The Essence of Engagement

by Jane Waller, Thresholds, Inc.

I work in Chicago at a residential program using the Integrated Dual Disorder Treatment approach. I work directly with clients, as well as supervise staff.

Currently, I am reading a book called “Great Peacemakers,” and I was impressed by the words of Henry David Thoreau. Every day he had a routine in which he exercised, wrote, worked in his garden, and in the afternoon he went to the woods to meditate and study nature. It made me realize that all our lives are busy; our lives require going to meetings, writing notes, assorted paperwork, and making a certain amount of billing hours. I am not saying that this is not important, or that we need to forget about this, but I am asking you to put these things on a shelf for a bit, to join me in pondering the meaning of engagement.

Engagement. Why is it an issue that needs attention? It seems like it would be a simple thing to begin a relationship with another person. However, working with people who have been homeless means that they have been involved with many social service systems, and may have lost faith and trust in getting help.

What People Want

When I was thinking about what engagement means, I wanted to get clear about what I do, and don’t do. So I consulted with the clients that I work

(Continued on page 4)

FY 2010 Continuum of Care Grant Awards

A new HUD report displays the homeless assistance projects being awarded under the 2010 Continuum of Care (CoC) competitive grants process. Approximately $1.411 billion ($1,411,406,642) is being awarded nationally for renewal competitive programs. The competitive programs provide funding for transitional and permanent housing and supportive services. The awards will keep nearly 7,000 local homeless assistance programs operating in the coming year.

The reports are organized by state and then by continuum, or community. Within each listed continuum are the organizations that will be assisted with HUD’s awards for competitive programs. Illinois awards totaled $83,032,822. They may be viewed at www.hud.gov/offices/cpd/homeless/budget/2010/10_illinois_renewals.pdf.
Annual Update of Federal Poverty Guidelines
from the U. S. Department of Health and Human Services

This notice provides an update of the Department of Health and Human Services (HHS) poverty guidelines to account for last calendar year’s increase in prices as measured by the Consumer Price Index.

Effective Date: Date of publication, unless an office administering a program using the guidelines specifies a different effective date for that particular program.

Background

Section 673(2) of the Omnibus Budget Reconciliation Act (OBRA) of 1981 (42 U. S. C. 9902(2)) requires the Secretary of the Department of Health and Human Services to update the poverty guidelines at least annually, adjusting them on the basis of the Consumer Price Index for All Urban Consumers (CPI-U). The poverty guidelines are used as an eligibility criterion by the Community Services Block Grant program and a number of other Federal programs. The poverty guidelines issued here are a simplified version of the poverty thresholds that the Census Bureau uses to prepare its estimates of the number of individuals and families in poverty.

2011 Poverty Guidelines
for the 48 Contiguous States and the District of Columbia

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<th>Persons in Family</th>
<th>Poverty Guideline</th>
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<td>1</td>
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<td>7</td>
<td>$33,810</td>
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<td>8</td>
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For families with more than 8 persons, add $3,820 for each additional person.


President to Sign Disability and Elderly Housing Bills

The House and Senate brought the 111th Congress to a close on a positive note for housing policy by passing the Frank Melville Supportive Housing Investment Act of 2009 and the Supportive Housing for the Elderly Act of 2009. The House approved these two bills on December 21, just days after the Senate did. The President is expected to sign the legislation into law.

S. 1481, the Frank Melville Supportive Housing Investment Act of 2009, modifies the Section 811 Supportive Housing for People with Disabilities program. The bill improves the Section 811 program in several ways. First, it authorizes a demonstration program within the existing Section 811 program to promote community integration for

(Continued on page 7)
Homeless Headlines

Making the Connection
SSDI Work Incentives

By Kathryn Nelson

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

Over the past couple of columns information has been provided about various incentives put in place by Social Security to assist transition back into employment for persons with disabilities who receive Social Security benefits. You were introduced to the Work Incentive Planning and Assistance program and provided information about how the staff works with your client to develop a plan that works best for their individual situation; then you were introduced to the types of incentives available to persons who receive SSI; and this month the focus is on incentives provided to persons who receive SSDI (Social Security Disability Insurance). Some of the incentives available to persons who receive SSDI are:

- **Trial Work Period (TWP)** – this is a 9 month period that allows your client to test their ability to work and still continue to receive full SSDI. It is important to work with a WIPA counselor especially if there have been prior efforts at employment since the 9 month period is cumulative over a 60 month rolling time period.

- **Extended Period of Eligibility (EPE)** – this 36 month period begins immediately after the TWP. During this 36 month period Social Security is able to pay SSDI benefits for months when earnings (or work activities) are below the substantial gainful activity (SGA) level (in 2011 this $1000/mo.) and the person continues to have a disabling impairment.

- **Expedited Reinstatement (EXR)** – this benefit is available for up to five years after SSDI or SSI have stopped due to the person’s successful return to work. During this 5 year window they are able to have their benefits reinstated if the work

(Continued on page 6)

Bed Bugs

(Source: Illinois Department of Public Health Documents available at www.idph.state.il.us/envhealth/pbedbugs.htm)

The bed bug (Cimex lectularius) has been a parasite of humans throughout written history. Its adaptation to humans is so complete that its bite is not noticed until well after the bug leaves its victim, if it is noticed at all. Attracted by the warmth of our bodies and the carbon dioxide we exhale, bed bugs emerge usually at night from hiding places, seeking human blood. While pathogens have been found in bed bugs, the bed bug apparently does not transmit diseases to humans.

Prior to the widespread use of synthetic insecticides, this small, brown blood-sucking bug was perhaps the most unwanted pest in America. The insidious bed bug was loathed even more than the cockroach. Although the bug’s impact was greatly reduced by insecticides during the 1940s and 1950s, it remained an occasional invader of homes, hotels and shelters. Pest management professionals now agree that bed bugs have become the most difficult pest to control.

Bed bugs (Cimex spp.) feed on the blood of animals including people and pets. Some species, known as bat bugs, feed on bats, and others on birds such as chickens, pigeons, swallows and swifts. All will wander in search of a new host if their primary host leaves or abandons its roost or nest. In structures, bat bugs typically appear in and around attics and chimneys. Though they will bite humans, they do not survive without their preferred hosts.

Bed bugs can survive more than a year without feeding, but most adults and nymphs probably do not live more than six months without a meal. This ability lets them wait for transient hosts that periodically inhabit camp cabins, apartments and temporary housing. It also helps them survive transportation. Today, bed bugs “hitchhike” more easily than ever, via public transportation and luggage, and in secondhand furniture, mattresses, bedding and clothing. In multi-unit

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(Continued on page 6)
NLIHC on HUD’s Proposed NHTF Rule

While the struggle to capitalize the National Housing Trust Fund (NHTF) with a dedicated funding source continues, the National Low Income Housing Coalition (NLIHC) has offered an analysis of HUD’s proposed rules for the program.

In formal comments sent to HUD on December 28, 2010 on its proposed regulations to implement the NHTF, the NLIHC applauded the department for requiring extremely low income (ELI) households to occupy 100 percent of rental and homeowner units produced in the program’s first year. However, NLIHC raised several concerns about HUD’s proposal for NHTF implementation.

NLIHC’s major objection to the proposed regulations is the failure to base rents on tenant income, specifically on the “Brooke rule” that requires that assisted households should spend no more than 30 percent of their income on rent and utilities. HUD is proposing that rents be set at 30 percent of the federal poverty line, or 30 percent of area median income, whichever is greater.

Under HUD’s proposal, families or individuals with income that is substantially less than 30 percent of area median income will be faced with high housing cost burdens. For example, people whose income is Supplemental Security Income (SSI) are at 18.6 percent of the national median income. Without income-based rents, most of the people who the NHTF is intended to serve will not benefit because the rents would be far more than what they could afford.

Also, HUD’s proposed rule limits the use of NHTF dollars for operating assistance to 20 percent of a jurisdiction’s allocation, as recommended by the NHTF campaign in 2008. However, the proposed rule would not limit operating assistance to units occupied by ELI households paying Brooke rents. This could result in ongoing operating subsidies maintaining units unaffordable to ELI households, an outcome at odds with NHTF’s fundamental purpose.

NLIHC’s other comments:

- HUD proposes requiring NHTF-assisted units to be affordable for only 30 years. NLIHC urged 50-year affordability periods with preferences for projects with longer timeframes.
- NLIHC opposed HUD’s proposal to allow use of NHTF dollars for transitional housing. The statute does not specifically allow transitional housing and states that the program’s purpose is to increase and preserve the supply of rental and homeowner housing, especially for ELI households. This strongly implies that permanent housing is the goal.
- NLIHC recommended that public housing agencies be explicitly listed as eligible recipients, but commended HUD for prohibiting use of NHTF resources on existing public housing units. These units are extremely important, but using NHTF dollars to rehabilitate or operate them will not increase housing opportunities for those with the lowest incomes. It also could result in the overall loss of resources if Congress reduces appropriations for public housing due to the availability of the NHTF.
- NLIHC was pleased that the proposed rules would require states to distribute NHTF resources based on priority housing needs, and require grantees and subgrantees to choose applications for funding based on such priorities as geographic diversity. However, these provisions are not sufficient to ensure that rural housing needs are met. NLIHC suggested that the final rules directly require states to allocate NHTF resources based on relative need in both rural and urban areas.
- NLIHC commented on the technical aspects of many features, including subgrantees, transit oriented development, allocation plans, public participation, tenant protection, record keeping and performance reports.

For further information, contact the National Low Income Housing Coalition at the address in Headlines Directory.
Engagement
(Continued from page 1)
with at Grais Apartments. They told me they want a person:

- Who listens,
- Lets them know they are being listened to,
- Who understands them,
- Who has the timing to know when to ask a question, and
- Who knows the right things to ask.

I was told that it is important to get another perspective from someone who is trained and knowledgeable, and is motivated to help. They said that staff are a guide, and are asked to give people time, meet the client on their ground, and have no judgments in the process of “bringing us back.”

I was told that clients want gentleness, caring, kind encouragement, and praise in order to:

- Feel safe,
- Know it is OK to fail, and
- Be able to trust.

No one likes to be told what to do. We want flexibility and compassion. Mother Theresa? No, workers in social service agencies.

This is their list of what they want when asking for help. What they don’t want people who don’t give them space, are harsh with them, or make them feel guilty. They don’t like to feel criticized, belittled, or feel that someone is prying or nosy. Most people said they don’t like to be pushed into doing things that they are not ready to do – which makes me think about who’s agenda are we following?

SSDI Incentives
(Continued from page 3)
or earnings stop due to the person’s medical condition and they have an impairment that is the same or similar to the one when they were originally approved for SSDI/SSI.

- Continued Medicare Coverage – if the person is enrolled in Medicare at the time employment starts he will be able to continue Medicare coverage for at least 93 consecutive months. The usual premiums will need to be paid to continue the Part B (Supplemental Medical Insurance) and the Part D (Prescription Drug Coverage).

Be alert however that during the TWP the person can be contacted to provide medical evidence to see if their medical condition has improved and if improved, benefits will be stopped. This review (Continuing Disability Review/CDR) will not be done if the employment effort is being done through participation in the Ticket to Work program. This “Ticket” program allows individuals to obtain employment services from the Division of Rehabilitation Services or an Employment Network (EN) which are private organizations or government agencies that have agreed with SSA to provide employment services. For more information on Ticket to Work contact the SSA Ticket Program Operations Support Manager, MAXIMUS, at their toll free numbers: 1-866-YOURTICKET (1-866-968-7842) or for TTY/TDD call 1-866-833-2967 between 8 a.m. to 10 p.m. Eastern time (Monday through Friday). Naturally what I have provided you is just a quick overview. To find out more about Social Security’s employment incentives and work programs you can also look at the Red Book – A Guide to Work Incentives http://www.ssa.gov/redbook/index.html 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, Center for Governmental Studies. Questions can be directed to knelson@dupagefederation.org

Homeless Headlines
So What?
So the challenge is to create an atmosphere where a person:

- Feels that you are there for them,
- Feels safe, and
- Feels that they can trust you.

My mother was a librarian. As a child, when I wanted to know something, she explained to me where I could go to find out the information. While I did not like it at the time, I appreciate it now. So I decided to go to the dictionary to see what they said about engagement.

There were a series of definitions including military engagement of troops, marital engagement, and, more pertinent to the work we do, a series of words that describe how to get to know someone.

I would like you to ponder the words, consider what a practitioner would do, or not do to engage someone. According to the dictionary, engagement is: agreement, to absorb, involve capture, intrigue, become associated with, commit one’s self, attract, participate or take part in, and to hold fast a person’s attention.

Agreement – It is important to understand and agree, to be held responsible, as in a lease agreement. This is a first step in finding what they are willing to agree to, what we can agree together.

(Continued on page 5)
Homeless Headlines

Bed Bugs

(Continued from page 3)

buildings, bed bug infestations that are not adequately attended to often spread between units with or without human help, making eradication much more difficult and costly.

Most people have never seen a bed bug. Adults are wingless, about one-fourth of an inch long, and flat to fit in cracks and crevices where they hide by day. Females typically lay three to five adhesive eggs per day in crevices and depressions. Eggs and newly hatched nymphs are somewhat translucent and only about one-sixteenth of an inch long. After feeding, nymphs become bright red.

At night, bed bugs seek warm hosts, leaving their hiding places in mattresses, box springs, bed frames, nightstands, curtains, couches and wall voids, baseboards, carpet edges, door and window frames, picture frames, smoke detectors, electrical switches and outlets, peeling paint and wallpaper.

Bed Bug Bites

The bed bug painlessly bites its victim, injects saliva to ensure blood flow, and ingests the host’s blood through needle-like mouthparts. During the three to five minutes it takes to complete feeding, the bug elongates and becomes more reddish. It then retreats to its hiding place to digest the meal, and will return to feed in three to 10 days.

Reactions to bed bug bites vary among individuals. Many persons show no signs of bites. Others don’t realize they’ve been bitten until redness and swelling appear around the bite, sometimes with intense itching. Some exhibit inflamed swollen spots that may occur in linear series or have a rash-like appearance. Such bite marks, when they appear, may not show for several days after the person is bitten.

Identification

Bed bugs are flat, oval, wingless insects up to about one-fourth of an inch long. Unfed adults are reddish brown and resemble apple seeds in size and shape. Their bodies elongate after ingesting blood. Bed bug eggs are cylindrical and, like the newly hatched nymphs, about one-sixteenth of an inch long and somewhat translucent. Upon feeding, nymphs become bright red.

In most cases, pesticides and other control measures should not be applied until bed bugs are identified by an entomologist or other professional.

Signs of Infestation

- Live or dead bed bugs
- Bed bug eggs (adhering to crevices)
- Shed exoskeletons (amber colored “shells”)
- Excrement (reddish brown to black specks and small ears)
- Musty sweet odor (in heavily infested areas)

NOTE: The appearance of bed bug bites varies among individuals. Because there are many possible causes for skin reactions that resemble bites, the presence of marks consistent with bed bug bites should be attributed to bed bugs only where specimens have been identified. Visible skin reactions may not appear for two weeks after bites, or they may not appear at all. It can be difficult to determine a bite’s origin.

Inspection

Adequate lighting, a flashlight and a magnifying glass or hand lens are essential when inspecting for bed bugs. Infestations are often confined to the mattress, box springs and bed frame. Usually they are found within 20 feet of the bed. However, in heavily infested structures bed bugs can be found hiding in virtually any crevice or void. Some places to look for bed bugs are:

- Bed frames, mattresses, box springs
- Nightstands
- Couches and recliners
- Floor cracks and grooves
- Edges of rugs and carpeting, tack strips
- Loosened wallpaper and peeling paint
- Behind baseboards, wall and ceiling moldings
- Wall art and decorations
- Switches, outlets and smoke detectors
- Window and door frames
- Drapery and blinds

Bed Bugs in Multi-Unit Housing

Multi-unit housing such as apartment buildings, condominiums, group homes, shelters and dormitories, may be the most difficult structures from which to eradicate bed bugs. Bed bug elimination in multi-unit housing depends on the knowledge, effort and cooperation of all persons involved, including landlords, building managers, residents, and pest control professionals.

(Continued on page 7)
Guidelines

When bed bugs are thought to be present, immediately inform the building manager. To confirm an infestation, specimens should be identified by an entomologist or pest management professional. When an infestation is confirmed, residents should be provided guidelines on building treatment policies, instructed to avoid ineffective and potentially harmful pesticide use including the use of aerosol “foggers,” and informed on how to detect and prevent the spread of bed bugs by not bringing potentially infested items into theirs or other units.

For each unit, management should ensure bed bugs are prevented from moving between units by sealing gaps around vent s and pipes penetrating common walls, sealing around floor registers and light fixtures, as well as around phone,, cable and electrical outlets. Do not delay treatment! Employ a pest control professional as soon as possible because bed bugs will reproduce and spread, making their control much more difficult and costly.

For further information, go to www.idph.state.il.us/envhealth/pcbedbugs.htm. Topics covered include:

- Identification and Inspection
- Health Care Facilities
- Multi-Unit Housing
- Office Buildings
- Schools and Day Care Centers
- If You Get Bed Bugs
- If You Enter Places That Might Have Bed Bugs

Housing Bills

(Continued from page 2)

people with disabilities. Under the demonstration, developers can combine rental assistance from Section 811 and other capital subsidy programs, making it easier to provide supportive housing within mainstream developments and increase the number of units provided through Section 811. Second, the bill improves the Section 811 production program by providing states and localities a new infusion of critically needed capital and project-based rental assistance funding. A co-sponsor of the bill, Representative Judy Biggert (R-IL) urged passage, saying that the Section 811 program has not changed in 15 years and needs to be updated.

Introduced by Senator Herb Kohl (D-WI) in 2009, the Supportive Housing for the Elderly Act modifies the Section 202 Supportive Housing for the Elderly program. S. 118 provides the first update to the Section 202 program since its creation more than 50 years ago. It strengthens and modernizes how the program supports the development and preservation of housing for very low income seniors. Specifically, it improves the condition of senior housing, particularly the oldest Section 202 properties, and preserves existing developments, making new construction easier. Changes to the program’s service coordination and assisted living components enhance seniors’ ability to age in place in Section 202 properties.

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

Bed Bugs

(Continued from page 6)

Tenants should be advised to prepare their units by eliminating clutter, laundering and granting access for inspection and treatment. If possible, mattresses and box springs should be enclosed in “encasements,” and traps should be applied to bed legs. At a minimum, infested units and all units above, below and adjacent to infested units, plus common areas such as hallways and laundry rooms, should be inspected and Bed bug nymph after feeding treated as necessary.

Follow-up inspections and treatments should be performed about every two weeks after initial treatment, until no bites or bed bugs are observed for at least two months.

What All This Means

W

Engagement

(Continued from page 5)

Absorb – To absorb is to be like a sponge, show up, be there, make the contact meaningful, listen, draw out the information, wring yourself out prepare yourself as a clinician to take away any bias or preconceived notions. Don’t absorb the pain. Working with people is a two-way street.

Involve – To be involved is to listen to the needs and wants, and to help people live on their own and set goals.

Capture – To capture is to be mysterious and compelling, to intrigue clients with their own life as they develop skills for independent living.

Commit one’s self – Commitment is about dedication, focus, extending one’s self, not turning back, the participant and case manager working toward a goal together.

Attract – To attract is to draw in, make pleasant, create interest. The services we provide should be meaningful to clients. The case manager invites trust and acceptance and lets the client know they are prepared for every session.

Contact Information

You can contact Jane Waller at (773) 537-3614, or jwaller@thresholds.org.
**Headlines Directory**

**Center for Community Change**
1536 U Street NW
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Telephone: (202) 339-9300
http://www.communitychange.org

**Chicago Coalition for the Homeless**
205 W. Randolph, 23rd Floor
Chicago, IL 60601
Telephone: (312) 332-6690
Fax: (312) 332-7040
http://www.cch.org

**Coalition of Citizens With Disabilities in Illinois**
300 E. Monroe, Suite 100
Springfield, IL 62701
Telephone: (217) 522-7016
Fax: (217) 522-7004
http://www.energy.com/cch/index.htm

**Corporation for Supportive Housing**
205 W. Randolph, 23rd Floor
Chicago, IL 60601
Phone: (312) 332-6690
Fax: (312) 332-7040
Email: il@cch.org
www.cch.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://www.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.iaaanc.org

**Illinois Coalition Against Domestic Violence**
801 S. 11th
Springfield, IL 62703
Telephone: (217) 789-2830
Fax: (217) 789-1939
http://www.icadv.org

**Illinois Department of Commerce and Economic Opportunity**
620 E. Adams, CIPS-3
Springfield, IL 62701
Telephone: (217) 783-6142
Fax: (217) 782-2106
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) 524-5810
http://www.dhs.state.il.us

**Illinois Food Bank Association**
P.O. Box 8293
Springfield, IL 62701
Telephone: (217) 522-4022
Fax: (217) 522-4023
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, # 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 1/3 Pennsylvania Avenue, SE
Washington, D.C. 20003-1148
Telephone: (202) 546-1969
Fax: (202) 546-2063
E-mail: ncvh@ncvh.org
http://www.ncvh.org/home.html

**National Coalition for the Homeless**
2201 “P” St., NW
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**National Community Reinvestment Coalition**
727 15th St., NW, #900
Washington, D.C. 20005
Telephone: (202) 546-1969
Fax: (202) 628-9800
Telephone: (202) 628-8866
Fax: (202) 638-1526

**National Law Center on Homelessness & Poverty**
918 F Street NW #900
Washington, D.C. 20004
Telephone: (202) 638-2535
Fax: (202) 628-2737

**National Low-Income Housing Coalition**
1325 S. Wabash, Suite 205
Chicago, IL 60603
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Fax: (312) 939-6822
http://www.nlchc.org

**National Rural Housing Coalition**
1875 Connecticut Avenue, NW
Washington, D.C. 20005
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Fax: (202) 986-2340
http://www.nrhc.org

**Southern Illinois Coalition for the Homeless**
P.O. Box 955
801 N. Market
Marion, IL 62959
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**Supportive Housing Providers Association**
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Fax: (202) 462-4823
Email: info@nationalhomeless.org

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Chicago, Illinois 60604-3507
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Fax: (312) 353-5417