

Homeless Headlines

A publication of the Illinois Association of Community Action Agencies, 3435 Liberty Drive, Springfield, Illinois 62704 - (217) 789-0125

DECEMBER 2009

VOLUME 19, ISSUE 12

Medical Respite Services for Homeless People

The current financing and delivery of medical care is characterized by shorter hospital lengths of stay with the expectation that recuperation will take place in the home. Hospitals caring for patients who do not have a home are faced with a difficult dilemma. With limited discharge options, hospitals must make the decision to discharge these patients to the street or shelter where opportunities for recuperation are bleak or allow them to stay in the hospital for an extended amount of time until they are fully stabilized. Because homeless people are sicker than people who are housed and often have co-occurring mental health and/or substance use issues, the latter

option is extremely costly and hospitals often lack the staffing and expertise to assist such patients.

Many hospital discharge planners naturally seek the assistance of



emergency shelters. However, emergency shelters generally provide night shelter only. Typically, guests arrive late in the afternoon, get a hot meal and shower, and are released to

the street early in the morning on the following day. Even for a homeless person who is not ill, there is considerable exhaustion associated with making it through a day without easy access to a bathroom, food, or a place to rest. When a homeless person is sick and diagnosed with a combination of illnesses, an overnight emergency shelter bed is inadequate for recovery.

Some hospital discharge planners might also seek nursing home care for homeless patients. While many homeless patients might qualify for temporary care and recovery in a

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FY10 T-HUD Appropriations Bill Signed

President Obama signed H. R. 3288, the FY10 Transportation, Housing and Urban Development, and Related Agencies (T-HUD) appropriations act, into law on December 16. The T-HUD bill, which was reported out of conference on December 8, became the FY10 omnibus spending vehicle for six appropriations bills that were awaiting enactment. A continuing resolution passed in September had been funding HUD and other federal activities at FY09 levels in lieu of an FY10 appropriation; it was set to expire on December 18.

The final T-HUD bill provides \$46.1 billion for housing programs, an increase of \$4.5 billion over FY09 funding. All programs received increased funding except the HOME program, which was level-funded. For several funding sources that saw decreases in funding during the last decade, including HOME and the Community Development Fund, these FY10 increases only restore funding to FY04 or FY05 levels.

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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@yahoo.com. (Self service only.)

Illinois Department of
Human Services



2009 CHAS Data

HUD has posted the 2009 Comprehensive Housing Affordability Strategy Data (CHAS) data on www.huduser.org/. CHAS data is used by state and local governments in their consolidated planning processes and can also be used by advocates to determine housing needs in their states or counties. The previous version of this dataset was based on the 2000 Census; the new version is based on the 2005-2007 Three-Year American Community Survey (ACS) Estimates.

The new data differ slightly from previous versions because they are based on a different source, but in general, the same housing problems, income categories and household types are used. The primary difference stems from the fact that the ACS is a survey rather than a census, and therefore the number of households surveyed is smaller. For this reason, the 2009 CHAS data is available only at the state, county, and county subdivision level at this time. However, since the data is now based on the ACS, it will be updated on a more regular basis. HUD expects that in 2010 it will be able to post data on cities with a population of 20,000 or more. In 2011, with the release of the Five-Year ACS Estimates, HUD plans to have data available for smaller cities and by census tract.

At this time it is not possible to access the data on the State of the Cities Data System Simple Query System, as it was for the 2000 data, but this platform should be updated in 2010. For now, researchers must download the files in either Excel or SPSS at the geographic level desired. HUD reformatted a number of the Census tables to make them easier to use and have included a number of resources, such as a Basic User's Guide and Data Dictionaries, to make the files easier to use.

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Respite Services

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nursing home, skilled nursing facilities frequently refuse to accept a patient because of the same discharge issues faced by hospitals. Not wanting to discharge a patient to the street and lacking adequate staffing to manage housing placement or behavioral health care needs, most nursing homes simply refuse to accept homeless patients. With reluctant nursing homes and limited options for day shelter, many homeless patients need to remain in a hospital bed until their health is stabilized.

Many communities have designed medical respite programs as a humane and dignified approach to recuperative care for people who are homeless. Traditionally, the term "respite" is used to refer to a break or time off for a caregiver of a disabled child or elderly adult. However, the term has taken on a new meaning over the last two decades for providers of health care services to homeless people. The term "medical respite care" has emerged to describe recuperative or convalescent services needed by homeless people with medical problems. The Respite Care Providers' Network (RCPN) defines medical respite care as "acute and post-acute medical care for patients experiencing homelessness who are too ill or frail to recover from a physical illness or injury while living in shelter or on the streets, but who are not sick enough to be in a hospital". Medical respite care fills a service gap between hospital and shelter, and provides home-like care to those without a home. Medical respite services are provided in a variety of settings including homeless shelters, motel/hotels, apartments, board and care facilities and stand alone facilities. Medical respite programs provide a safe place to recover with medical monitoring and support services such as food, laundry, transportation to medical appointments, medication management, security, case management and referral to specialty

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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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Telephone: (217) 789-0125
Fax: (217) 789-0139
www.iacaanet.org

House Unaccompanied Youth

The National Association for the Education of Homeless Children and Youth (NAEHCY) has published a report highlighting the success of a number of McKinney-Vento Homeless Assistance programs in housing unaccompanied homeless youth. Housing + High School = Success provides a 10-step guide for those interested in starting similar initiatives in their communities.

Each year, between 1.5 million and 1.6 million young people become homeless and no longer in the custody of their parents or a legal guardian. The 10 suggested steps include determining who will administer a program, establishing eligibility

criteria, and collaborating to offer supplemental services. The second step, which the authors consider to be one of the most important, is choosing one or more of the following temporary housing models: host homes, group homes, independent living and/or



emergency shelters. Each of these models has different strengths, which are outlined in the report, and NAEHCY advises program administrators to offer a combination of housing options to

address the variety of needs in a given community.

The publication also includes profiles of seven successful programs around the country and provides links to replicable forms and documents used by the programs highlighted in the report, such as sample youth applications, parental consent forms, flyers, and data collection tools. These resources can be used by organizers across the country interested in initiating youth housing programs.

To learn more about housing assistance programs for unaccompanied youth, read the full report at: www.naehcy.org/dl/youthhousing.pdf

Making the Connection

Obtaining Identification

By Kathryn Nelson



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

As most of you all are well aware, obtaining identification is extremely difficult when a client does not have any IDs to begin the process. In this month's column I want to share with you the story of "Sam" and my agency's efforts to obtain identification for him. Hopefully, what we learned on this journey will be of help to you.

On October 23, 2009, "Sam", a 20 year old male was referred by the Illinois Department of Human Services Division of Rehabilitation Services (DRS) to my organization to help obtain identification. Sam told us he had no identification, and didn't know where to start. Since he had no identification he was unable to obtain help through SNAP (formerly Food Stamps).

Like many of our clients, Sam is a poor historian. Sam told us that his birth certificate and social security card were lost during one of the many moves made by his family. He was unable to recall, the last school he had attended. He told us he has not seen a medical doctor or dentist for at least 7 years. Sam said he was raised by his maternal grandmother, who died 7 years ago and after her death he went to live with a maternal uncle. Sam told us that his uncle told him that he was born

somewhere in Lake County Illinois, but Sam did not know the town. Sam knew his mother's name but did not know her birth date, but fortunately he was able to get this information from his uncle.

After obtaining appropriate releases, we contacted Lake County vital statistics to find out the procedure for ordering a birth certification without proper identification. Staff at Lake County said they could accept documentation from any professional agency saying that agency staff had witnessed Sam's signature. Using this information we contacted the DRS case worker to request they provide copies of Sam's signature that were on several DRS forms. In addition, Sam's DRS case worker wrote a letter saying he had witnessed Sam sign the documents.

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Current Rental Market Trends

Increased rental vacancy rates nationwide have not translated into greater availability of homes affordable to low income households and the assisted stock in particular has remained tight, according to a HUD working paper on the U. S. rental housing market released December 22, 2009. The paper also finds strong evidence of a trend, suspected by housing advocates, towards households moving in together to save on housing costs.

The report finds that while national rental vacancy rates remain above 10 percent, this is not the case for the assisted housing stock. Vacancies in project-based Section 8 developments have not exceeded 5 percent in recent years. Public housing vacancy rates fell two percentage points, from 11.5 percent in 2006 to 9.5 percent in 2008, to dip below the national rate. Low Income Housing Tax Credit projects also appear to have vacancies below the market rate, though this finding is based on a more limited dataset.

The report also finds significant geographic variations in supply and demand for both assisted and unassisted homes. While areas such as Detroit and Atlanta saw vacancies increase steadily from 2005 to reach 16 percent in 2008, other areas such as Seattle and Washington, DC, had vacancy rates that steadily declined in the same period and reached nearly 5 percent in 2008.

Finally, the report finds evidence that an increasing number of households have been moving in together to save costs. The authors note that nearly 12 percent of all households that moved in 2009 did so to join another household, up from less than 10 percent in 2005—a 25 percent increase. This so-called “doubling up” is thought to be one of

Second Chance Act Grants

Solicitation for Second Chance Act Grants to State and Local Governments Released Today On December 22, 2009, the U. S. Department of Justice’s Bureau of Justice Assistance (BJA) and Office of Juvenile Justice and Delinquency Prevention (OJJDP) released the solicitation for Second Chance Act grant applications to state and local governments for adult and juvenile reentry demonstration projects (Section 101). Funding under this section is available to help state and local agencies implement programs and strategies to reduce recidivism and ensure the safe and successful reentry of adults and juveniles released from prisons and jails back to the community.

To download the solicitation or find out more about the grant program, go to nationalreentryresourcecenter.org/about/second-chance-act.

the causes of the declining demand in the market, and could help explain the seemingly contradictory trends of rising vacancies and rising renter distress that can be observed in recent data. Before the release of this report, advocates have lacked non-anecdotal evidence of an increase in doubling up.

The paper pulls together primary source analysis as well as information from secondary sources to present a coherent picture of affordability in the current rental market. HUD and Low Income Housing Tax Credit program data are the basis for much of the primary source analysis, and these data are supplemented with information from the U. S. Census Bureau’s Current Population Survey (CPS), and the related Housing Vacancy Survey. The report’s findings are presented largely as bullet points, tables or graphs,

The deadline for applications is 8:00 p. m. ET on March 4, 2010.

Inquiries about the solicitation should be directed to Dr. Gary L. Dennis, Senior Policy Advisor for Corrections, Bureau of Justice Assistance, at 202-305-9059 or gary.dennis@usdoj.gov. Inquiries about the juvenile-related requirements of this solicitation should be directed to Thomas Murphy, Grants Program Specialist, Office of Juvenile Justice and Delinquency Prevention, at 202-353-9059 or Thomas.murphy@usdoj.gov.

For more information about downloading the solicitation, applicant eligibility requirements, instructions on registering for the online grant application system, and other application materials, go to www.ojp.usdoj.gov/BJA/grant/10BJA_JJ_SecondChanceDemonstrationSol.pdf.

BJA will issue other Second Chance Act solicitations, including the request for Section 211 grant applications from nonprofit agencies/organizations, at a later date. ■

which should help to make the information accessible.

U. S. Rental Housing Characteristics: Supply, Vacancy, and Affordability, by Rob Collinson and Ben Winter, can be found at: www.huduser.org/portal/publications/workpapr1.html ■

Respite Services

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appointments.

In addition to providing a safe and dignified place for recuperation, studies of medical respite programs have linked program participation with improved health and housing outcomes. In a national evaluation of ten pilot medical respite programs receiving support from the Health Resources and Services Administration (HRSA), the following outcomes were reported:

- ⊗ Severity of primary diagnoses dropped a full point on the [severity index] scale. And while just one-third had a regular source of primary care when admitted, half did by the time of discharge.
- ⊗ Access to financial resources improved, including an increase from 23% to 33% of medical respite service

recipients who obtained Food Stamps.

- ⊗ Housing status improved: the percentage of respite patients listing the hospital as their source of housing fell from 34% at admission to 8% at discharge, and the percentage of hospital patients discharged to the street dropped from 13% to just 4%.
- ⊗ Clinicians working with respite clients perceived that two-thirds had benefited from the respite environment during their stay; about half said the social interaction was beneficial and/or that the client had learned to manage his/ her health condition. Nearly one out of ten decided to enter a treatment program after receiving medical respite care.

Medical respite care also reduces hospital utilization. A growing body of literature demonstrates that participants

in medical respite programs require fewer hospital days than homeless individuals who do not participate in a medical respite program. One major study in Chicago looked at the impact of medical respite care on 225 hospitalized adults consecutively referred from an urban public hospital. The study found that individuals who participated in a medical respite program required fewer hospitalizations during 12 months of follow up. The group receiving medical respite care spent 4.6 fewer days in the hospital than individuals who did not receive medical respite care. Another study of the hospital readmission rates of patients discharged from Boston Health Care for the Homeless Program's medical respite program found that even for patients with higher medical needs, receiving medical respite care was associated with a reduced chance of hospital readmission.

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Identification

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Included in the letter the DRS worker provided key identifying information, such as Sam's birth date, age, and gender.

The information with the appropriate fee was sent to Lake County Vital Records and within 7 days Sam received his original birth certificate. Armed with his original birth certificate Sam contacted the Secretary of State's office thinking he could obtain his state ID. But unfortunately Sam learned this single ID is not enough and he was told he needed a Social Security Card. Sam went to the Social Security office. Upon arriving at the office he was told that another ID was needed to obtain a replacement Social Security card. Since he did not have another ID, he came back to us to see if we could once again help him.

We contacted Social Security and asked what other documents could be used in conjunction with the birth certificate to verify identity. Social Security told us they are able to use any documentation that is completed by a licensed medical physician or licensed psychologist or psychiatrist, that lists a person's identifying information, such as date of birth, age, and gender. We once again contacted DRS and Sam's case worker was able to provide a copy of Sam's psychological report. Sam now took this report to the local Social Security office. This time Social Security staff told him that in addition to the psychological report he needed DRS to write a letter on the agency's letterhead, saying Sam was seen at DRS by the psychologist. The DRS caseworker once again completed a letter and included in the letter that DRS provided the psychological evaluation, and also provided identifying information about Sam including his date of birth, age, and gender. Sam went back to Social Security with the original letter and

documents and was now finally given a print out that had his social security number. Sam received his official replacement card about seven days later and was now able to obtain a state identification card.

As you can tell from Sam's story, there are a number of ways and resources that can be used to verify your identity. Obtaining this information sometimes is complicated. It also requires persistence, collaboration and creativity.

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. ■

Funding Resources

Georgia-Pacific Foundation, Inc.

133 Peachtree St. N.E., 39th FL
Atlanta, GA 30303-1808
Telephone: (404) 652-4581

Contact: Curley M. Dossman, Jr., Chair.
and Pres.

Fax: (404) 749-2754

URL: www.gp.com/gpfoundation/index.html

Type of Grantmaker: Company-sponsored foundation

Limitations: No support for discriminatory organizations, political candidates, churches or religious denominations, religious or theological schools, social, labor, veterans', alumni, or fraternal organizations not of direct benefit to the entire community, athletic associations, national organizations with local chapters already receiving support, medical or nursing schools, or pass-through organizations. No grants to individuals (except for scholarships), or for emergency needs for general operating support, political causes, legislative lobbying, or advocacy efforts, goodwill advertising, sporting events, general operating support for United Way member agencies, tickets or tables for testimonials or similar benefit events, named academic chairs, social sciences or health science programs, fundraising events, or trips or tours.

Financial Data (Year ended 12/31/07):

Total giving: \$3,656,342

Giving activities include: \$1,833,411 for 511 grants (high: \$398,842; low: \$25) \$60,000 for 30 grants to individuals of \$2,000 each (high: \$2,000; low: \$2,000)

Number of Staff: 5 full-time professional, 1 full-time support

Purpose and Activities: The foundation supports programs designed to promote education; environment; community enrichment; and entrepreneurship. **Fields of Interest:** Community/economic development; Education; Employment; Federated giving programs; Higher education; Housing/shelter; Social entrepreneurship; Youth development; **Population Groups:** Minorities; Women; Youth **Types of Support:** Annual campaigns; Building/renovation; Capital campaigns; Conferences/seminars; Continuing support; Employee-related scholarships; Employee volunteer services; Equipment; General/operating support; In-kind gifts; Program development; Scholarship funds; Scholarships—to individuals; Sponsorships **Application Information:** Extraneous proposal materials are not encouraged. Electronic or faxed proposals are not accepted. Application form not required. Initial approach: Proposal. Copies of proposal: 1. Board meeting date(s): As required. Deadline(s): Between January 1 and October 31. Final notification: Within 60 days.

HNI Charitable Foundation

(formerly HONINDUSTRIES Charitable Foundation)

P.O. Box 1109

Muscatine, IA 52761-0071

Telephone: (563) 252-7503

Contact: Susan J. Cradick, Secy.-Treas.

Type of Grantmaker: Company-sponsored foundation

Limitations: Giving limited to areas of company operations, with emphasis on IA, IL, KY, MN, NC and WA. No support for national, statewide, or religious organizations. No grants to individuals.

Financial Data (Year ended 12/31/08):

Total giving: \$2,005,380

Giving activities include: \$2,005,380 for grants

Number of Staff: 1 full-time professional

Purpose and Activities: The foundation supports community foundations and organizations involved with arts and culture, education, cancer, housing development, diversity, human services, and community development.

Fields of Interest: Community/economic development; Education; Federated giving programs; Health care, clinics/centers; Higher education; Housing/shelter, development; Human services; Salvation Army; YM/YWCAs & YM/YWHAs **Types of Support:** Building/renovation; Capital campaigns; Employee matching gifts; General/operating support

Application Information:

Application form not required. Initial approach: Proposal. Copies of proposal: 1. Deadline(s): None.

Grand Victoria Foundation

230 W. Monroe St., Ste. 2530

Chicago, IL 60606-5048

Telephone: (312) 609-0200

Contact: Nancy Fishman, Exec. Dir.

Fax: (312) 658-0738

E-mail: nancyf@grandvictoriafdn.org

URL: www.grandvictoriafdn.org

Type of Grantmaker: Company-sponsored foundation

Limitations: Giving limited to areas of company operations in IL, with emphasis on the Chicago metropolitan area, Elgin, and southern Cook, DeKalb, DuPage, Kane, Kendall, Lake, McHenry, Winnebago, and Will counties. No support for grantmaking

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Funding Resources

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organizations or federated funds. No grants to individuals, or for endowments, fundraising events, debt reduction, political campaigns, or religious programs; generally, no grants for research or planning projects. Financial Data (Year ended 12/31/08): Total giving: \$27,571,707 Giving activities include: \$27,567,717 for 184 grants (high: \$2,000,000; low: \$250) \$3,990 for 9 employee matching gifts Number of Staff: 2 full-time professional, 2 full-time support Purpose and Activities: The foundation supports organizations involved with education, the environment, employment, housing, youth development, children's day care, and

economic development. Fields of Interest: Children, day care; Community/economic development; Education; Employment, services; Housing/shelter; Youth development Types of Support: Continuing support; Employee matching gifts; General/operating support; Land acquisition; Management development/capacity building; Matching/challenge support; Program-related investments/loans; Program development; Scholarship funds; Technical assistance Application Information: A full proposal may be requested at a later date for Education, Economic Development, and Environment support and Vital Lands Illinois. An application form is required for Elgin Grantworks. Organizations receiving support are

asked to provide an interim and final report. Initial approach: Letter of inquiry for Education, Economic Development, and Environment; download application form and mail proposal and application form to application address for Elgin Grantworks; download project application and E-mail to application contact for Vital Land Illinois. Board meeting date(s): Quarterly. Deadline(s): 1st Friday in May and October for Education, Economic Development, and Environment; 1st Friday in February, June, and October for Elgin Grantworks; None for Vital Lands Illinois. Final notification: 10 business days for Education, Economic Development, and Environment; 8 to 10 weeks for Elgin Grantworks. ■

Respite Services

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Thus, medical respite care provides a safe alternative for hospitals and for individuals in need of post-discharge medical care. But it also assists hospitals in providing continuous care to individuals who might otherwise return to their emergency department. The benefits for the health and well being of a homeless person as well as the cost savings for communities are significant incentives for planning and implementing a medical respite program. The following sections provide detailed descriptions of the steps involved in developing a medical respite program.

This document may be downloaded free of charge at www.nhchc.org/Respite/

To order print copies, go to: www.nhchc.org/Publications/

For further information, go to :

National Health Care for the Homeless Council, Inc.

P. O. Box 60427

Nashville, TN 37206

E-mail: council@nhchc.org

Web site: www.nhchc.org

For a related Illinois story, "The Chicago Housing for Health Partnership 'Getting Housed, Staying Healthy,'" see the Homeless Headlines for June 2006 (www.iacaanet.org/docs/homeless_headlines/hd_jun06.pdf). ■

CHAS Data

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HUD is currently accepting feedback on this data in order to improve its usefulness. NLIHC will use this data to update resources such as the Congressional District Profiles (www.nlihc.org/detail/article.cfm?article_id=3810&id=61).

For more information on the 2009 CHAS data, along with the resources on how to use the data and the tables themselves, go to: www.huduser.org/portal/datasets/cp.html ■

Appropriations

(Continued from page 1)

In addition to increases in program funding, HUD will launch a new comprehensive housing and neighborhood development program, the Choice Neighborhoods Initiative, which will be funded within the HOPE VI program. The final FY10 T-HUD appropriation provides \$65 million for a Choice Neighborhoods Initiative from within the \$200 million for HOPE VI.

Two-and-a-half months into the federal fiscal year, HUD can now properly evaluate allocation of funds within housing programs and refine estimated spending needs for FY11. The President is expected to make his request to Congress for FY11 funding the first week in February 2010.

View the updated budget chart at: www.nlihc.org/doc/FY10-chart-12-17-09.pdf

View the final bill at: frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h3288enr.txt.pdf ■



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.ccdionline.org>

Corporation for Supportive Housing

205 W. Randolph, 23rd Floor
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 1601
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 Association of Community Action Agencies

3435 Liberty Drive
Springfield, IL 62704
Telephone: (217) 789-0125
Fax: (217) 789-0139
<http://www.iacaanet.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 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) 524-5800
<http://www.dhs.state.il.us>

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 410
Washington, D.C. 20005
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

2201 "P" St., NW
Washington, DC 20037-1033
Phone: (202) 462-4822 x234
Fax: (202) 462-4823
Email: info@nationalhomeless.org

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
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