



**Street
Samaritans**

**2025
COMMUNITY
HOMELESSNESS NEEDS
ASSESSMENT**

On a single day in July 2025, teams from Street Samaritans, ReVive, Orange Tent Project, Hotel Rehabs, and WestMonroe fanned out across Chicago—traveling south, west, north, and through the Loop—to do something that should be routine but remains revolutionary: asking people experiencing homelessness what they actually want and need.

This marked the fourth year of Street Samaritans' Community Homelessness Needs Assessment (CHNA), and it comes at a critical moment for our city. Chicago's homelessness surged in 2024, with an estimated 76,375 Chicagoans experiencing homelessness throughout the year, while the city is set to spend 21% more in 2025 to directly fight homelessness. Despite significant investments and countless hours of well-intentioned effort, people continue to fall into homelessness at alarming rates. The question is two-fold. Not just are we doing enough but are we doing the right things?

The CHNA was born from a simple but powerful realization. When Shiloh Capone joined Street Samaritans as Executive Director, she wanted to ensure that our services were truly meeting people where they are. She looked for data that would tell her what people experiencing homelessness actually wanted and needed, not what service providers or policymakers assumed they needed. When she couldn't find it, she decided to collect it herself.

Four years later, the assessment has evolved from a solo Street Samaritans initiative to a collaborative community effort. This year, we were joined by two nonprofit partners and two for-profit companies, along with dedicated volunteers and board members—all united in the belief that the people experiencing this crisis are the experts on solving it.

Over the course of one day, our teams surveyed 154 individuals across Chicago. We conducted the entire assessment in a single day to maintain anonymity and encourage honest responses—because when people know their answers won't be tracked back to them, they're more likely to tell us the truth about what's really happening in their lives and what would actually help them.

The methodology is intentionally straightforward: street outreach, face-to-face conversations, and questions that don't presuppose answers. Some questions are open-ended because we don't want to guide people toward responses that fit our preconceptions. Others offer structured options while always including the choice to decline or refuse to answer. Every response is voluntary, and every voice matters.

What emerges from these conversations year after year is both heartbreaking and illuminating. Too many people tell us that no one has ever asked them these questions before. Too many describe not just the practical challenges of homelessness—the lack of housing, the barriers to services, the daily struggle for safety—but the profound isolation that comes with being treated as invisible, dangerous, or disposable by the very community that could help them.

This assessment matters because people are the experts on themselves. It matters because those most impacted by homelessness should be centered in the solutions. It matters because Chicago invests significant resources in addressing homelessness, yet the people those resources are meant to serve are rarely consulted on how that money should be spent. It matters because stereotypes and assumptions create barriers to empathy, and data grounded in lived experience can help us move beyond ignorance toward understanding.

Most fundamentally, this assessment matters because human connection matters, and people matter. Behind every statistic in this report is a person with hopes, challenges, insights, and solutions. Our job is to listen, learn, and act on what they tell us.

“Treat the homeless like a regular person.”

-2025 CHNA Survey Respondent

If there is nothing else you take from this survey, let it be this. Stereotypes and stigma about homelessness are actively harmful to the path to ending it. Currently, there are 53 vacant homes for every one person experiencing homelessness in Chicago. The issue is not, and has never been, one of resources but of political will. Ending homelessness has to start with seeing the people experiencing it in their full humanity. Only then can we take the necessary steps to address it.

The pages that follow represent the voices of 154 Chicagoans experiencing homelessness. Their responses will inform how Street Samaritans shapes our programs and services in the year ahead, but their insights extend far beyond our organization. Whether you're a fellow nonprofit, a government official, a business leader, or a community member, these voices offer guidance on how we can all play a role in creating a Chicago where no one experiences homelessness.

The solutions are not a mystery. The people experiencing this crisis know what they need. The question is whether we're ready to listen and act on what they tell us.



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Executive Summary



For the Street Samaritans' 2025 Community Homelessness Needs Assessment, our teams surveyed 154 people experiencing homelessness across Chicago to guide prevention efforts and advocate for populations most affected by housing instability. What emerged from these conversations challenges common assumptions about who experiences homelessness and why—and provides a clear roadmap for how every sector of our community can respond.

The majority of respondents were male (75%) and Black (56%), reflecting persistent racial inequities that continue to shape homelessness in Chicago. Despite 84% completing high school or higher education and 18% being veterans, these credentials offered no protection against homelessness when systemic barriers remain in place. Education and service to country don't prevent homelessness—access to stable systems does.

Most participants (73%) were literally homeless, sleeping in locations not meant for human habitation, while only 7% had stable housing. Employment stood at just 10%, and many relied on public assistance to survive: about half (48%) received SNAP benefits, one-quarter (25%) relied on disability income, and more than one-third (35%) had no access to phone or email. These communication barriers cut people off from the very employers, social services, and case managers who could help them.

What People Need—And Can't Access

The survey asked people to describe in their own words what services they need most and what's hardest to access. What emerged was a near-perfect reflection of Maslow's hierarchy of needs. People said they needed housing and basic resources like food, water, and clothing—the biological requirements for survival that form the foundation of Maslow's pyramid. These aren't requests for luxury. They're requests for the physiological needs that must be satisfied before anything else becomes possible.

The cruel reality is that the services people need most are also the hardest to access. Long housing waitlists stretch for months or years. Work requirements for SNAP demand employment that people can't obtain without phones, transportation, or stable addresses. Structural barriers systematically prevent people from rebuilding the very foundations that would allow them to move forward. Each barrier reinforces the others, creating cycles that trap people in homelessness even as they fight to escape.





WHAT EACH SECTOR CAN DO

Supporting people experiencing homelessness doesn't have to be abstract or theoretical. When we asked what nonprofits, businesses, government, and community members could do to help, people provided comprehensive guidance for how each sector can address both immediate needs and long-term challenges.

FROM NONPROFITS...

From nonprofits, people asked for continued comprehensive support across housing navigation, resource access, human connection, and social, financial, and health services. They want organizations that don't just help them get housed but stay with them after housing placement to ensure they don't lose their homes again. They want staff who treat them with patience and dignity, recognizing that sometimes assistance means having a conversation that makes someone feel heard.

FROM BUSINESSES...

From businesses, people primarily asked for employment and financial support. Many survey respondents strongly expressed interest in finding work but described how difficult the barriers are: no transportation to reach jobs, no proper attire for interviews, and limited access to internet and technology for applications. People aren't asking for handouts—they're asking for jobs and for help removing the obstacles that make employment impossible while homeless.

FROM THE GOVERNMENT...

From government, people asked for support with employment opportunities and housing. The current housing waitlist process isn't robust enough, and the core problem isn't a lack of housing—it's that people can't afford what exists. People hope for more affordable housing, and if that's not possible, employment opportunities that pay enough to actually afford homes. Yet currently neither exists, and the cycle of homelessness continues to worsen.

FROM COMMUNITY MEMBERS...

From community members, people asked for something both simpler and more profound. They don't expect regular people to solve structural barriers, but community acknowledgment makes people feel human. Simple recognition—making eye contact, saying hello, showing kindness—can have a long-lasting positive impact. When you're treated as invisible day after day, being seen as a person matters deeply.

The data shows that homelessness in Chicago is not caused by lack of motivation or education, but by compounding structural barriers that make stability nearly impossible to reach. Solutions must go beyond housing alone to include stronger connections to employment, income support, and digital access, paired with consistent case management and long-term public policy change. The people experiencing homelessness in our community have told us exactly what they need and exactly what each of us can do to help. What remains is whether we have the collective will to act on what they've told us.



DATA COLLECTION PROTOCOL

All survey administrators complete mandatory training consisting of:

- A 15-minute online module covering survey basics
- A required one-hour in-person training session focused on survey collection best practices, ethical considerations, and engagement techniques

SURVEY DESIGN AND DEVELOPMENT

The Community Homelessness Needs Assessment is a 25-question survey developed specifically for this annual study. The survey was created from scratch by Street Samaritans and has been refined over four years based on community input and best practices for needs assessments. The instrument combines structured response options with open-ended questions to capture both quantifiable data and nuanced personal experiences.

THE SURVEY COVERS SIX KEY AREAS:

- **Demographics** (gender, race/ethnicity, education level, veteran status)
- **Circumstances leading to homelessness** (causes, housing status, duration)
- **Health and barriers** (physical health, mental health, disabilities, insurance status)
- **Economic factors** (employment status, income sources)
- **Service needs and access** (current needs, barriers to services, experiences with support systems)
- **Community engagement** (suggestions for nonprofits, businesses, government, and individuals)

To ensure academic rigor, graduate students from the University of Chicago and the University of Illinois at Chicago collaborate on data analysis, providing external validation of our findings.

Field Implementation

The assessment is conducted entirely on a single day in July to maintain respondent anonymity while preventing duplicate responses. This one-day approach encourages honest responses by ensuring participants cannot be tracked or identified across multiple encounters.

Data collection occurs through street outreach across four geographic zones: South, West, North, and the Central Business District (Loop). Teams are led by experienced street outreach workers who initiate contact and model appropriate engagement techniques. Each team follows a standard introduction script while maintaining the flexibility needed for respectful, person-centered interactions.

Surveys are administered using an online form accessed via mobile devices, allowing for real-time data capture. The survey is available in both English and Spanish, with at least one Spanish speaker assigned to each team. To ensure accessibility, surveys are conducted wherever participants are comfortable, accommodating their current circumstances and mobility needs.

RESPONSE PROTOCOLS

- All participation is completely voluntary
- Participants may skip any question or discontinue at any time
- No personal identifying information is collected
- Incomplete surveys are included in the analysis for all answered questions
- A \$5 gift card is offered to all individuals approached, regardless of whether they choose to participate

Quality Assurance Measures

Preventing Duplicate Responses

- Geographic zones are carefully defined to prevent overlap
- Single-day data collection window eliminates the risk of surveying the same individual multiple times
- Teams coordinate through defined routes and areas

Ensuring Data Integrity

- Extensive surveyor training emphasizes neutrality and non-leading questioning techniques
- Open-ended questions allow participants to express needs in their own words without the researcher's bias
- Anonymous format encourages honest responses
- Participants were explicitly told that they can refuse any question or stop at any time

Collaborative Consistency

This year's assessment expanded from a two-organization effort to include five partner organizations: Street Samaritans, two additional nonprofits, and two for-profit companies. All partners received identical training and followed the same protocols to ensure consistency across teams. Experienced street outreach workers led each team to maintain professional standards and appropriate engagement practices.

Sample Characteristics and Representativeness

The 2025 assessment captured responses from 154 individuals across Chicago. Data collection occurred on a weekday from approximately 1:00 PM to 7:00 PM, which may have resulted in underrepresentation of individuals who were employed during those hours.

Demographic Comparison

To assess the representativeness of our sample, we compared our demographic data to Chicago's 2025 Point-in-Time (PIT) Count:

Race/Ethnicity:

- **CHNA Sample:** 55.9% Black, 19% White, 6% Hispanic, 6% Bi-racial, 3% Indigenous, 0.7% Pacific Islander
- **PIT Count:** 53% Black, 9% White, 35% Hispanic, 2% Bi-racial, 1% Asian, 1% Indigenous

Gender:

- **CHNA Sample:** 75% Male, 22% Female, 1.3% Transgender, 1.4% Other/Non-binary
- **PIT Count:** 61.6% Male, 38.2% Female, 0.1% Transgender, 0.1% Non-binary

Our sample shows strong alignment with the PIT count in racial demographics, particularly for Black individuals who comprise the majority in both datasets. However, our sample underrepresented Hispanic individuals (6% vs. 35%) and overrepresented White individuals (19% vs. 9%) compared to the PIT count. Gender representation in our sample skewed more heavily male than the PIT count data suggests.

LIMITATIONS AND CONSIDERATIONS



Several factors may influence the generalizability of findings:

- **Time constraints:** Single-day data collection on a weekday afternoon may have missed individuals who were working, in services, or in different locations during collection hours
- **Geographic coverage:** While teams covered major areas of Chicago, some neighborhoods or populations may be underrepresented
- **Seasonal timing:** July data collection captures summer circumstances, which may differ from winter experiences
- **Voluntary participation:** Results reflect perspectives of individuals willing to engage in surveys, which may not represent those who are less likely to participate in research

Despite these limitations, the demographic alignment with official PIT count data suggests our sample provides valuable insights into the experiences and needs of Chicago's homeless population. The four-year trend data provides additional reliability to the findings and enables the identification of emerging patterns over time.

Ethical Considerations

All data collection prioritizes the dignity, safety, and autonomy of participants. The anonymous nature of responses protects participant privacy while encouraging honest feedback. The survey's design acknowledges that individuals experiencing homelessness are the experts on their own needs and circumstances, with questions crafted to amplify rather than interpret their voices.

OUR COLLABORATING ORGANIZATIONS



Our partners are the essential driving force behind our impact. Collaboration is at the heart of our mission. We want to mobilize individual supporters to achieve social change, as well as leverage a network of nonprofits and for-profits to achieve a greater good. This collaborative approach recognizes that no single organization can address the complexity of homelessness alone.

We value collaboration over competition, working through and with other nonprofit organizations to achieve greater impact. The 2025 Community Homelessness Needs Assessment represents the power of collaboration. This year, we expanded beyond our original two-organization partnership to include five organizations united by a shared commitment to addressing homelessness with dignity, respect, and community connection. Each partner brought unique strengths, perspectives, and expertise that enriched both our data collection process and our collective impact.



Street Samaritans intervenes in the cycle of homelessness and poverty by connecting people to solutions and walking with them on their journey. Since 2017, Street Samaritans has been committed to a Chicago without homelessness, bringing hope and compassion to those living unsheltered through street outreach, case management, mobile outreach services, and crisis intervention.

Our approach centers on meeting people where they are—physically, emotionally, and spiritually—while providing personalized support that connects individuals to long-term solutions. We believe in the people we serve and keep our relationships with our unhoused brothers and sisters central to our work. These connections are the catalysts for personal transformation. As the originating organization of the CHNA, Street Samaritans is proud to facilitate this collaborative effort that amplifies the voices of people experiencing homelessness and ensures their expertise guides community responses.

STREET SAMARITANS

OUR COLLABORATING ORGANIZATIONS



ReVive seeks to end homelessness and restore hope, that all might flourish. This Chicago nonprofit expertly connects people experiencing homelessness with food, housing, income, healthcare, and community, helping individuals change their lives and end the cycle of homelessness.

ReVive's impressive outcomes speak to their person-centered approach: 85% of participants retained housing for the past year, 100% of participants that exited moved on to permanent housing, and they serve 770 individuals experiencing or at risk of homelessness annually. Their deep expertise in street outreach and comprehensive service provision made them invaluable partners in conducting the CHNA, bringing years of relationship-building experience and community trust to our collaborative effort.

REVIVE CENTER FOR HOUSING AND HEALING



The Orange Tent Project is showing up for our neighbors experiencing homelessness with hope, human connection, and empowerment – one tent, meal, and person at a time. Founded by someone with lived experience in recovery, Orange Tent Project understands the critical importance of relationship-led outreach and prioritizes building trust and rapport with individuals on Chicago's streets.

To date, Orange Tent Project has built more than 200 insulated shelters, distributed over 10,500 hot meals, transitioned seven neighbors into housing, and connected with countless other nonprofit partners to expand our reach across Chicago. The orange tents are not a permanent solution; they were never meant to be. Rather, the purpose of the insulated structures is to meet one of the most basic needs of Maslow's Hierarchy while individuals experiencing homelessness await housing placement.

Orange Tent Project's values-driven approach—emphasizing respect, dignity, and collaboration—aligned perfectly with the CHNA's commitment to centering the voices and experiences of people experiencing homelessness.

ORANGE TENT PROJECT

OUR COLLABORATING ORGANIZATIONS



West Monroe is a next-generation consulting firm and global business and technology consulting firm that brings analytical rigor and strategic thinking to complex challenges. As our longest-standing CHNA partner, West Monroe has collaborated with Street Samaritans for three consecutive years, contributing their expertise in data collection, analysis, and project management to ensure the assessment meets the highest professional standards.

West Monroe's commitment extends beyond their technical contributions. As a corporate partner deeply invested in community impact, they demonstrate how businesses can meaningfully engage in addressing homelessness through hands-on participation in direct outreach and data collection. Their sustained partnership exemplifies the kind of long-term corporate engagement necessary to create lasting change.

WEST MONROE



Hotel Rehabs are turn-key renovation experts specializing in design-build projects for major hotel brands. While their day-to-day work focuses on transforming hospitality spaces, Hotel Rehabs has emerged as one of Street Samaritans' strongest corporate partners, consistently showing up for our community through volunteering and direct engagement.

This wasn't Hotel Rehabs' first time participating in street outreach with Street Samaritans, and their continued partnership demonstrates a corporate commitment that goes far beyond writing checks. By participating directly in the CHNA data collection process, Hotel Rehabs team members gained firsthand understanding of homelessness in Chicago while contributing their voices to our collaborative outreach efforts.

HOTEL REHABS

RESEARCHER BIOS



I am honored to co-lead Street Samaritans' Community Homelessness Needs Assessment 2025 with Shiloh Capone and Hannah Yoon. In May 2026, I will be completing a Master of Public Health degree from the University of Illinois at Chicago, concentrated in Epidemiology. Aspiring to be a physician, my goal is push towards the better health for underserved populations by public health initiatives.

Our goal within this project is to shine light on the socioeconomic variables influencing homeless individuals. This initiative aspires to guide frameworks like Housing First and harm reduction advocating for information into action.

TITUS ALEX

University of Illinois Chicago



It was a pleasure to work with Shiloh and Titus on Street Samaritans' Community Homelessness Needs Assessment 2025. I assisted with the qualitative analysis and write-up of this year's report. As a recent graduate of the University of Chicago's Master of Arts Program in Social Sciences with a concentration in sociology, I aim to continue a career that supports underserved populations. Working with various nonprofits in Chicago was the first step for me, and I hope this report helps bring attention to a population in dire need of systemic support. The countless people experiencing homelessness that one may drive or walk past in our city are people, too. Not having a home does not mean that they deserve neglect. Everyone has a role to play in ending homelessness, and I believe this report offers valuable insights into how to initiate the change.

HANNAH YOON

University of Chicago

DEMOGRAPHICS: UNDERSTANDING WHO EXPERIENCES HOMELESSNESS

Behind every statistic in this report is a person with a name, a story, and expertise about their own circumstances. The demographic data we present here serves multiple critical purposes: it reveals who is experiencing homelessness in Chicago, challenges common misconceptions, provides essential context for understanding service needs, and validates the representativeness of our sample through comparison with official counts.

Understanding the demographics of homelessness is not an academic exercise—it's a roadmap for effective response. When we know who is most affected by homelessness, we can better understand the structural and systemic factors that create vulnerability, design services that meet people's actual needs, and work toward solutions that address root causes rather than just symptoms.

The demographic data that follows challenges us to move beyond stereotypes and assumptions about who experiences homelessness and why. It reveals the diversity within the homeless population while also highlighting patterns that demand systemic solutions. Most importantly, it reminds us that each person represented in these numbers is an expert on their own experience and circumstances—and their insights about what would help them most should guide our collective response.

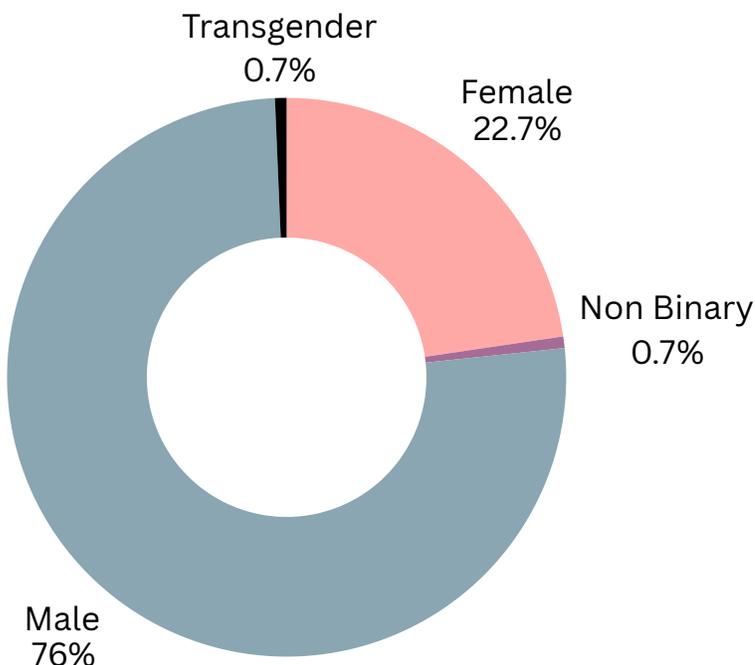


Gender

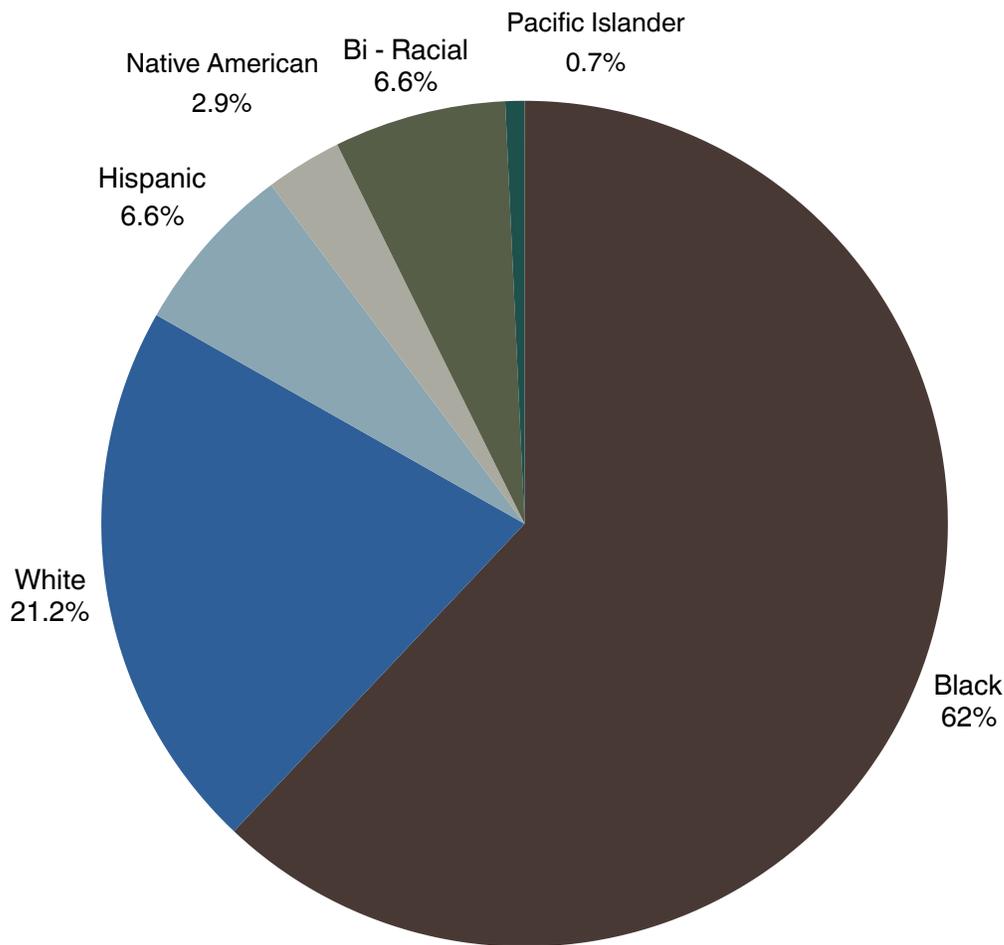
In all, 152 participants disclosed their gender status. They identified as male in 76% of the cases and female in 22.7%. 1.3% participants identified as transgender, 0.7% identified as both genders, and 0.7% were unsure. This male predominance reflects a consistent pattern across our years of conducting the CHNA and aligns closely with the 2024 Point-in-Time Count (68.2% male, 31.1% female, 0.5% transgender) and our 2024 CHNA results (74.3% male, 23% female, 2.7% transgender). The slightly higher percentage of men in our sample likely results from our focus on street outreach, as men are more often unsheltered, according to the National Alliance to End Homelessness.

Since men for decades are statistically more likely to be homeless than women, this disproportionately male frequency may be indicative of a confounding problem with homelessness. The stark gender disparity in unsheltered homelessness points to systemic factors that create different pathways to and experiences of housing instability. Social and cultural factors often make it more difficult for men to ask for help or maintain the social connections that might provide crucial support during housing crises. When people face eviction or job loss, informal support networks often serve as the last safety net before literal homelessness. Traditional gender roles and expectations may limit men's ability to access these informal supports, contributing to higher rates of street homelessness among men.

These demographic patterns have important implications for service delivery. The predominance of men among those experiencing unsheltered homelessness suggests the need for targeted outreach strategies, shelter and housing programs designed for single men, and services that address the social isolation that may both contribute to and result from homelessness. The presence of transgender individuals, though small in number, reflects ongoing challenges LGBTQ+ individuals face in accessing safe, affirming services, making specialized outreach and programming particularly crucial for this population.



RACE & ETHNICITY



BIPOC
Representation
78.8%

Black individuals comprised the largest group in our survey at 62%, followed by White respondents at 21%, Hispanic at 6.6%, and Bi-racial at 6.6%. Smaller proportions identified as Native American (2.9%) and Pacific Islander (0.7%), while 5% of respondents chose not to disclose their race or ethnicity.

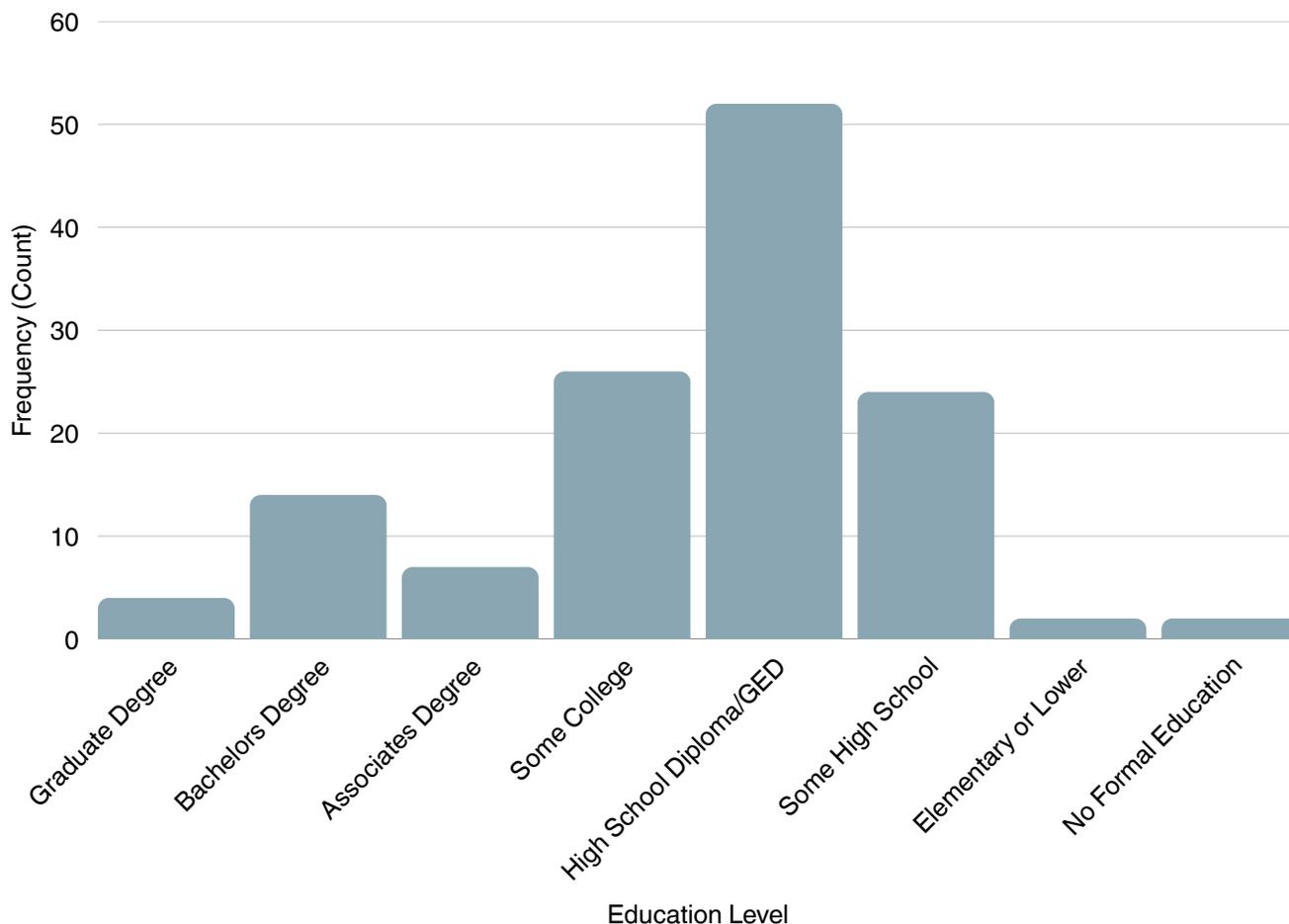
While Black residents represent 30% of Chicago's population, they comprise 62% of those experiencing homelessness in our survey—a stark overrepresentation that demands explanation beyond individual circumstances. This disparity reflects the enduring impact of discriminatory practices like redlining, which systematically excluded Black families from homeownership and wealth-building opportunities for generations. When families cannot build assets through homeownership, they lack the financial cushion that prevents housing crises from becoming homelessness.

The racial disparities in our data tell a story of structural exclusion, not personal failing.

Decades of disinvestment in Black communities, employment discrimination, and barriers to quality healthcare have created conditions where Black Chicagoans face disproportionate risk of housing instability.

Addressing racial disparities in homelessness requires interventions that match the scale of historical exclusion—expanding access to affordable housing, creating pathways to homeownership, investing in communities most affected by disinvestment, and ensuring that employment and healthcare systems serve Black Chicagoans equitably. Short-term housing solutions, while essential, cannot alone address disparities rooted in generations of systemic inequality.

EDUCATIONAL ATTAINMENT



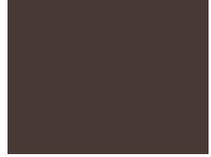
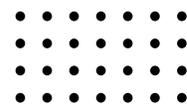
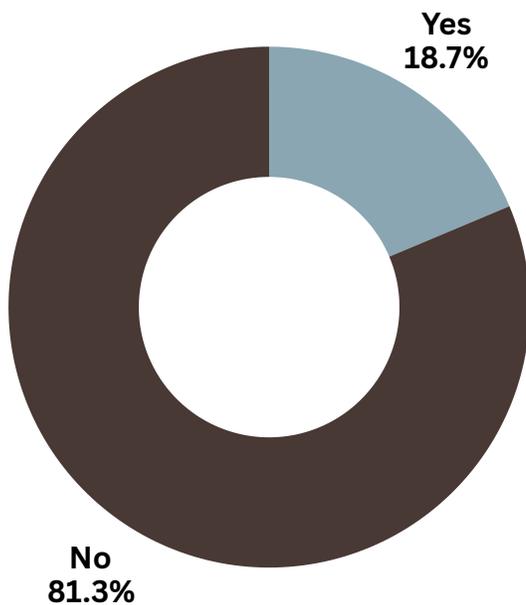
The education levels of survey respondents challenge common assumptions about who experiences homelessness. Nearly one-third of respondents (32%) have some college education or higher—including 18% with some college, 5% with associate's degrees, 9% with bachelor's degrees, and 3% with graduate degrees. The largest single group held a high school diploma or GED (34%), while 18% had some high school education, and only 3% had elementary education or lower.

These findings reveal a critical truth: education, even advanced education, does not insulate people from housing instability. The 32% of respondents with college experience directly contradicts stereotypes that homelessness primarily affects those without education or job skills. Among our respondents are people who invested years in higher education, earned degrees, and likely once believed their credentials would provide economic security. Their presence in our survey demonstrates how quickly life circumstances can destabilize anyone's housing situation.



While educational attainment in our sample (9% with bachelor's degrees) falls below Illinois's general population rate of 35%, this disparity points to systemic barriers rather than individual deficits. Many respondents may have seen their education become less valuable due to economic shifts, changes to credential requirements, or discrimination that prevents degree-holders from accessing employment. Others may have completed their education but lack the professional networks, stable addresses, or interview clothing that job searching requires.

32% OF SURVEY RESPONDENTS HAD A COLLEGE EDUCATION, WITH 17% HOLDING A DEGREE.



VETERAN STATUS



Nearly one in five respondents (18%) identified as veterans, compared to 5% in Chicago's overall Point-in-Time Count—a significant overrepresentation that reflects national patterns of veteran homelessness. While 80% of our sample had never served in the military, the concentration of veterans among those experiencing unsheltered homelessness demands attention from the extensive network of services designed specifically to serve them. This overrepresentation isn't coincidental. Veterans face unique pathways to homelessness, including service-connected disabilities, post-traumatic stress disorder, traumatic brain injuries, etc.

The shift to civilian life can be particularly challenging, especially when combined with mental health struggles or physical disabilities.

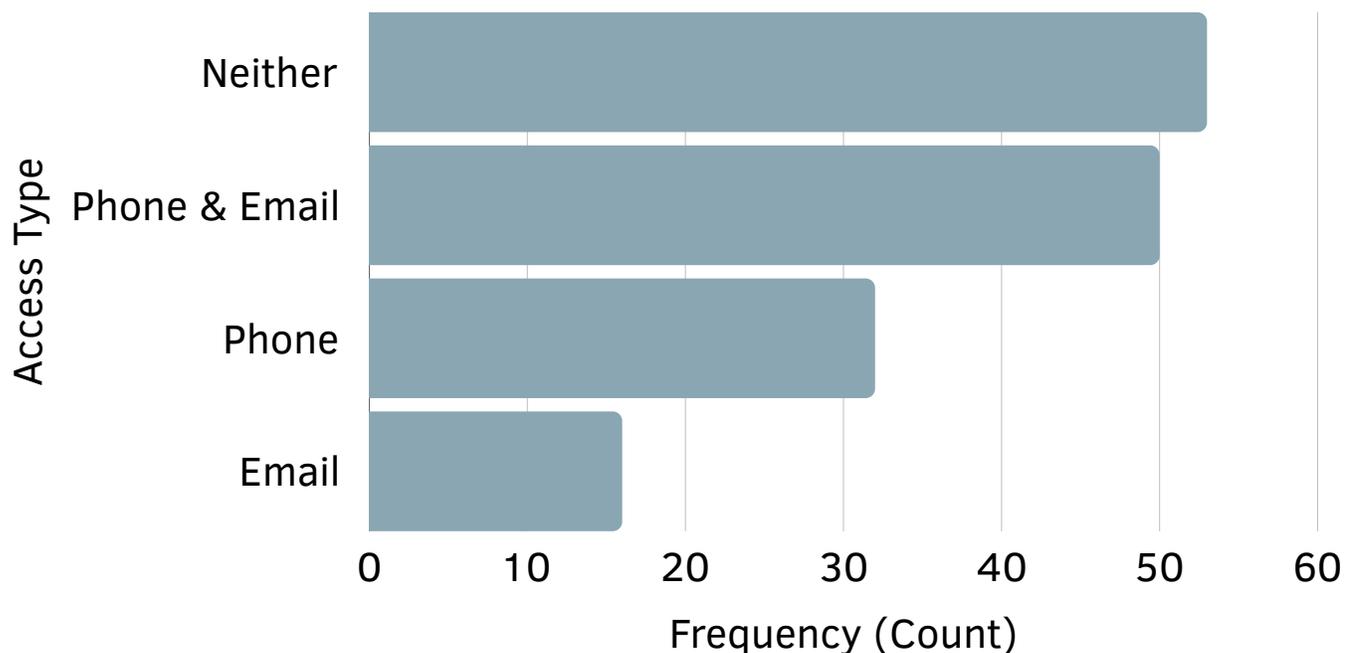
What makes veteran homelessness especially concerning is that dedicated resources exist specifically for this population—VA healthcare and mental health services, HUD-VASH housing vouchers, and numerous community-based veteran service organizations throughout Chicago. Yet this survey suggests that despite these targeted resources, connections aren't happening. Some veterans may not know about services, others may face barriers accessing them, and others may have had negative experiences that prevent them from engaging with these agencies and programs.

The gap between available veteran resources and the veterans we encountered on the streets highlights the need for coordinated outreach between veteran-specific services and broader homeless service providers. Outreach teams, shelters, and community organizations should be prepared to identify veterans and facilitate immediate connections to specialized services. The men and women who served our country deserve coordinated, persistent efforts to ensure they can access the supports created in their honor.



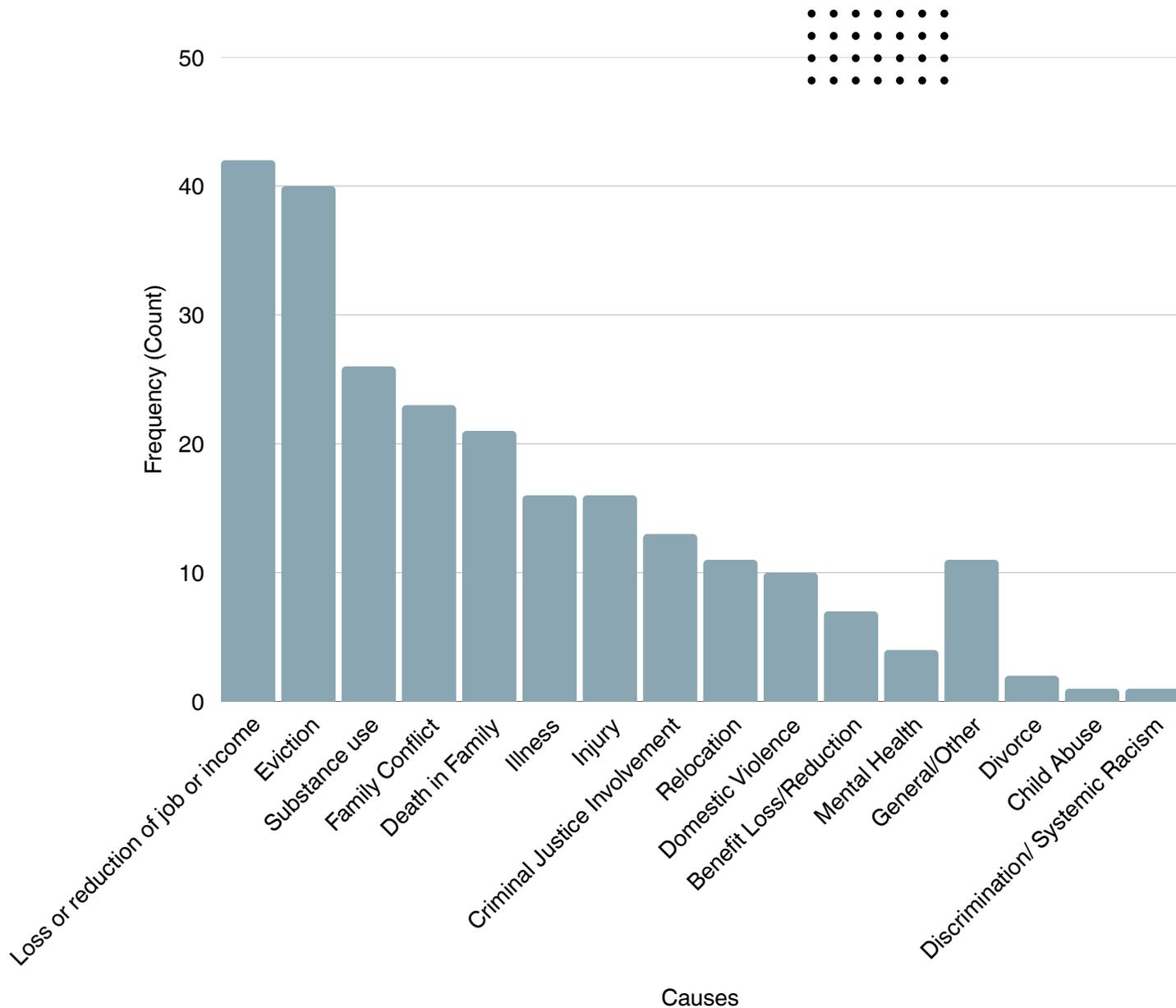
Access to Phone/Email

Communication access among respondents reveals a stark digital divide. Only one-third (33%) had both phone and email access, while 21% had phone access only and 10% had email only. Most critically, 35% of respondents had neither phone nor email—meaning more than one in three people we surveyed are effectively unreachable by the systems designed to serve them. This gap creates barriers in a society where nearly every essential service requires digital access. Job applications, benefit enrollment, housing waitlist registration, and medical appointments increasingly happen online or require phone follow-up. But for people experiencing homelessness in Chicago, the stakes are higher: accessing emergency shelter requires calling 311, and housing placements are typically communicated via phone or email.



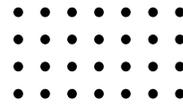
The 53 respondents without phone or email access cannot call for shelter when the winter temperatures turn deadly, cannot receive notification that their housing application was approved, and cannot be reached by case workers trying to connect them to services. The practical challenges of maintaining communication technology while homeless exasperate this digital exclusion. Phones get stolen, damaged, or lost. Service gets cut off when bills can't be paid. Charging devices becomes a struggle without reliable access to electricity. Email accounts get forgotten when library computer time is limited. What appears to be a matter of technology access represents a web of barriers that can mean the difference between sleeping outside and having shelter, between homelessness and housing. For service providers, this data reveals the inadequacy of phone and email-dependent outreach strategies. The 35% of people we cannot reach electronically require face-to-face engagement, paper-based information sharing, and alternative communication methods. These findings underscore the need for programs providing low-cost phones, charging stations, digital literacy support, and public internet access. This data challenges services to examine how digital requirements may be excluding the very people most in need of support. When a third of people experiencing homelessness cannot access the primary communication tools our society relies on, the system must adapt. Expanding digital literacy and accessibility could improve employment access. Chicago Connected's effort to expand Wi-Fi and digital skills demonstrated success in improving access to education, healthcare, and employment resources and could be replicated at scale to support Chicago's homeless population (City of Chicago, 2023).

Cause of Homelessness



30%
of respondents noted the loss or reduction of a job or income as a cause of homelessness

Cause of Homelessness



Compounding Crisis

When asked to identify all factors that contributed to their homelessness, respondents revealed that housing instability rarely stems from a single cause and selected multiple responses that happened concurrently prior to their experience of homelessness. Instead, people experience overlapping crises—economic, health, family, and systemic—that compound to create the conditions leading to homelessness.

Economic Precarity

Economic factors dominated responses, with loss or reduction of job or income affecting 30% of respondents, followed closely by eviction or housing instability at 28%. These twin forces of economic precarity and unstable housing represent the primary pathways into homelessness in Chicago, reflecting a housing market where even employed people cannot afford rent and where job loss quickly translates to housing loss.

Health & Behavioral Health

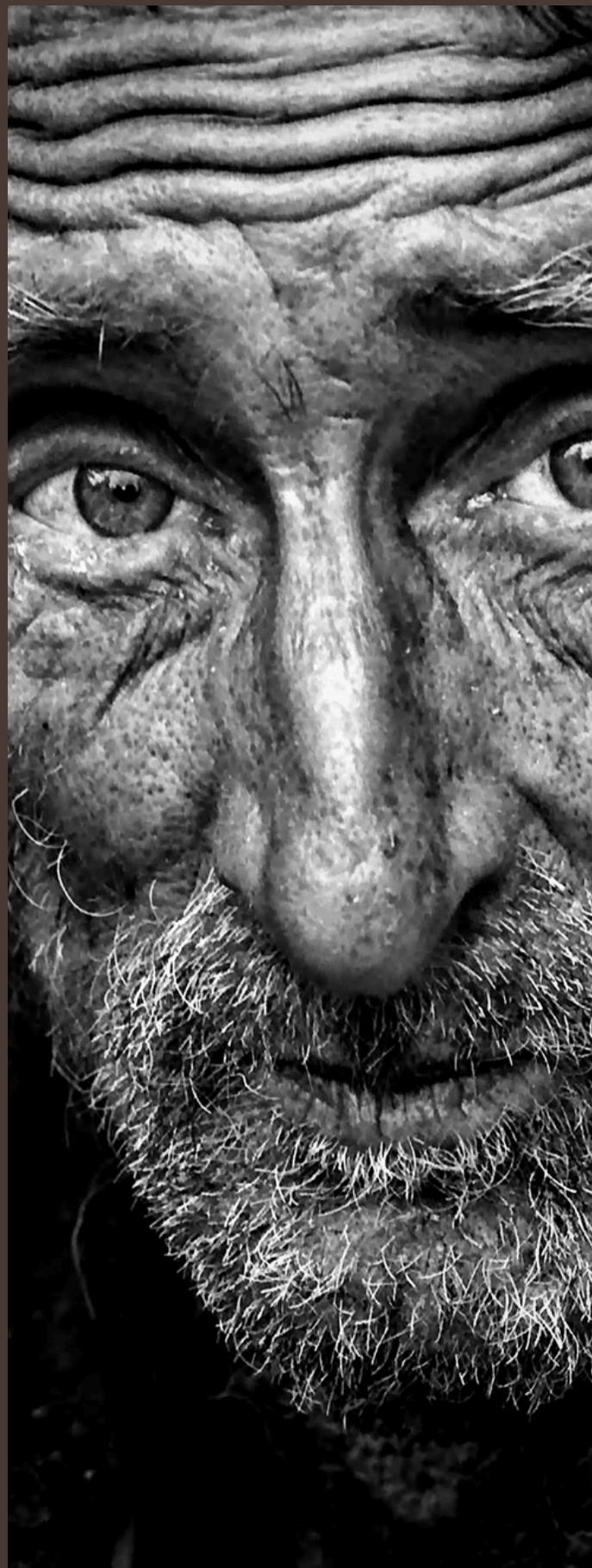
Health and behavioral health challenges formed the next cluster of causes. Substance use affected 18% of respondents, while illness and injury each affected 11%. Death in the family—a traumatic event that often triggers both emotional and financial crisis—affected 15% of respondents. Family conflict, reported by 16%, often reflects the breakdown of informal support networks that might otherwise prevent homelessness during economic crises.



Systemic and structural barriers also emerged as significant factors. Criminal justice involvement affected 9% of respondents, highlighting how incarceration creates lasting barriers to employment and housing that can lead to homelessness years after release. Domestic violence, reported by 7% overall but affecting a disproportionate number of women in our sample, represents a gendered pathway to homelessness where survivors must choose between safety and housing stability.

These Chicago findings align closely with national patterns: loss of income affects approximately 36% of homelessness cases nationally (compared to our 30%), while eviction affects 29% nationally (compared to our 28%). Our substance use rate of 18% also mirrors national averages of around 22%, suggesting that local and national factors driving homelessness are remarkably consistent.

The complexity revealed in these responses challenges simplistic explanations for homelessness. Most respondents identified multiple contributing factors, reinforcing that homelessness results from the intersection of individual circumstances and systemic failures— inadequate wages, unaffordable housing, insufficient healthcare, weak social safety nets, and discriminatory systems that create barriers to stability. Effective solutions must address this multidimensional reality through coordinated interventions that simultaneously tackle economic security, housing affordability, healthcare access, and systemic inequities rather than treating homelessness as a single-issue problem requiring single-sector solutions.



Housing Status

| HOUSING STATUS | COUNT |
|--|-------|
| Literally Homeless (Living on the streets, in a car, in an encampment, sleeping on the CTA, etc.) | 112 |
| Stably Housed | 11 |
| Doubled Up (Staying with friends/family/couch surfing) | 10 |
| Housed & At-Risk (Will be losing housing soon) | 7 |
| In Shelter | 5 |
| Staying at a hotel | 2 |

Nearly three quarters of survey respondents identified as being 'literally homeless' (73%), living on the streets, in encampments, sleeping on trains and buses, or in places not meant for human dwelling. Only 7% reported being 'stably housed', while smaller groups reported 'staying temporarily with friends or relatives (6%), or in 'at-risk' housing situations (5%). Others were in shelters (3%) or hotels (1%), with 3% declining to answer.

The predominance of unsheltered homelessness in our sample- 73% compared to 37% in Chicago's Point-in-Time County- reflects our street outreach methodology, which reaches people living in places not meant for human habitation. This shows how unsheltered homelessness may be undercounted in PIT data, making their experiences and needs less visible to policymakers and funders. The low proportion in shelters may reflect capacity constraints, safety concerns, or personal choice. The presence of people staying in hotels or with friends and family represents those teetering on the edge—one conflict, one unpaid bill, or one expired welcome away from joining the 73% living completely unsheltered.

Unpredictability of housing is a variable to consider. The instability of housing should be noted as a continuum rather than a fixed category. Individuals facing homelessness often cycle between periods at shelters, temporary stays with family/friends, and momentary times of stability, emphasizing a variable of uncertainty.

High rates of literal homelessness call for housing-first interventions that prioritize getting people off the streets and into safe, permanent housing. However, the presence of individuals in precarious arrangements signals the need for prevention strategies such as rental assistance, meditation services, and expansion for transitional housing, stopping those at risk from falling into chronic street homelessness.

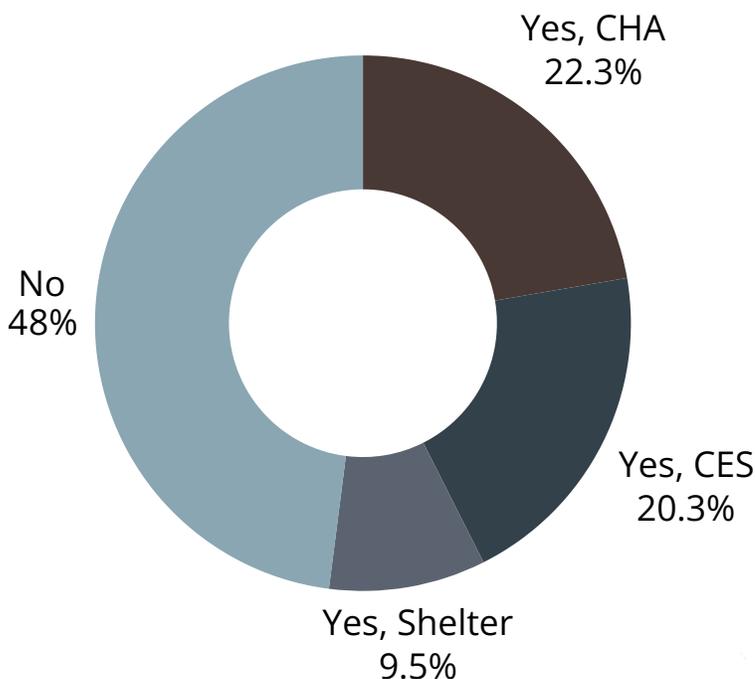
Housing Waitlist



More than half of respondents (52%) reported being on some form of housing waitlist—22% for housing vouchers, 20% in the Coordinated Entry System, and 9% for shelter programs. However, 47% were not on any housing waitlist at all, representing a significant gap in connections to the formal pathways designed to move people out of homelessness. It should be highlighted that 40% of those who answered as ‘Literally Homeless’ lack access to either a phone or email.

The 71 people not on any housing waitlist represent a critical failure of outreach and navigation services. Some may be unaware that housing assistance exists or how to access it. Others may have tried to apply but encountered barriers—closed waitlists, complex application processes, documentation requirements they cannot meet, or staff who were unable to help them navigate the system. Still others may have become discouraged by wait times that stretch months or years, leading them to give up on formal housing assistance entirely.

These findings reveal that housing assistance programs, no matter how well-funded or well-intentioned, fail when they cannot reach the people who need them most. Effective housing systems require proactive outreach, intensive navigation support, and elimination of barriers that prevent people from accessing support.



*CES refers to the Coordinated Entry System, which supports housing options through nonprofits funded by HUD. These can be temporary or permanent.

**CHA refers to the Chicago Housing Authority, which manages Section 8 and Housing Choice Vouchers.

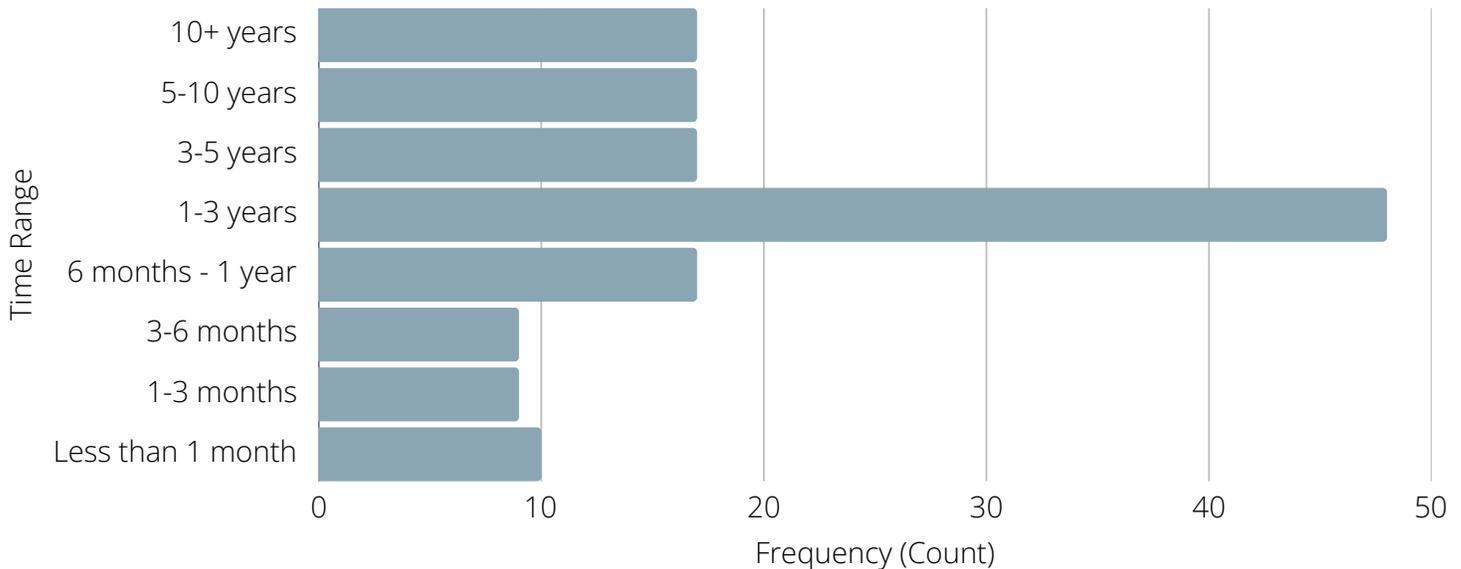
***Chicago shelters often have a waitlist for entry due to insufficient resources.

When there was an opportunity for a screening, they issued me an application and it was 77 pages. My bag was stolen in the library and I told the social worker about needing another application. The social worker has left messages but the property manager hasn't replied. If it can be condensed and not as lengthy for people who don't have an income so it doesn't feel as difficult. Less paperwork would help.

Length of Homelessness

The duration of homelessness among our respondents reveals a need for different intervention strategies. Nearly two-thirds (63%) have been homeless for more than one year—meeting the definition of chronic homelessness—while 30% have been homeless for less than a year, including 13% who became homeless within the past three months. Understanding these timeframes is important because the most effective interventions vary based on how long someone has been experiencing homelessness.

For the 30% of respondents homeless less than one year, rapid rehousing represents the most appropriate and cost-effective intervention. These individuals—particularly the 13% homeless under three months—often retain connections to employment, healthcare, and social networks that can support housing stability once the housing crisis is resolved. Rapid rehousing provides short-term rental assistance and services to help people obtain housing quickly, then stabilize in that housing. Research demonstrates that people experiencing their first episode of homelessness or short-term homelessness respond well to this lighter-touch intervention.



However, the 63% who have been homeless for more than a year—including 35% homeless for three or more years and 11% homeless for over a decade—require permanent supportive housing (PSH). Chronic homelessness creates complex physical and mental health conditions, disabilities, and trauma that cannot be addressed through temporary assistance alone. PSH combines affordable housing with wraparound services. This intervention recognizes that for people who have survived years on the streets, housing alone isn't enough—ongoing support services are essential.

The 17 individuals homeless for over a decade represent the most vulnerable population. Research by the University of Illinois at Chicago shows that people experiencing homelessness in Illinois live an average of 56.3 years compared to 74.2 years for the general population—a nearly 20-year gap that widens with each year spent homeless.

The combination of newly homeless and chronically homeless individuals in our sample suggests the need for a diverse housing response system. Communities that invest only in emergency shelter or only in permanent supportive housing miss opportunities to prevent chronic homelessness or fail to adequately serve those with the highest needs. Effective homeless response requires matching interventions to individual needs and circumstances.

Employment and Income

Almost all respondents (90.3%) said they were unemployed, while 9.7% said they were employed. According to national statistics, homelessness is exacerbated by unemployment and underemployment, aligning with our data. Structural constraints, lack of a permanent address, transportation issues, stigma associated with incarceration, and hiring prejudice, are obstacles towards stable employment.

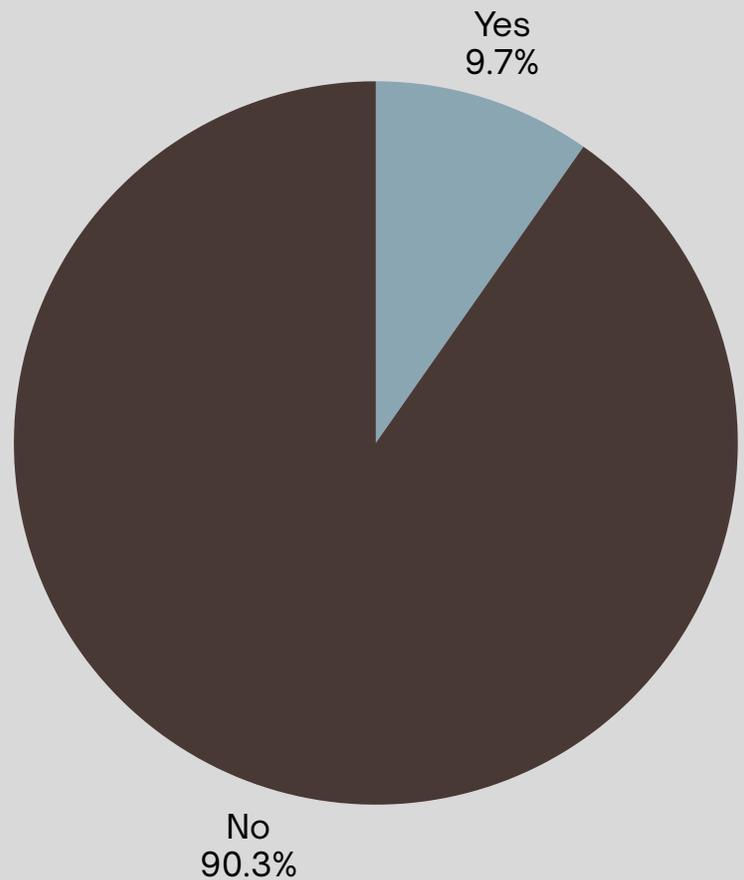
These numbers reflect the complex relationship between homelessness and employment. People experiencing homelessness face barriers that make finding and keeping work extremely difficult. Without a permanent address, receiving calls from employers or completing job applications becomes complicated. Transportation to and from work creates daily challenges when you lack reliable access to a car or consistent funds for public transit. Many employers require documentation that can be hard to maintain while homeless. Previous incarceration creates additional hiring barriers, and the stigma around homelessness itself can influence employer decisions.

The low employment rate among our survey respondents aligns with national data showing that homelessness and unemployment reinforce each other. The 2023 HUD Point-in-Time report found that many people experiencing homelessness have disabilities or chronic illnesses that affect their ability to work. Even when people do find employment while homeless, earnings remain very low. National studies show that sheltered individuals aged 18-64 earned an average of \$8,169 annually, while unsheltered individuals earned around \$6,934 per year.

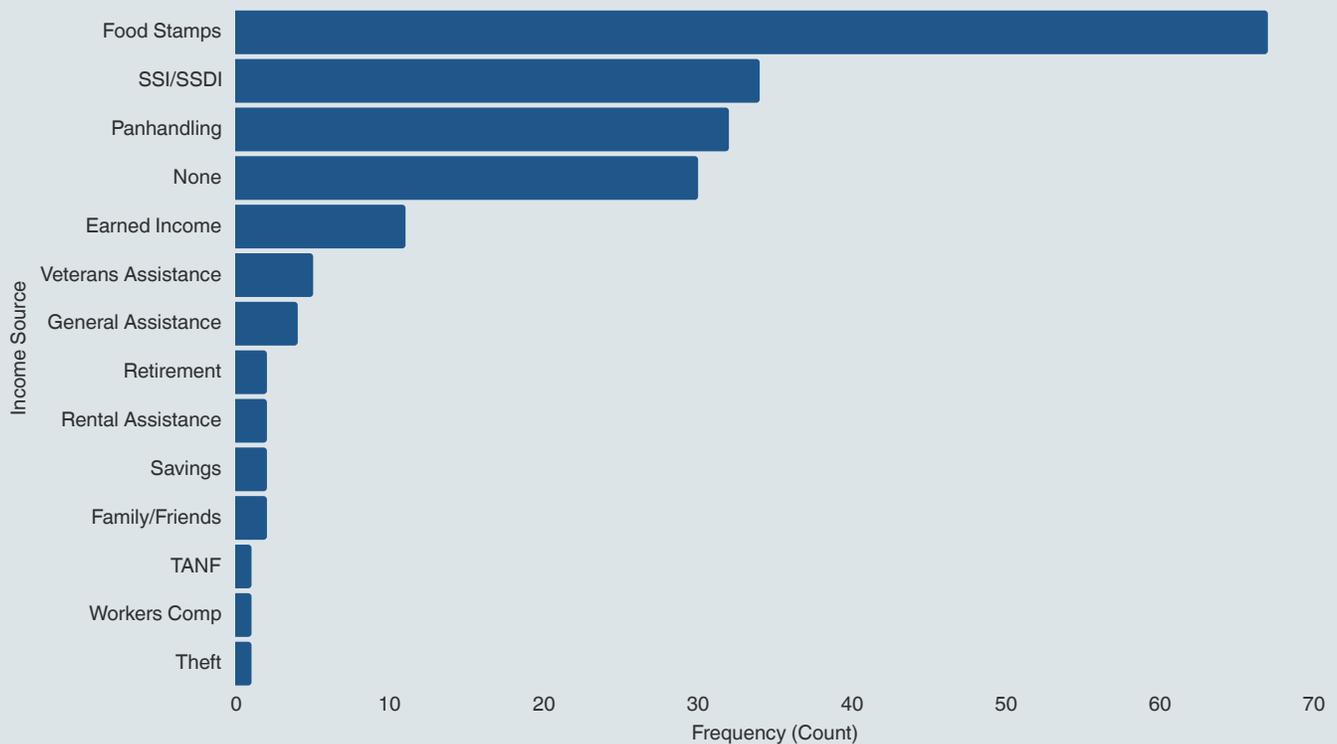
This data connects directly to what people told us about their service needs. As you'll see later, employment emerged as both a top need and one of the hardest services to access. People want to work, but systemic barriers make employment difficult to obtain and maintain while homeless. The upcoming SNAP work requirements make this employment gap even more concerning, as people will need to prove employment to maintain food benefits beginning in late 2025 and early 2026.

Employment provides more than income. Work offers structure, social connection, and access to benefits such as healthcare. It creates pathways to economic stability that can support housing stability over time. When people lack employment, they also lack access to the resources that employment provides, making it harder to address health needs, maintain housing, or build the financial foundation needed to exit homelessness.

These findings suggest that employment support should be integrated with housing services rather than treated as separate interventions. Programs that combine rapid housing assistance with job training, placement services, and ongoing employment support may be more effective than approaches that address housing and employment separately. Removing barriers like documentation requirements, providing transportation assistance, and connecting people to employers who hire individuals with criminal backgrounds could help bridge the gap between wanting work and finding work that our survey responses reveal.



SOURCES OF INCOME



When we asked people experiencing homelessness about their income sources, their responses revealed how survival becomes a daily patchwork of public benefits, informal strategies, and minimal employment. Nearly half (48%) rely on Food Stamps/SNAP, while one in four (25%) receive SSI/SSDI disability benefits. Almost a quarter (23%) reported panhandling as an income source, and only 8% reported earned income. Most concerning, 22% reported having no income source at all.

The gap between employment and earned income tells an important story. Earlier in our survey, 10% of respondents reported being employed, yet only 8% reported earned income as a source. This three-person discrepancy—14 people said they were employed but only 11 reported earned income—suggests that some employed people may not have received paychecks yet, may work irregularly, or may earn so little that they don't consider it meaningful income. This pattern illustrates how employment while homeless often means unstable, sporadic work that doesn't translate into reliable income.

Even when people experiencing homelessness find work, their earnings remain far below what housing requires. Average annual earnings for this population stay under \$8,200, while a one-bedroom apartment in Chicago costs around \$13,200 per year based on Fair Market Rent calculations. People earning minimum wage in Chicago—\$16.60 per hour as of July 2025—would need to work full-time year-round to afford housing, yet maintaining full-time employment while homeless creates nearly impossible logistical challenges. The affordability gap continues to widen as rents are projected to increase 3.5% annually in 2025 and 2026, while wage growth for the lowest-paid workers has slowed to 3.7% annually from a peak of 7.5% in late 2022. The math makes clear that homelessness in Chicago stems not from unemployment alone, but from the impossible relationship between inadequate wages and unaffordable housing.

The reliance on SNAP benefits reflects widespread food insecurity among people experiencing homelessness. Research shows that over 60% face food insecurity, and hunger directly worsens chronic conditions. SNAP participation improves health outcomes and reduces healthcare costs, yet upcoming policy changes threaten this support.

New SNAP work requirements will require employment verification to maintain food benefits for adults without children under 14 or those without documented disabilities. This policy collides with the reality our survey reveals: people want to work but face structural barriers that make employment difficult to access and maintain. Requiring work for food when work remains inaccessible creates a policy trap that could deepen both hunger and homelessness.

Nearly one in four respondents depend on SSI/SSDI disability benefits, yet accessing these benefits while homeless creates significant challenges. People experiencing homelessness are approved for disability benefits at about half the rate of housed applicants and face long delays. During waiting periods that can stretch months or years, health conditions worsen and housing instability deepens.

Panhandling as an income source for 23% of respondents reflects both a desperate need for daily survival and the limited alternatives. This informal economy fills gaps that formal systems leave unfilled. Panhandling also exposes people to safety risks, legal vulnerabilities, and social stigma, yet it remains one of the few income options available when formal employment and adequate benefits remain out of reach.

The 22% who reported no income source at all face the most precarious circumstances. Without any income, these individuals survive through emergency services, charity, or simply go without basic necessities. This complete lack of resources makes accessing services, maintaining health, and working toward housing stability exponentially more difficult.

These income patterns reveal what researchers call a syndemic—multiple problems that interact and amplify each other's harmful effects. The interactions work like this: food insecurity from inadequate income worsens diabetes and hypertension, which creates disability that prevents employment, which eliminates earned income, which increases reliance on inadequate disability benefits that don't cover housing costs, which perpetuates homelessness, which makes managing chronic conditions nearly impossible without kitchens for diabetic diets or refrigeration for medications, which further deteriorates health, which makes employment even less attainable. Each problem doesn't just add to the others—it multiplies their impact.

The low rates of income from family and friends (1.4%) suggest that many people experiencing homelessness lack the informal safety nets that prevent homelessness for others facing similar challenges. When someone has mental health struggles but also has family support, health insurance through a parent's plan, and a place to stay during difficult times, they may never experience homelessness. When those supports don't exist, the same mental health challenges can lead to homelessness.

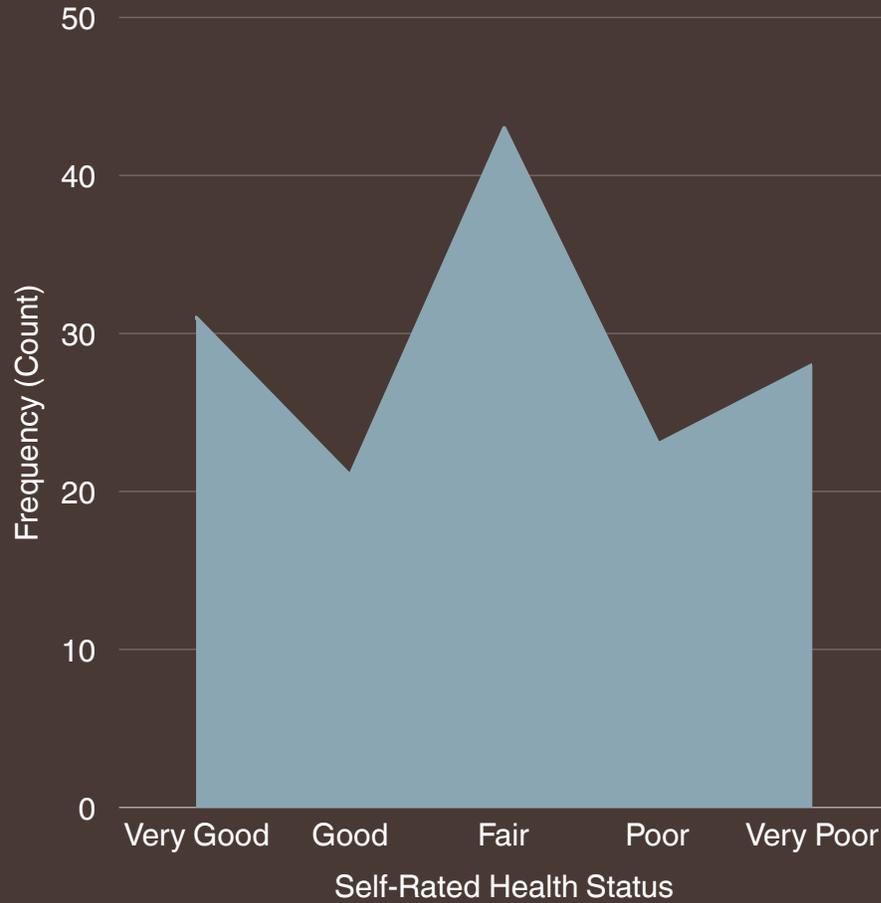
Addressing homelessness in Chicago requires understanding these interconnected challenges rather than treating them as separate problems. Solutions must combine services that acknowledge the structural barriers people face. The syndemic nature of homelessness means that addressing one problem while ignoring others often fails. Someone who gets housing but remains food insecure may struggle to maintain that housing. Someone who finds employment but has untreated health conditions may lose that job during a health crisis. Someone who receives disability benefits but faces a two-year housing waitlist remains vulnerable to all the health risks that homelessness creates.

Effective homelessness response requires coordinated intervention across multiple systems simultaneously. When services work together rather than operating in silos, they can break the syndemic cycles that trap people in homelessness. The data shows that people experiencing homelessness face interconnected challenges that demand interconnected solutions.



Health & Homelessness

Self Assessment of Health

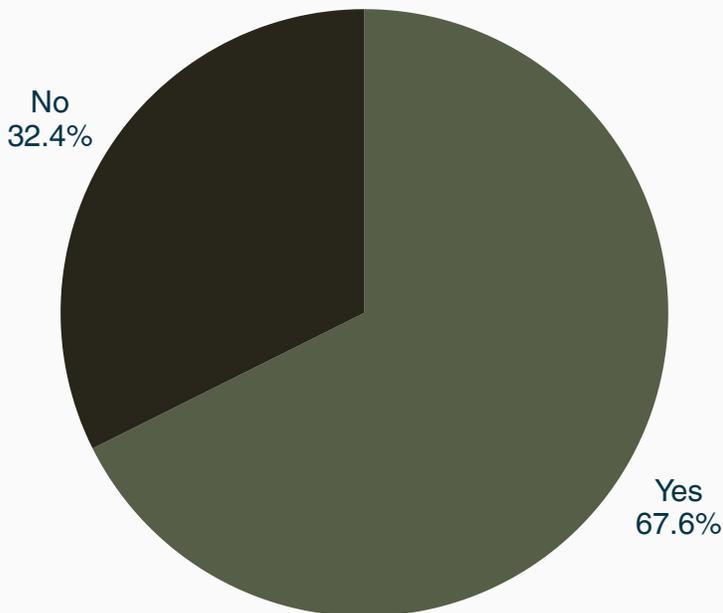


When asked to rate their own health, respondents revealed the health impacts of homelessness. More than half (52%) described their health as “poor” or “very poor”, with 28 people rating it as “very poor”—the lowest possible rating. Only 37% reported “good” or “very good” health, in contrast to housed populations where people typically report good health status.

These self-assessments represent more than subjective feelings—self-rated health is a scientifically validated predictor of morbidity and mortality, often more accurate than clinical assessments in predicting health outcomes. When someone says their health is “very poor,” research shows they face significantly higher risks of hospitalization, chronic disease progression, and death.

The University of Illinois at Chicago study commissioned by the Illinois Department of Public Health confirms what these self-assessments suggest: homelessness functions as a deadly social determinant of health. People experiencing homelessness face dramatically higher rates of hospitalization, emergency department visits, and premature death from preventable causes.

Health Insurance



| Insurer | Count |
|----------------------|-------|
| Medicaid | 28 |
| Medicare | 11 |
| CountyCare | 11 |
| BCBS | 6 |
| Meridian | 4 |
| Obamacare | 5 |
| Medicaid & Medicare | 4 |
| VA | 2 |
| Obamacare + Medicaid | 1 |
| Molina | 1 |

Health & Homelessness

Two-thirds (62%) of our respondents reported having coverage—primarily through Medicaid programs including CountyCare (28 respondents), Medicare (11), and other Medicaid plans. However, 34% remained uninsured, representing nearly four times the national uninsured rate of 8% among the general population.

The insurance landscape for people experiencing homelessness has improved dramatically since the Affordable Care Act's Medicaid expansion. Illinois hospital data shows coverage among homeless patients jumped from 48.9% to 77.7% between 2011 and 2018—a testament to policy changes that extended Medicaid eligibility. Medicaid now serves as the primary safety net for people experiencing homelessness.

Yet having insurance and accessing care remain vastly different realities for people living on the streets. Among our respondents, 71% of those rating their health as “good” or “very good” reported having insurance, suggesting that coverage may help maintain health status.



The disconnect between availability and access is particularly stark among veterans. While 18% of our respondents identified as veterans, only two reported having VA healthcare coverage. This gap suggests that veteran-specific outreach and enrollment efforts are not effectively reaching homeless veterans

These findings highlight that insurance expansion, while crucial, represents only the first step toward health equity. The 45 uninsured respondents need immediate enrollment assistance, but the 94 with coverage need healthcare delivery models that accommodate the realities of homelessness—mobile medical units, street medicine programs, co-located services that combine housing and healthcare, and elimination of administrative barriers that prevent care access.

Homeless Sub-Populations

Respondents reported multiple overlapping conditions that increase their risk of chronic homelessness and poor health outcomes. Physical disabilities were most common (50 respondents), followed by drug use (43), alcohol use (28), learning/developmental disabilities (20), and domestic violence (20). Smaller numbers reported HIV/AIDS (3) and asylum-seeking status (2).

Physical disabilities further create barriers to shelter access and make navigating to housing programs challenging. Without supportive housing and accessibility accommodations, these individuals remain at heightened risk for long-term homelessness. This is further highlighted with our survey data as 45% of respondents who have been homeless for longer than 3+ years had claimed to have a physical disability, a significant disproportion.

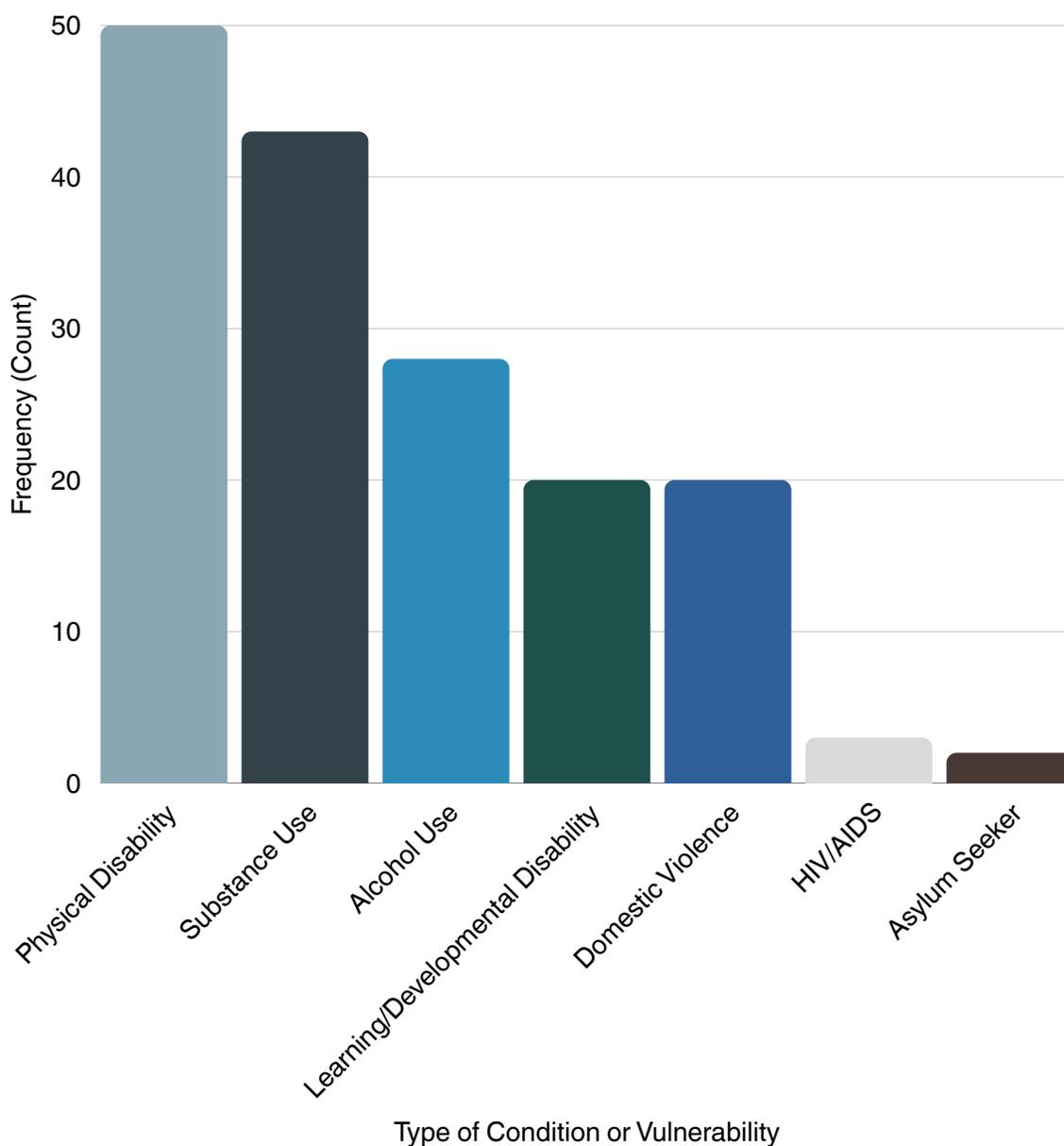
The prevalence of substance use—reported by 46% for drugs and 18% for alcohol—aligns closely with the previous finding that 45% had sought substance use treatment. This overlap suggests that people experiencing homelessness face active substance use challenges, many have attempted treatment, yet remain on the streets due to inadequate or inaccessible services. The combination of homelessness and substance use creates a cycle where street conditions drive continued use.

The 20 respondents with learning or developmental disabilities face unique challenges navigating complex housing and benefit systems that assume literacy, cognitive processing abilities, and understanding of bureaucratic procedures. These individuals are expected to complete the same applications and follow the same procedures as everyone else, creating barriers to accessing support. To ensure employment inclusion, workforce initiatives must be adaptive, trauma-informed, and coordinated across systems. Similar actions have been taken by the AbilityOne Program and the Illinois Department of Human Services Division of Rehabilitation Services (DRS). AbilityOne had success improving both economic and social outcomes for people with disabilities. A 2022 evaluation by Virginia Tech found that participants at Melwood had lower turnover rate, more income stability. It is well worth noting that among those positive outcomes, it led to a decrease in dependence on public benefits, while contributing over \$11 million in annual regional economic output (Lyon-Hill, Mohammed, & Nagle, 2022). Likewise, DRS reported state-supported vocational rehabilitation and supported employment programs assisted thousands of Illinois residents with disabilities in achieving competitive employment and independent living outcomes in 2022. Together, these models support how coordination with state-led approaches can translate structural support into tangible employment and independence (Illinois Department of Human Services, 2022).



Domestic violence affected nearly one in five women in our sample (6 of 34 female respondents), reinforcing national data showing domestic violence as a leading cause of homelessness among women. Survivors face a devastating choice between staying with abusive partners or losing housing, financial resources, and family support—a pathway that leads directly from abuse to the streets. The 3 respondents with HIV/AIDS represent a population requiring consistent medical care and daily medication while living in conditions that make healthcare adherence nearly impossible. The 2 asylum seekers face additional barriers including potential ineligibility for federal benefits, language barriers, and legal uncertainties that complicate access to housing assistance.

These findings reveal the syndemic nature of homelessness, where disabilities, substance use, trauma, and social exclusion overlap and magnify each other's impacts. Supportive housing models integrating healthcare, accessibility, and trauma-informed services, ensure sub-populations who are most at risk are not left behind.



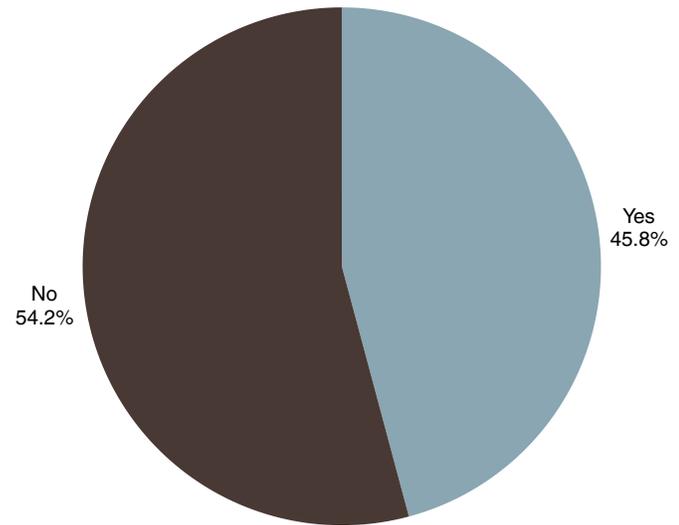
Substance Use

Nearly half of respondents (45%) reported having sought substance use support or services at some point, while 53% had never accessed treatment. The close correlation between service-seeking and stated consumption indicates that people with substance use disorders have sought treatment but existing treatment options may not be adequately individualized for people experiencing homelessness.

Traditional substance use treatment programs often fail people experiencing homelessness because they require what homeless individuals lack—stable housing, reliable transportation, predictable schedules, and the ability to prioritize treatment over immediate survival needs.

For people using substances to cope with the trauma and daily stress of homelessness, treatment that doesn't simultaneously address housing, mental health, and basic safety needs is unlikely to succeed.

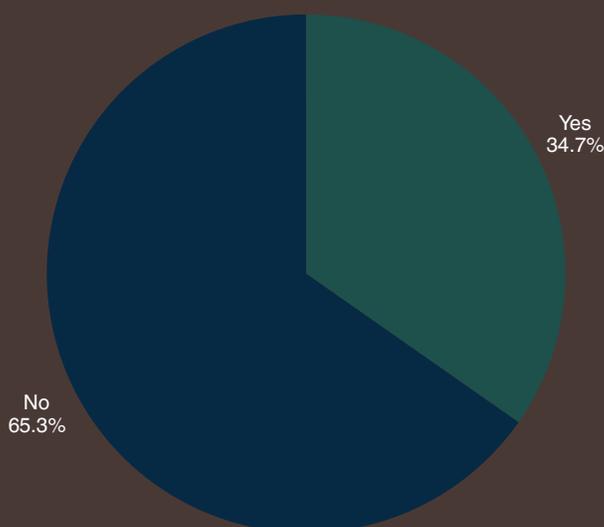
Effective substance use treatment for this population requires harm reduction approaches that meet people where they are, mobile services that don't require stable housing, and integrated programs that address housing, health, and substance use simultaneously.



Mental Health

One-third of respondents (35%) identified as having a mental health condition, while 65% did not. This self-reported rate aligns closely with national Point-in-Time surveys showing that approximately one-third of people experiencing homelessness live with serious mental illness, suggesting our sample reflects broader patterns. However, self-identification likely underrepresents the actual prevalence of mental health challenges among people experiencing homelessness. The trauma of living on the streets, constant hypervigilance required for safety, sleep deprivation, and social isolation create mental health impacts even for those without pre-existing conditions. Additionally, stigma around mental illness may prevent some individuals from acknowledging mental health struggles, while others may not have access to a diagnosis or may not recognize symptoms developed as survival responses to homelessness.

Effective mental health intervention for this population requires integrated housing and behavioral health services that provide both immediate safety and long-term therapeutic support, recognizing that stable housing often serves as the foundation that makes mental health treatment possible.



Service Needs

When we asked people experiencing homelessness what services they need most, we didn't provide predetermined options. We wanted to hear their priorities in their own words. What emerged mirrors Maslow's hierarchy of needs almost exactly—a framework showing that people must meet basic survival needs before they can address higher-level needs like safety, belonging, and self-actualization. The responses reveal how homelessness strips away these needs layer by layer, starting with the most fundamental requirements for survival.

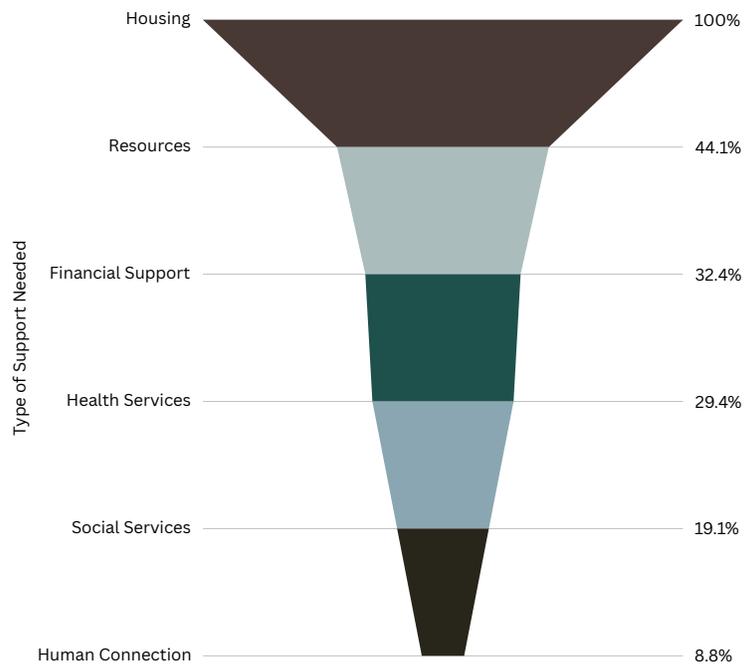
Housing topped the list with 68 responses, followed by resources with 30, financial support with 22, health services with 20, social services with 13, and human connection with 6 responses. Within each category, people described specific needs that align with different levels of Maslow's hierarchy.

At the foundation of Maslow's pyramid are physiological needs—the biological requirements for survival like food, water, shelter, and clothing. These dominated the resource requests. Seven people mentioned food needs including SNAP benefits, hot meals, and help with food costs. Five people needed transportation support for bus cards or car maintenance. Five needed clothing, including one person seeking "professional attire for a job interview." Four requested hygiene and self-care items like showers, laundry access, soap, and basic cosmetics. Individual mentions included phones, electricity, tents, baby supplies, and storage space.

The specificity of these requests shows how homelessness removes access to basics that housed people barely think about. Without consistent food, hunger becomes a daily struggle that can worsen chronic conditions like diabetes and high blood pressure. Without access to showers and laundry, maintaining the cleanliness necessary for job interviews or healthcare appointments becomes nearly impossible. Without transportation, reaching services, medical care, or potential employment requires relying on others or simply going without. These aren't separate problems—they create cascading barriers where a lack of one resource prevents access to others.

The housing responses represent both physiological needs (shelter from elements) and safety needs (security, stability). Of the 68 housing responses, 51 people said simply "housing," while others asked for "a place to live," "affordable housing," "rental assistance," or to be "placed in housing list." Only three people mentioned shelter specifically. This distinction matters. People aren't asking for emergency beds—they're asking for homes. They understand that housing provides more than physical shelter; it provides the stability necessary to address other needs. One person described needing "housing for security," capturing how housing enables both physical safety and the psychological security necessary to move forward. This finding directly contradicts current policy direction. While Chicago announced major capital investments in homeless shelter facilities for 2025, people experiencing homelessness clearly prioritize permanent housing over temporary shelter. The mismatch between investment and expressed need suggests that policy decisions aren't adequately centered on the voices of people experiencing homelessness.

Financial support, mentioned by 22 people, reflects needs at multiple levels of Maslow's hierarchy. Twelve people specifically said "employment" or "job," while seven mentioned needing income. Employment provides more than money—it offers structure, purpose, social connection, and a pathway to self-sufficiency. The desire for work challenges stereotypes about people experiencing homelessness lacking motivation. People want to work; they face structural barriers that make employment inaccessible.



Health services, requested by 20 people, address both physiological and safety needs. Responses ranged from mental health services like "psychiatrists," "substance abuse treatment," and "mental health meds" to physical health needs including "repairing prosthetic leg," "dental health," and "diabetes" management. Without stable housing, managing health conditions becomes exponentially harder, yet untreated health conditions make obtaining and maintaining housing more difficult. This cycle demonstrates how unmet needs at one level of the hierarchy prevent progress on others.

Social services, mentioned by 13 people, address safety and belonging needs. One person needed a "counselor to help get kids back." Another wanted outreach workers "to be out here more frequently." Others needed legal services and help "getting your ID straight." These requests show people trying to rebuild connections to systems, institutions, and relationships that homelessness has disrupted. Each person faced unique circumstances requiring specific assistance, from documentation for housing applications to legal advocacy for family reunification.

The six responses about human connection speak to belonging needs near the top of Maslow's hierarchy. People wanted "love," to be "somewhere where not judged and not alone," and simply "to talk to someone." One person needed "help with my art career to help live my dream." These responses remind us that even while struggling with basic survival, people retain dreams, aspirations, and the fundamental human need for connection and recognition. The fact that these needs appeared at all—when people are missing food, shelter, and healthcare—shows remarkable resilience and hope.

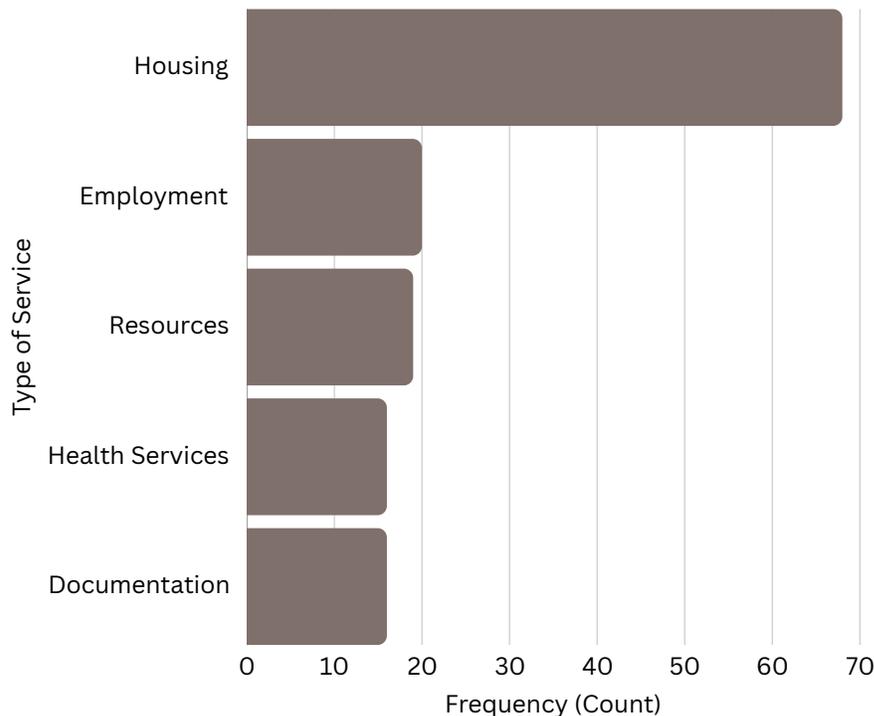
Maslow's framework helps explain why piecemeal interventions often fail. You cannot effectively address employment needs when someone lacks food and shelter. You cannot treat mental health conditions when someone has nowhere stable to sleep. You cannot help someone pursue their dreams when they're focused on daily survival. The hierarchy isn't rigid—people don't wait until all physiological needs are met before seeking connection or purpose—but it illustrates why comprehensive support addressing multiple need levels simultaneously tends to be more effective than siloed services.

The responses also reveal how homelessness systematically strips away needs from the bottom up. First, people lose stable housing and access to basic resources. Then safety and security disappear. Social connections fray under the stress and stigma of homelessness. Finally, the possibility of self-actualization—pursuing dreams, developing talents, achieving potential—becomes distant when daily energy goes toward survival.

Effective homelessness response must work from the foundation up while recognizing that people need support at multiple levels simultaneously. Housing provides the stable base that makes addressing other needs possible. Combined with access to food, healthcare, income support, and social services, housing creates conditions where people can rebuild safety, reconnect with community, and eventually pursue self-actualization. The people we surveyed have told us exactly what they need. The question is whether our systems will respond by providing comprehensive support that addresses the full hierarchy of human needs rather than expecting people to climb from survival to stability without the resources that make that climb possible.



Hardest Services to Access



When we asked people what services were hardest to access, their responses revealed a structural bottleneck that systematically prevents people experiencing homelessness from getting help when they need it most. Housing topped the list with 68 responses, followed by employment with 20, resources with 19, health services with 16, and documentation with 16 responses.

Housing wasn't just the most needed service—it was by far the hardest to access. People described waiting months on housing lists, with one person explaining they've been waiting six months while another said, "three different companies signed up with housing, and it is taking so long. Case workers have changed, nonprofits have closed down, etc. Updates are every three months – very long time to wait." The frustration in these responses reflects more than individual disappointment. Research shows that homeless services have high turnover rates with average job tenure of less than two years, creating constant disruption in relationships that are supposed to provide stability.

When case managers change frequently and nonprofits close, people experiencing homelessness develop what can be understood as structural stigma—mistrust built from repeated experiences of abandonment by systems meant to help them. This isn't paranoia; it's rational response to unreliable systems. The low-paid, entry-level treatment of case management positions creates turnover that directly harms the people these workers are supposed to serve.

Others expressed that affordability creates impossible barriers. They have "money issues" or need rental assistance, which ironically requires having housing first. Some conveyed frustration that they "don't know where to go" or believe that "housing have the picks, special people that they help out." In the Chicago area, extremely low-income households earn \$33,100 or below for a family of four, yet affordable housing typically requires incomes at or below 60% of Area Median Income. For people with no income at all, even "affordable" housing remains out of reach. The structural bottleneck deepens when we consider that Chicago's affordable housing shortage has worsened for decades, creating waitlists that stretch longer than the average case manager stays in their job.

Only three out of 68 housing responses mentioned shelters being hard to access, reinforcing that people want homes, not temporary beds. The overwhelming focus on housing rather than shelter shows people understand what would actually end their homelessness, but the systems meant to provide permanent solutions keep them waiting.

Twenty people said employment was hardest to access, describing limited opportunities and complex preparation requirements. Many simply answered "job," "work," and "more work," while others said they "need opportunities to work," "want to get a job but hard to get," and needed "getting help finding a job." This employment access crisis collides with upcoming policy changes. Starting in November, SNAP work requirements will demand that adults without children under 14 or documented disabilities prove employment to keep food benefits. We're requiring work for food while work remains one of the hardest services to access—creating a policy collision that could leave people facing both homelessness and hunger.

The resources people struggled to access reveal how basic survival needs become systematically blocked. Transportation topped this list, as people explained lacking bus cards or cars and having to ask family and friends for rides. Five people couldn't access phones, with one noting he "keeps losing his cell phone." Four people struggled with food access, including one person seeking "vegetarian options with food," highlighting the limited quality and diversity available. Two people each mentioned difficulty accessing clothing and shower facilities, and one person cited baby resources. These aren't luxury requests—they're prerequisites for accessing other services, maintaining employment, and carving a pathway out of homelessness.

Health service access emerged as another major barrier for 16 people, with four specifically mentioning mental health challenges. They "can't access" mental health support, wanted psychiatric care, or needed mental health medication. Beyond access barriers, health conditions themselves create obstacles. One person explained that "substance use are obstacles" while another said "health conditions made it impossible." The emotional toll shows in responses like "health services, they don't want to help" and "hospitals just don't care." These aren't complaints about medical competence—they're expressions of feeling dismissed and dehumanized by healthcare systems.

This lack of trust has serious implications. When people believe hospitals don't care, they delay seeking medical attention until conditions become critical, leading to more expensive emergency interventions and worse health outcomes. The mistrust reflects real experiences of discrimination and dismissal. More than half of survey respondents rated their health as "poor" or "very poor", yet they feel unwelcome in healthcare settings. Unconscious bias training and improved training for hospital staff on working with people experiencing homelessness could help rebuild trust and improve health outcomes while reducing costs from delayed care. One person wondered if "quick healthcare – other cities have things like buses with nursing care and screening" might be available in Chicago, showing how people experiencing homelessness often have innovative ideas for improving access that systems haven't considered.

Documentation issues prevented 16 people from accessing services, including legal matters, insurance, benefits, and basic identification. Some explained that accessing social security was challenging due to "paperwork" or "because you have to go to the office." The costs, transportation requirements, and bureaucratic complexity of obtaining documents while homeless create additional barriers precisely when people need streamlined access to help.

These barriers don't exist in isolation—they reinforce each other in a structural bottleneck that traps people in homelessness. Poor health makes employment harder. Lack of employment means no income for housing. Without housing, managing health conditions becomes nearly impossible. No phone means missing calls from housing programs. No transportation means missing job interviews and medical appointments. Each unmet need makes meeting other needs exponentially more difficult.

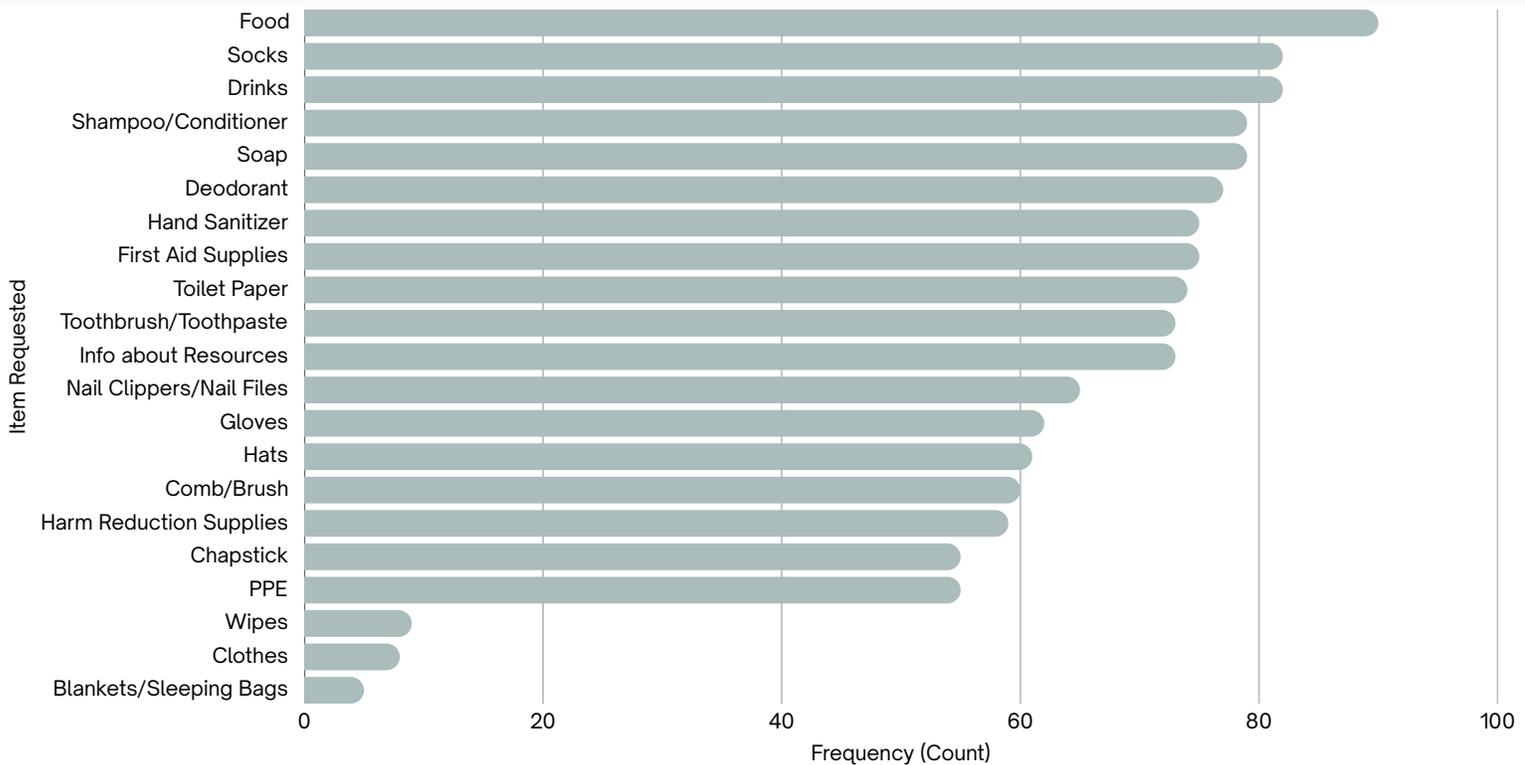
The structural bottleneck deepens when we consider that the systems meant to help are themselves unstable. High staff turnover disrupts relationships. Nonprofit closures interrupt services. Waitlists grow longer while affordable housing supply shrinks. The people most in need of stable, reliable support encounter systems characterized by instability and disconnection.

Rather than adding more requirements or complex procedures, effective homelessness response requires dismantling this structural bottleneck by removing barriers, simplifying access, and creating stable, long-term support relationships. The people most in need of services shouldn't face the highest hurdles to reach them.



Care Packages

Care packages serve a dual purpose in homelessness outreach: they meet immediate survival needs while creating opportunities for relationship-building that can connect people to longer-term services and support. Street Samaritans' outreach team uses care packages as conversation starters when first approaching someone experiencing homelessness, allowing us to demonstrate care while learning about what resources and supports each person might need or want. We also provide care packages to volunteers to keep in their cars, enabling community members to offer meaningful support during everyday encounters and continue being Street Samaritans beyond formal volunteer activities. To ensure these packages actually meet people's needs, we asked people experiencing homelessness what items they would want to see included.



The most requested items reveal the daily challenges of surviving without stable housing and the basic human dignity that homelessness strips away. Food topped the list, reflecting both immediate hunger and the difficulty of accessing regular, nutritious meals while homeless. Water followed closely, highlighting how basic hydration becomes complicated without reliable access to clean water sources. The overwhelming demand for hygiene items shows how homelessness systematically removes access to basic cleanliness and personal care that housed people take for granted.

Socks emerged as the second-most requested item, a finding that reflects the harsh realities of life on the streets. When you're walking everywhere, when your feet may be wet or cold for extended periods, when you can't easily do laundry, socks become essential for health and mobility. The high demand for warm clothing items like gloves and hats demonstrates how exposure to weather becomes a daily survival challenge without shelter.

The popularity of first aid supplies and harm reduction materials points to the health risks that accompany homelessness. Without stable housing, minor injuries can become serious problems. Without access to clean supplies, health risks multiply. These requests show people taking responsibility for their own health and safety in circumstances that make self-care extremely difficult.

Hand sanitizer and PPE reflect both ongoing pandemic concerns and the general health vulnerabilities that come with congregate living situations and limited healthcare access.

Perhaps most telling is that 69 people requested information about available resources, supports, and services. This demonstrates that people experiencing homelessness actively seek connections to help, contradicting stereotypes about people who don't want services. When outreach workers and community members include resource information in care packages, they're responding to genuine demand for service connections. The request for information also suggests that people often don't know what help is available, pointing to gaps in outreach and communication about existing services.

The care package requests paint a picture of people trying to maintain health, hygiene, and dignity while facing systematic barriers to basic human needs. These are requests for items that enable survival, self-care, and connection to help. When services providers, faith leaders, and community members thoughtfully assemble care packages based on these expressed needs, they provide more than material support. They demonstrate recognition of shared humanity and create opportunities for the relationships that can help people move toward housing and stability. The most effective care packages combine immediate need fulfillment with pathways to longer-term support, meeting people where they are while opening doors to where they want to go.

Building Community Responses to Homelessness

Homelessness doesn't happen in a vacuum. It emerges from the intersection of structural conditions, social safety nets, and individual risk factors that create circumstances where some people lose housing while others maintain stability. When rising housing costs meet stagnant wages, when healthcare becomes unaffordable, when mental health support is hard to access, and when informal support systems break down, people can find themselves experiencing homelessness regardless of their individual characteristics or choices.

Many people assume homelessness results from individual factors like mental health conditions, substance use, or criminal history. While these experiences can create additional challenges, they don't automatically lead to homelessness. Plenty of people manage mental health conditions, addiction recovery, or criminal justice involvement while maintaining housing because they have other protective factors—steady employment, health insurance, family support, or community connections that provide stability during crisis.

The difference between someone who faces housing instability briefly and someone who becomes chronically homeless often comes down to the thickness of the social safety net around them. When government programs provide adequate support, when employers offer living wages and benefits, when healthcare is accessible and affordable, when families and communities can provide meaningful assistance, and when nonprofits can offer comprehensive services, people have multiple pathways to stability. When these systems are weak, disconnected, or missing entirely, individual challenges can cascade into homelessness.

This understanding shapes how we approach solutions. No single sector can solve homelessness alone, but every sector has a role to play in creating conditions that enable people to maintain or regain housing stability.

If homelessness results from intersecting system failures, then ending homelessness requires intersecting system responses. No single sector can solve homelessness alone, but every sector has a role to play in creating conditions that enable people to maintain or regain housing stability.

We asked people experiencing homelessness what they thought businesses, nonprofits, government, and community members could do to support them. Their responses provide a roadmap for a comprehensive community response that addresses both immediate needs and long-term system change. These aren't theoretical recommendations from housed experts—they're practical guidance from people who understand homelessness because they're living it.

The suggestions that follow reflect the intersectional nature of both the problem and the solutions. When businesses create employment opportunities for people with barriers, when government invests in affordable housing and healthcare, when nonprofits provide wraparound services with dignity, and when community members offer connection and support, these responses work together to create the conditions that prevent and end homelessness. Each sector's efforts strengthen the others, building a comprehensive response that matches the complexity of the challenge.

People experiencing homelessness aren't asking for charity or pity. They're asking for systemic changes that would benefit many people while specifically addressing the conditions that create and perpetuate homelessness. Their recommendations reflect a deep understanding of what works, what doesn't, and what communities need to do differently to create lasting change. The question isn't whether we have the knowledge to end homelessness—people with lived experience have provided clear direction. The question is whether we have the collective will to act on what they've told us.

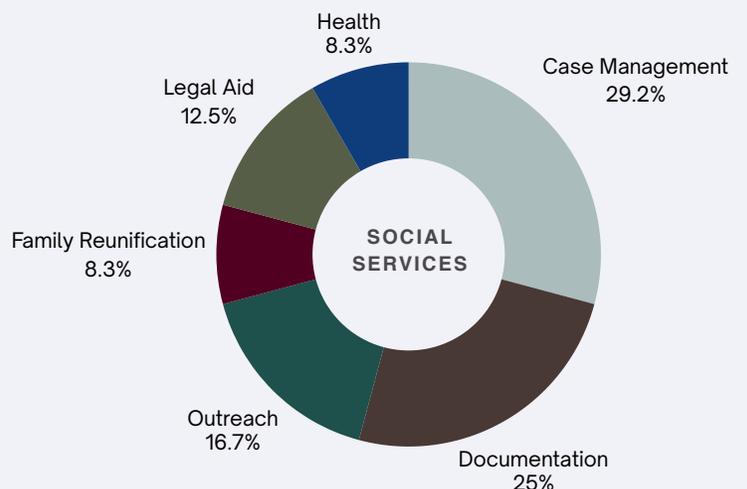
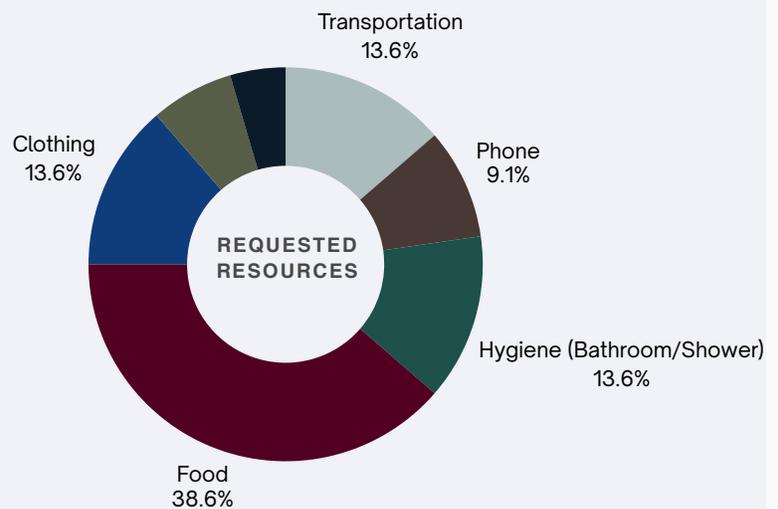
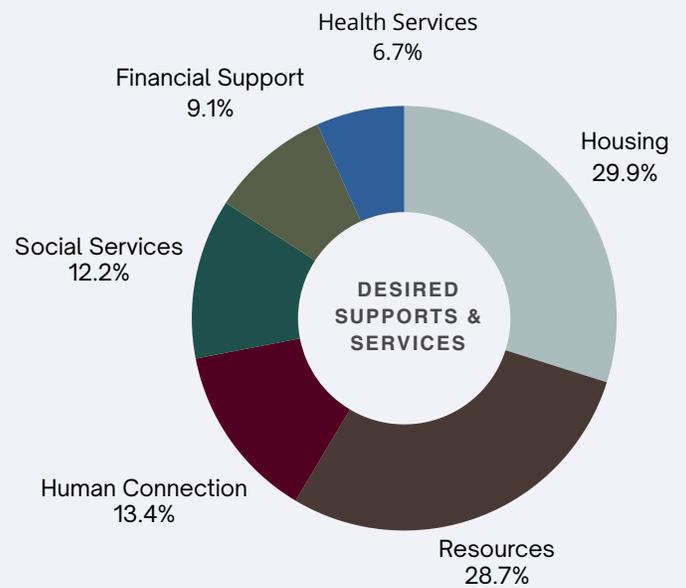
Nonprofit Support

When we asked people experiencing homelessness what they wanted from nonprofits, their responses revealed both the critical role nonprofits play in filling gaps left by other systems and the specific ways nonprofit services fall short of meeting needs. Housing topped the list with 49 responses, followed closely by resources with 47, human connection with 22, social services with 20, financial support with 15, and health services with 11 responses.

The near-equal emphasis on housing and resources shows how nonprofits are expected to address both immediate survival needs and long-term stability solutions. People asking nonprofits for housing assistance—a responsibility that should primarily fall to government—demonstrates how nonprofits have become safety nets for system failures rather than supplements to adequate public support.

Housing requests included both navigation help and advocacy. Twenty people simply said "housing," while others asked nonprofits to "put [them] on a list for housing", help "with getting on a voucher," "tell [them] where to go and sign up for housing," and "keep investigating ways to achieve housing." These responses reveal that people need more than housing itself—they need guides through complex systems, advocates who can navigate bureaucracy on their behalf, and organizations that actively work to expand housing access.

One response stands out: "revamp the housing program to better fit the homeless that are not in the high homeless area." This suggests that current nonprofit outreach concentrates on visible homelessness in encampments while missing people experiencing homelessness throughout the city. Effective nonprofit response requires expanding geographic reach beyond areas with concentrated visible homelessness to find and serve people experiencing homelessness in less visible locations.



The request for furniture for apartments highlights a gap in post-housing support. Getting someone housed doesn't end the work—people need help setting up homes, building daily routines, and maintaining stability. One person explicitly stated, "Case management shouldn't end with housing." Without continued support after housing placement, people risk losing their homes again, making all previous efforts meaningless. Nonprofits must extend services beyond the moment someone gets keys to their apartment.

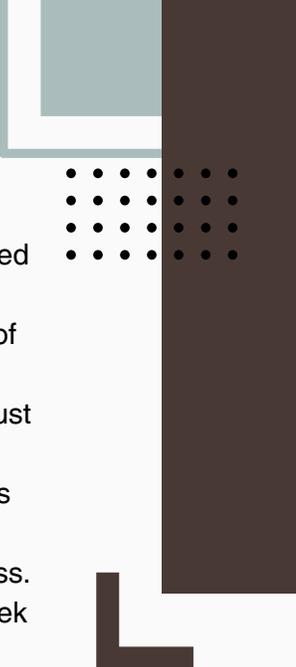
This need for continued support creates capacity challenges. Providing comprehensive pre-housing navigation plus sustained post-housing support requires more staff, particularly outreach workers who can reach people across the city and case managers who can maintain long-term relationships. It also requires addressing the staff turnover crisis discussed earlier in this report. When case managers leave frequently, people lose the relationships and continuity that support stability. Nonprofits cannot provide the long-term support people need without creating working conditions that enable staff retention.

Resource requests focused on immediate needs: food (16 responses), clothing (6), transportation (6), hygiene services (5), and phones (4). Hygiene services included products, showers, clean bathrooms, laundry access, and sanitization supplies. Others mentioned storage, bedding, care packages, and computers. These requests align closely with what people said they needed most and what appeared in care package priorities, showing consistency across the survey about basic survival needs.

One person requested "more comprehensive lists of resources including relocation resources," highlighting how catchment area restrictions harm people experiencing homelessness. When someone must move neighborhoods—whether by choice or circumstance—their connection to services shouldn't end due to administrative boundaries. Nonprofits must communicate across organizational and geographic lines to ensure people can access support regardless of where they are. This requires collaborative networks rather than isolated organizations protecting their service territories.

The 22 responses about human connection reveal something nonprofits must take seriously: for many people experiencing homelessness, nonprofit staff provide the primary or only meaningful human interaction they have. People asked for "exercising patience and consideration and a level of empathy," "not being short or curt with people who are homeless," and "recognizing that someone might lack social skills." Others noted that "some people will feel a sense of rejection" and asked nonprofits to "reassure them that you're listening even without giving suggestions" and show "patience, empathy, consideration, and having a listening ear."



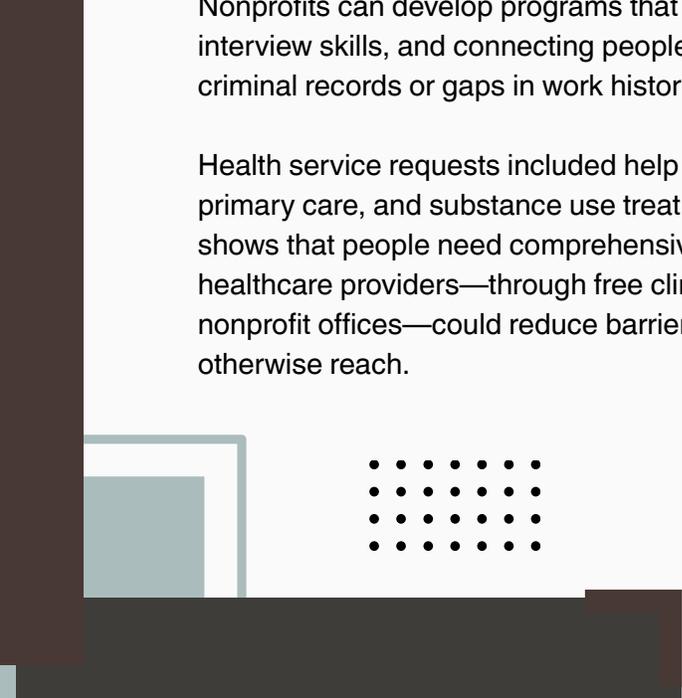


These responses indicate that people experiencing homelessness don't always feel treated with dignity by the organizations meant to help them. The request for basic patience and listening suggests that current interactions sometimes lack these fundamental elements of respect. When people feel consistently rejected or dismissed, asking for help becomes harder, creating additional barriers to accessing services that already exist. Nonprofits must recognize that assistance isn't always material. Sometimes support means having a conversation that makes someone feel heard. Building rapport and understanding matters from people's perspectives. Material resources matter tremendously, but without human connection and dignity in service delivery, those resources lose some of their effectiveness. People are more likely to engage with services, follow through with appointments, and seek help during crises when they feel respected and valued by service providers.

Social services requests revealed different needs based on length of homelessness. People with shorter homelessness periods commonly mentioned "not knowing what's available" and wanting help "teaching you what's out there and connecting you to a lot of different services." This suggests that newly homeless individuals need resource navigation and service connection more than specific interventions. To prevent short-term homelessness from becoming chronic, nonprofits should promote their services more widely and provide clear entry points for people who don't yet know how to access help. Other social service requests included documentation assistance (4 responses) for veteran's benefits, IDs, social security, SSI, and LINK cards, plus specific needs like eviction prevention, childcare, and help getting driver's licenses for gig economy work. The diversity of these requests underscores that no single nonprofit can provide everything people need. This requires either specialization with strong referral networks or partnerships that bring multiple services under coordinated umbrellas.

Financial support requests centered overwhelmingly on employment, with 13 of 15 responses mentioning help finding work, job search assistance, and employment resources. This aligns with earlier findings showing people want to work but face barriers to accessing employment. Nonprofits can develop programs that assist with job searches, application preparation, interview skills, and connecting people to employers willing to hire individuals with barriers like criminal records or gaps in work history.

Health service requests included help finding therapists, obtaining medication, accessing primary care, and substance use treatment. The range from mental health to physical health shows that people need comprehensive healthcare navigation. Nonprofit partnerships with healthcare providers—through free clinics, mobile services, or having medical staff visit nonprofit offices—could reduce barriers and increase access to care that people cannot otherwise reach.



These findings point toward several shifts nonprofits should consider. Geographic reach needs expansion beyond areas where homelessness is most visible. Services concentrated in encampments miss people experiencing homelessness throughout the city who need support but remain less visible. Developing strategies to find and serve people in less concentrated locations could prevent short-term homelessness from becoming chronic by connecting people to help earlier.

Support must extend beyond the moment someone receives housing keys. Programs need to continue through the transition to housing and beyond, helping with furniture, daily routine development, and ongoing stability. Without this sustained engagement, people risk losing their homes and returning to the same systems that struggled to house them initially. This requires addressing staff retention as a service quality issue. High turnover directly harms the people nonprofits serve by disrupting relationships and forcing people to restart their stories repeatedly. Investing in competitive wages, reasonable caseloads, professional development, and supportive supervision enables staff to stay long enough to build the meaningful relationships that support long-term stability. Dignity must be prioritized in every interaction. Training staff on trauma-informed care, practicing patience and active listening, and creating organizational cultures where respect matters as much as material resources will improve both service engagement and outcomes. Monitoring for staff burnout that can lead to short or dismissive interactions protects both workers and the people they serve. Not every interaction needs to result in material provision or problem-solving. Sometimes the most important service provided is making someone feel seen, heard, and valued. These moments of human connection create the foundation that makes all other services more effective.

Collaboration across organizations needs strengthening. Sharing resource information, creating warm handoffs when people move between service areas, and developing referral relationships ensures people can access help regardless of catchment area boundaries. No single nonprofit can provide everything people need, but coordinated networks can create comprehensive support systems that individual organizations cannot achieve alone. Entry points for newly homeless individuals need clarity and accessibility. People experiencing homelessness for the first time often don't know where to start or what help exists. Developing accessible ways for people to learn about and connect to services, along with providing comprehensive resource navigation for those new to the system, can prevent short-term housing loss from becoming chronic homelessness.

Employment support should be integrated into programming through partnerships with employers, job readiness programs, and pathways to employment that acknowledge and remove barriers. Healthcare partnerships can bring services to where people are, rather than expecting them to navigate complex medical systems alone. Mobile clinics, on-site medical staff, and strong referral relationships with providers experienced in serving people experiencing homelessness can dramatically improve health access that people cannot otherwise reach.

The consistency between what people said they needed most, what they struggle to access, and what they want from nonprofits shows that people experiencing homelessness have clear knowledge of what would help them. Nonprofits that listen to and act on this guidance will provide more effective, responsive services than those that design programs based solely on housed perspectives about what people experiencing homelessness need.





Business Support

When we asked people experiencing homelessness how businesses could support them, their responses revealed both immediate survival needs and systemic barriers that prevent economic stability. Financial support topped the list with 57 responses, followed by resources with 33 responses, and housing assistance with 10 responses.

The overwhelming focus on financial support reflects the employment crisis facing people experiencing homelessness. Of the 57 financial support responses, 46 specifically mentioned employment opportunities. People said simply "job" and "employment," while others asked for "entry level positions" and "employment based on skills." Some requested job training and employment support services. A few hoped for direct financial assistance through "loans," "donate money," or "free gift cards," but the clear priority was work opportunities.

This employment focus becomes more significant when viewed alongside our earlier employment data. While only 10% of survey respondents currently have jobs, the responses to this question suggest that around 30% want to work. The gap between employment desire and employment reality points to structural barriers rather than lack of motivation. People experiencing homelessness (PEH) face unique obstacles to employment that businesses may not recognize: no permanent address for job applications, lack of phone access for employer contact, limited access to clean clothes for interviews, unreliable transportation to work sites, and the reality that most applications now require online access.

These barriers compound each other in ways that make employment nearly impossible to obtain or maintain. Without a phone, employers can't reach candidates for interviews. Without clean clothes, first impressions become difficult to manage. Without reliable transportation, maintaining consistent work attendance becomes a daily challenge. Without a permanent address, even basic paperwork becomes complicated. For businesses genuinely interested in employing people experiencing homelessness, the actionable insight isn't simply "hire homeless people" but "remove the barriers that make employment inaccessible to PEH."

Resource needs centered heavily on food distribution, with 16 responses requesting business support for meals and food access. People asked for "donating food vouchers, free meal," suggested businesses "feed the food pantry," and requested "free food" or "food that they don't want or that they are not serving. Give to the people in need." This food focus takes on additional urgency given upcoming SNAP work requirements that will require employment to maintain food benefits starting in November. When people can't access employment due to structural barriers, they risk losing both income opportunities and food assistance.

Other resource requests included donations. Broadly defined, people asked for "immediate assistance and packages" and "donations to warming/cooling centers," as well as specific items like clothing vouchers and transportation support. Two people mentioned needing phone access, including "a place to charge phone(s)," highlighting how basic communication tools that most businesses take for granted become barriers for people experiencing homelessness.

The housing and shelter responses, though fewer in number, demonstrate the crisis's depth.

The housing and shelter responses, though fewer in number, demonstrate the crisis's depth. Even when asked specifically about business support, people still mentioned housing needs. Some noted that "there is no low-income housing" and suggested businesses "make it [housing] accessible to renter work force." Others requested shelter support including "warming shelters during winter" and "housing in hotel rooms for a few days." That people request housing assistance from every sector we asked about—government, nonprofits, community members, and businesses—shows how urgent and unmet this need remains.

The social services category included requests for "more outreach locations/drop-in centers," "computer training," and "childcare services at low cost or free." These responses reveal the support infrastructure people need to access other opportunities. Computer training enables job applications. Childcare enables work attendance. Drop-in centers provide basic services that make employment preparation possible.

Businesses have multiple pathways to support people experiencing homelessness beyond traditional charity models. Employment opportunities that include barrier removal—providing work phones, flexible address requirements, uniform allowances, or transportation assistance—can create genuine pathways out of homelessness. Businesses can partner with service providers to offer job training programs that include wraparound support. Companies can provide space for drop-in centers or computer access. Food businesses can establish systematic donation programs rather than ad-hoc giving.

Most importantly, businesses can recognize that PEH want the same things housed people want: meaningful work, fair wages, and opportunities to contribute. The barriers they face aren't personal shortcomings but systemic obstacles that creative business practices can help remove. When businesses invest in barrier removal and inclusive hiring practices, they don't just help individuals—they tap into a motivated workforce that other employers have overlooked due to systemic bias rather than actual job performance concerns.

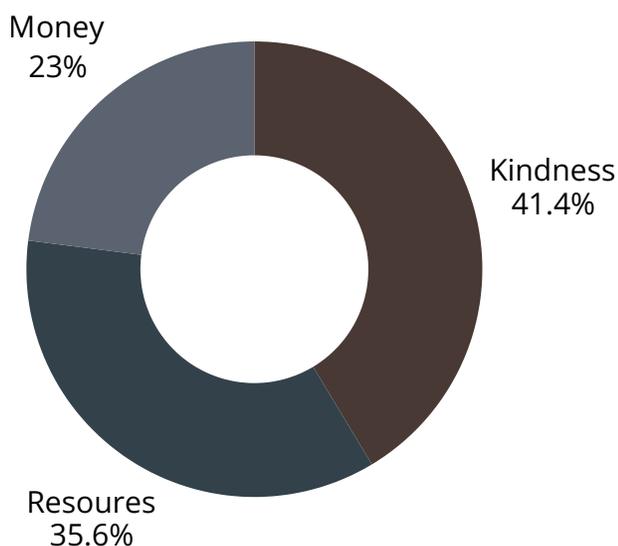
Community Support



When we asked people experiencing homelessness what regular community members could do to help, their answers reveal something powerful: they're not asking for grand gestures or impossible commitments. The top three responses were acknowledging people on the streets (36 responses), providing resources (31), and offering financial support (20). This pattern shows that people experiencing homelessness don't expect community members to solve structural problems alone. They're asking for something much simpler and more immediate—to be seen, to be treated with kindness, and to receive direct support when possible.

The single most common request was for acknowledgment. One person explained it clearly: "just talk to people on the streets, let them practice social skills. Don't treat them like they're invisible. Acknowledge we're human." Others asked people to "be friendly," "be kinder," and "show kindness." Some hoped for "sympathy, empathy, and compassion," while others wanted people to stop "looking down on the homeless" and instead "be kind and treat others the way you would like to be treated regardless of status."

These requests for basic human recognition might seem small, but their impact runs deep. When you walk past someone experiencing homelessness and make eye contact, offer a greeting, or stop for a brief conversation, you're doing more than being polite. You're countering the profound social isolation that homelessness creates.





Research shows that social isolation increases stress and depression, which in turn worsens physical health conditions and contributes to premature mortality among people experiencing homelessness. Social connection, even brief interactions with strangers, provides protective effects against these health risks.

Acknowledgment also reduces stigma, which functions as a significant barrier to accessing help. When community members consistently treat people experiencing homelessness as invisible or less than human, it reinforces societal stigma that makes asking for assistance harder and discourages service engagement. Every interaction where housed community members treat people experiencing homelessness with dignity chips away at this stigma, making it easier for people to seek help and access services. What feels like a small gesture to you can have lasting positive effects on someone's mental health, social connection, and willingness to engage with support systems. One survey response captures the complexity of what people are asking for:

"Care, help, ask what we need, a conversation. They are hard but they aren't happening. A lot of us are here. ICE is an issue. [I] can be out here for hours so [I] can get a hotel for one night. Shelters are horrible, untrained staff, maybe staff that have experience. Change in mindset, flip in script. Societal judgement."

This response shows both the deep need for human connection and the awareness that structural problems require bigger solutions. The person understands that shelters need better staff and that societal judgment needs to change, yet they still ask for something community members can provide right now: care, help, asking what people need, and having conversations that are hard but necessary.

Resource requests focused on immediate needs that community members can address directly. Of the 31 resource responses, fifteen mentioned food—"give me food," "if they wanna help, they can take me to the grocery store." Three people mentioned transportation support, three asked for clothes and jackets, and two needed shower access. Individual mentions included water, restroom access, and phones. These aren't requests for regular people to build housing or reform systems. They're requests for the basic supplies that make daily survival possible.

Community members are already doing some of this work. Many keep care packages in their cars, donate to organizations, or buy meals for people they encounter. What this data suggests is that people experiencing homelessness appreciate these direct forms of help. They recognize that regular people have limited resources and capacity, so they're asking for what's achievable: food, water, clothing, and acknowledgment.

Financial support came up twenty times. Twelve people gave straightforward answers including "give me money" or "help with a little bit of cash." This request often makes housed people uncomfortable, but it reflects the reality that people experiencing homelessness have immediate needs that money can address—bus fare, a meal, a phone charge, emergency supplies. Seven responses mentioned employment-related help including "offer help with employment," "help with job," and "references for work." Community members who own businesses, manage hiring, or have professional networks can provide job opportunities or references that remove employment barriers.

Some people asked for prayer, which connects to the broader theme of compassion and care. When someone asks you to pray for them, they're asking you to hold them in your thoughts, to recognize their humanity, and to wish them well. It's another form of acknowledgment and connection.

Others gave responses suggesting they want community members to share information and resources, and to help make connections between people and services. This speaks to the fundamental role of community—being interconnected and helping each other access what's needed. Some responses such as "help me out" and "give us any help they can" suggest openness to whatever support people can offer, an appreciation for any form of assistance.

A smaller number of responses—"mind their business," "be yourself," "don't know," "nothing"—paint a different picture. These responses likely come from people who have experienced so much rejection and judgment from community members that they no longer expect kindness or support. It's often easier to reject people first than to risk being rejected yourself. This self-protective response reflects the depth of social exclusion and stigma that people experiencing homelessness face. When someone says they want nothing from regular people, it may mean they've learned not to hope for compassion because hoping and being disappointed hurts more than expecting nothing.

This makes the work of showing kindness even more important. Every time a community member treats someone experiencing homelessness with dignity, they counter the pattern of rejection and exclusion that leads people to stop expecting humanity from others. Changing this pattern one interaction at a time may seem slow, but it's how community culture shifts and stigma decreases.

SO WHAT CAN YOU, AS A REGULAR PERSON, ACTUALLY DO ?

The people we surveyed have told you exactly what would make a difference. Make eye contact. Say hello. Stop and have a conversation when you have time. Ask what someone needs rather than assuming. If you're able, carry care packages with food, water, socks, and hygiene items to offer when you encounter someone who needs them. If you have a few dollars, offering direct cash gives people agency to address their most immediate needs. If you own a business or have hiring influence, consider employing people with barriers like homelessness, incarceration, or gaps in work history. If you have professional networks, provide references or connections for people seeking work.

Equally important is what not to do. Don't treat people as invisible. Don't cross the street to avoid someone experiencing homelessness. Don't make assumptions about why someone is homeless or whether they "deserve" help. Don't call the police on someone for existing in public space. Don't support policies that criminalize homelessness or push people out of neighborhoods without providing alternatives.

The remarkable thing about what people experiencing homelessness are asking from regular community members is how achievable it is. They're not asking you to personally solve homelessness or provide housing or fix broken systems, though voting for policies and leaders who will do those things matters tremendously. They're asking for recognition of their humanity, for small acts of kindness and direct support, and for the basic respect that every person deserves.

You don't need special training, significant resources, or professional expertise to make a meaningful difference in someone's day or life. You just need to see people, treat them with dignity, and offer what help you can. That's not too much to ask, and according to the people who know homelessness best because they're living it, these simple acts of community support matter more than many housed people realize.

Government Support

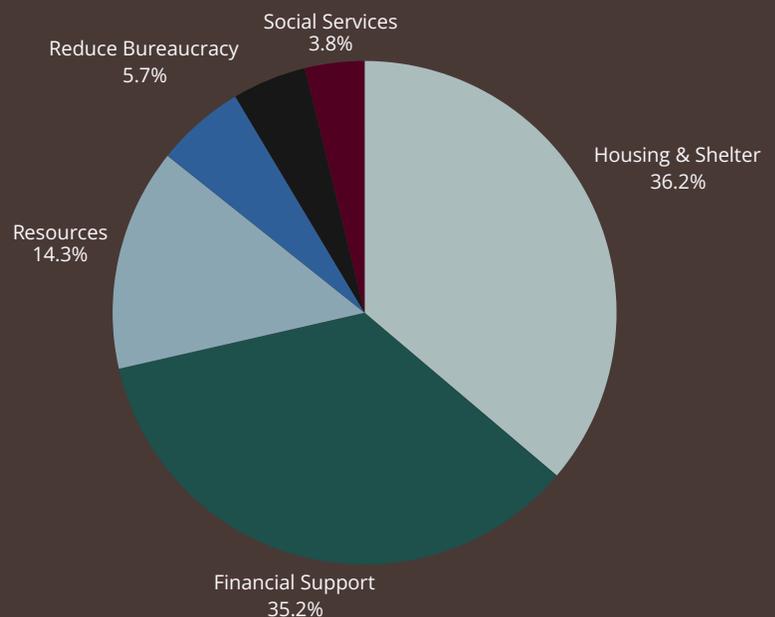
When we asked people experiencing homelessness what they needed from government, housing topped the list with 38 responses, followed closely by financial support with 37, resources with 15, and smaller numbers requesting reduced bureaucracy (6), mental health services (5), and social services (4). These responses reveal both what people need and what they believe government isn't currently providing. The tone across many responses suggests a deeper concern: that government either doesn't care about homelessness or isn't trying hard enough to address it.

The housing responses reflect both urgency and frustration. Thirty-five people emphasized the need for affordable housing and faster placement processes. One person captured this frustration directly: "not a 12-year waiting list. Something that is effective right now." Others asked for a "faster housing process" and urged government to "open up more housing programs." These requests align with the U.S. Department of Housing and Urban Development's Housing First model, which prioritizes getting people into permanent housing quickly rather than requiring them to complete programs or prove readiness first. When people experiencing homelessness independently advocate for the same approach that federal research shows works best, it validates Housing First as both evidence-based policy and responsive to what people actually want. The housing requests went beyond simply providing units. People recognized that maintaining housing requires ongoing support.

They needed "affordable housing and support to keep housing," wanted government to "lower rents and taxes so people can afford housing," requested "housing with limited restrictions on time," and asked for "safe housing placement." These responses show sophisticated understanding that housing alone doesn't end homelessness if people can't afford to keep their homes or if they lack the support to maintain stability once housed. Only three people mentioned shelters, requesting "better shelter," "places of shelter accessible to all at any time," and "more oversight at shelters." This minimal focus on shelter, combined with overwhelming emphasis on permanent housing, reinforces what we've seen throughout this survey: people want homes, not beds. When shelters are mentioned, the requests focus on quality and oversight improvements, suggesting that current shelter conditions fall short of meeting people's needs safely and effectively.

Financial support garnered 37 responses, with interesting differences from what people asked of businesses. While employment came up (10 responses), it appeared less frequently than in the business section. People asked for "more assistance with employment," "employment security, position with benefits," "job searches," and for government to put them "on the path to some employment." The emphasis shifted more toward direct funding and financial assistance. People wanted "more funding and program for the homeless communities," "government stipends for all like during COVID," and requests to "offer stipends and grants." Some asked directly for "stimulus check" or for "the government to provide income."

Housing and financial support dominated responses, with people asking for affordable housing and faster placement rather than more shelters. The request to reduce bureaucracy—exemplified by one person's 77-page housing application—reveals how government systems create barriers precisely when people need help most. These responses suggest people don't believe government is prioritizing homelessness with the urgency the crisis demands.



This pattern suggests that people see government's role differently than businesses' role. From businesses, people primarily want jobs. From government, people want both employment support and direct financial assistance through programs, stipends, and expanded benefits. This reflects an understanding that government has capacity to provide safety net support that individual businesses cannot, and that direct financial assistance can address immediate crises while people work toward employment.

Resource requests once again centered on food, with seven of fifteen responses mentioning food stamps, EBT, LINK cards, and "more access to healthy food." The distinction between food access and healthy food access matters. When someone is homeless, getting enough calories to survive is the first priority. But nutrition affects health outcomes, and limited access to healthy food worsens chronic conditions like diabetes and heart disease that are already more prevalent among people experiencing homelessness. Other resource requests included making it "easier to charge phones publicly," "more funding for transportation," showers, and storage—the same basic survival needs that appeared throughout the survey.



Six people requested reduced bureaucracy, and one response illustrates why this matters so much. When there was an opportunity for a screening, the person received a housing application that was 77 pages long. Their bag was stolen in the library, and when they told their social worker about needing another application, the property manager never responded to the social worker's messages. The person asked if the application could be condensed and not as lengthy "for people who don't have an income so it doesn't feel as difficult," requesting "less paperwork" and noting that "having that be a general requirement is an issue."

This example illustrates what researchers call administrative burden—learning costs, compliance costs, and psychological costs that government imposes on people trying to access benefits. A 77-page housing application creates impossible barriers for someone experiencing homelessness. Where do you store 77 pages when you're living on the streets? How do you complete complex paperwork without a stable place to work? What happens when your belongings get stolen and you have to start over?

Our survey data shows why administrative burden functions as a social determinant of health. Fifty respondents reported physical disabilities and twenty reported learning or developmental disabilities. For people with cognitive challenges, limited literacy, or physical limitations, a 77-page application isn't just difficult—it's often impossible to complete without assistance. Yet the assistance needed to complete these applications is itself difficult to access. Social workers leave messages that property managers don't return. Case managers change frequently. Nonprofits close. The very systems meant to help people access housing create barriers that prevent access, particularly for people with disabilities who are already disproportionately affected by homelessness.

Five people requested mental health support, with responses like "need more support for mental health, mental illness is real and needs to be supported" and "help me with my mental drugs." Four people asked for more social services, wanting "supportive services," "opportunity to build relationships with people providing services," and "development programs for more nonprofits." These requests recognize that addressing homelessness requires more than housing and income—it requires comprehensive support systems that address mental health, build relationships, and expand service capacity.

Some responses didn't fit neatly into categories but captured important sentiments. People said: "Reach out to me and others who are experiencing homelessness and give us a chance to work or prove ourselves." "Help me to help others." "Acknowledge homelessness is a problem." "Care more about people in poverty and lower class and people on the streets." These responses reveal the deeper issue underlying many answers: people don't believe government cares about them or sees homelessness as a priority worth addressing seriously.

This perception problem has real consequences. Even if government is taking action on homelessness—and Chicago has announced investments—if people experiencing homelessness don't know about these efforts or don't see results in their own lives, the disconnect undermines trust and engagement with services. Government needs both to address homelessness more effectively and to communicate clearly about what's being done and how people can access help. When someone has been on a housing waitlist for years, telling them about new shelter investments doesn't address what they actually need, and it reinforces the sense that government doesn't listen to people with lived experience.

The request to "acknowledge homelessness is a problem" is particularly telling. It suggests that from the perspective of people living on the streets, government doesn't even recognize homelessness as urgent. Whether this perception is fair or not matters less than the fact that it exists and shapes how people engage with systems.

If people believe government doesn't care, they're less likely to seek help, less likely to trust services, and more likely to give up on systems that could provide support.

Government has unique power and responsibility in addressing homelessness. Unlike businesses, nonprofits, or individual community members, government can change zoning laws that restrict housing development, can fund large-scale affordable housing construction, can expand healthcare access through policy, can increase disability benefits to livable levels, and can remove bureaucratic barriers that keep people from accessing help. With 53 vacant homes for every one person experiencing homelessness in Chicago, the evidence is clear. The resources exist. The question is political will.

People experiencing homelessness understand government's unique capacity, which is why their requests focus on affordable housing policy, direct financial assistance, expanded benefits, and reduced bureaucracy. They're asking government to use its power to address structural problems that other sectors cannot solve alone. They're asking for Housing First approaches that research validates. They're asking for streamlined processes that remove barriers rather than creating them. They're asking to be seen as worthy of care and investment.

Government response to homelessness must start by listening to people experiencing it and aligning policy with their stated needs. This means investing in permanent affordable housing. It means simplifying applications and removing bureaucratic barriers that disproportionately harm people with disabilities. It means providing direct financial assistance and expanding benefits to livable levels. It means acknowledging homelessness as an urgent crisis requiring immediate and sustained response. It means making efforts visible so people know help exists and how to access it. Most fundamentally, it means recognizing that people experiencing homelessness have expertise about what works and what doesn't, and that effective policy must center their voices rather than prioritizing what housed people think they need.

“Is There Anything Else You'd Like to Share?”

At the end of our survey, we asked people if there was anything else they wanted to share. Throughout this report, we've analyzed data, identified patterns, and made recommendations based on what people told us, but some things need no analysis or interpretation. The responses below are presented exactly as people shared them—unedited and unfiltered. They express gratitude for being asked, frustration with systems that fail them, hope despite hardship, and direct appeals for recognition of their humanity. These words provide context that numbers cannot capture. They remind us that behind every data point is a person with experiences, wisdom, and something important to say. After reading about what people need, what barriers they face, and what they hope communities will do differently, these final words offer something equally valuable: the chance to simply listen.



"If people could help, come and help with whatever you can."



"Always good to see an effort for more care to vulnerable populations."



"I appreciate you being out here & showing up. You could pray all day but if I don't do anything about it nothing gone get done."



"Treat the homeless like a regular person."



"We all not on drug some of us actually use to work like everybody else it's not easy being homeless."



"They should understand that homelessness is something that everyone can experience."



"Do as to others as you would like to do on to you don't judge people by what they did and give everyone a opportunity."



"Its not easy but its always gonna be ok."



"Life is very challenging at this point. Finding food, income are challenging right now."

CONCLUSION

At the beginning of this report, we told you that on a single day in July 2025, teams fanned out across Chicago to ask people experiencing homelessness what they actually want and need. We told you that 154 people shared their experiences, their frustrations, and their hopes. Now, at the end of hundreds of data points and dozens of voices, one truth emerges with absolute clarity: homelessness is not the result of individual failures. It's the result of systems that fail people.

The data throughout this report shows that people experiencing homelessness are overwhelmingly Black, often educated, frequently veterans—people who have contributed to this city's fabric yet remain disconnected from stable housing and employment because of barriers far beyond their control. High unemployment exists not because people don't want to work, but because structural obstacles make employment nearly impossible to access and maintain while homeless. Housing remains out of reach not because people don't try hard enough, but because even full-time minimum wage work can't cover Chicago's rent. Healthcare goes untreated not because people don't seek help, but because systems dismiss them and bureaucracy blocks access.

One person told us: "We all not on drug some of us actually use to work like everybody else it's not easy being homeless." Another said simply: "Treat the homeless like a regular person." These statements shouldn't be revolutionary, yet they cut through the stereotypes that allow homelessness to persist. When we see people experiencing homelessness as fundamentally different from ourselves—as people who made bad choices or lack motivation—we absolve ourselves and our systems of responsibility. The data in this report demolishes that comfortable fiction.

Nearly one in three people we surveyed said they wanted to work. Ninety percent were unemployed, but their desire for employment reveals motivation, not its absence. What's missing isn't willpower—it's opportunity combined with barrier removal.



When someone loses their phone and misses calls from potential employers, when a 77-page housing application gets stolen from the library, when case managers change three times in six months, when "professional attire for a job interview" becomes an insurmountable need—these aren't personal failures. They're system failures.

Yet even amid these challenges, people offered guidance, not just complaints. They told us exactly what would help: housing with support to maintain it, simplified paperwork, consistent case management, employment opportunities with training, basic resources like food and phones, and above all—to be treated with dignity and respect.

"It's helpful to know someone asked these questions", someone told our outreach team. This expression of gratitude for simply being asked reveal how rarely people experiencing homelessness are consulted about their own lives and needs. When someone thanks you for treating them like their opinion matters, it exposes how consistently they've been treated as if it doesn't.



The fragmentation of our systems compounds every challenge. Healthcare, housing, and employment services operate in isolation while people must navigate between them without phones, transportation, or stable addresses. Nearly half of respondents relied on food stamps or disability income to survive, yet accessing these benefits requires documentation that's nearly impossible to maintain while homeless. More than a third had no digital access in a world where job applications, benefit renewals, and service coordination happen online. These aren't unfortunate circumstances—they're predictable outcomes of systems designed without considering the realities of homelessness.

"They should understand that homelessness is something that everyone can experience," one person told us. This truth matters profoundly. Homelessness isn't a distinct category of human being—it's a circumstance that happens to regular people when systems fail and safety nets break. Most Americans are closer to homelessness than they realize. Medical emergencies, job loss, domestic violence, family breakdown—these experiences touch many lives. The difference between someone who faces these challenges and maintains housing versus someone who becomes homeless often comes down to the thickness of the safety net around them.

The findings in this report make the path forward clear. Addressing homelessness requires coordinated response that connects housing, income, health, and dignity. Investing in affordable housing, job training linked to actual employment, simplified access to services, reliable communication tools, and consistent case management that continues after housing placement—these aren't side issues. They're public health interventions that recognize housing stability, like health, depends on access, inclusion, and opportunity.

Every sector has a role to play, and that includes you. Homelessness in Chicago reflects our city's inequities, but this report also illuminates pathways forward. When we remove unnecessary barriers, when we invest in people's ability to rebuild their lives, when we center the expertise of lived experience in our solutions, when we recognize that dignity and support matter as much as material resources—we move closer to a Chicago where stability and health are possible for everyone.

The people we surveyed haven't given up on Chicago. They're still here, still hoping for better, still offering guidance on what would help. The question is whether Chicago will give up on them—or whether we'll finally listen, act, and create the comprehensive response that our neighbors experiencing homelessness have told us they need and deserve.

YOU HAVE A ROLE TO PLAY IN ENDING

HOMELESSNESS.

It doesn't matter whether that role is large or small, policy-level or personal, professional or neighborly. What matters is that you play it. The 154 voices in this report—and the thousands more experiencing homelessness across Chicago—are counting on all of us to do our part. Their expertise has shown us the way. Now we must have the courage and commitment to follow it.

Glossary of Terms

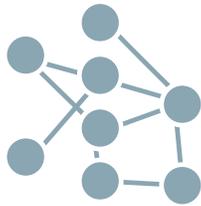
The homeless services sector has developed its own language over time—a collection of abbreviations, technical terms, and specialized vocabulary that can create barriers to understanding for people new to this work. Acronyms like PIT, HMIS, and PSH get thrown around in meetings and reports as if everyone knows what they mean, while terms like "literally homeless" and "chronic homelessness" carry specific definitions that differ from everyday usage.

When you're embedded in this work daily, it's easy to forget that this language isn't universal. We've included this glossary because everyone—whether you're a community member trying to understand homelessness, a business leader exploring partnership opportunities, a policymaker reviewing data, or someone new to homeless services—deserves access to information without needing to decode jargon first. Clear language matters when we're working to solve complex problems together.



Panhandling

Asking for money or assistance in public spaces.



Syndemic

Multiple, interconnected health and social problems that cluster together and amplify each other's impact.



PEH

Person/People Experiencing Homelessness



Literal Homelessness

The narrowest federal definition of homelessness: sleeping in places not meant for human habitation (like streets or cars), in emergency shelters, or in transitional housing.



Coordinated Entry

A standardized process for connecting people experiencing homelessness to housing and services based on their needs and vulnerability rather than first-come, first-served.



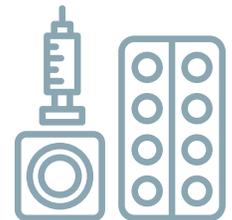
PSH

(Permanent Supportive Housing) Long-term affordable housing combined with wraparound support services for people with disabilities or chronic health conditions.



Housing First

An approach that provides immediate access to housing without requiring sobriety, treatment compliance, or other preconditions. Based on evidence that stable housing makes it easier to address other challenges.



Harm Reduction

Meeting people where they are without judgment, focusing on reducing the negative consequences of behaviors rather than requiring complete abstinence. Prioritizes immediate safety and dignity over perfect outcomes.



Street Medicine

Medical care delivered directly to people experiencing homelessness in places where they are



PIT

Point in Time Count. An annual census of people experiencing homelessness on a single night in January.



Chronic Homelessness

Federal definition requiring continuous homelessness for at least one year combined with a disabling condition.



Case Management

Individualized support to help people navigate systems, access services, and work toward goals.

Work Cited

Chicago Public Schools. (n.d.). Chicago Connected: A groundbreaking initiative to provide free high-speed internet for families in need. <https://www.cps.edu/strategic-initiatives/chicago-connected/>

Carlson, S., & Keith-Jennings, B. (2020, December 2). SNAP is linked with improved health outcomes and lower health care costs. Center on Budget and Policy Priorities. <https://www.cbpp.org/research/food-assistance/snap-is-linked-with-improved-health-outcomes-and-lower-health-care-costs>

Dewi, D. W. (2022, August 26). Homelessness: The Hidden Nutrition Issue. Johns Hopkins Berman Institute of Bioethics. <https://bioethics.jhu.edu/news-events/news/homelessness-the-hidden-nutrition-issue/>

Dickson-Gomez, J., Quinn, K., Bendixen, A., Johnson, A., Nowicki, K., Ko, T. K., & Galletly, C. (2017). Identifying Variability in Permanent Supportive Housing: A comparative effectiveness approach to measuring health outcomes. *The American Journal of Orthopsychiatry*, 87(4), 414–424. <https://doi.org/10.1037/ort0000232>

Illinois Department of Human Services, Division of Rehabilitation Services. (2022). Rehabilitation services annual report 2022. State of Illinois. <https://www.dhs.state.il.us/page.aspx?item=151874>

Illinois Department of Public Health. (2024, July 12). New report outlines the health toll of homelessness. <https://dph.illinois.gov/resource-center/news/2024/july/new-report-outlines-the-health-toll-of-homelessness.html>

Lyon-Hill, S., Mohammed, A., & Nagle, L. (2022). Assessing the impacts of AbilityOne at Melwood (Report). Center for Economic and Community Engagement, Virginia Tech. https://cece.vt.edu/content/dam/cece_vt_edu/projects/Assessing%20the%20Impacts%20of%20AbilityOne%20at%20Melwood.pdf

Martinez, D., Sandoval, L., & Price, H. (2025). Food insecurity among homeless populations: A systematic review and meta-analysis. *Public Health Nutrition*, 28(2), 211–225. <https://pmc.ncbi.nlm.nih.gov/articles/PMC11705288/>

Maughan, L. (2025, July 23). Mayor Brandon Johnson Announces Largest-Ever Investment To Improve And Modernize Shelter Infrastructure Citywide. Department of Family and Support Services. <https://www.chicago.gov/content/city/en/depts/fss/provdrs/emerg/news/2024/july/mayor-brandon-johnson-announces-largest-ever-investment-to-impro.html>

McLeod, S. (2025, August 3). Maslow's Hierarchy of Needs. SimplyPsychology. <https://www.simplypsychology.org/maslow.html>

Meyer, B. D., & Sullivan, J. X. (2023). Challenges in disability applications and appeals among the homeless population. National Bureau of Economic Research. <https://www.nber.org/brd/20243/challenges-disability-applications-and-appeals-among-las-homeless>

Meyer, B. D., Wu, D., Mooers, V., & Medalia, C. (2021). The US homeless population: New evidence using linked administrative and survey data (NBER Working Paper No. 28129). National Bureau of Economic Research. <https://doi.org/10.3386/w28129>

Pagaduan, J. (2022, September 2). Employed and experiencing homelessness: What the numbers show. National Alliance to End Homelessness. Retrieved 9/17/25, from <https://endhomelessness.org/blog/employed-and-experiencing-homelessness-what-the-numbers-show/>

Stolte, K., Shinn, M., & Khadduri, J. (2017). The role of SSI and SSDI in preventing homelessness: Evidence from family shelter entrants. *Journal of Social Service Research*, 43(5), 651–664. <https://doi.org/10.1080/01488376.2017.1340396>

U.S. Department of Housing and Urban Development. (2025). Fair market rents for the Chicago-Naperville-Joliet, IL HUD Metro FMR Area. <https://www.huduser.gov/portal/datasets/fmr.html>





Street Samaritans