

“HOMELESSNESS 101”

VETERANS EDITION



PROVIDED BY

TAP FAITH MINISTRIES

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**SPECIAL THANKS TO THE FOLLOWING
ORGANIZATIONS
FOR THEIR SUPPORT. THEY ARE,**

“Champions for the Homeless”

LaRed Medical Center

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**Sussex County Veterans
Readjustment Counseling**

1st State Community Action

Laurel Wesleyan Church

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Wellers Trailers

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*This is the interactive area wherein we work together to increase the value of this informational document. We do so by adding content which our local homeless veterans and service providers can use immediately. You will note that it contains blank spaces. **Tap Faith**, interested groups, advocates, professionals and volunteers need to fill in the blanks with all available local data we have, so that we can assist our homeless veterans. For them, time is of the essence. For us, it is God's will.*

GENERAL CONDITIONS

First we must understand the general conditions of homelessness before we explore the special conditions that our veterans face,

Why Are People Homeless?

Published by the National Coalition for the Homeless, July 2009

Two trends are largely responsible for the rise in homelessness over the past 20-25 years: a growing shortage of affordable rental housing and a simultaneous increase in poverty. Below is an overview of current poverty and housing statistics, as well as additional factors contributing to homelessness. A list of resources for further study is also provided.

FORECLOSURE

Recently, foreclosures have increased the number of people who experience homelessness. The National Coalition for the Homeless released an entire report discussing the relationship between foreclosure and homelessness. The report found that there was a 32% jump in the number of foreclosures between April 2008 and April 2009. Since the start of the recession, six million jobs have been lost. In May 2009, the official unemployment rate was 9.4%. The National Low Income Housing Coalition estimates that 40 percent of families facing eviction due to foreclosure are renters and 7 million households living on very low incomes (31 - 50 percent of Area Median Income) are *at risk* of foreclosure.

POVERTY

Homelessness and poverty are inextricably linked. Poor people are frequently unable to pay for housing, food, childcare, health care, and education. Difficult choices must be made when limited resources cover only some of these necessities. Often it is housing, which absorbs a high proportion of income that must be dropped. If you are poor, you are essentially an illness, an accident, or a paycheck away from living on the streets.

In 2007, 12.5% of the U.S. population, or 37,300,00 million people, lived in poverty. The official poverty rate in 2007 was not statistically different than 2006 (U.S. Bureau of the Census, 2007). Children are overrepresented, composing 35.7% of people in poverty while only being 24.8% of the total population.

Two factors help account for increasing poverty: eroding employment opportunities for large segments of the workforce and the declining value and availability of public assistance.

ERODING WORK OPPORTUNITIES

Reasons why homelessness persists include stagnant or falling incomes and less secure jobs which offer fewer benefits.

Low-wage workers have been particularly have been left behind as the disparity between rich and poor has mushroomed. To compound the problem, the real value of the minimum wage in 2004 was 26% less than in 1979 (The Economic Policy Institute, 2005). Factors contributing to wage declines include a steep drop in the number and bargaining power of unionized workers; erosion in the value of the minimum wage; a decline in manufacturing jobs and the corresponding expansion of lower-paying service-sector employment; globalization; and increased nonstandard work, such as temporary and part-time employment (Mishel, Bernstein, and Schmitt, 1999). To combat this, Congress has planned a gradual minimum wage increase, resulting in minimum wage raised to \$9.50 by 2011.

Declining wages, in turn, have put housing out of reach for many workers: in every state, more than the minimum wage is required to afford a one- or two-bedroom apartment at Fair Market Rent. [\[1\]](#) A recent U.S. Conference of Mayors report stated that in every state more than the minimum-wage is required to afford a one or two-bedroom apartment at 30% of his or her income, which is the federal definition of affordable housing. Unfortunately, for 12 million Americans, more than 50% of their salaries go towards renting or housing costs, resulting in sacrifices in other essential areas like health care and savings.

The connection between impoverished workers and homelessness can be seen in homeless shelters, many of which house significant numbers of full-time wage earners. In 2007, a survey performed by the U.S. Conference of Mayors found that 17.4% of homeless adults in families were employed while 13% of homeless single adults or unaccompanied youth were employed. In the 2008 report, eleven out of nineteen cities reported an increased in employed homeless people.

With unemployment rates remaining high, jobs are hard to find in the current economy. Even if people can find work, this does not automatically provide an escape from poverty.

DECLINE IN PUBLIC ASSISTANCE

The declining value and availability of public assistance is another source of increasing poverty and homelessness. Until its repeal in August 1996, the largest cash assistance program for poor families with children was the Aid to Families with Dependent Children (AFDC) program. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the federal welfare reform law) repealed the AFDC program and replaced it with a block grant program called Temporary Assistance to Needy Families (TANF). In 2005, TANF helped a third of the children that AFDC helped reach above the 50% poverty line. Unfortunately, TANF has not been able to kept up with inflation. In 2006-2008, TANF case load has continued to decline while food stamp caseloads have increased

Moreover, extreme poverty is growing more common for children, especially those in female-headed and working families. This increase can be traced directly to the declining number of children lifted

above one-half of the poverty line by government cash assistance for the poor (Children's Defense Fund and the National Coalition for the Homeless, 1998).

As a result of loss of benefits, low wages, and unstable employment, many families leaving welfare struggle to get medical care, food, and housing.

People with disabilities, too, must struggle to obtain and maintain stable housing. In 2006, on a national average, monthly rent for a one-bedroom apartment rose to \$715 per month which is a 113.1% of a person's on Supplemental Security Income (SSI) monthly income (Priced Out in 2006). For the first time, the national average rent for a studio apartment rose above the income of a person who relies only on SSI income. Recently, only nine percent of non-institutionalized people receiving SSI receive housing assistance (Consortium for Citizens with Disabilities, 2005).

Most states have not replaced the old welfare system with an alternative that enables families and individuals to obtain above-poverty employment and to sustain themselves when work is not available or possible.

HOUSING

A lack of affordable housing and the limited scale of housing assistance programs have contributed to the current housing crisis and to homelessness.

According to HUD, in recent years the shortages of affordable housing are most severe for units affordable to renters with extremely low incomes. Federal support for low-income housing has fallen 49% from 1980 to 2003 (National Low Income Housing Coalition, 2005). About 200,000 rental housing units are destroyed annually. Renting is one of the most viable options for low income people (Joint Center for Housing Studies).

Since 2000, the incomes of low-income households has declined as rents continue to rise (National Low Income Housing Coalition, 2005). In 2009, a worker would need to earn \$14.97 to afford a one-bedroom apartment and \$17.84 to afford a two-bedroom apartment. There has been an increase of 41% from 2000 to 2009 in fair market rent for a two-bedroom unit, according to HUD (National Low Income Housing Coalition, 2009).

The lack of affordable housing has lead to high rent burdens (rents which absorb a high proportion of income), overcrowding, and substandard housing. These phenomena, in turn, have not only forced many people to become homeless; they have put a large and growing number of people at risk of becoming homeless.

Housing assistance can make the difference between stable housing, precarious housing, or no housing at all. However, the demand for assisted housing clearly exceeds the supply: only about one-third of poor renter households receive a housing subsidy from the federal, state, or a local government (Daskal, 1998). The limited level of housing assistance means that most poor families and individuals seeking housing assistance are placed on long waiting lists. Today the average wait for Section 8 Vouchers is 35 months (U.S. Conference of Mayors, 2004).

Excessive waiting lists for public housing mean that people must remain in shelters or inadequate housing arrangements longer. In a survey of 24 cities, people remain homeless an average of seven months, and 87% of cities reported that the length of time people are homeless has increased in recent years (U.S. Conference of Mayors, 2005). Longer stays in homeless shelters result in less shelter space available for other homeless people, who must find shelter elsewhere or live on the streets. In 2007, it was found that average stay in homeless shelters for households with children was 5.7 months, while this number is only slightly smaller for singles and unaccompanied children at 4.7 months. (The U.S. Conference for Mayors, 2007).

In 2003, the federal government spent almost twice as much in housing-related tax expenditures and direct housing assistance for households in the top income quintile than on housing subsidies for the lowest-income households (National Low Income Housing Coalition, 2005). Thus, federal housing policy has not responded to the needs of low-income households, while disproportionately benefiting the wealthiest Americans.

OTHER FACTORS

Particularly within the context of poverty and the lack of affordable housing, certain additional factors may push people into homelessness. Other major factors, which can contribute to homelessness, include the following:

Lack of Affordable Health Care: For families and individuals struggling to pay the rent, a serious illness or disability can start a downward spiral into homelessness, beginning with a lost job, depletion of savings to pay for care, and eventual eviction. One in three Americans, or 86.7 million people, is uninsured. Of those uninsured, 30.7% are under eighteen. In 2007-2008, four out of five people that were uninsured were working families. Work-based health insurance has become rarer in recent years, especially for workers in the agricultural or service sectors (Families USA, 2009).

Domestic Violence: Battered women who live in poverty are often forced to choose between abusive relationships and homelessness. In addition, 50% of the cities surveyed by the U.S. Conference of Mayors identified domestic violence as a primary cause of homelessness (U.S. Conference of Mayors, 2005). Approximately 63% of homeless women have experienced domestic violence in their adult lives (Network to End Domestic Violence).

Mental Illness: Approximately 16% of the single adult homeless population suffers from some form of severe and persistent mental illness (U.S. Conference of Mayors, 2005). Despite the disproportionate number of severely mentally ill people among the homeless population, increases in homelessness are not attributable to the release of severely mentally ill people from institutions. Most patients were released from mental hospitals in the 1950s and 1960s, yet vast increases in homelessness did not occur until the 1980s, when incomes and housing options for those living on the margins began to diminish rapidly. According to the 2003 U.S. Department of Health and Human Services Report, most homeless persons with mental illness do not need to be institutionalized, but can live in the community with the appropriate supportive housing options (U.S. Department of Health and Human Services, 2003). However, many mentally ill homeless people are unable to obtain access to supportive housing and/or other treatment services. The mental health support services most needed include case management, housing, and treatment.

Addiction Disorders: The relationship between addiction and homelessness is complex and controversial. While rates of alcohol and drug abuse are disproportionately high among the homeless population, the increase in homelessness over the past two decades cannot be explained by addiction alone. Many people who are addicted to alcohol and drugs never become homeless, but people who are poor and addicted are clearly at increased risk of homelessness. Addiction does increase the risk of displacement for the precariously housed; in the absence of appropriate treatment, it may doom one's chances of getting housing once on the streets. Homeless people often face insurmountable barriers to obtaining health care, including addictive disorder treatment services and recovery supports.

CONCLUSION

Homelessness results from a complex set of circumstances that require people to choose between food, shelter, and other basic needs. Only a concerted effort to ensure jobs that pay a living wage, adequate support for those who cannot work, affordable housing, and access to health care will bring an end to homelessness.

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FMRs (Fair Market Rents) are the monthly amounts "needed to rent privately owned, decent, safe, and sanitary rental housing of a modest (non-luxury) nature with suitable amenities." Federal Register. HUD determines FMRs for localities in all 50 states.

Final FY 2010 FMRs By Unit Bedrooms for Dover Delaware

Efficiency One-Bedroom Two-Bedroom Three-Bedroom Four-Bedroom

Final FY 2010 FMR	\$696	\$757	\$838	\$1,096	\$1,472
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To put this statistic into perspective we must extrapolate from the following available data; Since 2000, the incomes of low-income households has declined as rents continue to rise (National Low Income Housing Coalition, 2005). In 2009, a worker would have needed to earn \$14.97 to afford a one-bedroom apartment and \$17.84 to afford a two-bedroom apartment. There has been an increase of 41% from 2000 to 2009 in fair market rent for a two-bedroom unit, according to HUD (National Low Income Housing Coalition, 2009). **In 2013 the extrapolation for an \$850 per month apartment, indicates a worker would need to earn \$21.00 per hour to afford a two-bedroom unit.** Today the average wage for a poultry industry lab technician is \$15.98 per hour. Average wage for a permanent full-time worker on the evisceration line is \$9.78 per hour. It doesn't take a rocket scientist to realize that neither of these employment categories earn a sufficient wage to rent a two-bedroom apartment in Dover Delaware. **It literally takes two working adults to earn sufficient income to live in a very average, affordable housing environment.**

SPECIAL VETERAN CONDITIONS

that contribute to veteran homelessness

Many of us think we know what a veteran is and what a veteran is all about, but for the sake of their sacrifices in the defense of our freedoms..... read on..... there might be something that strikes a note within us..... something that moves us away from lip service or coffee table discussions into ACTION. Action on our part, in their defense, is what our veterans need from us, especially, our 'homeless' veterans.

They served us, now we must serve them.

As we all know, freedom, is not free.

Infusing and implementing a willingness to act on their behalf;

Is the purpose of this supplement

Definition

A **veteran**, from the Latin *veteranus* “of long experience”, is a person who has had service or experience in a particular occupation or field; " A veteran of ..."

This supplement refers to **military veterans**, i.e., a person who has served or is serving in the armed forces. Those veterans that have had direct exposure to acts of military conflict may also be referred to as **war veterans**, although not all military conflicts, or areas in which armed combat takes place, are necessarily referred to as "wars".

General Goals

This supplement focuses on creating an assistance manual for homeless veterans. It requires input from all of us interested in assisting our veterans. Without your input this supplement is useless. TAP FAITH calls out to the Sussex and Kent County Communities, for additional information and resources. Each of us must continue to update, edit and communicate with each other in order to create meaningful solutions for our 'homeless' veterans. By working together, Tap Faith believes we can solve the homeless and veteran homeless situation in our relatively small demographic area. By doing so we have an opportunity to create a model which can be repeated nationwide to the benefit of all homeless veterans.

Public attitude towards veterans

Military veterans often receive special treatment in their respective countries due to the sacrifices they made during wars. Different countries handle this differently: some openly support veterans through government programs, while others ignore them. Veterans are also subject to illnesses directly related to their military service such as **PTSD**. War veterans are generally treated with great respect and honor

for their contribution to the world and country by their own nationals. Conversely there are often negative feelings towards the veterans of foreign nations held long after the war is over; for example towards the German Nazi soldiers, yet they are no less veterans of war than those of the winning side. There are exceptions. Veterans of unpopular conflicts, such as the Vietnam War, have been discriminated against. Others, such as veterans of conflicts like the Korean War, are often forgotten (even though the casualty rate in Korea was higher than that experienced in the Vietnam War) when compared with those who fought in the World Wars. In some countries with strong anti-military traditions (e.g., Germany after 1945), veterans are neither honored in any special way by the general public, nor have their dedicated Veterans Day.

Many countries have longstanding traditions, ceremonies, and holidays to honor their veterans. In the UK "Remembrance Day" is held on November the 11th and is focused mostly on the veterans who died in service to the monarch and country. A **red** or **white** poppy is worn on the lapel for remembrance or for peace, respectively, in the weeks up to the date, and wreaths and flowers laid at memorials.

In the United States

The most common usage is for former armed services personnel. A veteran is one who has served in the armed forces, especially one who has served in combat. It is especially applied to those who served for an entire career, usually of 20 years or more, but may be applied for someone who has only served one tour of duty. A common misconception is that only those who have served in combat or those who have retired from active duty can be called military veterans.

Veterans' benefits in the United States

President Lincoln, in his second inaugural address, in 1865 famously called for good treatment of veterans: "to care for him who shall have borne the battle, and for his widow, and his orphan". The American Civil War produced several veterans' organizations. The treatment of veterans changed after the First World War. In the years following, discontented veterans became a source of instability. They could quickly organize, had links to the army, and often had arms themselves. Veterans played a central role in the post-World War I instability of Germany, while in the United States, the Bonus Army of unemployed veterans was one of the most important protest movements of the Great Depression, marching on Washington, DC, to get a claimed bonus that Congress had promised them.

Each state of the United States sets specific criteria for state-specific veterans' benefits. For federal medical benefits from the Department of Veterans Affairs (VA) hospitals, prior to 7 September 1980 the veteran must have served at least 180 days of active duty, after the above-mentioned date, the veteran must have served at least 24 months. However, if the veteran was medically discharged and receives a VA service-connected disability stipend, the time limits are not applicable.

American veteran experience after World War II

After the Second World War, in part due to the experience of the First World War, most of the participating states set up elaborate veterans' administrations. Within the United States, it was veterans groups, like the American Legion and Veterans of Foreign Wars organizations, that pushed for and got the G I Bill enacted. These gave veterans access to free or subsidized education and health care. The newly educated GIs created a significant economic impact, and with the aid of VA loans were able to buy housing and establish themselves as part of a growing American middle class. The explosion of the

suburbs created sufficient housing for veterans and their families, yet today, we have a substantial group of homeless veterans.

American veteran experience after OEF and OIF

Many veterans of Operation Enduring Freedom and Operation Iraqi Freedom have had to face challenges unique to warfare in the 21st century. One significant difference between OEF and OIF and previous wars is a greater dependence on reservists and repeat deployments. Up to 80% of troops deployed at the beginning of OEF were part of the part of the Army National Guard and Reserve and about 40% of currently serving military members have been deployed more than once. This has meant that many deployed troops, not being as “steeped in military culture” have had more difficult transitions into military life, and for many the increased redeployment rate has meant more transitions, more uncertainty, longer terms, and shorter dwell times, all of which contribute to greater stress. Due to medical advances, warfare in the 21st century tends to yield more survivors with severe injuries which soldiers in previous wars would have died from. This means that, though fewer service members die, more return from war with injuries more serious, and in turn more emotionally devastating, than ever before. Among these injuries is the increasingly common traumatic brain injury, or TBI, the effects of which can range from a mild concussion to amnesia and serious neurological damage.

Female veterans in the U.S.

Women have served in the United States military for over two hundred years. Some female veterans perceive themselves as discriminated against by their male counterparts and, as such, women who have served in the armed forces have sometimes been known as "the invisible veterans". Women were not fully recognized as veterans until after WWII, and prior to this they were not eligible for VA benefits. The VA estimates that by the year 2010 women will make up 40% of the veteran population.

African American veterans in the U.S.

African Americans have participated in every war fought by or within the United States. Black veterans from WW I experienced racial persecution on returning to the U.S. from overseas, particularly in Southern cities. Black veterans from WW II continued to be denied equality at home despite President Truman's desegregation of the military after World War II. Black veterans went on to play a central role in the Civil Rights movement. **The National Association for Black Veterans** is an organization that provides advocacy and support for African American and other minority veterans.

Health effects of military service and treatment for veterans

The effect of active military service can be profound and lasting, and some veterans have found it difficult to adjust to normal life again. An article in the London Metro on 28 January 2010 was titled "Veterans prone to suicide" and cited a report by the Mental Health Foundation which said that not enough was being done to care for the Afghanistan war veterans, and many "plunged into alcohol problems, crime and suicide" upon their return. Support services were found to be patchy from area to area. Figures from 2009 showed that twice as many veterans were in prison than there were British troops currently in Afghanistan. Homelessness, street-sleeping and relationship breakdown are also commonly reported. Research done by the UK homelessness charity CRISIS (1994) and the Ex-Service

Action Group (1997) both found that *a quarter of homeless people had previously served in the armed forces*. The Times newspaper reported on 25 September 2009 that in England and Wales the number of "military veterans in jail has more than doubled in six years". Another Times article of the same date quoted the veterans mental health charity Combat Stress reporting a 53% increase in referrals from doctors

Post Traumatic Stress Disorder treatment among veterans

New treatment programs are emerging to assist veterans suffering from post-combat mental health problems such as depression and post traumatic stress disorder (PTSD). Cognitive Behavioral Therapy (CBT), is becoming an important method for the treatment of mental health issues among veterans, and is currently considered the standard of care for depression and PTSD by the United States Department of Defense. CBT is a psychotherapeutic approach that aims to change the patterns of thinking or behavior that responsible for patient's negative emotions and in doing so change the way they feel. It has been proven to be an effective treatment for PTSD among war veterans. Recently, online programs that pair CBT with therapist interaction have also proven effective in treating mental health problems among veterans. Eye Movement Desensitization and Reprocessing (EMDR) is also an effective and non invasive, drug free treatment for PTSD, although it has not been tested against specific military traumatic exposure for efficacy. Neuro-Linguistic Programming (NLP) also has applications in this field.

Additional Service Provider Insight

Being homeless, or at risk for homelessness, is one of the most difficult things a person can face. Lacking the security of knowing where you'll sleep at night, having no place to keep your belongings, and not having the ability to care for yourself and possibly your family can lead to stress, anger, a sense of shame, depression and physical discomfort. It can be hard to find employment, live a satisfying life, or do the things you want to do when you are homeless.

There are many circumstances that can lead to homelessness. Some Veterans become homeless due to a combination of housing shortages and high unemployment. Other Veterans may be dealing with painful memories or health issues and have little access to health care or support from family and friends. This may lead them to feel as though they have nowhere else to go but the streets. In some cases, what seemed like a temporary lack of a place to stay becomes permanent. In other cases, Veterans who are homeless move from shelter to shelter because they don't know where else to go.

What should a Veteran know about being homeless?

You or a Veteran you know may have difficulty coming to terms with the thought, "I am homeless," as many people do. Veterans may become angry or hopeless and simply give up trying to find a home or stop taking care of their self. Such despair can also lead to harmful behavior - like alcohol or drug problems - as a means to try to cope with the feelings you have about the situation.

"I had been successful and then it felt like I lost all my energy. I just couldn't keep my job anymore. The bills mounted up, I couldn't keep up with the rent, and I got kicked out of my apartment."

Some Veterans who are homeless may face additional difficulties, such as:

- Feeling down on themselves and hopeless
- Being hungry or not eating healthy foods
- Getting sick more often
- Having physical ailments
- Being out in extreme heat and cold
- Drinking alcohol or taking drugs to temporarily feel better

Some homeless Veterans may be dealing with health conditions that need attention, such as **physical injury, problems with alcohol and drugs, depression, and post traumatic stress**. No matter what you or a Veteran you know may be going through while homeless, you may want to reach out for help right away.

What help is available for homeless Veterans?

All Veterans at risk for homelessness or attempting to exit homelessness—as well as their family and friends—can access a variety of resources and benefits, such as prevention services, housing support, job training, and healthcare. The National Call Center for Homeless Veterans provides a hotline and online chat for free and confidential assistance. Trained VA staff are on-call and available 24 hours a day, seven days a week to assist homeless Veterans and their families at

1-877-4AID VET (877-424-3838).

<http://www.va.gov/homeless/nationalcallcenter.asp>.

Veterans and their family or friends can also contact the VA Homeless Coordinator at their nearest VA Medical Center for information or assistance with homeless issues.

“I went to a Stand Down thinking I would just get some clothes and new glasses. I ended up talking to someone who helped me work out my legal problems.”

Homelessness is complicated and difficult to overcome, but there are things you can do right now:

- Make a list of your most immediate needs
- Contact the National Call Center for Homeless Veterans for support and resources
- Find a place where you can receive mail, like a shelter, place of worship, or VA regional office or clinic
- Make sure you have copies of personal records like your birth certificate, Social Security Card, photo ID, and DD 214. The National Coalition for Homeless Veterans has information on replacing personal records.
- Eat healthy foods when possible
- Avoid “easy outs” like alcohol and drugs

Take the next step – Make the connection.

Every day, Veterans and their families and friends connect with resources, services, and support to address the issues impacting their lives. Homelessness interferes with health, relationships, and daily activities. There could also be underlying issues that are contributing to homelessness. Reach out for support and consider connecting with:

- The National Call Center for Homeless Veterans
- Your local VA Medical Center or Vet Center: VA specializes in the care and treatment of Veterans and has specific resources for homeless Veterans
- Your family doctor: Ask if your doctor has experience treating Veterans or can refer you to someone who does
- A mental health professional, such as a counselor or therapist
- A spiritual or religious advisor

Explore these resources for helping Veterans cope with homelessness.

Learn more about the possible associations between homelessness and other concerns such as problems with alcohol or drug problems, stress and anxiety, relationship problems, post-traumatic stress, and depression. **We must network with these established organizations.**

National Call Center for Homeless Veterans

The National Call Center for Homeless Veterans ensures that homeless Veterans or Veterans at-risk for homelessness have free, confidential, 24/7 access to trained counselors. Veterans and their families can connect with a trained VA staff member at 1-877-4AID-VET (877-424-3838).

va.gov/HOMELESS/NationalCallCenter.asp

Department of Veterans Affairs – Homeless Programs

This website provides information on VA's programs and services for homeless Veterans.

va.gov/HOMELESS/index.asp

National Coalition for Homeless Veterans

NCHV is recognized as the nation's leading authority on homeless Veterans' issues. The NCHV website includes links to resources, employment assistance, and guides for homeless Veterans.

nchv.org/

National Veterans Homeless Support

http://www.nvhs.us/veteran_resources

National Resource Directory

https://www.nrd.gov/homeless_assistance/homeless_women_veterans

Vet Centers

Vet Centers can help you work through your issues with homelessness. If you are a combat Veteran or experienced any sexual trauma during your military service, bring your DD214 to your local Vet Center and speak with a counselor or therapist—many of whom are Veterans themselves—for free, without an appointment, and regardless of your enrollment status with VA.

www2.va.gov/directory/guide/vetcenter_flash.asp

National Center for PTSD

This website provides information, resources, and practical advice for Veterans dealing with stress and trauma.

www.ptsd.va.gov/public/pages/fslist-ptsd-overview.asp

Homelessness can be associated with health conditions that need attention. This link will allow you to search for VA programs located near you.. www2.va.gov/directory/guide/home.asp?isflash=1

OUR LOCAL VETERAN CENTER

Wilmington VA Medical Center

1601 Kirkwood Highway
Wilmington, DE 19805

800-461-8262

302-994-2511

Monday - Friday 8:00am - 4:30pm

800-273-8255 Press 1

Veterans Crisis Line

24 hours a day / 7 days a week

877-424-3838

Homeless Veterans Hotline

24 hours a day / 7 days a week

Website: <http://www.wilmington.va.gov>

Resources

HOUSING

www.shelterlistings.org/county/de-sussex-county.html

- **Sussex Community Crisis Housing Services** 204 East North Street Georgetown, DE 19947 (302) 856-2246
- **Casa San Francisco** Emergency Shelter, 127 Broad Street Milton DE 19968 684-8694
Eligibility: Homeless persons without a history of violence against others.
- **Connections, PATH Homeless Outreach**, Intake: call 302 232-5490
Eligibility: Homeless Adults.
- **Dover Interfaith Mission for Housing**, 684 Forest St, Dover, 19904 302 736-3600
Eligibility: Homeless Men (21+) not under influence of drugs or alcohol or on psychotropic medication
- **Friendship House**, Andrew's Place Intake: Call Center for information: 652-8278
Eligibility: Men who are 55 or older
- **Gateway House** Statewide, Intake: call Admissions Coordinator 302 571-8885
Eligibility: Potential tenant must have stable income
- **Oxford House of Delaware, Sussex**, Intake: Call (302) 377-0485 or call the individual house.
Eligibility: Any individual male or female recovering from alcohol or drug addiction who makes a commitment to not use any alcohol or drug, and is able to pay their equal expense of the household bills usually in the amount of between 100.00 and 120.00 dollars a week.
Oxford House Old Orchard: 3 Bradford Lane, Lewes, DE 19958-9511, Male 7 bed, (302) 703-2884
Oxford House Georgetown: 105 Race Street, Georgetown, DE 19947-1909, Male 8 bed, (302) 544-0054

Oxford House Millsboro: 28043 Gravel Hill Road, Millsboro, DE 19966, Male 6 bed, (302) 730-6096
Oxford House Coolspring: 19211 Beaver Dam Road, Lewes, DE 19958-5556, Male 6 bed, (302) 549-1135
Oxford House Quiet Acres: 23400 Windy Acres Lane, Millsboro, DE 19966-1531, Male 8 bed, (302) 993-8355
Oxford House Lewes: 8 Tulane Drive, Rehoboth Beach, DE 19971-9418, Male 8 bed, (302) 703-2889
Oxford House Rehoboth Beach: 14 Jefferson Street, Rehoboth Beach, DE 19971, **Women 6 bed**, (302) 260-9318
- **Rotary Club of Nanticoke**, Rotary House Seaford, Intake: Call Shipley State Service Center at 628-2000 for intake Eligibility: Homeless families with an employed full time income.
- **Salvation Army**, Adult Rehabilitation Center Statewide 302 654-8808
Intake Process: Call for information. 81 bed facility
Eligibility: Adults ages 21 years or older who are jobless or homeless.
- **Shepherd Place**, (302) 678-1909 Intake: Performed at time of entry and additional intake done by case manager. A 30 bed emergency shelter serving homeless women with children (no men) & single women aged 18 and over.
- **Sojourners' Place** Statewide, Up to 42 men and 8 women can be housed at one time and stay as long as they need to stay to complete program (302) 764-4713
Eligibility: Chronically homeless persons capable of rehabilitation
- **YWCA**, Marian Hinson Home-Life Management Center Statewide, Intake Process: Complete application on site Transitional program for homeless families. Provide supportive services to victims and survivors of domestic abuse. (302) 658-7110
Eligibility: Adults with custody of at least one child
- **Delaware Center for Homeless Veterans**
(302) 384-2350 or (302) 543-7162
dmosley@dchv.org rcooper@dchv.org

ADDITIONAL MEDICAL SERVICES

LaRed Health Center 505 West Market Street Georgetown, DE 19947 855-1233

FOOD

Blessed Givings Emergency Food Program

Address is 40 Ingramtown

Georgetown, Delaware 19947 Phone number is (302) 856-3447

When people have no other options, and need food for themselves and their families, then this food program may be able to help. Perishable items, meals, and other forms of nutritional support are provided to the needy and low income.

Catholic Charities Basic Needs Program - Sussex County

406 South Bedford Street, Suite 9

Georgetown DE 19947 Telephone - (302) 856-9578

This is one of the charities that offers several programs and resources. Families can stop by for the food pantry, soup kitchen, or clothing closet. In an extreme emergency, as funds allow, they may have money for emergency expenses too, such as medications, utilities, or rent.

Bridgeville State Service Center

Food closet address - 400 Mill Street

Bridgeville DE 19933 Call 302-337-8261

Food is distributed **seven days a week** to the needy.

Casa San Francisco Emergency Food Pantry

Location is 127 Broad Street

Milton, Delaware 19968 Call (302) 684-8694

Similar to the Catholic Charities location listed above, this charity offers many programs and social services to people across Sussex County.

Christian Storehouse

Mitchell Street At Old Landing Road

Millsboro DE 19966 Call (302) 934-8151

Offers aid for people regardless of religion or background.

Delmarva Clergy United

Church address is 13724 South Old State Road

Ellendale, Delaware 19941 Telephone number is (302) 422-5306

First State Community Action (Food Closet)

308 North Railroad Avenue Main phone number is (302) 856-7761

Sussex County Delaware is supported by this food pantry. Call for free groceries, meals, fruits, vegetables, baby formula, and other aid.

State Service Centers

Milford: 302-424-7230

Seaford: 302-628-2000

Bridgeville: 302-337-8261

Georgetown: 302-856-5574

Laurel: 302-875-6943

Case managers from these centers can direct people to government and public assistance programs and solutions. Apply for programs such as food stamps, LIHEAP, or other federal or state aid.

Salvation Army Sussex

601 North Dual Highway

Seaford DE 19973 Dial (302) 628-2020 for hours

Also offers a number of programs. For food, can provide Easter, Thanksgiving, and Christmas meals. Programs run include Angel Tree and free winter coats, as well as holiday gifts for children.

Food Bank of Delaware Sussex, Milford Business Park

Main address is 1040 Mattlind Way

Milford DE 19963 Call the food bank at (302) 424-3301

Items for the needy include free food, groceries, and meals. They also partner with local churches and distribution centers, so they have information on locations to call for help. A great place for referrals and guidance.

Blessed Givings Emergency Food Program (302) 856-3447

DelMarva Clergy United, Food Closet (302) 422-5306

Jusst Sooup Ministry / Mobile soup kitchen 302 644-8113

Goodwill Industries, Food Closet, Bridgeville, 302 741-0456

Dagsboro Church of God, Josephs Storehouse 302 732-6550

Cape Henlopen Food Basket 302 644-7727

Bethel Tabernacle, Helping Hands Food, Frankford, 302 539-6768

ADDITIONAL RESOURCES

ACE Resource Center 302-628-3016 Seaford

Community Resource Center LRAC 302-227-1340

Love I.N.C. 302-629-7050

Tap Faith 302-544-0054 or 302-519-6675

Recovery Response Center 302-424-5660 (Substance Abuse/Mental Health)

Mobile CRISIS Unit: 800-969-4357

HALO in Maryland 410-742-9356

St Vincent DePaul Society 302-448-1986

Homeless Hotline - Catholic Charities 302-856-9578 ext 4

Crisis House - 302-856-2246

Christian Shelter - 410-749-5673

Serenity Homes - 302-228-1047

Superna Marra Homes - 302-228-2008

Delmarva Teen Challenge - 302-629-2559

La Red Homelessness Unit 302-236-1875

The Way Home 302-856-9870 Re-entry from incarceration individuals

HELP PAYING BILLS

[Http://www.needhelppayingbills.com/html/sussex_county_assistance_progr.html](http://www.needhelppayingbills.com/html/sussex_county_assistance_progr.html)

GRANTS

<http://delaware.grantwatch.com/cat/38/veterans+grants.html>

<http://maketheconnection.net/>

<http://www.usgrants.org/veteran-grants.htm>

SPACE FOR ADDITIONAL RESOURCE AND CONTACT INFORMATION:

The information you notate here must also be forwarded to TAP FAITH for document revision, publication and distribution. Please contact us at:

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WEBSITE: <https://tapfaith.com>

E-MAIL: tapfaith@mail.com

Pastor Gene Louis 302 544-0054