

Reducing Homelessness

A Social Marketing Approach

By

Nancy R. Lee

Behavior Change for Good

Reducing Homelessness: A Social Marketing Approach

By Nancy R. Lee

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Foreword

When I met Nancy Lee at a University of South Florida Social Marketing conference, I already had quite a few years of social marketing behind me, having crossed over from a successful career in commercial marketing into social marketing in the eighties.

Nancy needs no introduction to social marketing professionals. Whether we've taught social marketing, practiced it, or studied it, chances are we've relied on one of the 13 social marketing texts that she has co-authored with Philip Kotler.

Nancy has always made social marketing easier--to understand, teach, and practice. And this book is no exception. As relevant to social marketing professionals as it is to organizations servicing populations at risk, Nancy positions social marketing by emphasizing the "Help Me" approach to behavior change, reinforcing the field's unique ability to facilitate change.

The book dedicates seven chapters to different sectors of the homeless population, sharing audience insights, including barriers, desired benefits and motivators, inspiring the development of strategic interventions. But perhaps the most memorable recommendation is the 4 S's---to make SHELTER available, ensure SERVICES are accessible and affordable, make SOCIAL CONTACT to share resources and empathy, and address the unique needs of each segment of the homeless population with a SECTOR approach.

I can't think of a more insightful person to write this book or a more urgent issue. As a Creative Director and filmmaker, I have interviewed dozens of people in recovery on camera, many of whom have experienced homelessness. I've visited homeless encampments and witnessed firsthand the pain of a life uprooted. With homelessness on the rise worldwide, it's not too soon to apply this evidence-based framework. Thank you, Nancy, for demonstrating how social marketing can help to reduce one of the most urgent problems of our time.

Lynda Bardfield, Vice President
Social Marketing Association of North America
Chief Creative Officer, Creative Conscience

Prologue

In 2023, when I completed my book on *Reducing Gun Deaths & Injuries: A Social Marketing Approach*, I asked myself: “What’s the next wicked problem that a social marketing approach can contribute more to?” An idea emerged immediately, as I reflected on an experience the night before. Once a month, our Rotary Club volunteers at a local food kitchen downtown Seattle, making dinners for 150 homeless individuals who line up around the block and, when doors open, “come in and get it.” A conversation I had that night with a woman inspired me to take on homelessness.

I asked her: *“What shelter are you staying in?”*

She responded: *“I’m not in a shelter. I sleep on sidewalks and in parks, a different place every night.”*

I asked her: *“What are some of the reasons you haven’t accepted being in a shelter?”*

She responded: *“I am a victim of Domestic Violence, and I bet my husband would go looking for me there.”*

I gave her a small wallet card: *“Here is a note about a confidential domestic violence shelter close by that keeps the address secret to protect residents from being found by abusive partners, with staff trained in safety protocols.”*

With tears she shared: *“Thank you. I had no idea. I will call them tonight.”*

This engagement confirmed for me that a social marketing approach that identifies audience *Barriers* and *Desired Benefits*, and then focuses on strategies to address them was needed. And after 6 months of research, the most impactful strategies emerged, the **4Ss**:

- Sector Approach
- Share Resources
- Shelter Availability
- Services Accessible

The following are four stages in the homelessness cycle that this book focuses on, ones that support, in the end, moving on the Permanent Housing. Strategies to obtain Permanent Housing are not covered.

1. ***At Risk for Eviction:*** At this stage, people are currently housed, most often in rental units, and are at risk of eviction by property owners due to unpaid rent.
2. ***Currently Unsheltered:*** This is when someone's nighttime location is not a regular accommodation, most often "camped out" in a public park, a car, an abandoned building, or other public spaces.
3. ***Currently in a Temporary Shelter:*** They may be staying in an emergency shelter or a transitional housing facility, most often with limited stay times.
4. ***Ready to Move On to Transitional or Permanent Supportive Housing:*** This group is actively engaged in exploring strategies to move into housing that provides housing assistance and supportive services on a long-term basis.

It is noted that this book on Homelessness has incorporated in Chapter 2 a framework similar to the book on *Reducing Gun Deaths & Injuries*, published in 2023 by Ethics International Press.

Nancy R. Lee

About the Author

Nancy Lee has more than 30 years of professional marketing experience, with special expertise in Social Marketing, the proven discipline for *Behavior Change for Social Good*.

She is president of Social Marketing Services, Inc., in Seattle, Washington, a strategic advisor for social marketing campaigns at C+C, a communications firm in Seattle, and an Affiliate Instructor at the University of Washington where she teaches social marketing in the Public Administration and Public Health programs. She also teaches an online Professional Certificate Course for the International Social Marketing Association. With more than 30 years of practical marketing experience in the public and private sectors, Ms. Lee has held numerous corporate marketing positions, including Vice President and Director of Marketing for Rainier Bank, Washington State's second-largest bank, and Director of Marketing for Seattle Children's Hospital.

She has consulted with more than 100 nonprofit organizations and has participated in the development of more than 200 social marketing campaign strategies for public sector agencies. Clients in the public sector include the Centers for Disease Control and Prevention (CDC), Environmental Protection Agency (EPA), Washington State Department of Health, Office of Crime Victims Advocacy, Department of Ecology, Department of Fisheries and Wildlife, Office of Superintendent of Public Instruction, Washington Traffic Safety Commission, County Health and Transportation Departments, and the City of Seattle and City of Mercer Island.

She has co-authored 17 books on Social Marketing, 13 with Philip Kotler, and has contributed numerous articles to professional journals including the *Stanford Social Innovation Review*, *Social Marketing Quarterly*, *Journal of Social Marketing*, and *The Public Manager*.

She is a founder and past president of the Northwest Social Marketing Association (NWSMA), and serves on the Board of the International Social Marketing Association (iSMA), as well as the Social Marketing Association of North America. (SMANA).

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Chapter 1

What's the Problem?

The problem this book is addressing is **Homelessness in the United States**. In a 2024 Annual Report to Congress, the U.S. Department of Housing and Urban Development (HUD) reported: *"The number of people experiencing homelessness on a single night in 2024 was the highest ever recorded."*¹ A total of 771,480 people, .2% of the U.S. population, were experiencing homelessness in an emergency shelter, safe haven, transitional housing program, or in unsheltered locations across the country. Among this count, a third (152,585) were reported as having chronic patterns of homelessness, defined by HUD as having been homeless "for at least one year or on at least four separate occasions in the last 3 years."²

Why is Homelessness Considered Such a Problem?

Trends

HUD's 2024 Annual Report indicated an overall increase of 19% in the number of people experiencing homelessness in 2024 compared to 2007, the first year national data was collected during the single Point-In-Time (PIT) count when there were 647,258 people experiencing homelessness.³ Between 2007 and 2024, the lowest number was in 2016 when the estimated count was 549,928. It is noteworthy that the greatest increase was in 2023, rising from 653,104 people experiencing homelessness to 771,480 in 2024 in just one year's time, and that this "increase of 118,376 people was largely driven by an increase in the sheltered population, which

rose by 25%", likely reflecting increased shelter capacity created during the pandemic.⁴ The following section describes why homelessness needs to be addressed for those that are homeless, for communities with homeless populations, and to help ensure a strong economy.

The Problem for the Homeless

A broad array of problems may arise from being homeless, especially for those living on the street or in crowded homeless shelters. The following summary is from a variety of sources, including many noted by CDC:⁵

HEALTH:

- Increased risk of infectious diseases such as tuberculosis, HIV and Coronavirus
- Increased risk or worsening of mental health illnesses such as anxiety, depression and post-traumatic stress disorder
- Difficulty accessing health care services due to structural issues such as lack of transportation
- Economic barriers to needed health care and social services including lack of insurance and personal identification documents
- Worsening chronic health conditions such as diabetes or asthma, often because of lack of access to medications or a safe place to store medications

SAFETY:

- Greater risk of assault
- Frequent theft of personal items including cell phones, prescription drugs and medical equipment

- Potential for criminalization for loitering and sleeping in public spaces

BASIC NEEDS:

- Inconsistent access to nutritious meals and clean drinking water
- Difficulty maintaining hygiene, given limited access to bathrooms and showers
- Exposure to extreme weather

SOCIAL ISOLATION:

- Disconnection from family, friends and other support networks

ECONOMIC INSTABILITY:

- Risk of losing current employment given mental instability and lack of transportation
- Difficulty in finding employment due to lack of an address and transportation
- Inability to access current financial assets such as bank accounts
- Potential for criminalization for loitering and sleeping in public spaces

IMPACT ON CHILDREN AND FAMILIES:

- Risk for children missing school and subsequent academic performance
- Risk of children being taken into foster care or families being split up

The Problem for Communities

Similar to problems experienced by homeless populations, communities also have a variety of concerns, with several noted in an article by Bio-One:⁶

PUBLIC SAFETY:

- Concerns with likelihood of increased theft and violence associated with the homeless
- Drain on emergency response services include police, fire and EMS
- Fire hazards caused by open flames for cooking and warmth

ENCAMPMENTS:

- Presence of tents and encampments in valued public spaces including parks, sidewalks, and nearby schools and businesses
- Increasing perceptions among homeless individuals that camping out on streets and parks is “a norm”

HEALTH & ENVIRONMENTAL HAZARDS:

- Concerns with exposure to harmful waste including human waste, discarded needles, and infectious diseases like hepatitis, tuberculosis and COVID-19
- Potential for increased respiratory problems and skin irritations among those in nearby residents and businesses
- Increased infestations of pests that can spread diseases such as salmonella

- Pollution of watersheds from discarded trash and human waste, affecting local wildlife

ECONOMIC IMPACT:

- Increased costs for shelters, sanitation efforts and healthcare, given homeless individuals often rely on emergency rooms
- Local businesses potentially experiencing reduced foot traffic due to customers feeling unsafe
- Accumulation of waste and debris impacting property values, and deterring business development

SOCIAL TENSIONS:

- Elected officials being challenged by “clashes” over approaches like “Housing First” and funding for increased shelter capacity

CAPACITY FOR SHELTERS & SERVICES:

- Shelters capacity often being inadequate, with one estimate reported in 2025 by the National Alliance to End Homelessness that 61% of states did not have enough shelter beds to serve their local homeless population⁷

The Problem for the Economy

The negative impact of homelessness on the U.S. economy can be felt in several major financial arenas:

DIRECT FINANCIAL COSTS:

- National Alliance to End Homelessness reporting in 2023 that the average cost of being housed in an emergency

shelter per person is \$12,800 annually, not including indirect costs such as healthcare, social services, and lost productivity⁸

- On a positive note, research reported in 2023 by the Urban Institute indicating that “every \$1 spent on eviction prevention can save \$4-\$5 in downstream costs related to homelessness”⁹

HOUSING MARKET PRESSURES:

- Pressure on communities to provide emergency housing, potentially diverting resources for low income renters including older adults, people with disabilities and people of color¹⁰

LABOR MARKET IMPACT:

- Families experiencing homelessness often being unemployed, having a ripple effect on local businesses and home-related service providers

Who Is Homeless & Where Are They?

Major Homeless Sectors:

Table 1.1 describes seven sectors with unique profiles within the homeless population, ones described in further detail in separate chapters in this book. It is acknowledged that the percentage points add up to more than 100%, given the significant overlap of sectors (e.g., the Unaccompanied Youth sector includes those youth with a Substance Abuse Disorder and Older Adults may have Mental Health Disorder).

Table 1.1: Major Sectors Within the Homeless Population

| % OF HOMELESS | SECTOR | DESCRIPTION |
|------------------------------|---|--|
| 20%-44% ¹¹ | Substance Abuse Disorder | Described as “a treatable mental disorder that affects a person’s brain and behavior”, with major elements for homeless individuals including dependence on <i>Alcohol</i> (38%) and <i>Drugs</i> (26%) ¹² |
| 34% ¹³ | Families w/ Children | Considered to be when there is at least one adult age 18 or older, and one child under 18, experiencing homelessness together ¹⁴ |
| 28% ¹⁵ | Older Adults | Ages 55 or older, with the majority ages 55-64 at 71%, and those ages 65+ at 29% ¹⁶ |
| 23% ¹⁷ | Mental Health Disorder Other Than Substance Abuse Disorder | Major mental health disorders other than <i>Substance Abuse Disorders</i> among homeless individuals include <i>Antisocial Personality Disorder</i> (26%), <i>Major Depression</i> (19%), <i>Mood Disorder</i> (18%), <i>Anxiety Disorder</i> (14%), <i>Psychotic Disorder</i> (14%), and <i>Posttraumatic Stress Disorder</i> (11%) ¹⁸ |
| 16% ¹⁹ | Domestic Violence | An estimated 50% of women who are homeless report that Domestic Violence was the leading cause. ²⁰ |
| 5% ²¹ | Unaccompanied Youth | Considered to be <i>children</i> under the age of 18, and <i>young adults</i> 18-24, who are not accompanied by their parents or guardian ²² |
| 5% ²³ | Veterans | Individuals who have served in the U.S. armed forces and are currently living on the streets, in shelters, or in temporary housing |

Key Demographic & Geographic Profiles of the Homeless

HUD’s homeless count in 2024 indicated the following demographics and geographics of people experiencing homelessness.²⁴ Percentages and numbers are based on the total point-in-time count in 2024 among the 771,480 experiencing homelessness.

Table 1.2: Age, Gender, Race/Ethnicity, Geographic Profile 2024²⁵

| AGE AMONG HOMELESS | | AGE IN U.S. ²⁶ | PRIMARY RACE/ETHNICITY | |
|--------------------|----------|---------------------------|---|-------|
| 65+ | 8% | 16% | White | 39.9% |
| 55-64 | 20% | 13% | Black /African American | 27.4% |
| 45-54 | 21% | 12% | Hispanic/Latina | 15.4% |
| 35-44 | 24% | 13% | Multi-Racial | 3.3% |
| 25-34 | 19% | 14% | American Indian, Alaska Native, or Indigenous | 2.7% |
| 18-24 | 8% | 8% | Asian or Asian American | 1.5% |
| Under 18 | .6% | 24% | Native Hawaiian or Pacific Islander | 1.1% |
| GENDER | Homeless | U.S. Pop. | Middle Eastern or North African | .2% |
| Male | 68.4% | 49.5% | STATES WITH HIGHEST % OF U.S. HOMELESS POPULATION ²⁷ | |
| Female | 30.0% | 50.5% | California | 24% |
| Other | 1.6% | 1.0% ²⁸ | New York | 20% |

Relative to racial profiles, it is noteworthy that a report from the National Alliance to End Homelessness highlights that most minority groups experience homelessness at higher rates than Whites, especially African Americans.²⁹ And as indicated in Table 1.2, those who are homeless are more likely than in the general

population to identify as *male* (69%); and are more likely to be *ages* 35-64 (65%).

Numbers of Sheltered vs. Unsheltered

As indicated in Table 1.3, the majority of homeless individuals are in some form of a shelter, and there has been a slight increase in the percentage of the sheltered population between 2007 when the first counts were taken and 2024, most likely due to the increase in shelter capacity created during the pandemic.

Table 1.3: Shelter Status³⁰

| SHELTER STATUS | 2007 | | 2024 | |
|---|---------|---------|---------|---------|
| | Percent | Count | Percent | Count |
| TOTAL HOMELESS | 100% | 647,258 | 100% | 771,480 |
| SHELTERED Emergency Shelters, Safe Havens, and Transitional Housing Programs | 60% | 391,401 | 65% | 497,256 |
| UNSHELTERED Streets, Abandoned Buildings, Bus Stations, Cars | 40% | 255,857 | 35% | 274,224 |

Based on HUD’s Annual Report to Congress, a summary description of the U.S. Homeless population as of 2024 is that: they are more likely to be *Male*; a majority have some form of *Mental*

Health or Substance Abuse Disorder; an estimated third are with *Family* members; almost a third are *Over 55*; the majority identify as *White or Black/African American*, with most minority groups overrepresented; and almost half of the PIT count were in the states of *California* and *New York*.

What Are Major Causes & Correlated Factors Related to Homelessness?

The United States Interagency Council on Homelessness (USICH) emphasizes that homelessness is a result of a variety of determinants, and are not only due to individual choices or conditions. The following are major influential factors frequently noted by USICH, as well as a variety of other organizations including National Low Income Housing Coalition, END POVERTY NOW and PathForward.

Economic Factors

- ***Lack of Affordable Housing:*** Although employment helps people stay housed, it is not always sufficient due to the lack of affordable and accessible housing. USICH notes that: "At minimum wage, people have to work 86 hours a week to afford a one-bedroom apartment. Even when people can afford a home, one is not always available. Today, only 37 affordable homes are available for every 100 extremely low-income renters."³¹
- ***Unemployment and Underemployment:*** When people lose their jobs or cannot find full-time employment, they are likely to struggle to pay for housing, with the National Low Income Housing Coalition estimating that 71% of

extremely low-income people pay at least half of their incomes on rent, putting them at higher risk for eviction.³²

- ***Lack of Financial Assistance:*** USICH notes that funding-related policies can increase, as well as decrease, the risk of homelessness. Their report cites as an example that the COVID-19 pandemic prevented millions of evictions due to policy changes including eviction moratoriums, providing more emergency rental assistance, and expanding unemployment assistance and the Child Tax Credit.³³
- ***Evictions:*** Rising rents, stagnant wages and inflation make it increasingly difficult for individuals to keep up with payments, leaving them at risk for eviction.

Debilitating Physical Conditions

- ***Mental Health Disorders:*** Issues like depression, anxiety, and PTSD can interfere with maintaining employment and housing.³⁴
- ***Substance Abuse:*** As noted in Table 1.1 highlighting the profile of the homeless population, 44% of homelessness individuals have substance abuse disorders, often leading to loss of employment, strained relationships and financial instability.³⁵
- ***Lack of Access to Healthcare:*** Without access to healthcare, many people are unable to manage their chronic illnesses or disabilities, putting them at increased risk for homelessness.³⁶

Strained Relationships

- ***Domestic Violence:*** As noted in Table 1.1, victims of Domestic Violence represent an estimated 16% of the homeless population, not only experiencing the trauma of an abusive relationship, but also often having fled their home without documents and resources needed to secure shelter.
- ***Family Disputes:*** Unaccompanied Youth represent an estimated 5% of the homeless population, often “on the street” as a result of family conflict.³⁷

Discrimination & Inequities

- ***Race:*** Relative to racial profiles, it is noteworthy that a report from the National Alliance to End Homelessness highlights that most minority groups experience homelessness at higher rates than Whites, especially African Americans.³⁸
- ***Gender Identity:*** “Transgender and gender nonconforming individuals face disproportionately high rates of homelessness, often due to discrimination, family rejection, and inadequate shelter services.”³⁹
- ***Prior Criminal Records:*** Those having a criminal record often have difficulty in finding employment, as well as housing.⁴⁰

What Are Major Phases Related to Homelessness?

The following four phases represent the cycle from being at risk of eviction to securing transitional or permanent supportive housing, and eventually then returning to permanent housing. *Audience*

Behaviors, Barriers, Benefits and Motivators are unique for each of these phases and, therefore, require tailored strategic interventions. It is emphasized that strategies are developed for those individuals at any of these phases to influence them to take actions to “move on to the next one.”

1. ***At Risk for Eviction:*** At this phase people are currently housed, most often in rental units, and are at risk of eviction by property owners due to unpaid rent.
2. ***Currently Unsheltered:*** This is when someone’s nighttime location is not a regular accommodation, most often “camped out” in a public park, a car, an abandoned building, or other public spaces.
3. ***Currently in a Temporary Shelter:*** They may be staying in an emergency shelter or a transitional housing facility, most often with limited stay times.
4. ***Ready to Move On to Transitional or Permanent Supportive Housing:*** This group is actively engaged in exploring strategies to move into housing that provides housing assistance and supportive services on a long-term basis.⁴¹

And from this final phase in the homeless cycle this book is focused on, they move back to, or onto, *Permanent Housing*.

What Is Common Terminology Related to Homelessness?

The U.S. Department of Housing & Urban Development uses the following key terms and descriptions related to homelessness, noting that often terms may differ by agencies/source of information:⁴²

- **Continuums of Care (CoCs)** are local planning groups coordinating and providing a full range of homeless services in a specific geographic area, such as a city or entire state.
- **Emergency Shelters** are facilities with a primary purpose to provide just a temporary shelter for people experiencing homelessness.
- **Eviction Moratorium** is when a federal, state or local governmental agency places a ban on evicting certain tenants from their residential rental property due to non-payment of rent.
- **Experiencing Chronic Homelessness** are individuals who have experienced homelessness for one or more years, or has had at least four episodes of homelessness in the last three years with a combined length of time for those occasions of at least 12 months.
- **Experiencing Homelessness** describes a person who does not have a regular night-time residence.
- **Housing First** is an approach that prioritizes providing temporary shelter or housing without preconditions such as sobriety, mental health treatment or employment.
- **Permanent Housing** provides a temporary living arrangement to bridge the gap from homelessness to permanent stability by offering supportive services and skill-building.⁴³
 - Permanent Supportive Housing most often refers to housing that requires residents to have a disability for eligibility, and provides housing assistance and supportive services on a long-term basis
 - Other Permanent Housing offers housing, with or without services, on a long-term basis for people who

have previously experienced homelessness, but does not require residents to have a disability for eligibility

- **Point-in-Time Counts** are one-night estimates of both sheltered and unsheltered people experiencing homelessness, often conducted at the same time each year by CoCs nationwide.
- **Rapid Re-Housing** is a model providing temporary housing *assistance* that helps residents move into permanent housing in which they can remain after the assistance ends.
- **Safe Havens** provide private or semi-private temporary services to those experiencing severe mental illness.
- **Sheltered Homelessness** refers to those who are staying in an emergency shelter, a transitional housing program or what's considered a safe haven.
- **Transitional Housing Programs** commonly refers to those that offer people experiencing homelessness a place to stay along with supportive services for up to 24 months.
- **Unsheltered Homelessness** refers to people whose primary nighttime location is not ordinarily used as a regular sleeping accommodation for people including: a car, public park, abandoned building, bus station, train station, or airport.

What Are Historical & Current Strategies to Reduce Homelessness?

The stated mission of the U.S. Interagency Council on Homelessness (USICH) is to “coordinate the federal response to homelessness and to create a national partnership at every level of

government and with the private sector to reduce and end homelessness.”⁴⁴ Table 1.4 highlights major programs most noted in USICH’s Annual Report as ones that have been developed to decrease evictions, and increase opportunities for homeless individuals to get safe shelter, food, and supportive services. By accepting these offerings, individuals are more likely to avoid eviction, accept shelter, receive services and move on to permanent supportive housing. And social marketing efforts can help overcome current *Barriers* to utilization of services, including lack of *Awareness* and *Knowledge* regarding these resources.

Also included in Table 1.4 are examples of non-profit organizations with missions to help reduce homelessness, with a focus on community-based programs.

Table 1.4: Major Governmental Agency & Non-Profit Programs to Reduce Eviction & Homelessness⁴⁵

| GOV. AGENCY | PROGRAM | OFFERINGS |
|----------------------|--|--|
| Dept. of Agriculture | Emergency Food Assistance Program | Helps fund States to provide food to local agencies such as food banks, soup kitchens and food pantries, as well as support to community agencies to distribute food directly to low-income households |
| | Supplemental Nutrition Assistance Program (SNAP) | Provides nutrition assistance to eligible, low-income households with a monthly allotment placed on cards similar to a debit card to purchase food at authorized dealers |
| Dept. of Education | Education for Homeless | Assists states in establishing and providing education for children |

| GOV. AGENCY | PROGRAM | OFFERINGS |
|--|---|---|
| | Children & Youth Program | experiencing homelessness through grants to local educational agencies to provide education of children including support services such as transportation to schools |
| Dept. of Health & Human Services | Health Care for the Homeless | Allocating funding for affordable, accessible, quality, and cost-effective primary healthcare services for vulnerable populations, especially those lacking the ability to pay, also offering “street medicine” and health center services through mobile units, meeting the needs of unsheltered individuals where they reside |
| Substance Abuse & Mental Health Services Administration | PATH Provider Organizations | Providing funding to support those with a serious mental illness or co-occurring substance use disorder by offering outreach engagement, case-management, screening and diagnostic services, rehabilitation programs, and referrals for primary health services and job training |
| Administration for Children and Families | Runaway & Homeless Youth Program | Providing funding to local community-based organizations to address youth and young adults in need of shelter and support for education and employment, as well as for social and emotional well being |
| | Medicaid | Providing health coverage for low-income adults, children, pregnant women, elderly adults, and people with disabilities |

| GOV. AGENCY | PROGRAM | OFFERINGS |
|---|---|---|
| Administration for Community Living | Adult Protective Services | Funding programs across the country to support adults who experience, or who are at risk of experiencing, abuse, neglect, or financial exploitation, connecting them to services to help them recover |
| Dept. of Homeland Security | Federal Emergency Management Agency (FEMA) | Establishing the Emergency Food and Shelter Program that provides funding to local social service organizations to help meet the needs of people experiencing homelessness, increasing availability of free meals, lodging, rent/mortgage and utility payments |
| Dept. of Housing & Urban Development | Homeless Assistance Grants | Funding state and local governments, Indian Tribes and nonprofit providers to serve those across the U.S. affected by homelessness, including funding for Continuum of Care programs |
| | Emergency Solutions Grants | Providing states, qualified metropolitan cities, urban counties and territories with funding to support five major programs including Street Outreach, Emergency Shelter, Homelessness Prevention, Rapid Rehousing Assistance and Homeless Management Information Systems |
| | Continuum of Care Program | Awarding homeless assistance grants to support major program components: Permanent Housing Rapid Rehousing Transitional Housing |

| GOV. AGENCY | PROGRAM | OFFERINGS |
|------------------------|---|--|
| | | Supportive Service Only Homeless Management Information System Homeless Prevention |
| | Youth Homelessness Demonstration Program | Funding to states, local governments, Indian Tribes, Tribally Designated Housing Entities and nonprofit organization to develop and implement a coordinated community approach to preventing and ending youth homelessness |
| | Tenant-Based Rental Assistance | Administered by the Public Housing Authority, assisting very low-income families, the elderly, and people with disabilities to rent affordable housing in the private market |
| | Emergency Housing Vouchers | Serving households experiencing homelessness, recently homelessness, at risk of homelessness, or fleeing to due potential endangerments including domestic violence and sexual assault |
| | Eviction Protection Grant Program | Expanding the reach of legal services to low-income tenants at risk of eviction |
| | Veterans Affairs Supportive Housing | Collaborating with Veterans Affairs, paring HUD's Housing Choice Voucher rental assistance with VA case management and supportive services |
| Dept. of Labor | Homeless Veterans Reintegration Program | Supporting employment-focused grants intended to support Veterans experiencing homelessness, or at risk of |

| GOV. AGENCY | PROGRAM | OFFERINGS |
|---|--------------------------|--|
| | | homelessness, in reaching their employment potential and obtaining high-quality career outcomes |
| Dept. of Veterans Affairs | Targeted Programs | <p>A variety of programs supporting Veterans at risk of, or experiencing homelessness include:</p> <ul style="list-style-type: none"> • Healthcare for Homeless Veterans • Domiciliary Care Supporting Rehab & Treatment Programs • Local Justice Outreach Program • Community Resource and Referral Centers • National Call Center for Homeless Veterans |
| A Variety of Governmental Agencies | Housing First | <p>An approach that prioritizes providing temporary shelter or housing without preconditions such as sobriety, mental health treatment or employment, one with strong support from the U.S. Departments of Housing and Urban Development, Veterans Affairs, the Substance Abuse and Mental Health Services Administration and the U.S. Interagency Council on Homelessness⁴⁶</p> |