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NEEDS OF HOMELESS MEN OUTSIDE OF SHELTER

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Grace Deeba Dobey

June 2006


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A Project
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Approved by:



Dr. Rosemary McCaslin, Faculty Supervisor
Social Work

5/23/06
Date



The Rev. David J. Kalke, Director
Central City Lutheran Mission



Dr. Rosemary McCaslin,
M.S.W. Research Coordinator

ABSTRACT

Homelessness is a growing problem in our society. This study assessed the needs of homeless men when they are not in any shelter. Thirty-one participants were recruited from a winter shelter and interviewed. This study tried to relate the needs of homeless men and their knowledge of resources in the community. The study found that, when a homeless person is connected to a shelter, many of their needs are met. In addition, there are many resources in the community that a homeless person does not know about.

ACKNOWLEDGMENTS

I would like to give my deepest thanks to Dr. Rosemary McCaslin for her suggestion, patience, kindness, expertise, and guidance for this project. Thank you for having so much trust on me.

I would also like to thank Rev. David J. Kalke for giving me the opportunity to do my research at Central City Lutheran Mission winter shelter, and extend a grateful appreciation to all the participants.

DEDICATION

I would like to dedicate this thesis to the following people. My father who had a dream for me, my husband helped me fulfill it, and my daughter made it happen.

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CHAPTER ONE

INTRODUCTION

Problem Statement

The problem that has been researched within this study is homelessness. Homelessness is a growing problem within the United States and more importantly within the counties of San Bernardino and Riverside. The Stewart B. McKinney Act of 1987 was the first and only major federal legislation addressing homelessness. According to Popple and Leighninger (2002), a person is homeless if he or she lacks a fixed regular and adequate night-time residence, and has a primary night-time residence that is either public or private shelter, an institution that provides temporary residence for individuals intended to be institutionalized, or a public or private location that was designed for, or ordinarily is used as a regular sleeping accommodation for human beings.

Homelessness is caused by many factors, which may include housing costs rising faster than income, mental illness, physical illness, substance abuse, and an overall lack of work due to economic issues. According to the National Homeless Coalition in 2000, 3080 people were

homeless in San Bernardino County (National Coalition for Homeless, 2000). The Federal government estimates that 1% of the population is homeless which would infer that approximately 16,000 within the county are homeless.

One of the main reasons the rates of homelessness are increasing is the fact that there are not enough shelters and resources to aid this population. The same economy and current government budget cuts are forcing many individuals to become homeless. The budget cuts are also affecting and limiting the funds allotted to shelter and programs that provide for the homeless. It is the most recent and dramatic sign of the difficulties in providing shelters and basic human needs to all citizens.

The social work profession can respond to homeless people with both micro and macro interventions. On a macro level, the need for affordable housing and supportive communities is most pressing. On a micro level, a full range of services is needed for homeless people (Popple and Leighninger, 2002).

This research affected social work on various levels. In terms of social work practice with individuals, it hoped that the process of participating

in the study had an immediate and positive impact on the participants.

In terms of social work practice in an agency level, this project, hopefully, provided useful information to Central City Lutheran Mission (CCLM) in terms of meeting the needs of future, current, and even former clients. This project has inspired constructive debate regarding CCLM's other goals for the organization. This study also had a favorable impact on fundraising efforts by demonstrating that CCLM assesses itself critically. This was important in competing for the limited funding available in our changing social welfare system.

Purpose of the Study

The purpose of this study was to assess the needs of homeless men outside of shelters. People experiencing homelessness are being arrested for camping or sleeping outside even though there are not an adequate number of shelter beds in any city nationwide. Almost 70% of the cities surveyed in a January 2002 report (National Coalition for Homeless, 2002) have passed at least one or more new laws specially targeting homeless people. Meanwhile, 100% of the communities surveyed lack enough

shelter beds to meet demand (National Coalition for Homeless, 2003).

Fines from \$50 to \$2,000 are being imposed on the poorest of our citizens because they lack housing, and without the ability to pay, fines result in jail time. Police often wake people who are sleeping outside with nowhere to go, ordering them to move along. People experiencing homelessness report incidents of police brutality in communities nationwide. Thirty percent of homeless people seeking shelter are unable to access it (U.S. Conference of Mayors 2002).

Studies have found that homelessness and health problems are associated which includes, lack of social affiliations, inability to procure food, clothes, and medicines: and inability to rest due to lack of permanent place to stay (Harris & Williams, 1991). The purpose of this study was to understand the needs of homeless men where they do not reside in shelters.

This study assessed the needs of homeless men staying in a winter shelter during the rest of the year when they are not in a shelter. The study wanted to determine if the men are aware of the resources in their community and their needs are greater than the community

can provide for. The study also focused on whether age played a significant factor in assessing services. Thirty-one participants from a winter shelter have been interviewed. The study had quantitative and qualitative questions.

Significance of the Project for Social Work

This study helped social workers and the social work field in understanding the needs of homeless people and the help they needed. This study aided social workers and housing agencies to better understand how they can provide the resources for this population. It also helped social workers understand what the homeless population thinks are priorities among their needs.

When a homeless person resides in a shelter, many of his or her basic needs are met through the shelter. This study helped the professions in the social work field to be more aware of how resources and references could be more easily accessible to this population who sleep in the street due to over crowded shelters. When a better understanding of their needs are determined, social workers will be prepared in advocating for this population in the best way possible.

This study could help social workers understand if age plays a significant factor in accessing services. Which age group has more access to services that meet their basic needs? Is any age group more vulnerable than the others? The information would be helpful in designing programs beneficial for all age groups. In the generalist process, the study can be used in regards to the macro problem that our society is facing currently with homelessness. The study addresses the problem of not having enough affordable housing. At the micro level, it can address how substance abuse, mental illness, and homelessness can be related to each other.

CHAPTER TWO

LITERATURE REVIEW

Introduction

In order to effectively address and research the issue at hand, previous knowledge and research related to this topic have been reviewed and analyzed. Information regarding homeless lifestyles and the needs of homeless people outside the shelter was discussed.

Homelessness

Homelessness is a national problem that is increasing and many men, women, and families are found to be wandering the streets or living in temporary shelters. Being homeless in this society is to be identified as an ostracized and ignored member of this society. The homeless population suffers from many different problems aside from stigma. One of the prevalent problems is their individual safety. Homeless people experience a plethora of issues when it comes to personal safety, one of which is risky behaviors associated with the infection of the HIV virus (Somali et al., 1998).

Housing is especially problematic for the people with substance abuse, particularly for those with

co-occurring mental illness. Their behavior places them at high risk for eviction, arrest, and incarceration. Once they become homeless, they are unlikely to succeed in treatment without the availability of safe and sober housing (Baumohl & Huebner, 1991).

Not one housing market in the United States exists in which an individual receiving SSI (Social Security Insurance) benefits can afford to rent a modest efficiency or one-bedroom unit. In the year 2000, according to the U.S. Department of Housing and Urban Development, people with disabilities receiving SSI needed to pay, on average, ninety eight percent of their SSI benefits to rent a modest, one bedroom unit at fair market rent (O'Hara & Miller, 2001).

Factors in Homelessness

Homelessness and poverty are inextricably linked. In the year 2004, 12.7% of the U.S. population, or 37.0 million people, lived in poverty (U.S. Bureau of the Census, 2005). Two factors help account for increasing poverty: eroding employment opportunities for large segments of the workforce, and the declining value and availability of public assistance. The reduction in the

value and availability of welfare benefits for families, due to recent policy changes have reduced public assistance for poor single individuals. One of the causes of increased homelessness is the cut of General Assistance (GA) benefits for single impoverished people (Greenberg & Baumohl, 1996).

A lack of affordable housing and the limited scale of housing assistance programs have contributed to the current housing crisis and to homelessness. According to House of Urban Development (HUD), in recent years the shortages of affordable housing are most severe for units affordable to renters with extremely low incomes. Federal support for low-income housing has fallen 49% from 1980 to 2003 (National Low Income Housing Coalition 2005).

Some of the other factors contributing to homelessness are lack of affordable health care and domestic violence. In, 2004, approximately 45.8 million Americans had no health care insurance (U.S. Bureau of the Census, 2005). Battered women who live in poverty are often forced to choose between abusive relationships and homelessness. Nationally, approximately half of all women and children experiencing homelessness are fleeing

domestic violence (Zorza, 1991; National Coalition Against Domestic Violence, 2001).

Substance Use, Mental Illness and Homelessness
People with serious mental illness and/or co-occurring substance use disorders become homeless because they are poor. In addition, mainstream health, mental health, housing, vocational, and social services programs are unable or unwilling to serve them (Baumohl and Huebner, 1991). Unfortunately, our society stereotypes homeless men as alcoholics, and without seeing them as men who need jobs or job training, societal answers to their problem often are to institutionalize them in jail or in a detoxification program.

The relationship among homelessness, mental illness, substance use, and victimization including physical and/or sexual abuse is multidimensional. People who have been the victims of abuse are more vulnerable to using substances and becoming homeless in their lifetime. Researchers found that there is a high prevalence of sexual abuse and other trauma in the lives of people with

serious mental illness and substance use disorders who are homeless (Goodman et al., 1995).

Approximately 23% of the single adult homeless population suffers from some form of severe and persistent mental illness (U.S. conference of Mayors, 2004). According to 2003 U.S. Department of Health and Human Services (DHHS) report, most homeless persons with mental illness do not need to be institutionalized, but can live in the community with the appropriate supportive housing options (DHHS, 2003). However, many mentally ill homeless people are unable to access supportive housing and/or other treatment services.

The relationship between addiction and homelessness is complex and controversial. Addiction does increase the risk of displacement for the precariously housed in absence of appropriate treatment. It may doom one's chances of getting housing once in the streets. Homeless people often face tremendous barriers to obtaining health care, including addictive disorder treatment services and recovery supports. An in depth study of 13 communities across the nation revealed service gaps in every community in at least one stage of the treatment and recovery

continuum for homeless people (National Coalition for Homeless, 1998).

Theory Guiding Conceptualization

Systems theory requires that one look to the interacting systems with which an individual is involved in order to see the strength of relationship between the individual and those systems (Zastrow & Krist-Ashman, 2001). If an individual is within a culture of homelessness, then it is logical to assume that the homeless culture has some relationship to the individual. While picturing an individual within other systems, more attention should be paid to the individual's reactions and adaptations to their environment.

The stress model examines the acute and chronic stressful life events evident in homeless people, and recommends further study of the mediating factors that may lessen such stressful circumstances. The ecological perspective seeks to understand how the homeless person lives and interacts with the local environment (Toro, Trickett, Wall, & Salem, 1991). This perspective's focus is on gaining a more thorough understanding of homeless persons and how they interact with the environment.

Maslow's theory of a Hierarchy of needs can be considered for this study. Maslow's theory posits that people have a lot of potential for personal development. He believed that human nature was basically good, and people strive for self-actualization. When people fulfill the most elemental needs, they strive to meet those on the next level, and so on until the highest order of needs are met (Zastrow & Krist-Ashman, 2001). Homeless people are still trying to meet the basic needs. In order to reach to self-actualization, a person should be well satisfied with basic needs. Therefore, it can be said that most homeless people cannot reach the stage of self-actualization.

Summary

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

and addiction disorders should also be considered when needs of homeless people are determined.

CHAPTER THREE

METHODS

Introduction

This study sought to gain further knowledge of the needs of homeless men living outside of shelter. This study was to examine some of the resources that shelters provide and to find out how aware homeless men are about the resources that are in the community. The following chapter explained the study design, sampling, data collection, procedures, and data analyses that were utilized within this study.

Study Design

This study was an exploratory one in which the needs of homeless men while they are outside the shelter has been assessed. The method to assess these needs consisted of a qualitative and quantitative survey. This format was the most appropriate due to the population and accessibility issues.

The research question and purpose of the current study was to assess the view of homeless outside the shelter. The two hypotheses that have been studied were:

- 1) that many of the needs of a homeless person are provided for if they are connected to a shelter, and
- 2) that there are many resources in the community that the homeless person does not know about.

Sampling

The study has obtained a sample of 31 homeless participants. The age range of these participants was from 18 to 90 years of age. The study was done at the Central City Lutheran Mission's men's winter shelter. Residents at CCLM shelter were asked to participate in the study. Thirty-one residents participated in the study out of 85.

Data Collection and Instruments

Quantitative questions regarding their demographics, length and frequency of homelessness, and their needs were asked by the interviewer. These are the independent variables. Qualitative and quantitative open ended questions were also asked regarding where they stay when the winter shelter is closed, if they are connected to any church, if they have any friends and or family in this area, and what they do if they are sick. These are

the dependent variables. The levels of measurement that have been utilized for the questions are nominal and interval. Year of birth and how many nights spent in the shelter were the interval. The remaining questions were measured on a nominal level except for the question about their level of education which was ordinal. Participants' knowledge of services was determined by where they eat, and what they do when they are sick.

The questions asked in the interview, were created by the researcher based on knowledge obtained from the literature review and professional knowledge. The questionnaire was discussed and criticized with colleagues in order to assess whether it had face validity and reliability (Appendix A).

Before beginning the study, the researcher gave each potential participant an informed consent and if necessary, explained the contents. The researcher also assessed whether the participant understands the consent and their rights to participate or refuse.

The strength of this design was that information has been gained directly from the population through face-to-face contact. The interview questions were also easily understandable and appropriate to the study.

Procedures

The data for this study have been obtained by one-on-one contact between the researcher and the subject. The participants were approached at the CCLM men's winter shelter and invited to participate. The researcher approached and provided an informed consent (Appendix B), which informed the participants of the study that was being conducted for a school project, and which assessed the needs of homeless men outside the shelter. The participants were informed of their privacy and anonymity, as well as how long the questioning would take, and their right to conclude the questioning if they chose to no longer participate. The interviews were conducted in a private room in one of CCLM's office rooms. After the interview, participants were provided with a debriefing statement (Appendix C).

Protection of Human Subjects

Participation in the study was voluntary. Potential participants were informed of the purpose of the study and informed consents were provided. Participants were also informed that their identity and information would be kept anonymous. Participants were not asked for any

identifying information. Once the study was completed, all information was destroyed.

The participants have also been protected in that if at any point during the interview the researcher assessed the participant was in extreme need of medical help, the interview was immediately concluded, and referrals or arrangements were made for the participant to obtain appropriate services.

A debriefing statement was given to the participants at the end of the study. The debriefing provided necessary information regarding where the results of the study could be found, as well as shelter and services available if needed by the participants.

Data Analysis

The study consisting of both qualitative and quantitative questions, which included nominal, interval, and ordinal levels of measurement. The frequency of the quantitative responses was obtained, as well as mean and standard deviation for each ordinal and interval variable. Bivariate analyses were conducted using correlations and independent sample t-tests.

Summary

In summary, 31 participants were recruited and interviewed using qualitative and quantitative questions. The data consisted of nominal, ordinal, and interval measures. Correlations and independent sample t-tests were utilized to test the associations among the variables.

CHAPTER FOUR

RESULTS

Introduction

In this chapter, the results of the study are presented. The data collected from a questionnaire administered to thirty-one participants were statistically analyzed.

Presentation of the Findings

The mean age of the participants was 43 (S.D. = 11), with the ages ranging from 26 to 66. There were three major ethnic groups: African-American, Caucasian, and Hispanic. Figure 1 provides a summary of the ethnic groups of the participants included in the study.

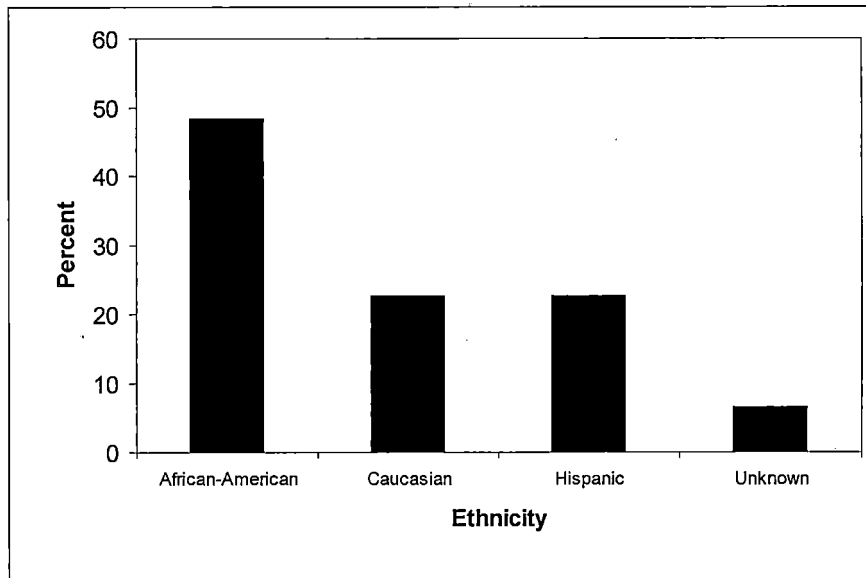


Figure 1. Participants' Ethnicity

The largest percent of participants, 48.4 percent (n = 15), identified themselves as African-American, 22.6 percent (n = 7) as Caucasian, and 22.6 percent (n = 7) as Hispanic.

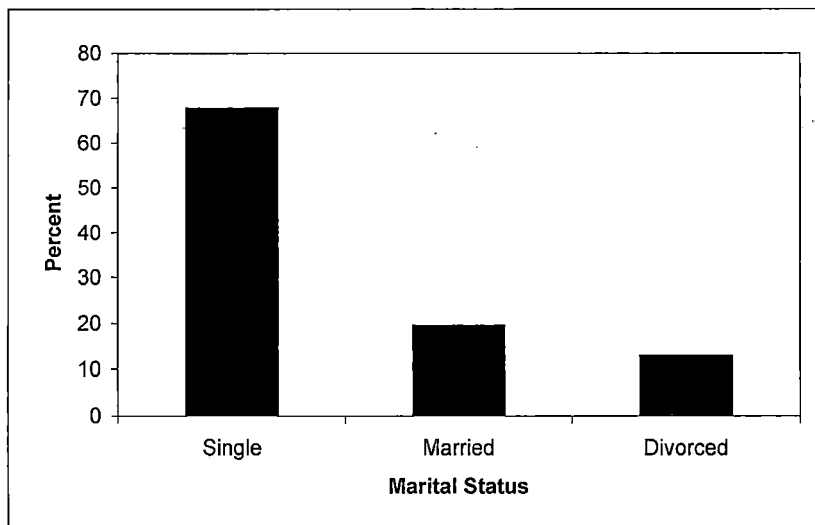


Figure 2. Participants' Marital Status

Figure 2 provides a summary of the marital status of the participants. It was reported that 67.7 percent (n = 21) were single, 19.4 percent (n = 6) were married and 12.9 (n = 4) percent were divorced.

Figure 3 provides a summary of the educational backgrounds of the participants included in the study. When participants reported their highest level of education, 12.9 percent (n = 4) indicated that they had some high school education, 29.0 percent (n = 9) were high school graduates, 54.8 percent (n = 17) reported having some college education and 3.2 percent (n = 1) were college graduates.

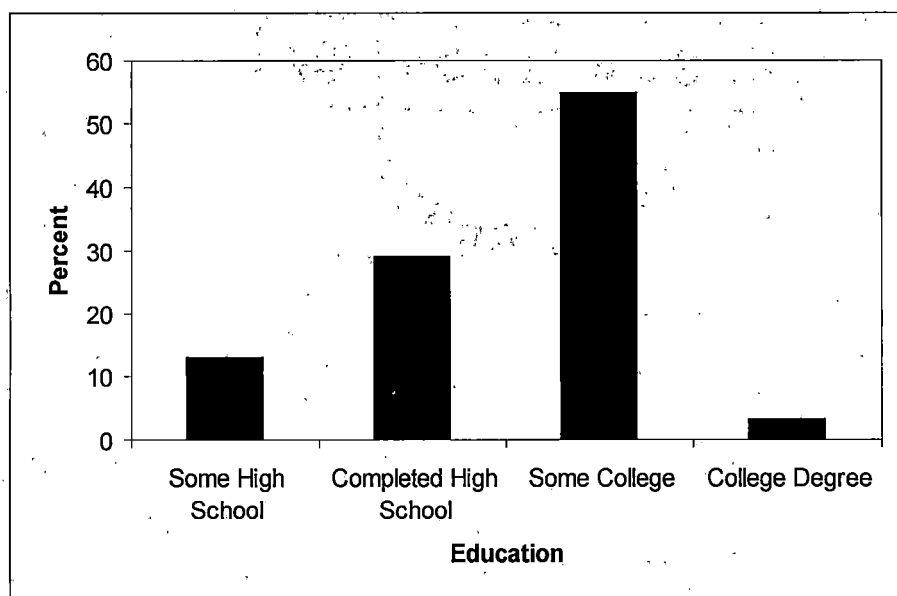


Figure 3. Participants' Education

Age was positively correlated with the number of shelters in which the participants lived (Pearson correlation $r = 0.503$, $p = 0.01$). The number of years the participants were homeless was also positively correlated with the number of shelters in which they lived (Pearson correlation $r = 0.743$, $p = 0.01$).

The first hypothesis, that many of the needs of a homeless person are provided for if they are connected to a shelter, was supported by the following findings. All participants ($n = 31$) said that they ate dinner in the winter shelter. For lunch 32.3 percent ($n = 10$) went to the soup kitchen, 51.6 percent ($n = 16$) begged money or food, 16.1 percent ($n = 5$) went to an adult retirement center and family or friend's houses for food.

The second hypothesis, that there are resources in the community that the homeless person does not know about, was supported by the findings that 32.3 percent ($n = 10$) had medical insurance, and 67.7 percent ($n = 31$) did not. Among the 21 participants without medical insurance, only eight (38.1%) went to the county hospital when they were sick, and the rest (61.9%) reported that they did not know where to go when they were sick.

Fifty-eight percent (n = 18) wanted to find stable housing when the winter shelter was closed but did not have the resources to obtain stable accommodation. The rest, 42 percent (n = 13), did not have any plan to find a stable housing. They expressed that they might end up living in the streets.

The range of length of homelessness was from one month to thirty years. The range of nights in the shelter for the last month also ranged from one night to thirty-one nights. Only 32.3 percent received Social Security Disability benefits and 67.7 percent did not receive any government help. The results also showed that 25.8 percent had a job whereas 74.2 percent did not have any job, and 45.2 percent were connected to a church and 51.6 percent were not.

The study found that the causes of homelessness were alcohol abuse, job loss, gambling, drug use, gang involvement, family abandonment, sexual orientation, transition from foster home to being on one's own, expensive rent and eviction. Before coming to the winter shelter, the majority of participants lived in the streets, few rented a motel room, few stayed in board and care, few stayed with friends or family and one was in

jail. The majority of the participants wanted to find stable housing and the rest did not have a plan for future.

An independent sample t-test was used to determine whether having family and friends affected the length of homelessness. The t-test was a 2-tailed test at the 95% confidence interval. The t-test was significant ($t = -1.957$, $df = 29$, $p = 0.060$). People without family support had been homeless longer (mean = 5.74 years) than those who did have support (mean = 1.46 years). Another t-test was also significant with $p = 0.066$ level. Those without friends in the area had been homeless longer (mean = 6.08) than those who did have friends (mean = 1.95) ($t = -1.908$, $df = 29$, $p = 0.066$). This suggests that human resources have a significant role in homelessness.

Summary

The findings of the study reveal that the when a homeless person is connected to a shelter many of their needs are met, and there are resources in the community available for homeless people of which they are not aware. Age and years homeless were significantly

correlated with the number of shelters in which they have lived. A significant relationship was found between years of homelessness and if the participants had any friends or family in the area.

CHAPTER FIVE

DISCUSSION

Introduction

The results supported both hypotheses that many of the needs of a homeless person are provided for if they are connected to a shelter, and that there are many resources in the community the homeless person does not know about. Furthermore, the study also indicates that many of the participants do not know about the resources available in the community, such as soup kitchens, community hospital, and clinics that provide services with or without medical insurance. It is suggested that the shelter is a source that provides a place to sleep, food, and a bond of friendship for the majority of the participants.

Discussion

The present study found that homelessness is caused by various factors. One of the important factors was alcohol and drug usage. The participants reported that when they used alcohol and drugs they made wrong choices in their lives. The recent raise in rent also caused people to leave their apartments and choose to live in

the streets. Family also played an important role. Many were abandoned by their family because of their drug and alcohol usage and some were abandoned because of their sexual preferences. Shelters can provide new social supports to replace those lost.

The first hypothesis was examined that when a homeless person is connected to a shelter many of his needs are met through the shelter, as measured by the tests described in Chapter Four. This means that the homeless person eats in the shelter, bonds with his peers, and also meets his basic needs by living in the shelter.

Furthermore, the study suggests that many young adults transitioning from foster homes to being on their own were not directed properly so they ended up in the streets. Many participants did not know that they could get services from the county hospital whether they have medical insurance or not. Many did not know how to apply for Social Security Disability Insurance. The second hypothesis is supported that there are resources available for a homeless person of which he is not aware.

Limitations

The study had several limitations that would have affected the findings. The population was only homeless males. The participants were somewhat difficult to locate as the management provided the shelter only after 5 p.m. This difficulty in locating the participants lowered the sample size. The majority of the participants were African-American. Given the limitations, the results of this study may not be reflective of the entire homeless population.

It would benefit future research to have knowledge of where this population could be found or perhaps the researcher could recruit a homeless assistant to aid in searching for an interviewing participant.

Recommendations for Social Work Practice, Policy and Research

Based on the current study, several recommendations for the future would be beneficial for social workers working with the homeless population. It would be helpful if the social workers were aware of resources available for the homeless people in the community. The social worker should also note that in gaining rapport with homeless individuals perhaps initial contact should be

focused on engagement and assessment in order to gain the trust of the individual. Social workers should focus on creating more support groups for shelter residents.

As for policy issues, it seems that policy makers should most importantly allow more funds to go towards shelter and other resources for the whole homeless population, as it is a rapidly growing population. Homeless shelters, food kitchens, senior centers, retirement homes, and regional centers should keep a resource list that they can provide to a homeless person. These centers should also keep forms such as those for disability, social security benefits, and medical insurance. Furthermore, homeless shelters should focus more on accommodating the homeless person without judging them based on their previous record. This would aide in supplying shelter for the individual and possibly lead to more use of supportive services.

The resources are hard to access if the homeless person is not aware of them. When a homeless person is connected to a shelter, many of his needs are met through the facility. In many cases, there is a case manager assigned for the homeless individuals who provides the

address or phone number of the resources that are available for this population.

More research can be done regarding this population in general. More data can be obtained regarding the needs that a shelter provides for the homeless people. In addition, there can be more research done by including factors such as substance abuse, mental illness, and family abandonment.

Conclusions

The purpose of the study was to assess the needs of homeless men outside of shelters. The results of this study found that homeless men lack the knowledge of the resources that are available in the community. With further research and dedication on this issue, a macro project should be created to provide access to these resources. Social workers might find more effective ways to connect the homeless population with appropriate services and resources.

APPENDIX A
QUESTIONNAIRE

QUESTIONNAIRE

1. What year were you born?
2. Your education level?
 - a. Some high school
 - b. some college
 - c. Completed high school
 - d. college degree
3. What is your ethnicity?
4. How long have you been homeless?
5. How many nights in the past month have you been in a shelter?
6. Where do you go to eat when the shelter is closed?
7. How many shelters have you stayed in?
8. What do you do when you get sick?
9. Do you have a job?
10. Where did you stay before the winter shelter was opened?
11. What is your plan when the shelter closes?
12. Marital Status?
 - a. Single
 - b. Married
 - c. divorced
13. Do you have any family in this area?
14. Do you have any friends in this area?
15. Do you attend any church?
16. What caused you to become homeless?
17. Do you receive any Social Security Insurance or Disability?

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

The study in which you are being asked to participate is designed to investigate the needs of homeless men when they are not at the shelter. This study is conducted by Grace Dobey under the supervision of Dr. McCaslin, Professor of Social Work. The Social Work Department Sub-Committee of the Institutional Review Board of California State University, San Bernardino has approved this study.

In this study, you will be asked to respond to some questions about the needs of homeless men outside the shelter. The task should take about 30 minutes to complete. All your responses will be held in the strictest of confidence by the researcher. Your name will not be recorded with your responses. All data will be reported in the group form only. You may receive the group results of this study upon completion after September 2006 in the Central City Lutheran Mission's library.

Your participation in this study is voluntary. You are free to withdraw at any time during the study without penalty. When you complete the task, you will receive a debriefing statement describing the study in more detail. The researcher does not see any foreseeable risks. There are no direct benefits but the participants will be given a list of resources in the debriefing statement.

If you have any questions about the study, feel free to contact Professor McCaslin at (909) 537-5507.

By placing a check mark in the box below, I acknowledge that I have been informed of, and that I understand the nature and purpose of this study, and I freely consent to participate. I also acknowledge that I am at least 18 years of age.

Place a check mark here Today's date _____

APPENDIX C
DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

The study, in which you recently participated in, was conducted by Grace D. Dobey. As indicated in the informed consent form, the purpose of the study is to evaluate the needs of homeless men outside of the shelter. It is hoped that the results of this study will help us gain an increased understanding the needs of this population.

If you should have any questions or concerns regarding the study, please contact my faculty supervisor Dr. Rosemary McCaslin at California State University, San Bernardino, Department of Social Work (909) 537-5507.

If you would like to review the results of this study, you can visit Central City Lutheran Mission's Library after September 2006.

If you would like to discuss further anything raised by the study, following are some resources that can be useful. The address and phone numbers are: Homeless Program of San Bernardino at 590 N. Sierra Way, San Bernardino, CA., (909) 387-7675 or Homeless Outreach Program & Education (HOPE) Center at 213 N. Fern Ave., Ontario, CA (909) 983-5783.

Your participation and your time have been greatly appreciated.

APPENDIX D
LETTER OF APPROVAL FROM AGENCY

**CENTRAL
CITY
LUTHERAN
MISSION**

A Neighborhood Development Project Empowering People

*"Bringing The Word
through the Creation
of Community"*

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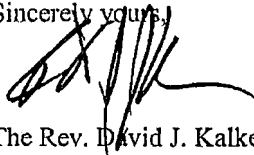
To Whom It May Concern:

By means of this letter I would like to confirm my support for and approval of the research project that Grace Dobby has presented to you as her research project for completion of her MSW. Ms. Dobby is familiar with our agency and familiar with the types of clients that we serve.

Ms. Dobby has been in touch with me as she as developed the current research project related to the needs of homeless men. We have a men's sanctuary at our Mission from November 15 through April 15. In consultation with her faculty advisor, Dr. McCaslin, and Mission staff, Ms. Dobby has indicated she would like to develop a survey to be used at intake for these men to determine their needs, the types of services they receive and the types of services that are missing.

We are very supportive of this research project that Ms. Dobby has proposed and she has our complete cooperation in executing it. Thank you for consideration of her request for endorsement.

Sincerely yours,



The Rev. David J. Kalke

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