



The ARCH Program: ACT Resources For Chronically Homeless Persons

ARCH's Genesis

In 2003, the Chicago Continuum of Care (CoC) responded to the federal NOFA for the Collaborative Initiative to End Chronic Homelessness. The NOFA, for the first time, combined funding from the U.S. Department of Health and Human Services (SAMSHA), U.S. Department of Housing and Urban Development (HUD), and the U.S. Department of Veteran Affairs (VA) to create housing resources for single individuals who met the federal definition of chronic homelessness. Chicago's application

successfully resulted in \$3.4 million in federal funding to create a model of permanent supportive housing for 59 long-term homeless individuals on the

south side of Chicago, over a five-year period (2004-2009). The project became known as The ARCH Program (ACT Resources for the Chronically Homeless).



The project's overall goals were to bring about significant expansion of permanent supportive housing, coordination and maximization of mainstream resources, and expansion of evidence-based service strategies to meet the complex needs of persons

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Section 8 and Tenants in Foreclosure

In a letter to regional public housing authorities, Donna Ayala, director of the Office of Public Housing in the Boston Hub of HUD, interpreted the provisions of the Protecting Tenants at Foreclosure Act (PTFA) as they apply to the Section 8 program.

most cases, remain for the term of their lease. When the tenant has Section 8 assistance, the law also requires that both the Section 8 lease and the housing assistance payment transfer to the new owner, or successor in interest, at foreclosure.

PTFA provides general protections for all tenants in a foreclosed property, and offers specific protections for tenants receiving Section 8 assistance. Generally, tenants must receive notice 90 days prior to being required to vacate the foreclosed property, and tenants with bona fide leases can, in

Ms. Ayala noted that the provisions of the PTFA were effective as of May 20 and require that the property's immediate successor in interest "assume both the existing Section 8 lease and the existing Housing

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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.iacaanet.org. To receive both by email, send a blank email to: headlines-hotline-subscribe@yahoogroups.com. (Self service only.)



Materials on New Tenant Foreclosure Protections

The National Low Income Housing Coalition (NLIHC) continues, with other national housing groups, to take steps to inform tenants and their advocates of tenants' rights under the newly passed Title VII of Public Law 111-22, the Protecting Tenants in Foreclosure Act. With the law's enactment on May 20, tenants in foreclosed properties gained significant and new rights. The law protects tenants from immediate eviction when their property is sold to another person or entity as part of a foreclosure.

Because the provisions of this act are self-executing and effective as of May 20, 2009, it is extremely important for advocates to get information about the act to tenants, public housing authorities, courts and the legal community. To assist in this process, the National Housing Law Project has prepared documents that will help impacted parties understand the law and assist tenants in exercising their

rights. Included in the documents are sample letters tenants can use to inform their landlords of the law, as well as letters that can be provided to courts and public housing authorities.

Under the act, all tenants must receive 90 days' notice prior to eviction. In addition, with some exceptions, tenants with leases may continue to occupy the property until the end of their lease terms. The rights of Section 8 tenants are also protected because both the lease and the housing assistance payment contract are automatically transferred to the person or entity acquiring the property at foreclosure.

Copies of all tenant protection materials can be found at www.nlihc.org/template/page.cfm?id=227

For further information, contact the National Low Income Housing Coalition at the address in *Headlines Directory*. ■

NLIHC ARRA Clearinghouse

The National Low Income Housing Coalition (NLIHC) has launched a new feature on its website, the ARRA Clearinghouse, an ongoing collection of information about the 12 housing-related economic stimulus programs in the American Recovery and Reinvestment Act of 2009 (ARRA).

The ARRA Clearinghouse is a portal to much of the published material about these programs. For each program, NLIHC provides a summary of funding amounts, eligible activities, program deadlines, links to HUD and Department of Energy (DOE) websites, links to the websites of other organizations following a given

program, and other information advocates might find useful.

As new information becomes available, such as formal HUD Notices, NOFAs (Notices of Fund Availability), and analyses from other national organizations, they will be posted on the ARRA Clearinghouse.

The ARRA Clearinghouse is at nlihc.org/template/page.cfm?id=207. ■

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The current issue of Homeless Headlines and back issues are available at <http://www.iacaanet.org/homelessheadlines/>,

Homeless Headlines



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The **Illinois Association of Community Action Agencies** 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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Responding to People with Mental Illnesses within Community Corrections

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The Council of State Governments Justice Center (www.reentrypolicy.org/) has announced the release of *Improving Outcomes for People with Mental Illnesses under Community Corrections Supervision: A Guide to Research-Informed Policy and Practice*, which was supported by the John D. and Catherine T. MacArthur Foundation and the National Institute of Corrections, U. S. Department of Justice. The Guide reviews the body of recent research on community corrections supervision for people with mental illnesses and translates the findings to help officials develop effective interventions.

The number of people under community corrections supervision is at an all-time high nationwide—a March 2009 report from the Pew Charitable Trusts' Public Safety

deeply involved in the criminal justice system. This first-of-its-kind guide helps program planners and policymakers apply research on promising practices to improve outcomes for people with mental illnesses under community corrections supervision.



Performance Project confirms that more than 1 in 45 adults are on probation or parole. Based on other recent prevalence studies, the Guide indicates that an unprecedented number of these individuals have serious mental illnesses. These individuals are more likely than others to have their community sentences revoked, return to jail or prison, and become more

“More than 1.5 million people released from jail each year have serious mental illnesses and many will require special supervision strategies and treatments to safely and successfully rejoin their communities,” said Nevada Assemblywoman Sheila Leslie, the specialty courts coordinator of the state’s Second Judicial District and Justice Center board member. “State

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Making the Connection

Social Security Benefits, Part 1

by Katherine Nelson



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

The current state budget crisis has reminded me how critical it is that our clients apply for and receive public entitlement benefits that are not affected by the ebb and flow of the economy. One of these entitlement benefits is Social Security. Over the next couple of months, I plan to discuss some basic Social Security benefits, who can qualify for the benefit and

hints to help apply for Social Security benefits based on disability.

The Social Security Administration is responsible for managing a number of programs:

✿ **Social Security Retirement Benefits** – This is what I call the regular Social Security program, and it is the one most of us are familiar with. Retirement benefits are based on the average earnings received during a lifetime of work under the Social Security system. For most current and future retirees, Social Security uses an average of the 35 highest years of earnings. Individuals are able to retire based on their own earnings history and receive a reduced benefit as early as age 62. Social Security has many on-line tools at www.ssa.gov/retire2/qualify.htm which help to estimate benefits, apply and answer many

questions. If someone is not sure if they qualify based on their wage history, call Social Security at 1-800-772-1213, and they will look at the person’s wage history.

✿ **Social Security Survivors Benefits** –When a person who has worked and paid Social Security taxes dies, members of the family may be eligible for survivor’s benefits. Ten years of work under the Social Security system is usually needed to be eligible. If a younger wage earner dies, the survivors may be able to get benefits if there are 6 work credits (one and one-half year’s work) in the three years just before the wage earners death. Some qualifying survivors are:

- o A widow or widower at age 60
- o A disabled widow or widower at age 50

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NAEH Interactive Homeless Data Tools

The Homelessness Research Institute is developing a series of interactive maps, calculators, and charts intended to provide quick access to data on homelessness and improve understanding of important concepts related to ending homelessness. These tools have been aggregated on a new Interactive Tools page, designed to make it easier for users to find all of the tools in one place.

The most recent tools are a Shelter Need Calculator (www.endhomelessness.org/section/data/interactivemaps/sheltercalculator) and an Urban/Rural Cost Analysis Chart (www.endhomelessness.org/section/data/interactivemaps/mainecostchart). The Shelter Need Calculator illustrates the relationship

between shelter demand, length of stay, and minimum required shelter bed inventory. The Urban/Rural Cost Analysis Chart is an interactive bar chart that illustrates how costs in 8 service categories (e. g. emergency shelter, health care) change when urban and rural homeless individuals are placed in permanent supportive housing. Other tools include interactive maps of total homelessness counts from 2007, as well as a map of local reports of 2009 point-in-time count results, which is updated frequently.

Interactive Tools Webpage:
www.endhomelessness.org/section/data/interactivemaps

For further information, contact the National Alliance To End Homelessness (NAEH) at the address in *Headlines Directory*. ■

Out of Reach / Congressional District Data

Published by the National Low Income Housing Coalition (NLIHC) since 1989, Out of Reach compares the cost of rental housing with household incomes, each state’s minimum wage, and average renter wages in every state, metropolitan area, and county in the country. Rental costs and household incomes reflect FMRs and median family incomes published by HUD, and renter wages are based on data from the Bureau of Labor Statistics.

The introduction to Out of Reach connects the new local data to the unemployment and foreclosure crises, provides state-level findings, and provides several tables showing rankings among states and regions.

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who experience chronic homelessness. Therefore, four different agencies were selected to apply for the federal funding sources in the NOFA.

- ❁ The Chicago Department of Human Services was the lead applicant for NOFA and applied to HUD for the 59 Shelter Plus Care subsidies for 5-years.
- ❁ The Illinois Department of Human Services/Division of Alcoholism and Substance Abuse applied for the SAMHSA/CSAT funding for the project. This funding supported the majority of the staff for the service team for 3-years.
- ❁ Heartland Health Outreach applied and was awarded

funding for from SAMHSA/HRSA for 3-years to provide primary health and dental care to non-veteran individuals.

- ❁ The U.S. Department of Veterans Affairs provided 3-years of funding to the Jessie Brown Veterans Administration Medical Center, for the provision of supportive services to the veterans participating in the project.

The program addresses the long-term homeless population on the south side of Chicago, which includes 22 of the most impoverished neighborhoods in Chicago, using a housing first strategy with wrap-around services. Services are provided through the ACT Team, a team based on the Assertive Community Treatment staffing and operational model. This team consists of a team leader, four case managers

(dually trained in substance abuse and mental health) a VA case manager, a nurse and a quarter-time psychiatrist. As many services as possible are delivered within the team. To the consumers, ARCH is “the dream team”, in that they go the extra mile in offering help.

Housing is provided in both scattered site and clustered unit configurations. The team also works to connect consumers to mainstream resources and services in the community in which they live.

Results

In the five years, since its inception, ARCH has made a significant difference in the lives and circumstances of those it serves. At program entry, all participants had

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Social Security

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- o A widow or widower at any age if he or she takes care of the deceased's child who is under 16 or disabled, and receiving Social Security benefits
- o Unmarried children under age 18, or up to 19 if attending high school full time. Stepchildren, grandchildren, or adopted children may in some cases also qualify.
- o Children at any age who were disabled before age 22 and remain disabled.
- o Dependent parents age 62 or older
- o When a former spouse dies (the marriage ended due to divorce), widow/widower benefits are able to be issued surviving spouse if the marriage lasted 10 years or longer. Survivor benefits cannot be issued if the surviving spouse remarried before the age of 60 unless the new marriage ends, due to death, divorce, or annulment. If the individual remarries after age 60 (50 if disabled), she can still collect benefits on the former spouse's record and at age 62 or older, may get retirement benefits on the record of the new spouse if they are higher. Benefits paid to a surviving divorced spouse who is 60 or older (age 50 if disabled) will not affect the benefit rates for other survivors receiving benefits. *For example: Joe married Sue and they were married 25 years. Joe and Sue get divorced and Joe marries Julie. Joe dies. Sue is 60, unmarried, and loses her job and income and is not sure how she will support herself until she is 62. Julie is also 60 and has not worked for 10*

years. Both Sue and Julie can receive Social Security survivors benefits at age 60 based on Joe's work history. Both Sue and Julie receive the full spouse's benefit.

✿ **Social Security Disability Benefits** - Disability benefits are paid under two programs: SSDI and SSI. Both programs use the same medical/disability requirements to qualify for the benefit.

- o The Social Security Disability Insurance (SSDI) program pays benefits to individuals and dependents if they worked long enough and paid Social Security taxes. If a widow/widower is disabled and does not qualify for disability benefits based on their own work history, the survivor is able to receive disability benefits at age 50 based on the former spouse's work history.
- o The Supplemental Security Income (SSI) program pays benefits to disabled adults and children who have limited income and resources. SSI benefits also are payable to people 65 and older without disabilities who meet the financial limits.

To help put some of these Social Security benefits into perspective, let's look at the fictional case of Lupe. Lupe is 46 with an 8 year old child, Louis. Lupe has never worked outside of the home. Lupe's husband Joe dies suddenly. She applies for Social Security Survivors benefits, based on Joe's work history.

- o Lupe and Louis receive Social Security survivor benefits based on Joe's work history.
- o Lupe remarries 7 years after Joe's death. Her survivor benefits end due to the marriage but Louis continues to receive benefits until he is

19 while he attends full time high school.

- o Lupe's 2nd marriage ends in divorce when she is 59. She is unsuccessful looking for work so when she turns 60 Lupe contacts Social Security. Social Security approves Lupe to receive Social Security Survivors benefits based on her first husband's work history.
- o Lupe remarries when she is 61. Her new husband is receiving Social Security retirement benefits based on his wages. When Lupe turns 62 she contacts Social Security to inquire about benefits based on her new spouse's wage history since the benefit is more than what she is receiving based on her first husband's wage history. Lupe is approved to receive the higher Social Security benefit.

When working with individuals I recommend you always explore not only their work history, but also their marriage history, since this can be potential eligibility criteria for Social Security benefits. If individuals don't know they can receive benefits they may never apply. Survivors and retirement benefits are fairly simple criteria to meet to be eligible. It is the application for the disability that is the most complex and the hardest Social Security benefit to qualify to receive..

Next Month: The Disability Application Process.

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@dupagefederation.org ■

Corrections

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lawmakers in Nevada, as is the case everywhere, are concerned about the costs and public safety issues associated with high probation and parole revocation rates among people with mental illnesses. In particular, we need to improve how this population is supervised, and this report highlights the research we should use to inform state policy and funding decisions.”

The Guide indicates that community corrections and mental health officials are increasingly aware that they are serving the same individuals without positive effect. It explores the extent to which people with mental illnesses become involved in the community

corrections system, and why traditional supervision and treatment strategies are not generally effective for this population. It also summarizes evidence-based and promising programs, strategies, and techniques to improve results for the justice system and people with mental illnesses. The Guide discusses how the current body of knowledge can help shape agency operations, program design and implementation. Research questions that should be investigated further to expand the evidence base are also identified.

“Community corrections agencies and mental health treatment providers are trying to figure out the best ways to coordinate or integrate their efforts to better serve people with mental

illnesses and tailor new programs in ways that reduce recidivism and encourage recovery,” said Morris Thigpen, Director of the National Institute of Corrections. “The Guide is an exciting new resource for two systems that are coming together around commonly defined goals to tackle these challenges.”

Additional resources can be found at www.consensusproject.org. A limited number of hard copies are available at www.nicic.gov or by calling the NIC Information Center at 1.800.995.6429, option #4 (Publication accession number 023634).

The full study is available at consensusproject.org/downloads/community.corrections.research.guide.pdf ■

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lengthy histories of homelessness – 320 years, in aggregate. To date, over 80 percent of participants have maintained program housing without a return to homelessness. Forty-three percent have increased their income and/or gained access to medical benefits (two-thirds through benefits acquisition, one-third through employment). More than half are currently employed or participating in education or vocational programs. Moreover, 55 percent have received detoxification, inpatient, outpatient treatment, and/or mutual help services for substance abuse or dual disorders as a result of moving from contemplation to action stages of recovery.

The team effectively developed partnerships with community landlords, and local homeless constituency groups. Medical and psychiatric partnerships were formed for the enhancement of wellness for ARCH consumers, and overall enhanced the quality of life for ARCH consumers.

A Life Saved

Tim, a 57-year old, African American male, is a life-long resident of Chicago’s south side. Tim began drinking at age thirteen and considered it both a part of socialization as well as a right of passage to manhood. He reports that he began having problems about 20 years ago when he started facing consequences associated with his drinking, such as, showing up to work drunk, missing appointments, arguing with friends etc. He then began to encounter periodic bouts of homelessness that were short lived (less than 2 weeks).

Around 1994 or 1995 things really began to change for Tim. The periods of homelessness became longer; employment opportunities were no longer there; and he experienced, for the first time, depression. For the next two years, Tim wandered around the city in a state of confusion, denial, frustration and intoxication. He stated he could not believe he had nowhere to live. He began doing things that he thought he’d never do, such as begging for food, eating others leftovers, then eating from the garbage

can. Simple things that he had long taken for granted were no longer available, such as, access to a warm shower or clean clothing. He also acknowledged a heightened state of paranoia/fear. Were people trying to hurt him? Why do they steal my things? Can I make it through the winter on the streets of Chicago?

As 2004 approached, Tim had not been able to pull himself out of the system. According to Tim, the next two years were his education to the homeless culture. He’d been fully adopted by the homeless system. He recounted his use of the “hobo trail:” leave the night shelter; go to church for breakfast; go to the day shelter and eat lunch; then head back to the night shelter. On various days there would be food basket give-a-ways, nurse outreach visits, city fairs etc., as well as some panhandling on the side. This had become the core of his day. With the help of Map quest, it is estimated that this daily travels came to twelve - fourteen miles per day.

Tim’s impressions of shelters were mixed. He was able to identify horrid

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conditions, but at the same time he expressed gratitude for the respite they offered. He preferred shelters but knew there were advantages to being on the street as well.

Besides the consistency of the alcohol abuse, another thing remained consistent as well, his “depression”. He stated that he still felt shame for his plight and still could not imagine that he had fallen so low. His frustration came at his inability to pull himself back up. He reported that in early 2004 he promised himself change or that he would consider suicide.

In May of 2004, the ARCH Program came to the day shelter where Tim served as a volunteer. Tim recalls meeting with ARCH counselors for the first time and believing that there must be a catch. How could all of these things be offered but nothing be expected? Although reluctant, he did agree to follow through with the engagement process. When asked why he gave it a chance he said, “Why not, plus the ARCH staff seemed like good people.”

After a week of assessment and evaluation, the team determined he was suffering from alcohol dependence,

situational depression, and hypertension. Within another week he was housed in the YMCA system. There, Tim began to rebuild his sense of worth, purpose and pride. He worked effectively with the team to see medical providers and received medications, glasses and dentures. He was ineligible for social security, but was able to receive some public assistance entitlements. He soon was a candidate for a scattered site apartment setting and within seven months of engagement he was living in a one-bedroom apartment.

By August of 2006, the ARCH team had done what it set out to do: house Tim and keep him housed. On the surface he was doing very well compared to the day the team engaged him. Tim had continued to be a likeable and responsive consumer but his addiction had increased. He still had not gained employment and relationships with family were still splintered. During one visit, the team had to hospitalize Tim because they feared he had consumed so much liquor that his blood was poisoned.

After discharge, the ARCH team called a staffing and created a deal with Tim. The deal would be a twenty-eight day treatment program for education and clean time with no mandate or discussion of future use or team

expectations of future use. Tim went to treatment as agreed and for the first time in his life gained perspective and insight into his disease. He learned about what it was doing to him physically and mid-way through treatment decided that he would try to stop drinking.

By December 2007, Tim had not had a drink in the year since he left treatment. He continued to see ARCH regularly; he has a sponsor, who he met at a twelve-step meeting. He has been employed full time since Feb. 2007, and has reconnected with family by going to a play and dinner last month. He has given testimonials for ARCH during fair days and he is currently a living example of recovery.

Tim’s story is just one of many successful consumer stories, of individuals involved in the ARCH Program. We hope that the ARCH Program and many other programs for homeless Illinoisans can survive these difficult economic times, and continue to prevent the return to many formerly homeless individuals to the streets.

With the success of ARCH for persons with substance use problems, it has been replicated (as ARCH 2) for homeless persons with mental illness.

For further information, contact The ARCH Program at (773) 537-3980. ■

Section 8

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Assistance Payment (HAP) contract.” She also noted that these changes are applicable even if the foreclosure occurred prior to May 20. Ms. Ayala stressed that it is the responsibility of the Section 8 administrator to identify and work with the new owner to ensure that the rights and obligations under the HAP contract are understood and that the new owner acts in compliance with that contract.

A copy of the letter can be found at <http://www.nlihc.org/doc/HUD-Advisory-Letter-09-02-1.pdf> ■

District Data

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The report and additional Out of Reach data are available at www.nlihc.org/oor2009.

With the release of Out of Reach 2009, NLIHC has updated its Congressional District Profiles with the Out of Reach data.

Congressional District Profiles are fact sheets that contain housing data for each of the 435 congressional districts and the District of Columbia. The profiles provide information on the shortage of affordable rental housing

and the incidence of housing cost burden for the districts. Out of Reach 2009 data for metropolitan areas and counties in the district are included to demonstrate local rent levels and subsequent Housing Wages for communities in the district. Recent data from the American Community Survey is also used to provide information on the state as a whole.

Congressional District Profiles, which are frequently used by advocates on lobby visits and in other discussions with policymakers, are available on NLIHC’s website at www.nlihc.org/detail/article.cfm?article_id=3810&id=61. ■



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