pdf

Affordable Housing Case Studies

Building Capacity, Leveraging Change (www.lisc.org/content/publications/detail/3727), a new collection of case studies researched and written for the 2006 Affordable Housing Symposium, highlights five projects developed by housing authorities using innovative partnerships and leveraging federal resources.

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Homeless Headlines



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The Illinois Community Action Association has published the monthly *Homeless Headlines* and the *Homeless Hotline* since 1991 under contract with the Illinois Department of Human Services.

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Springfield, Illinois 62704
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www.icaanet.org

Out of Reach in Illinois

Illinois families must earn \$15.95 an hour to afford a two-bedroom apartment. The local rental burden has increased 23.1 percent since 2000.

According to a national report just released, the Housing Wage for Illinois is \$15.95. The Housing Wage is the hourly wage a family must earn—working 40 hours a week, 52 weeks a year—to be able to afford rent and utilities for a two-bedroom apartment in the private market. This represents an increase of 23.1 percent in the Housing Wage since 2000.

“An increase in the state’s minimum wage from \$6.50 to \$7.50 next July will definitely help low-income renters,” said Bob Palmer, Policy Director for Housing Action Illinois. “However, we also need to continue our efforts to expand the supply of affordable housing available across the state.”

Making the Connection Illinois Health Connect

Contributor: DuPage Federation on Human Services Reform



The authors of this column welcome your comments and questions. See contact information at the end of the article.

The holiday rush is upon us. As we try to cope at this time of the year, we often find it difficult to process another piece of new information. However, over the next few months we are all going to need to learn about a program called Illinois Health Connect.

Illinois Health Connect is a new health care program that will change how

The report, Out of Reach 2006, was jointly released by the National Low Income Housing Coalition and Housing Action Illinois. This report provides the Housing Wage and other data for every state, metropolitan area and county in the country.



The typical renter in Illinois earns \$13.24, which is \$2.71 less than the hourly wage needed to afford a modest unit without paying more than 30 percent of their income on housing. Working at the minimum wage, a family must have 2.5 wage earners working full-time—or one full-time earner working 98 hours—to afford a modest two-bedroom apartment.

An estimated 47 percent of Illinois’s renters do not earn enough income to

afford a two-bedroom unit at the Fair Market Rent (FMR). The FMR is an estimate of “fair market” rents plus the cost of all utilities, except telephones, that is determined by the federal government annually. The 2007 FMR for a two-bedroom apartment in Illinois is \$829.

This year, Illinois is the most expensive state in the midwest and the seventeenth most expensive state in the nation for renters with a Housing Wage of \$15.95. The National Housing Wage is \$16.31.

The complete Out of Reach 2006 report is available at <http://www.nlihc.org/oor2006/>.

For more information, contact Bob Palmer of Housing Action Illinois at 312-282-3959 (cell) or bob@housingactionil.org. You may also contact the National Low Income Housing Coalition at the address in Headlines Directory. ■

Everyone who is enrolled in Medicaid or All Kids is affected by this program except for the following persons:

- ⊕ People with Medicare
- ⊕ Children under 21 who receive SSI
- ⊕ Children in foster care, subsidized guardianship or adoption assistance through DCFS
- ⊕ Persons in nursing facilities
- ⊕ American Indians or Alaskan Natives
- ⊕ Persons with a Spenddown
- ⊕ Refugees
- ⊕ Persons who get Home and Community based services (Community Care, Home Services Program, or community services for persons with developmental disabilities)

(Continued on page 4)

Homeless Headlines

Connection

(Continued from page 3)

- ⊕ Individuals living in CILAs
- ⊕ Individuals in Presumptively Eligible programs
- ⊕ Individuals enrolled in: IHW, All Kids or Family Care Rebate, Illinois Cares Rx, Emergency Medical, Hospice, Sexual Assault, Renal or Hemophilia Programs

Illinois Health Connect (IHC) began in July 2006 with a voluntary enrollment process. Starting in December mandatory IHC enrollment begins in Cook and the Collar counties. In

January the program begins in Northeastern Illinois and will be statewide beginning 3/1/07. During the enrollment period, clients are sent letters explaining the program and the enrollment process. Clients have a couple of months to choose a PCP. If at the end of the open enrollment period a PCP has not been selected the person will be automatically assigned to a PCP. Once enrolled, the PCP serves as a “gatekeeper” for the majority of health care needs of the person enrolled.

Following is a side by side comparison of the access to benefits and health care under the old Medicaid/All Kids

system and how it will look once Illinois Health Connect is implemented.

The DuPage Federation on Human Services Reform, a non-profit 501(c)(3) organization focused on advocacy and planning in DuPage County, Illinois and designer and trainer of Making the Connection: A Guide to Accessing Public Benefits. The DuPage Federation is affiliated with Northern Illinois University, Regional Development Institute. Questions can be directed to knelson@dupagefederation.org or cking@dupagefedertion.org ■

Comparison: Access to Benefits and Health Care		
	Old “Model” Medicaid/All Kids	Illinois Health Connect
application	Submit an application to request benefits to the appropriate IDHS office or HFS. Complete the interview and return all needed information.	Submit an application to request benefits to the appropriate IDHS office or HFS. Complete the interview and return all needed information.
medical card	If approved for medical coverage a medical card is sent to the home each month.	If approved for medical coverage a medical card is sent to the home each month.
enroll in illinois health connect	Not applicable	Shortly after approval, a letter is sent to begin the process to enroll in Illinois Health Connect. The individual identifies the doctor or clinic that will be the PCP for each person enrolled in Medicaid or All Kids. (In Cook County and the Metro East area individuals are given the option to enroll in a Managed Care Organization [MCO]). The person has about 2 months to choose a PCP. A PCP is randomly selected if one is not chosen.
access to services	Make an appointment with any doctor that accepts the medical card. Present the card at time of care.	Make appointments only with the PCP. The PCP is to be available 24/7. Present the medical card at time of service. The doctor will also verify if coverage is still in place. The doctor will focus on providing preventative health care to help reduce unnecessary ER visits.
changing doctors	Not applicable.	Call Illinois Health Connect. It will take about 24-48 hours to process the change of PCP. If enrolled in a MCO the change can take 2-6 weeks to process. Changes can be made once a month.
emergency services	Go to any emergency room.	Go to any emergency room.
hospital care	Go to any hospital that accepts the medical card.	PCP will refer for hospital care. If the PCP does not make a referral and a specialist is used, the person may be billed for the care and be liable for payment. (This excludes admissions made through and ER).
specialty care	Make an appointment with a specialist that accepts the medical card.	The PCP is to make a referral for specialty care. If the PCP does not refer the person may be billed by the specialty doctor. Some specialty care does not require a referral such as: OB/Gyn, Family Planning, Shots or immunizations, Dental or vision, mental health and substance abuse and lead screening or epidemiological services.
payment for care	Doctor or hospital submits bill to HFS.	Provider receives a Special Monthly Care payment for each IHC person enrolled with them regardless of whether the person receives care. The provider submits a bill to HFS for services that are rendered.

Harm Reduction

(Continued from page 1)

- ⊕ Street and community outreach,
- ⊕ Crisis intervention,
- ⊕ Integrated mental health and substance use assessment,
- ⊕ Psychiatric assessment and medication review,
- ⊕ Supportive counseling,
- ⊕ Daily living skills training,
- ⊕ Drug and alcohol education,
- ⊕ Substance use treatment,
- ⊕ Housing support and location,
- ⊕ Benefits and entitlements advocacy, and
- ⊕ Health education and linkage to primary care services.

When a person is ready to enter the residential component of Pathways Home, many will do so through its Safe Haven, which is modeled on the Safe Havens created by the U.S. Department of Housing and Urban Development. Conceived as a portal of entry into supportive housing and services for people who are mentally ill and homeless, Safe Havens offer a respite from street life in a highly supportive, but undemanding environment.

The Pathways Home **Safe Haven** houses 24 participants: although off-site intoxication is tolerated, on-site substance use is not. Housing does not depend on treatment participation, nor is there a predetermined length of stay. Staff aims to build trust and rekindle hopes and objectives for an improved life through engagement and persuasion. Flexibility and highly individualized treatment planning are key, with the team focusing on the early phases of treatment—*engagement*, *persuasion*, and *motivation building*. Staff is charged with helping participants become curious about their mental illness and substance use—planting seeds that may eventually grow into motivation for active involvement in treatment that may or may not lead to abstinence. When substance use and related behavior harms the individual or the community,

support plans and consequences are put in place to address these issues, reduce the harm and preserve housing. On-site substance use, persistent criminal behavior, and behavior that poses a danger to residents or staff is not tolerated.

When participants decide they are ready to engage in *active treatment*, they may move to the **Permanent Housing** floor of Pathways Home, which accommodates 26 participants. At this stage, they are more ready, willing and able to look at, learn, and talk about their illnesses, even if they have not yet attained consistent psychiatric stability or made substantial changes in substance use. The goals for this phase of treatment are continued participation in mental health treatment activities, as well as improvements and modifications to substance use through outpatient or in-house groups. As in the Safe Haven, staff focuses on diminishing harm and preserving housing.

Participants in Pathways Home are able to move back and forth within the treatment continuum. Linear progression is the exception, rather than the rule. Mental illness and substance use are chronic, recurring conditions that follow unique and individual courses. Rehabilitation is an incremental process that occurs one day at a time, and sometimes on different days for the different illnesses. Regardless of where an individual is in the continuum, each participant's choices and preferences are respected and integrated into treatment planning. Further, participants attend weekly community meetings where program expectations and standards are continually reviewed and revised to meet the evolving needs of the community.

The management of Heartland Health Outreach subscribes to harm reduction principles and has supported the implementation of harm reduction approaches to substance use and other risky behaviors across all our programs. The agency supports its commitment to

harm reduction by offering staff training in harm reduction annually, along with regular training in motivational interviewing, which offers key strategies for working with individuals who are ambivalent about change. Finally, because we have integrated harm reduction into our agency's philosophy of care, and because it is a central value of our work and our approach, Heartland does not hire people who believe that the only way to manage a substance use problem is through abstinence. Ultimately Heartland strives to create a culture of care founded on the philosophy and principles of harm reduction. Contact Ed Stellan, MS, CADC, Director of Resource and Community Development at Heartland Health Outreach, for further information about harm reduction and the Midwest Harm Reduction Institute: 773-334-7117, ext. 1010, or estellan@heartlandalliance.org. ■

Appropriations

(Continued from page 1)

funds as the CR calls for funding at either the FY06 level or the FY07 House-passed level, whichever is lower.

For example, the housing choice voucher program and Section 8 project-based assistance would receive cuts as their FY06 funding levels are lower than those included in the House-passed FY07 TTHUD measure. The FY06 voucher program funding is \$487 million below the President's FY07 request for the amount needed to maintain existing voucher levels while FY06 project-based assistance is \$636 million below the FY07 request needed to maintain existing contracts. HUD could use a variety of tools to prevent any loss of funds including using carryover budget authority, but advocates are not counting on the administration's support and will push for the TTHUD appropriations bill to be passed early in the next Congress.

NLIHC's budget chart is available at: www.nlihc.org/doc/092106chart.pdf. ■

Private Resources

by **Pamela M. Salela**, Coordinator, Central Illinois Nonprofit Resource Center
telephone: 217-206-6633 - email: psale2@uis.edu - url: library.uis.edu/findinfo/grants/index.html

Mary Heath Foundation

c/o Old National Trust
P.O. Box 217
Robinson, IL 62454
Telephone: (618) 544-2960
FAX: (618) 592-3135

E-mail: jimmy_rogers@oldnational.com

Contact: Jimmy J. Rogers, Sr. V.P.

Type of Grantmaker: Independent foundation. **Fields of Interest:** Adult/continuing education; Aging, centers/services; Community development, neighborhood development; Education, **Food banks; Housing/shelter, development;** Recreation, parks/playgrounds; Residential/custodial care; Youth development, centers/clubs. **Geographic focus:** Illinois **Types of Support:** Building/renovation; Curriculum development; Equipment; Program development. **Limitations:** **Giving limited to Illinois.** No grants to individuals, or for endowments, deficit reduction, fundraising, or political campaigns. **Application Information:** Contact foundation for application guidelines; \$20,000 maximum grant limit. Application form required. Applicants should submit: 1) copy of current year's organizational budget and/or project budget; 2) detailed description of project and amount of funding requested; 3) listing of board of directors, trustees, officers and other key people and their affiliations; 4) contact person; 5) name, address and phone number of organization; 6) signature and title of chief executive officer; 7) copy of most recent annual report/audited financial statement/990; 8) copy of IRS Determination Letter Initial Approach: Proposal (*After* requesting application) Copies of proposal: 6 Deadline(s): May 1 and November 1

Horizons Unlimited Foundation

P.O. Box 662
DeKalb, IL 60115
Telephone: (815) 758-1434

Contact: Nancy D. Castle, Pres.

Type of Grantmaker: Independent foundation. **Fields of Interest:** Adult education—literacy, basic skills & GED; Arts; Children/youth, services; Family services; Health care, support services; **Homeless, human services.** **Geographic Focus:** Illinois **Types of Support:** Building/renovation; Emergency funds; Equipment; General/operating support; Program development; Seed money. **Limitations:** *Giving primarily in north central IL.* No support for religious programs or schools. No grants to individuals, or for research. **Publications:** Informational brochure (including application guidelines). **Application Information:** Unsolicited requests accepted from local agencies only. Application form not required. Applicants should submit the following: 1) copy of current year's organizational budget and/or project budget 2) detailed description of project and amount of funding requested 3) listing of board of directors, trustees, officers and other key people and their affiliations 4) copy of most recent annual report/audited financial statement/990 Initial approach: Letter or telephone to request guidelines Copies of proposal: 7 Deadline(s): January 20 Final notification: 90 days

W. P. and H. B. White Foundation

540 Frontage Rd., Ste. 3240
Northfield, IL 60093
Telephone: (847) 446-1441

Contact: M. Margaret Blandford, Exec. Dir.

Type of Grantmaker: Independent foundation. **Purpose and Activities:** Funding to organizations in the metropolitan Chicago, Illinois area that contribute to the future good of the country, primarily in the areas of education, health, and **human services, with an emphasis on helping those most in need.** **Fields of Interest:** Adult/continuing education; Children/youth, services; **Economically disadvantaged;** Education; Health care; Higher education; **Housing/shelter, development; Human services;** Minorities; Secondary school/education; Urban/community development. **Geographic Focus:** Illinois **Types of Support:** Annual campaigns; Continuing support; General/operating support; Program development; Scholarship funds. **Limitations:** **Giving primarily in the metropolitan Chicago, IL, area.** No grants to individuals, or for land acquisition, endowment funds, publications, conferences, deficit financing, or visual or performing arts; no loans. **Application information:** Request application guidelines. Copies of proposal: 1 Deadline(s): February 1, May 1, August 1, November 1

National Conference On Ending Family Homelessness

February 8-9, 2007

**Oakland Marriott City Center
Oakland, CA**

Sponsored by the National Alliance To End Homelessness

Wednesday, February 7, 2007

5:00 - 7:00 pm: Pre-registration

Thursday, February 8, 2007

8:00 am – 5:00 pm: Registration

8:00 am – 9:00 am: Coffee/Tea

9:00 am – 10:00 am: Opening Plenary

10:15 am – 12:15 pm: Workshops I • The ABCs of Ending Family Homelessness • Front Door Solutions: Prevention Programs • Evidence Based: Research Findings on Substance Use Disorders • Permanent Supportive Housing for Families • State Your Case: Policy Change in the States • Raising Income: Employment and Benefits • Growing Up Healthy: Research on Child Development • How Do You Spell Housing? P-H-A

12:30 pm – 2:00 pm: Lunch/Keynote Speaker

2:15 pm – 4:15 pm: Workshops II • Research Matters • Paying the Rent: Designing State and Local Housing Subsidy Programs • Families with Substance Use Disorders: Housing Options • Service-Enriched Housing: A Tool for Ending Homelessness • The Federal Policy Agenda and Engaging the 110th Congress • R-E-S-P-E-C-T: The Importance of Cultural Competency • Curtains Up: The Child Welfare System's Role in Ending Homelessness • Make it Your Business: Acquiring, Developing, and Rehabilitating Housing

4:30 pm – 6:30 pm: Reception

Friday, February 9, 2007:

9:00 am – 11:00 am: Workshops III • Planning to End Family Homelessness • Perfect Match: The Right Intervention Every Time • Supporting Parents with Serious Mental Illness • Domestic Violence and Housing First • Crashing the Party: Competing for Mainstream Federal Resources • Opening Doors: Recruiting Private Market Landlords • Young Mothers: Targeting Housing and Services • Prove It: Using Performance Measurement Systems to Show Success

11:15 am – 12:15 pm: Plenary

12:15 pm – 12:45 pm: Lunch 1:00 pm – 3:00 pm: Workshops IV • Effective Responses to Rural Homelessness • Systems Level Housing First • Building Healthy Families • The Role of Transitional Housing Models • McKinney-Vento Reauthorization Town Hall • House Calls: Home-Based Case Management • Keeping Families Together: Inclusionary Policies • Managing Change: The Cultural Shift Needed to End Homelessness

4:00 pm – 9:00 pm: Night Tour of Alcatraz (additional fee)

Saturday, February 10, 2007

10:00 am – 12:00 pm: Self-guided Site Visits

For further information and registration, go to:

www.endhomelessness.org/section/tools/conference/conferences ■

Grantsmanship Training

The Grantsmanship Center's signature Grantsmanship Training Program is coming to St. Louis, Missouri, January 22-26, 2007. The program will be hosted by The Salvation Army.

The Grantsmanship Training Program covers all aspects of researching grants, writing grant proposals and negotiating with funding sources. More than 100,000 nonprofit and government personnel have attended this comprehensive 5-day workshop, which now includes a full year of valuable membership services.

During the workshop, participants learn The Grantsmanship Center's proposal writing format, the most widely used in the world. In addition to practicing the most advanced techniques for pursuing government, foundation, and corporate grants, they develop real grant proposals for their own agencies.

Upon completion of the training, participants receive free follow-up, including professional proposal review, access to The Grantsmanship Center's exclusive online funding databases, and an array of other benefits.

Tuition for the Grantsmanship Training Program is \$825 (\$775 for each additional registrant from the same organization). To ensure personalized attention, class size is limited to 30 participants.

To register online, to learn about scholarship opportunities for qualifying organizations, or for more information, visit tgci.com/gtptraining.shtml ■



Headlines Directory

Center for Community Change

1536 U Street NW
Washington, DC 20009
Telephone: (202) 339-9300
<http://www.communitychange.org>

Center on Budget and Policy Priorities

820 First Street, NE, Suite 510
Washington, DC 20002
Ph: (202) 408-1080
Fax: (202) 408-1056
<http://www.cbpp.org>

Chicago Coalition for the Homeless

1325 S. Wabash, Suite 205
Chicago, IL 60605
Telephone: (312) 435-4548
Fax: (312) 435-0198
<http://www.enteract.com/~cch/index.htm>

Coalition of Citizens With Disabilities in Illinois

300 E. Monroe, Suite 100
Springfield, IL 62701
Telephone: (217) 522 7016
Fax: (217) 522-7024
TDD: (217) 522-7016
<http://www.inwv.net/~ccdi/>

Corporation for Supportive Housing

203 N. Wabash, Suite 410
Chicago, IL 60601
Phone: (312) 332-6690
Fax: (312) 332-7040
Email: il@csh.org
www.csh.org

Food Research and Action Center

1875 Connecticut Avenue, NW, # 540
Washington, D.C. 20009
Telephone: (202) 986-2200
Fax: (202)986-2525
foodresearch@frac.org

Housing Action Illinois

11 E. Adams, Suite 1501
Chicago, IL 60603
Telephone: (312) 939-6074
Fax: (312) 939-6822
<http://housingactionil.org>

Housing Assistance Council

1025 Vermont Ave. NW, Suite 606
Washington, D.C. 20005
Telephone: (202) 842-8600
Fax: (202) 347-3441
<http://www.ruralhome.org>

Illinois Coalition Against Domestic Violence

801 S. 11th
Springfield, IL 62703
Telephone: (217) 789-2830
Fax: (217) 789-1939
<http://www.ilcadv.org>

Illinois Coalition to End Homelessness

Matthew Hanafee, Executive Director
P.O. Box 3956
Oak Park, IL 60303-3956
Telephone: (708) 263-3590
Email: ILHomeless@aol.com

Illinois Community Action Association

3435 Liberty Drive
Springfield, IL 62704
Telephone: (217) 789-0125
Fax: (217) 789-0139
<http://www.icaanet.org>

Illinois Department of Commerce and Economic Opportunity

620 E. Adams, CIPS-3
Springfield, IL 62701
Telephone: (217) 785-6142
Fax: (217-782-1206
<http://www.commerce.state.il.us/>

Illinois Department of Human Services

Homeless Services and Supportive
Housing
400 W. Lawrence, 2C
Springfield, IL 62762
Telephone: (217) 782-1317
Fax: (217) 524-6029
<http://www.state.il.us/agency/dhs/>

Illinois Food Bank Association

P.O. Box 8293
Springfield, IL 62791
(217)522-4022
E-mail: cifbank@aol.com

Illinois Housing Development Authority

401 N. Michigan Ave., Suite 900
Chicago, IL 60611
Telephone: (312) 836-5200
Fax: (312) 836-5286
TDD: (312) 836-5222
<http://www.ihda.org/>

National Alliance to End Homelessness

1518 K Street, NW, Suite 206
Washington, D.C. 20009
Telephone: (202) 638-1526
Fax: (202) 638-4664
E-mail: naeh@naeh.org
<http://www.endhomelessness.org/>

National Coalition for Homeless Veterans

333 ½ Pennsylvania Avenue, SE
Washington, D.C. 20003-1148
Telephone: (202) 546-1969
Fax: (202) 546-2063
E-mail: nchv@nchv.org
<http://www.nchv.org/home.html>

National Coalition for the Homeless

1012 14th Street NW, Suite 600
Washington, DC 20005-3406
Telephone: (202) 737-6444
Fax: (202) 737-6445
<http://nch.ari.net/>

National Community Reinvestment Coalition

727 15th St., NW, #900
Washington, D.C. 20005
Telephone: (202) 628-8866
Fax: (202) 628-9800

National Law Center on Homelessness & Poverty

918 F Street NW #412
Washington DC 20004
Telephone: (202) 638-2535
Fax (202) 628-2737

National Low-Income Housing Coalition & National Low Income Housing Information Service

727 15th St NW, 6th Floor
Washington, D.C. 20005
Telephone: (202) 662-1530
Fax: (202) 393-1973
E-mail: info@nlihc.org
<http://www.nlihc.org>

National Rural Housing Coalition

601 Pennsylvania Avenue, NW
Suite 850
Washington, D.C. 20004
Telephone: (202) 393-5229
Fax: (202) 393-3034
<http://www.nrhweb.org>

Rural Development

2118 W. Park Ct, Suite A
Champaign IL 61821
Telephone: (217)403-6222
Fax: (217)403-6231

Southern Illinois Coalition for the Homeless

P.O. Box 955
801 N. Market
Marion, IL 62959
Telephone (618) 993-0094
Fax: (618) 993-4013

Supportive Housing Providers Association

3417 North Monticello
Chicago, IL 60618
Telephone: (773) 588-0827
Fax: (773) 267-1294
supportivehsg@aol.com

U.S. Department of Housing and Urban Development

Office of Community Planning and
Development
77 W. Jackson 24th Floor
Chicago, Illinois 60604-3507
Telephone: (312) 353-1696
Fax: (312) 353-5417
<http://www.hud.gov/local/chi/chihome.html>