

FINAL

ETHNOGRAPHIC EXPLORATORY RESEARCH

REPORT #17

**AN ETHNOGRAPHIC STUDY OF HOMELESS
IN WINDHAM, CONNECTICUT**

Final Report for Joint Statistical Agreement 88-22

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An Ethnographic Study of Homelessness in Windham

The Setting

Windham, Connecticut is an ethnically diverse community of 21,062 people (Connecticut Census Data Center 1988) that includes French Canadians, Eastern Europeans, and Puerto Ricans. It was once a thriving industrial town, but many of the factories are now closed. In 1980 Windham was the sixth poorest town in Connecticut, with 13 percent of its population having an income below the federal poverty line. In 1980 the median income of Windham was \$14,353, in contrast to the median income of Connecticut, which was \$20,078 (Windham Regional Planning Agency 1982). Although Windham is only the forty-second (42) largest town in Connecticut, in 1987 Windham's average monthly General Assistance (local welfare) caseload was 449 making it the seventh (7) largest average monthly G.A. caseload for the state (State of Connecticut 1988).

The poor of Windham are concentrated in housing projects, the downtown area, and apartments in older frame buildings near the center of the city. There are eight housing projects, with a total of 564 units, which are owned by the Willimantic Housing Authority (Willimantic is the municipality within the Town of Windham, and generally people use the names Windham and Willimantic interchangeably) and 694 HUD (Housing and Urban Development)-subsidized units in seven other projects. Of the fifteen projects, seven are for the elderly and disabled. There is also an 85-room-single-room-occupancy hotel (M ___ Hotel) and several smaller SRO (single-room-occupancy) buildings, which are usually without immediate toilet or cooking facilities. There is a 60-bed shelter funded through the anti-poverty agency, Shelter Z___, which is located thirty miles from Windham but serves its residents. There is also the 30-bed Shelter P___, which is run by an order of nuns; it opened in February 1989.

Probable Undercount of the 1980 Census

There are several indications that the population of Windham was undercounted in the 1980 Census. One group of the undercounted in Windham comprises those people who were not domiciled (e.g. those who slept in the woods, in a car, or in the park). Another group included those who were living with other people who would not count them as members of their household in a census interview or form. Many of the people who gave refuge to others were living in public or HUD Section Eight subsidized housing which has strict

*All names of homeless people and specific locations are referred to by pseudonyms throughout this report.

rules about who can live in the household. The threat of eviction is a deterrent to counting the guest family of the household. In addition, in the 1980 census it appears that the hotel, the other SRO's and the large HUD-subsidized housing project (Windham Heights) were sent one census form each, since they had only one address or mailbox apiece (personal communication, Meg Reich, Planning Director). This means that Windham lost at least 500 people in the 1980 census.

There are indications that as a group Hispanics of Windham were undercounted in the 1980 Census. In the 1980 Census Hispanics accounted for approximately 1600 or 8% of the Windham population. During the same period (1980), Hispanics made up 11.5% of the Windham public school enrollment (Romano 1990). Community leaders throughout the 1980's cited from 20% to 30% as the true Hispanic count of Windham (Baldwin 1987).

In Windham the majority of Hispanics are Puerto Ricans who are U.S. citizens. They migrate frequently between the cities of the mainland U.S. and Puerto Rico. This frequent migration is reflected in the high turnover rate of students in the bilingual education program of the school. For example, in the 1986-87 school year, fully one third of the bilingual program students were new to the school system (Pina 1987). Between 1980 and 1986, there was a 78.2% increase (from 527 to 939) in the number of Hispanic children in the Windham Region (Windham Region Housing Needs Assessment 1987:3). Windham is attractive to many Hispanics in part because there is already a long-standing Puerto Rican community, recruited from Puerto Rico by the now defunct American Thread Factory (Boujouen and Newton 1984). Many Hispanics have told me that they come to Windham for the tranquilidad (tranquility) that they do not find in the larger northeastern cities from which they tend to migrate (Glasser 1988b). My own work indicates that many Puerto Ricans view their stay in Windham as "just visiting" from Puerto Rico and would not view themselves as members of a household here. There is a tendency for Puerto Ricans to give refuge to each other and double up in households. In addition to the Puerto Rican population, there is also a growing community of Mexicans who are attracted by the work offered by a local mushroom factory and a nursery (known as "los hongos" and "los palitos"), at least some of whom are undocumented workers. There is a national tendency to undercount Hispanics due to frequent migration and illegal resident status (Giachello et al. 1983). Issues of possible Hispanic undercount for the 1990 Census will be discussed later in the report.

Methodology

The primary research on homelessness in Windham was conducted from October 1, 1988, through September 30, 1989. The strategy was to interview as many of the homeless as possible, and to follow their situations ethnographically. Included in the definition of the

homeless are both the literally homeless, "persons who clearly do not have access to a conventional dwelling and who would be homeless by any conceivable definition of the term" (Rossi et al. 1987:1136) and the precariously or marginally housed, "persons with tenuous or very temporary claims to a conventional dwelling of more or less marginal adequacy" (Rossi et al. 1987:1136). The marginally housed are likely to fall into episodic homelessness when followed over a period of time (Glasser 1988b, Stefl 1987).

In Windham the literally homeless are people who live on the street and sleep in cars, hallways, the woods or Shelter Z___ in Danielson, Shelter P___ in Willimantic or a battered woman's shelter. The precariously housed live in an 85-room-welfare hotel (M___ Hotel) or smaller single-room-occupancy houses, or are doubled up with other families. In the case of the hotel, the individual resident's definition of the situation was used as to whether they considered themselves to be homeless. For some residents, the hotel was their permanent housing. For others, it was "just a roof" and was last resort housing. The doubled-up families are indeed precariously housed, since they typically live with family or friends whose housing is marginal to begin with, and/or who are under threat of eviction if it becomes public knowledge that they are housing people outside of their household.

During the year-long study period, the heads of 156 households were interviewed primarily in the soup kitchen, on check days (twice a month) at the welfare (General Assistance) office, in the area shelters, on home visits, in my office, in social service agency offices and on the street. People who wanted to speak with the team left messages on my answering machine (which has a message in English and in Spanish). They spoke with the research team because of our offer to share housing information with them, and because of their hope that if they told us their story, we could document the homelessness situation and improve the availability of affordable housing.

We had repeated and frequent contact with 21 of the households the 156 heads of households over at least a three-month period of time. These contacts were primarily (15 of the 21) with women and their children, who were eager for any help they could receive in obtaining housing. There were also 6 men (primarily men sleeping outside) who also perceived their situation as desperate and repeatedly sought our help. We had on-going but casual contact with at least 50% of the 156 households, primarily in the soup kitchen, the welfare office, and on the street. Typically, during these brief encounters, people would give us a report on their housing situation at that moment.

This was an exploratory study in that we did not know how many individuals were homeless in Windham. We utilized the anthropological tools of life history, ethnographic interviewing and an explanatory model, all of which strive to see life from the

'native point of view' (Langness and Frank 1981, Spradley 1979, and Kleinman 1980). These techniques require time and trust between the anthropologist and the person, and help illuminate the major themes, turning points, and dynamics of a person's life and situation (Langness and Frank 1981).

The first months of the study were spent in letting all of the health and social service community know of the study's existence, making frequent announcements in the soup kitchen (in English and Spanish) about the study, and in being present on all of the welfare check days. I spoke at the three provider networks (the Community Assistance Network-- primarily geared to services for people in poverty; the Hispanic Service Providers Network, and the Elderly Network). As can be seen from the tables in the study, this strategy was productive, in that 49 people were interviewed in the soup kitchen, and 49 in the welfare (General Assistance) office primarily on check days; the rest were found in the shelters, or on home visits, came to my university office, or were interviewed in social service offices and in the street.

The group in the study that is probably least well represented is the doubled-up families, since this is pervasive in Windham among the poor, and especially among the Hispanic poor. During the study period there were numerous efforts by public housing and by other low-income projects to evict those people who had people living with them but not on their lease, so that people did call the study (often the host family, rather than the guest family) to tell us about the situation. There is also probably an over-sampling of Hispanics, in part because their social networking is especially effective. Word quickly spread that there were Spanish-speaking people who might be able to help with housing. The Puerto Rican social workers were also quick to refer people to us. The news of the study was spread by several notices in the Spanish bulletin of the Hispanic Ministry of the Catholic Church.

Reciprocity

In order to talk with the homeless and follow their situations, we offered to share our housing information with them. This offer turned out to be productive since we were able to follow many people in some depth. We also quickly found that most agencies were very reluctant to help their clients with housing. This was in part because affordable housing was so scarce that their efforts were rarely rewarded. There was no agency that specialized in housing. Any agency that did help a client did so as long as the client was willing to cooperate with them (for example, as long as the substance abuser was abstinent). Another factor that made housing help difficult was that although state and some local agencies have some programs to help (for example, the security deposit program run by the Department of Human Resources and the local Project Secure Rent), the programs are so fragmented, and the rules and administrative policies change so frequently, that it is difficult

to remain accurately informed. The research team met weekly in order to keep abreast of the housing information and to compare notes on the people we had already interviewed.

Research Team

The work was carried out by a research team that became known among the homeless and the human services agencies. The members included one medical student/anthropology student, one former journalist who in his private life also has a truck and helps people move furniture, one physical anthropology graduate student, and five Eastern Connecticut State University undergraduates (four females, one of whom was from Chile, one of whom was a nurse, and one of whom was male and had been an army medic). During the last part of the study a former soup kitchen director and a community activist joined the team. Of the eleven members of the team, one was a native Spanish speaker, one was fluent in Spanish (the principal investigator) and two can communicate at a moderate level of proficiency. Throughout the report the team members are referred to by name as Hydie, Mark, Sue B., Ramona, Steve, Sue H. Tony, Jane, and Dawn. I directed the team as an anthropologist. The combination of males and females, bilingual people and medically trained people made the team very useful. We also used pairs of people when we thought that the places we were going might be dangerous.

Interviews and Field Notes

The basic research tool was an interview schedule in which we tried to quickly assess the nature of the respondent's homelessness. Since we knew that some people would become irritated and leave the interview situation, we tried to establish the essential information first (such as the state of their homelessness) and leave the more detailed questions for later. The interview schedule was a quick assessment of our first contact with the person, and the field notes became the way we followed the person's situation. The answers to the interview were coded and entered on SAS. The person himself had to define his situation as homeless in order to be included in the study. For example, there are many people living in the hotel who consider this their permanent housing. They were not included.

Field notes were taken on almost all of the contacts. There are over one thousand pages of typed field notes. Some of the research team's field notes were more useful than others. The most useful notes follow the person's situation over a period of time, use much description, and leave out judgments. There are several instances where field notes were taken by more than one researcher on the same incident, illustrating the "Rashomon effect" (Heider 1988).

March 20 S-Night Observation

As a final strategy for the study, the research team re-entered the homeless community on March 20, 1990 (and also several weeks before March 20) in order to independently observe the Bureau of the Census's efforts to count the homeless in Windham and compare their counts with our knowledge of who and where the homeless were. The process and outcome of this is discussed in the final pages of the report.

Overall Findings

The heads of 156 households were interviewed from October 1, 1988 through September 30, 1989. The households included 336 people, 145 (43%) of whom were children. The households were almost evenly divided between whites and Hispanics, and 88 households consisted of people living in families. The age distribution of the heads of the households ranged from 16 through 84, with the median age being 27. Almost half (43%) had one or more children under 18 years old in the household, and 40% had one or more children under 15 years old in the household. The major types of homelessness and the numbers of households found were: living on the street (19); living in the hotel or other SRO's (39); living in a shelter (34); doubled-up (60); and evictions (4). In the majority of cases, spouses were not present. The majority lived on some form of public assistance, including General Assistance, Aid to Families with Dependent Children, and Supplemental Security Income. There were self-reported physical health problems in 24% of the households; self-reported mental health problems in 26%; self-reported alcohol problems in 6% and self-reported drug problems in 8%. It appears from the ethnographic notes that these health issues are under-reported and are not a valid representation of the health, mental health, or substance abuse of the people. A more detailed discussion of the findings is presented in the rest of the report. The results in terms of descriptive statistics are presented in Table I.

Table I

**Characteristics of Homeless Households
Household composition**

	Literal (N=19)	Shelter (N=34)	SRO (N=39)	Doubled (N=60)	Eviction (N=4)	Total (N=156)
	%	%	%	%	%	%
<u>Household size</u>						
one	95	35	51	41	0	48
two	5	21	18	20	25	18
three		29	18	19	0	18
four		6	8	15	0	9
five		3	3	2	25	3
six		6	3	3	0	3
seven					25	1
nine					25	1
<u>Total number in each household type</u>						
	20	81	78	134	23	336
<u>Number of children in each household type under 18</u>						
	0	40	34	60	11	145
<u>Percentage of children in each household type under 18</u>						
	0	49	44	45	48	43
<u>Number of children in each household type under 15</u>						
	0	39	30	60	8	135
<u>Percentage of children in each household type under 15</u>						
	0	48	39	45	35	40

*Percentages in all tables may not equal 100% due to rounding.

Table I
Characteristics of Homeless Households
Household composition
 (continued)

	Literal (N=19)	Shelter (N=34)	SRO (N=39)	Doubled (N=60)	Eviction (N=4)	Total (N=156)
	%	%	%	%	%	%
<u>Spouse present in household</u>						
present	5	15	13	23	75	18
not present	95	85	87	77	25	82
<u>Family group*</u>						
family	5	71	54	65	75	56
not in family	95	29	46	35	25	44

Family group refers to parent(s) with children; married (or common law) couple; siblings living together; individual living with adult children.

Table II

**Characteristics of Heads of Households
Gender, Age, Ethnicity**

	Literal (N=19) %	Shelter (N=34) %	SRO (N=39) %	Doubled (N=60) %	Eviction (N=4) %	Total (N=156) %
<u>Gender</u>						
male	100	29	39	32	50	42
female	0	71	62	68	50	58
<u>Age</u>						
16-19	0	15	13	10	0	10
20-29	21	38	33	40	25	35
30-39	37	18	18	7	0	15
40-49	11	15	8	5	25	9
50-59	11	3	0	3	25	4
60-69	0	0	3	3	0	2
70-79	5	0	0	0	0	1
80-89	0	0	3	0	0	1
missing	16	15	23	32	25	24
mean age	(37)	(30)	(31)	(29)	(38)	(31)
median age	(32)	(28)	(28)	(24)	(35)	(27)
<u>Ethnic group</u>						
white	74	59	44	35	0	46
Hispanic	5	38	51	52	50	43
black	21	3	3	13	50	10
Native American	0	0	3	0	0	1

Table II

Characteristics of Heads of Households
Source of Income

	Literal (N=19) %	Shelter (N=34) %	SRO (N=39) %	Doubled (N=60) %	Eviction (N=4) %	Total (N=156) %
<u>Source of Income</u>						
GA	21	47	62	58	0	51
AFDC	0	27	15	15	25	16
SSI	5	6	8	2	0	5
AFDC and SSI	0	3	3	3	25	3
UC	0	0	5	2	25	3
OASDHI	5	0	3	0	0	1
job	26	6	3	7	25	8
no income	26	6	3	10	0	9
unknown	16	6	0	3	0	5

Definitions:

GA General Assistance, referred to as being "on Town"
 AFDC Aid to Families with Dependent Children
 SSI Supplemental Security Income
 UC Unemployment Compensation
 OASDHI Old Age Survivors, Disability Health Insurance, referred to as Social Security

Table II

Characteristics of heads of households
Health Issues *

	Literal (N=19) %	Shelter (N=34) %	SRO (N=39) %	Doubled (N=60) %	Eviction (N=4) %	Total (N=156) %
<u>Existence of self-reported health problems</u>						
physical	5	18	33	25	50	24
mental	42	29	26	18	25	26
alcohol	16	9	8	2	0	6
drug	16	6	15	2	0	8
no reported problems	21	38	18	53	25	36
<u>Pregnancy</u>						
pregnant	0	3	10	7	0	6
not pregnant	100	97	90	93	100	94
<u>Methadone Maintenance</u>						
on methadone	0	0	5	0	0	1
not on methadone	100	100	95	100	100	99
<u>Any of the health issues listed above</u>						
health issues	53	41	46	38	50	43
no health issues	47	59	54	62		

*All health issues are self-reported. Individuals may report more than one health issue.

Table II

Characteristics of heads of households
Education

	Literal (N=19)	Shelter (N=34)	SRO (N=39)	Doubled (N=60)	Eviction (N=4)	Total (N=156)
	%	%	%	%	%	%
<u>Highest grade completed in school</u>						
grade school or less	0	6	21	7	25	10
some high sch.	10	29	23	33	0	27
H.S. grad	21	15	10	13	50	15
vocat/technical	0	0	0	2	0	1
some college	21	0	13	10	0	10
college grad	0	3	0	3	0	2
missing	47	47	33	32	25	37

Table III

Place of Interview of Heads of Household

	Literal (N=19) %	Shelter (N=34) %	SRO (N=39) %	Doubled (N=60) %	Eviction (N=4) %	Total (N=156) %
<u>Place of Interview</u>						
soup kitchen	84	3	51	20	0	31
GA office	5	27	23	48	25	31
university	0	3	5	7	0	5
street	5	0	0	5	0	3
shelter	5	50	0	0	0	12
home visit	0	0	10	11	50	8
social service office	0	0	5	7	25	5
public housing office	0	0	5	0	0	1
phone	0	0	0	1	0	1
shelter files	0	18	0	0	0	4

Table IV

Dates of Interviews of Heads of Household

	Literal (N=19) %	Shelter (N=34) %	SRO (N=39) %	Doubled (N=60) %	Eviction (N=4) %	Total (N=156) %
<u>Date of Interview</u>						
1988						
Oct	5	4	15	5	0	7
Nov	5	7	10	15	25	11
Dec	21	4	10	8	0	9
1989						
Jan	5	0	10	7	25	7
Feb	5	19	15	7	25	11
Mar	16	11	15	10	0	12
April	0	15	5	8	0	7
May	0	4	10	12	0	8
June	11	7	5	13	0	9
July	11	7	0	3	25	5
August	5	19	3	7	0	7
Sept	16	4	0	5	0	5

Primary Locations for Finding the Homeless

The primary locations for finding and interviewing the household heads in the study were in the soup kitchen, the welfare office on check days, the shelters, and home visits. The following paragraphs describe each setting and offer an example of a person found in each setting.

The Soup Kitchen

The soup kitchen was an ideal place in which to meet homeless people and to maintain contact with them. There are significant numbers of social networks that form among the guests in the dining room (see Glasser, More Than Bread: Ethnography of a Soup Kitchen 1988, for a full discussion of social networking in a soup kitchen). The soup kitchen does not involve all of the poor of Windham, but many of the people who are homeless or have marginal housing spend their mornings in the dining room and depend on the hot noontime meal as their main meal of the day. The soup kitchen was the point of first contact with most of the literally homeless of the study, half of the residents of the single-room-occupancy hotel, and one-fifth of the doubled-up of the study. It was an excellent point of first contact, as well as an effective way of following the situations of those people who attended the soup kitchen regularly.

The research team attended the soup kitchen for two to four days a week during the entire year. I would usually make an announcement inviting people who were homeless to come up to talk to me or a research assistant. The announcement would be made as lunch was about to be served at 12:30. The director would introduce me. The announcement was:

I am interested in talking to anyone who does not have housing. I am doing a study for the Bureau of the Census, and I have some housing information I would be glad to share with you.

Estoy interesada en hablar a todo el mundo que no tiene viviendas. Yo hago un estudio por la "census" y yo tengo informacion sobre viviendas que yo puedo compartir contigo.

The use of the term "does not have housing" (los que no tienen viviendas) appeared to be less stigmatizing than "is homeless."

The soup kitchen was the place of first contact with fifty people in the study. One of the people we met was Brian, a man who spoke with us at various times over a nine month period of time.

Brian

Brian is typical of the group of people in Windham who are in and

out of the state mental hospital. During the study period, we saw him living on the streets and sleeping in the woods, then committed to the state mental hospital, then placed in the hotel, and then go back to living outside. After he got out of the hospital, he was in a good mood, but after about a month his good mood seemed to disappear, and he would become angry at anyone who approached him. One day he started to yell at me about how the soup kitchen was run. When Mark (research assistant) tried to approach him about the pretest from the Census, he yelled at Mark and said that he and Mark were not of the same religion. The mental health workers told me that they were "following his case at a distance." They were apparently fearful of him.

When I first met Brian at the soup kitchen on October 28, 1988, he was carrying big plastic bags. I had noticed him walking down the highway coming into town in the mornings. I approached him by asking him if he had a place to stay. Without his big bulky coat he looked much different. He is a good-looking man who appears to be only about 40, but later I learned he is really 60 years old. He seemed to have shaved. In a later conversation, I found out that he had been using the Legal Services bathroom to wash up, but they had told him not to do that any more. He was pacing, and he snarled when he talked. He said:

"I am organizing for the 4-H club-- it is very important for youth to know about 4-H -- to know about sheep. I am an asshole. The damn government makes a big deal about taking a shower." Then he went into a fury. His lips spread back on his teeth. I said something about the shelter. He asked me "Can you guarantee that it will be clean for the next 10 years? For the next 10 days?"

On October 31, as I was leaving the soup kitchen, Brian followed me out the door!! He said that he wanted a gift of a room a few blocks from the soup kitchen. He said again that he wanted a shower. I asked him if he got a check somewhere. He asked (loudly) if I was an Americanist or a Nationalist. I said I was born in the USA (thinking that he might be paranoid about foreigners). He yelled and said that he didn't need money, just a room. I said I would check it out (the gift). I was impressed that he made contact with me on this day.

Brian was not around for several months. On February 24, I again saw him in the soup kitchen. He shook my hand and seemed to remember me. He looked much better, and I told him so. He said that he was living like a king in the hotel. He said that his room is 17' X 11' and it is more space than he needs. He said that he no longer had to sleep in the woods. Brian told me that he had been taken by ambulance to the Norwich Hospital because he did not have a raincoat, but that now he had one. He pointed it out to me in his plastic bags that he still carried with him. He told me that a social worker at the hospital helped him out and suggested he buy good shoes.

After the February conversation, Brian appeared to become more and more angry, eventually leaving his hotel room and returning to the woods.

Check Day at General Assistance

On the first and sixteenth of each month, the General Assistance (G.A.) checks are given out. G.A. is the temporary welfare program for people who are waiting for a state or federal welfare program or who are ineligible for any other kind of assistance. General Assistance is the program in Windham that has a high number of alcoholics, drug addicts, prostitutes, and others with many problems (Glasser 1988a). The checks are ready to be distributed at 10 a.m., and by 9:30 a.m. there is usually a line of people waiting. Most of the check distribution is finished by noon. The routine for General Assistance was to have the case workers get permission slips signed so that the clients with no housing, who agreed to talk with us, could do so. However, there were so many clients with no housing that the case workers quickly lost track, and the referrals were made to us on the spot. There was also a complication later on in the study in that the General Assistance office was not approving payment for Shelter P___ (the shelter that had opened in February). Since this was a part of the information about housing that we were discussing with people, our information-sharing was in conflict with the G.A. policies of the moment. The resolution of the conflict was that only the principal investigator (Glasser) was permitted to be present on check day during the final months of the project, and the shelter could not be mentioned.

Check day was a good time to meet people coming into town, although one must follow people for several months in order to know if their lack of housing is a temporary situation or is a long-term one. For the year of the study there appeared to be such a dearth of affordable housing that the lack of housing went on for months for most people in the study. During check days, we met 49 of the heads of households of the study. We met almost half (29) of the doubled-up households of the study, almost one-third of the shelter households, and almost one-quarter of the hotel households.

Ricardo

Ricardo Rodriguez had come to Windham in November 1988. He was a man in his thirties from Mexico and then from Texas. He felt he could not work because he was HIV positive, although so far he was asymptomatic for AIDS. He was concerned about being near the hospital and getting good medical care. He seemed to have come to Windham because of his sister who lived in a local housing project, but the sister told me that she could not have Ricardo with her because she feared being evicted herself. In my brief experience with him, he went from a doubled-up situation to two shelters and then to his own apartment.

On check day, December 16 I met Ricardo Rodriguez in the General Assistance office. Ricardo was with his sister. They told me that they were originally from a northern state in Mexico. She had been here 12 years, had two children, and felt she could not help him. He was single, and said he had thrombosis in the leg and so could not work. He said he wanted to learn English. He had been an electrician in Texas where he had lived for four years. He was anxious for a place, and I called Mr M. (landlord) about him. I made the mistake of explaining to Mr. M. that I was translating because Ricardo was Mexican and Mr. M. said "Then send him back to Mexico." I explained that I meant of Mexican descent. I continued to see Ricardo on check days for the next several months.

On March 3, Ricardo arrived at my office with his wife and three-year-old son. She had joined him from Texas, and they were looking for housing for the three of them. They had been living with many other Mexican families, but it was very crowded and uncomfortable. The wife spoke English and had some college.

On March 5 Ricardo came to my office because he wanted to explain that he and his wife were separating, and she intended to return to Texas.

On March 30, as I was leaving the office, Ricardo came to see me. He had been living at the Shelter Z___ with his three-year-old son because he could no longer live with the family he had been staying with.

On June 6 I took Ricardo to the Shelter P___. He came to see me with his son. He looked tired and had a musty smell about him. We went over and Sister Carol had me fill out their intake form with him. When he got to the medications part, he told me he was taking AZT. His disability was then clear to me.

In June I took Ricardo back to a local project to apply for an apartment. Although he had already applied for an apartment there with his wife, they required a new application from him because his household composition had changed. Although his first application had not been accepted because he did not have adequate landlord references, I felt that he might have a chance because his sister was a well respected resident there. Ricardo also had the help of a very influential social worker in the community. By the middle of July, Ricardo had a two-bedroom apartment in the project, with his son.

Ricardo was homeless from December through June. He was a man who acted surprised to find himself in the shelter system. He eventually got an apartment, due at least in part to the efforts of his sister and a social worker. General Assistance check day was an excellent way to meet Ricardo early in his quest for housing in Windham. He did not attend the soup kitchen and would not have

been met there.

Shelter

Interviews in two of the shelters serving Windham were the point of first contact for 12 households in the study. There were an additional six households we included in the study by using the shelter files (these were families staying in Shelter P___ so briefly that we missed having face-to-face contact). During the study period we got calls from Shelter Z___ in Danielson (located thirty miles east of Windham) when they had a person from Windham staying with them. We interviewed two households there, though several Shelter Z___ households are included in the General Assistance place of interview group because we met them on check day at G.A. We were able to visit Shelter P___ several times a week from the time they opened in February 1989 through the end of the study period in September 1989.

The shelters were an important place of first contact because a number of the residents of the shelters did not receive General Assistance and did not attend the soup kitchen, so that the interviews at the shelter may have been the only way to interview them. Tony is an example of a person we met at the shelter.

Tony

Tony was a 20-year-old Puerto Rican man who had come to the shelter because his brother Jose and sister-in-law Juana and her four children were staying there. He came to the shelter on July 11 after sleeping outside for five days. He left on September 12, after finding a room in Willimantic.

On July 7 Hydie interviewed Tony while he was sleeping on the grass near the shelter. He told her that he had arrived from Puerto Rico the previous week and had been sleeping outside for several days. He had been living with his mother in Puerto Rico where he had completed high school and had worked for the Job Corps doing police/security type work for the past six months. He had been sleeping outside because, as Juana later told me, the Sister would not let him stay with her and Jose. The Sister said that he was a single male and that they were not taking in single males. Juana maintained that he was not a single male, that he was part of her family. She could not understand why the Sister objected to letting him stay in the ward room with her family. The Sister finally relented and let him come inside.

Home Visit

Thirteen households of the study were interviewed by making home visits to them. Several families were found when the manager of the hotel told us about them. They were families whom he was eager to have out. Some of the home visits were made to people referred

by social workers, and several were people who found the study on their own and left a message on my answering machine. There were many home visits made to people throughout the study, but the home visits, as in the case of Carmen described below, refer to situations where this was the point of first contact.

Carmen

On January 9 I went to M___ Hotel and met Carmen, a Puerto Rican woman in her twenties who spoke little English. She had two children with her, ages two and three. Her nose was very red; I thought perhaps it was from cocaine. She was with Santos (a Puerto Rican man who lived at the hotel). He acted as an interpreter for her for the management. She owed the hotel money for that week. They charged her over \$500 for her "apartment" i.e. 2 rooms, one of which was a kitchen. I asked her if I could come back later in the day to interview her.

When Mark and I went back to see her, there was a commotion in her room. Children were crying, and there were a lot of people around. There were children in the bathroom, one of whom had a knife with which he seemed to be scraping something off the wall.

Carmen's story was slightly confusing. She had lived in Willimantic on and off for the past two years. She had recently lived in Springfield, Massachusetts, but decided to come back. Her mother and sister lived in one of the housing projects. Her mother was taking care of three of Carmen's children. Her father lived in the hotel (I met him briefly). A housing project had denied Carmen's application because according to their regulations (based on ages and gender of the children), she needed four bedrooms, and they did not have four-bedroom apartments. She had lived in apartments owned by a private rental agency but had had a fight with the owner. She said that his housing was 'porqueria' (garbage). Carmen was on General Assistance.

On February 2 Mark went to see Carmen. He met her mother in the hallway and then went inside with a young Puerto Rican woman who was able to translate. Carmen looked bad. She had a scar on her face from a recently healed cut and she seemed frightened. There was someone in the next room, and Mark got the impression that he was sleeping and that Carmen was very much afraid they would wake him up.

For several months we lost track of Carmen and did not see her in the hotel. On June 15 I saw in the paper that Carmen had been arrested for selling cocaine.

On August 8 I was in the hotel and knocked on Carmen's door. She looked thin but did not seem to have the irritation under her nose. On her bed was a huge white stuffed animal. She said that she knew she was high on the list for public housing but probably would not

get it. In the months since she had been out of the hotel she had been staying with her mother, but she had had to leave or her mother would have been evicted. As far as I know, she is still in the hotel.

For Carmen, finding decent housing was very difficult because in this small city landlords (public and private) read the lists of arrests, and Carmen's name had appeared recently for possession and sale of cocaine. When we visited Carmen she seemed reasonably attentive to her children, although I noticed the younger ones (ages one and three) playing alone in the hotel hallway. She had moved in and out of town and within the town (usually in one or another doubled-up situation) frequently. The hotel was for her a place to which she could always return. Because she usually received assistance (General Assistance, then AFDC) for five children, her check was larger than those of most people we interviewed, but this did not seem to help her with housing. I know of no social or health agency involved with Carmen.

Carmen was a good example of someone whom the home visit was the best way of interviewing and following. She did not seem to mind our visits, especially since we offered to help her.

Table V presents data regarding the major locations for finding and interviewing the homeless of Windham.

Table V
Place of Interview and Characteristics of Heads of Households

	Soup Kitchen (N=49)		Check Day (N=49)		Shelter (N=18)		Home Visit (N=13)	
	N	%	N	%	N	%	N	%
<u>Type of Homelessness</u>								
literal	16	33	1	2	1	6	0	0
shelter	1	2	9	18	17	94	0	0
SRO	20	41	9	18	0	0	4	31
doubled-up	12	25	29	59	0	0	7	54
eviction	0	0	1	2	0	0	2	15
<u>Gender</u>								
male	31	63	18	37	6	33	3	23
female	18	37	31	63	12	67	10	77
<u>Ethnicity</u>								
white	32	65	17	35	10	56	3	23
Hispanic	13	27	21	43	8	44	9	69
black	4	8	10	20	0	0	1	8
Native American	0	0	1	2	0	0	0	0

*Percentages may not equal 100% due to rounding.

Patterns of Homelessness

After interviewing the heads of 156 households and following many of their situations for many months, what are the patterns of homelessness that emerge in Windham? What are the implications of these patterns for the decennial census enumeration?

One of the outstanding characteristics of the homeless population of Windham as documented by this study is the pattern of change in terms of where the individual or family was sleeping. Whatever the category of homelessness of the person when first contacted and interviewed by the research team, the person's situation changed, sometimes several times, during the study period.

Another factor that emerges from the study is that the characteristics of the people affected are related to the type of homelessness. For example, as can be seen below, the literally homeless, those who sleep outside, are the most disaffected and the least receptive to contact. The relationships we were able to develop with the people described in the study were nurtured over several months. Even with the time we invested, most did not want to tell us where they were sleeping.

On the other hand, the doubled-up homeless, as a group, were eager to change their situation and would speak with us in hopes of receiving some help with housing. Their homelessness was related to the dearth of low-income rents available in the area. This lack of supply made the available housing competitive to obtain, and the people of the study had various characteristics (ethnicity, poverty, lack of landlord references) that made them undesirable to landlords. The sheltered homeless were also easy to reach and in many ways resembled the doubled-up group.

The residents of the hotel were accessible to the study, since we only interviewed those who defined themselves as "homeless" and therefore wanted to speak with us. The hotel was seen by many of its residents as "last resort" housing, one step from living outside.

An overview of the types of homelessness of the household at the time of the first contact is summarized below. The excerpts from the field notes document the person's changing situation and the dates of the on-going contact.

Literal Homelessness

In Windham, literal homelessness appears to consist of sleeping in a car, in the woods, or in hallways. The nineteen households (which include one elderly couple) who said that they were sleeping "nowhere" were most often first contacted in the soup kitchen. It was clear that those who slept in a car did not want us to know

where the car was parked when they were asleep in it. The literally homeless were people who had lost their housing (often they had lost their room in the hotel), and they were either not successful in finding new housing, or they had given up the search.

In analyzing the field notes for this group, it appears that the literally homeless were people who had either severe drug or alcohol use or obvious mental illness. They were also very independent people and protective of their privacy. During the winter months of December, January, and February, the literally homeless were in cars and hallways; in the fall, spring, and summer months, they slept in the woods and parks. Since the end of the study period, we know of the death of the only female among the literally homeless. She was the companion of Joe: they were the one literally homeless couple of the study (refer to the case of Joe and Mary).

The literally homeless comprise the group that most closely resembles the well-publicized homeless living on the streets of large metropolitan areas (see for example, Baxter and Hopper 1981).

When the heads of households of the literally homeless in the study are compared to the heads of households of the other categories of homelessness, literal homelessness is correlated with being male, over 28 years old, and white, according to the test of binomial proportions, significant at .05 level, as illustrated below.

Table VI
Statistical Associations of the Literally Homeless

number	Literal (19) %	Other homeless (137) %
male	100	34
female	0	66
28 years or less	37	70
over 28 years	63	30

number*	Literal (15) %	Other homeless (124) %
white	93	47
Hispanic	7	53

*Only includes whites and Hispanics.

The situations described below are representative of this group. Dave, a man in his thirties who had no income and survived by sleeping in cars and occasionally in a shelter; Sam, a heavy user of alcohol, cocaine, and heroin, who was "persona non grata" even in the hotel; Joe and Mary, an elderly alcoholic couple; and Donald, a working man sleeping in his car.

Dave

Dave was a white male in his thirties whom I had known for many years from my work in the soup kitchen. He spent much of his day standing outside the library, pacing the sidewalks, or in the soup kitchen. Although Dave appeared to have various serious mental health problems, he was not obviously mentally ill and managed to "blend in" with the downtown atmosphere. Dave was willing to give the shelter a try, but it got on his nerves when more people entered the shelter. Dave had told me that he sometimes slept in cars with other people to keep warm. He was one of Windham's literally homeless. We followed Dave from December through the end of March.

Dave approached me on December 12 in the soup kitchen and let me know that he had no place to stay. He was firm that he did not want to go to the shelter in a neighboring town, since he said that was where he was from.

On December 16, Dave moved over to where I was sitting and talked while Sue B. (a research assistant) took some unobtrusive notes. Dave told us that he did not like the paper that GA (General Assistance, Town Welfare) would make him sign saying that he would give over any assets to GA because he was expecting a settlement. He did not work and had no money for a place to stay.

On February 2 Dave decided to move into the newly opened Shelter P___. At first he seemed to enjoy it there, but, as more people entered (primarily women and children) he became more and more annoyed. By the middle of March, Dave had left the shelter in disgust to go back to the streets. In late March, Dave went to a public hearing on an ordinance about removing abandoned cars and about loitering. Dave spoke out against both, saying that he slept in abandoned cars and that he spent most of the day standing on the street because he had nowhere to go.

Sam

Sam was a black man in his fifties who was homeless for much of the study period. We came to know Sam and the extent of his problems when we became intermediaries in his quest for housing. I do not think that we could have known him, except in the most superficial way, had it not been for our offer to help. Sam was a user of heroin, cocaine, and alcohol. He had chronic liver and other intestinal problems. He had been through much of the housing in

Windham and was even 'persona non grata' at the hotel. We had contact with Sam from December through August, and we have 45 separate days of field notes about Sam. During most of our contact with Sam he slept at various friends' houses, in the lobby of the hotel, and, briefly, at Shelter P___. He was also hospitalized several times during the study period.

On December 5 I made the announcement about wanting to speak with anyone who was homeless in the lunch line of the soup kitchen. Sam, who seemed stoned but did not smell of alcohol, wanted to talk. He said he could not live at Main Avenue (public housing owned by the city) any more. I gave Sam all of my housing materials.

On December 9 I again went to the soup kitchen and talked to Sam. He said "the housing and me had a misunderstanding, they didn't like my friends." According to the housing authority, he was dealing drugs and couldn't go back.

On December 12 I talked to Sam, who seemed very stoned. He said that he had slept on a chair in the lobby of the hotel but could not really sleep because he was worried about people thinking he was drunk and was afraid of being robbed. He said that he had had a disagreement with L. (an owner of a SRO) who had received a check for a security deposit but had spent the money and put Sam's belongings on the sidewalk.

During the month of February, when Sam was still on the streets, we corresponded with a county in a southern state which had Sam's birth certificate. In order to apply for several housing projects, Sam needed a birth certificate. This took several letters, phone calls, and \$10.00, because there was some discrepancy about the names on the certificate.

In early March Sam moved into Shelter P___ for about one week. He tended to sleep there but would disappear for several days at a time. Although he got along well with the nuns, they said they needed his room if he was not going to use it all the time. He left and went back to the streets.

In early July, Sam was able to move into a newly renovated room. The landlord had accepted a security deposit paid for by a community agency. Although he was doubtful about Sam, he agreed to give him a chance. Sam still has this housing.

My last contact with Sam was on August 15, when I greeted Sam on the street on a Saturday, and he crossed the street to shake my hand. He had a bottle of soda with him. At first he looked well (although rather drawn in the face) but then as we started to talk he slipped down a pole he was leaning on.. nodding out. His eyes kept shutting except when I asked him a question, and then he roused himself out of sleep. I asked him how his health was, and he said that he was telling Tony (a friend of a team member) that

he was concerned because twice he had found himself passed out on the sidewalk. He said that he had not been drinking or using a lot of drugs that day. He had called the doctor but was vague about what she had said. I suggested he go to the health clinic.

Joe and Mary

Joe and Mary were both in their sixties and drank much of the day. They were at the soup kitchen very often, although they did not respond when we made the announcements about wanting to talk to people with no housing. He was often playing the piano in the soup kitchen. He played old favorite tunes of an earlier era loudly. When someone occasionally asked him to quiet down, he would curse at them. Mary was often bleeding in the soup kitchen, from a recent fall. She was very thin and frail-looking. Occasionally Joe would yell at her or at other people. They appeared to be intoxicated most of the time.

On September 5, 1989, Joe and Mary were evicted from their room in the hotel. They had lived there together for about three years. The manager evicted them because of the smell emanating from their room and the fire hazard caused by the accumulation of things. When the lawyers from Legal Services went to their room, they found that they could not represent them because the management was correct. There was the smell of urine, probably from soiled clothes which were everywhere. The smell permeated the whole end of the hall. On the day they were evicted, Joe had a black eye and stitches on his face. He had fallen off the sidewalk because the grocery cart which he used for support when walking had gone off the sidewalk and caused him to fall.

Joe and Mary were homeless until the end of September. During that time Mary went to the detoxification program at the state hospital three times. Through the intervention of several services, the hotel manager was persuaded to take them back. He put them together in a new room in the hotel (charging Joe \$170 and Mary \$220) and had the State pay for services to clean out their old room, and arranged homemaker services for the new one. In March 1990 Mary was found dead one morning in her room at the hotel. Although the exact cause of death was not specified, she had become more and more frail over the months. She had also been in and out of the detoxification unit of the state mental hospital. She had a graveside service, conducted by a vocational deacon of a local church that sponsored the soup kitchen. Joe is still living at the hotel.

Donald

On July 27 I received a call on my answering machine from a man who said that he was sleeping in his car and needed a place to live. We planned to meet at the library that day at 5 p.m., when

he got off work. On July 28 he called the office at 10:30 a.m. to confirm the meeting.

Dawn (research assistant) and I went to meet Donald in front of the public library. Since the library closed at 5, we went to sit on a park bench behind an old restaurant nearby. Donald was a 55-year-old man with weathered skin; he was wearing a work outfit (that said Donald on the pocket), smoked Camels, and smelled of smoke. He seemed like a lonely man who was in his car because (his words), "I've had some setbacks." The immediate reason for sleeping in the car was that he had been staying with some people in a neighboring town and had gone away for a week only to find when he came back that he couldn't stay there any more. He had lived in the hotel in the past and said he wouldn't go back. He said that the manager sold needles at \$5 apiece. He said that the manager acted as if "he can have any women in there." He said that once he was expecting a check and it took a week for the manager to give it to him. He said that at a rooming house owned by the owners of the hotel, the owner's son walked in on a woman friend of his when she was getting out of the shower. He said that the Town could do a lot better if they were to take over the hotel. He said that the manager locks his door at 5:30 and doesn't care what happens.

Donald said that he was a person who needed female company. He had wanted to have his friend meet with us (it turned out to be another person in the study, who was back from prison, living in the rooming house just mentioned, and was on methadone maintenance). We spoke to Donald for about an hour, and his desire for "female companionship" came out at various times. He talked about wanting to help someone like his friend straighten out and get back her kids. He said that he would give her \$100 for a dress but not for drugs. In the hour, he told us of being in the service, working at the now-defunct textile factory, then going to a factory in a neighboring town. His best job was at a government submarine factory where he had made \$12 an hour, but he was fired after 6 years for sleeping on the job.

After an hour, we walked back to Main St. His car was small and red: it had rosary beads hanging from the windshield, and the tires looked bald. We went over the housing list very carefully, and he seemed well oriented to the apartments in Willimantic. I think that he is a good example of someone who had given up in terms of an apartment. I told him to call me the next Thursday if he still had nothing, since a new housing list would come out then.

Single Room Occupancy

There is one large single-room occupancy hotel in Windham of 85 rooms, many housing more than one occupant. In addition, there are single rooms at the R___ Rooms (run by a community organization), and twelve smaller privately owned rooming houses with fewer than 10 rooms each. The hotel and several of the smaller places are

often considered "last resort" housing by their residents. This appears to be related to their reputation as places where drug addicts, alcoholics, and prostitutes live. It is common to hear people say "I am trying to stay sober (or straight), so I know I don't want to go to the hotel." The director of the methadone maintenance program has said that she believes "coke (cocaine) comes out of the faucets of the hotel." Women have told me that they are sensitive about the name of the hotel (the name is a slang word for prostitute). I have noticed that when people are asked their address, they often say "#__ Main" (the street address), instead of "the hotel." The smaller SRO's are sometimes referred to as "little M__ Hotels," a reference to the drug and alcohol use of the residents.

The hotel accepts almost anyone, except those who have consistently failed to pay their rent. The minimum rent is \$220.00 a month, which is the amount General Assistance allows for rent. People pay the rent out of their income from a job or an assistance program (most often from GA, AFDC, or SSI). People pay for one week at a time, although there are people who stay for one or two days. In this sense, it is housing for a transient population. On the other hand, there are people who have lived there for years. For purposes of the study, we included people who defined their own stay at the hotel as unacceptable and last-resort housing. This tended to be women (who were alone or with children), as well as some men. Even some of the long-term residents can view the hotel as unacceptable if they think that they have an alternative.

It was easiest to become involved with the women with children living at the hotel, since they considered it unsafe and too difficult a place to rear children. This was because of the large number of drug addicts and alcoholics living there, and because of the lack of cooking and bathing facilities. A major motivation for the women was also the threat of losing their children to foster care if the Department of Children and Youth Services Protective Services knew of their situation and did not think that they were making efforts to leave. In reality, finding housing outside the hotel was difficult in part because there was a stigma attached to having lived there. Most landlords do not accept a reference from the hotel manager, because they do not consider him a landlord.

Below are descriptions of people who were living in an SRO at the time of the interview and who viewed themselves as having "no housing." Included in the descriptions are Hilda, a young Puerto Rican woman with three young children who lived primarily with friends or in the hotel; Betty, a woman in her late twenties who was in and out of a violent relationship with her boyfriend, and who lived in the hotel; Sue, living with her seven-year-old son; and Gerry, a 62 year old man.

Hilda

Hilda was a Puerto Rican woman of 22, whom we came to know from March through September. She seemed representative of those people who have spent all of their lives living with someone else or in hotels or shelters.

The first day I met Hilda was March 14, 1989 at the soup kitchen. I had just made the announcement about being able to help take people to public housing the next day (one of the only two days out of the month that applications were accepted) when Hilda's boyfriend, Eduardo, approached me and said that Hilda needed a ride. Eduardo is at first glance a healthy-looking young man; he was reared in Windham. I was later told by some of the AIDS outreach workers that he is a heroin addict. It was characteristic of our later contacts with Hilda that he approached us first, rather than Hilda herself coming forward. She spoke a combination of English and Spanish; his English was more secure. I felt throughout my contacts with Hilda that although she asked us for rides to various places, she would have been glad not to talk to anyone outside of her social network. She was reluctant to go to the prenatal clinic or to apply for housing outside the hotel. Despite her reluctance, over the next several months (at her request) we gave her rides to apply for housing and accompanied her on several visits to the hospital. Hilda easily "fell through the cracks" of most of the health and social service agencies (except for agencies like protective services) since she spent most of her time in her room at the hotel, and most of the agencies are not looking for people to serve. I feel that we got to know Hilda as well as we did because we offered to help her with some of the things she wanted to accomplish or felt pressured to accomplish.

On March 15 I met Hilda at the soup kitchen at 9:45. Eduardo was staying with their two small children at M___ Hotel. We went to the public housing office to pick up the application for public housing. On the way we met her friend V. who is 17, pregnant, and staying at the hotel. We later took V. to the clinic where Hilda made an appointment for herself. After lunch at the soup kitchen, we drove Hilda, V., B. and O. (more friends) back to the housing office to fill out the application. One problem was that while Ellen (a worker there) gave Hilda one point for substandard housing (for the hotel), at the next desk another worker advised a new worker that V. could not get a point for substandard housing for the hotel, adding "She knew what it was like when she moved in!" The point system was used to weight a person's application for how soon they would obtain an apartment. We noticed this inconsistency in how the hotel was viewed (as substandard or not) several times in accompanying people to housing interviews. We did not interfere with the process, but we noted the inconsistencies.

In the car, Hilda told me that she had lived in Windham until September of 1988, at which time she left because the friend she

was staying with at a housing project got evicted for drugs. She moved to Patterson, New Jersey, but had come back to Windham two weeks before.

On July 12 we tried to speak with Hilda. We had decided as a research team that we would survey M___ Hotel to see who was there. As we waited in the outer lobby for the video and intercom to scan us, the manager and the owner's son came out. They looked less than happy to see me. A man I knew from the soup kitchen knocked on the door and said to the manager (Randy) "Is this where all the crazy people stay?" Randy laughed. I asked Randy what families were staying at the hotel. He said Hilda, J., and L. (he said it by room numbers, #37, 8 and ?). Dawn and Hydie (research assistants) went to see L., who was due to have another baby. I went with Sue (research assistant) to try to visit Hilda. She was sleeping and would not get up. I left a message under her door, and told Rafael (her neighbor across the hall) that I wanted to help her get housing. He said that she was up all night, slept all day, and made her kids stay quiet in the room. Randy complained that her daughter was often too close to the fire escape.

On July 18 I went to the soup kitchen to meet with Hilda and J. in order to take them to apply to a local housing project. Hilda was eating lunch when I arrived. She looked a bit better than I had seen her. Her hair was done nicely, though she had some kind of acne infection on her face. Hilda said she wasn't going because she didn't have letters of reference. Sandy (a woman in the soup kitchen) urged her to keep the appointment. J. was not there, and we went to fetch her from a relative's house. Hilda mentioned that she hadn't been in that neighborhood for a long time. I wondered if she ever got out. She went in to get J. who was sleeping but did get up with her baby and come with us. Hilda said that J.'s aunt (whose apartment it was) was stealing electricity from the power lines by some kind of cord. She said it as if to say that that would get the family in trouble.

When we got to the project, Hilda's interview went relatively smoothly. Alice (manager's assistant) was not in a good mood. Hilda had no landlord reference because the apartments had never been in her name (except for the hotel). When Alice explained the home visit, Hilda asked if she would know when it was to be. Alice said yes. Then Hilda asked if she (Alice) would do it. Alice said "Oh no, I wouldn't go into the hotel!" After the interview, Hilda told me she had to get out of the hotel before the baby came because the state had threatened to take the baby from V., who left for Puerto Rico before that could happen. Hilda seemed angry that she hadn't been able to get out of the hotel, but aside from going with me to the public housing office and to one project, she had done nothing to look as far as I could tell. Ricardo came in to get a key for the mailbox, and I introduced him to Hilda. She asked him about Shelter P___ (I had mentioned the shelter to her), and he said "es bueno si comporte bien" (it's good if you behave yourself). Hilda

made it clear that she did not want the shelter.

On July 19 I went to the soup kitchen to find J. who had wanted a ride to the housing office. Hilda and J. did not show up. Later in the day, the research assistants went to find Hilda, who had wanted a ride to the prenatal clinic. The first time no one answered the door (10 a.m.), but they heard people in the room. The second time at about 1 p.m., Eduardo answered the door and said Hilda was at the clinic. Dawn said that the room was dark and stank.

On August 10 I went to the hotel to meet any new families. I saw a boy of about one-and-a-half-years old go to a room on the first floor. When I asked Randy about him (who is in his family?) he kept saying "You don't want to know them." As we were leaving about 45 minutes later, I noticed another toddler (15 months, diapers, bottle) walking in the lobby as well. Hilda had told me about some people in her old room. We went up to Hilda's room (33) and someone from 36 came out to tell us she was visiting in there. Hilda said that she was having contractions, so the baby might be early. She was in her nightgown and had a towel holding her belly. In Carmen's room (she was also in the study) were two large beds. She lived there with her five children (boy of 14, 2 more boys and 2 girls approximately between 6 and 12 years of age). The four younger ones looked as if they were of grade-school age.

Hilda did not have much to say on this day. She was concentrating on having her baby. Her little girl was around, sucking her bottle. The girl looked clean. Hilda now had a bath in her room. Hilda still had acne on her face.

On September 11, I was at the shelter and found that Hilda and two other women from the hotel had moved in. Apparently the Department of Children and Youth Services (the state child protective service agency) had taken Hilda's newborn from the hospital to place in foster care. Hilda told me it was because she lived at the hotel. However, S., a nurse who knew her, said it was because she tested positive for cocaine in the hospital before she gave birth. Hilda saw her newborn at least once in the foster home. Perhaps because of the crisis of having her newborn removed from her custody, she seemed more focused on the apartment issue. She showed me the rejection letter from the project; it said that she did not have adequate landlord references. She was very angry and said she had gone to Legal Services about it. They would not take admissions cases. Hilda told me that she spent time in the hotel cooking for Eduardo.

By the end of September, Hilda was asked to leave the shelter because she was spending most of her time at the hotel and was not considered cooperative at the shelter. She moved back to the hotel to be with her boyfriend. Her baby was still in foster care, although there was talk of placing the baby with her boyfriend's sister in town, so that visiting would no longer be such a problem.

I met Hilda again in the soup kitchen in March, 1990. She said that she was very angry because the State protective service agency had taken her two remaining children and placed them in foster care. She said that both she and Edward were looking for jobs, which she believed would help her to get the children returned to her.

Betty

Betty was a white woman in her late twenties with a four-year-old daughter. In the middle of the study, Betty voluntarily placed the daughter in foster care because she felt she could no longer care for her while she was living at the hotel. Betty had had a serious accident when she was twenty. She told me that she had been hit over the head with a lead pipe by a drug dealer. She was in a coma but had now regained some memory and equilibrium, although she still had speech problems. She had been living on and off with the father of her child, a black man whom she was at times fearful of, but also depended on. Betty appeared to be well known in town, and had lived in at least two housing projects from which she had been evicted, as well as the hotel. We had contact with Betty from October through the last part of April, when she moved into an apartment and had her daughter returned to her.

On October 28 Betty came up to me in the soup kitchen to say that she had been evicted from her project apartment, that she was now living with Tony in the hotel, and that she was now desperate to move. On December 6 I again talked to Betty. She was still in the hotel on the second floor with her four year old daughter Sally. She thought that she had filled out an application for public housing and Section Eight, but she wasn't sure. She said that she would be present for the interview for public housing "if she remembered." On the other hand, she said that the hotel was no place for Sally.

On January 19 Betty told Dawn that she felt lost with Sally in school. "I don't know what to do with myself." She said that she really had to get out of the hotel. "Sally has had a hell of a life so far. You know what she tells me. Well, I get moody and she says, 'Mommy, why don't you smoke a joint? It will make you feel better.' I admit, I'm a pot head."

I saw Betty on April 12 after not having seen her since she left the soup kitchen one day for a battered women's shelter to get away from Tony who she said was threatening to beat her. She was still saying that she needed to move from the hotel. Betty said that she did not stay in the shelter more than 3-4 days. She said you had to buy your own food and the door had a combination lock on it. She said she was now back with Tony.

On April 22 I went to the soup kitchen and I spoke with Betty who had voluntarily placed Sally in a foster home in New London.

Although the paper she showed me said "voluntary," she said the state wouldn't give Sally back to her until she had a two-bedroom apartment. Tony was at the soup kitchen, and he seemed to be helping her. They both seemed a bit confused. They had a lead on an apartment. They thought it was \$300 month, but I called the number and the owner said that the two bedroom was \$600 month plus a security deposit, but he had a one-room apartment for \$300. I told that to them, but they seemed so nervous that they kept forgetting what I was saying. It turned out that Betty got more than \$800 month from all her checks (SSI, AFDC, and state supplement), but she seemed very unclear about how much.

Eventually Betty did move into an apartment through the advocacy of a community worker who lived in the same building and who vouched for her. The apartment itself was not eligible for help through Section Eight (a rent supplement program): it was considered substandard because it had no sink in the bathroom, although there was a sink in the kitchen. After moving into the apartment, Betty did get Sally back.

Sue

Sue was a woman in her thirties of Native American (Cherokee) descent who found herself and her son in the hotel after being dropped off by the traveling carnival she worked for as it was finishing up its season. Sue presented a picture of a rather slow person who appeared to get large amounts of money and then give it away. We were able to get to know Sue in part because she needed help in negotiating the welfare bureaucracy. Throughout the time of the study she had dreamed of "going home to Oklahoma" (although she had never been there) where she was sure she would be accepted. She later called one of the members of the team (Dawn) several times from Oklahoma, and in fact appeared to be able to find housing there much more easily than she had in Connecticut. We saw Sue from November through March, and received telephone calls from her from Oklahoma in April.

I first met Sue on check day at General Assistance on November 1. Sue lived on the fourth floor of the welfare hotel with a son who was seven years old. Two of her children (five and six years old) were in foster care in the western part of the state. She had come to Willimantic after working for a traveling carnival. Before that, she had been renting an apartment in a two-family house in the western part of Connecticut.

Sue is Native American of Cherokee descent. She had been trying to prove this because then she would fall under federal laws and not state laws. She felt that then DCYS (the state protective agency) would not bother her. She was taken from her parents at age five and was raised in Massachusetts by a woman there who burned her papers about her past and who claimed her for her own. Sue mentioned that she was eager to contact her parents and siblings,

who she believed were somewhere in the midwest. She also thought that her parents didn't want to see her.

I talked to Sue at the soup kitchen on November 4. She was disgusted with her apartment situation. She said:

"I keep on getting bothered in the hotel. Someone tried to sexually molest me in the hall the other day. I have to sleep with a knife under my pillow. My rent is all paid up and I have the money in the bank waiting to pay the rent for an apartment. The place is driving me crazy."

After lunch Sue took Dawn and me to her room. We entered the hotel with a key since the front door was locked. Angel, who appeared to be on drugs, was standing outside. He smiled at us. As we walked up to the fourth floor we passed undercover policemen with walkie talkies on the stairs. Jose tried to say something to me (I realize now that he wanted me to translate for him). On the fourth floor a prostitute who appeared to be under the influence of drugs was trying to unlock a room. There was a puddle of something on the floor- it looked like a leak from the garbage. Sue's room was cramped. It had one double bed, a leaking shower, and a few bureaus. The ceiling and floors needed repair. Sue said the big TV did not work well, but she had a smaller one that did.

Although Sue did not want to move into Shelter P___ because of their no smoking policy, she eventually moved there in March. She had a hard time there because people complained that she smelled, and she had a difficult time controlling her son. However, in early April, her truck was fixed, and she drove out to Oklahoma.

From April on, Dawn heard from Sue by phone from Oklahoma where she lived in several places, including a trailer. She said that she liked it in Oklahoma, although she was still waiting for her grandfather to acknowledge that she is a Cherokee.

Gerry

Gerry was a 62-year-old man whom I had known for many years from my work in the soup kitchen. Gerry had lived in a small town east of Windham most of his life, until he could no longer work and moved to Windham. He appeared to drink most days and he was often very dirty and had an odor. He also appeared to be slow. He used to do maintenance for the town for workfare, but several years ago he was hit by a car and he now had chronic pain in his shoulder. He had been living at the hotel for at least six years, and he told the research team many times "I have to get out of there." When he had his accident, he was hospitalized for several days, and when he went back to his room, everything was gone. On the other hand, when we offered to give him a ride to apply for public housing, he seemed frightened to move.

On January 19 Mark (research assistant) met Gerry on the street. Gerry told him that again there had been no heat in the hotel the previous week and that he had to get out of there. Mark asked him if he was doing anything about getting his disability (which would give him more money to spend), and he said he had seen a lawyer, but they are "too damned slow." When Mark asked Gerry if he could ask him some questions for a study we are doing, Gerry said, "I have to be careful, I don't want people to know that I'm talking to anybody about that place. I ain't no squealer."

The next day, Mark saw Gerry in the soup kitchen at about 10:00 a.m. Gerry was angry about all the noise in the hotel the night before. "Those god-damned Puerto Ricans. They sleep all day and make noise all night. I'm telling you it's awful. You should see how they write on the walls. It's a shame. There's no need of that." Gerry said that he lives on GA and food stamps, and belongs to the food club (a food cooperative run by the soup kitchen). He said he had tried to get disability because of his car accident, but he hadn't been able to do so. "I don't know what to do" Mark said that he would talk to the folks at Legal Services and see if there was anything that could be done. Gerry said he had applied for public housing but a long time ago. Now, he said, "I think I have to go back up there and do it all over again." Gerry said this as if it was just too much. Mark offered to go with him and help; he said, "We'll see."

On January 27, Mark saw Gerry briefly at the soup kitchen. He complained of stomach pains. Mark asked if he had seen a doctor, and he said he probably would go see somebody that afternoon. Gerry seemed anxious to return to his card game.

Hydie (research assistant) went over to the table where Gerry was playing cards. He got up to get coffee. When he saw Hydie he said, "Hi, I remember you. I talked with you last year," and they shook hands. Hydie noted that he had a more kyphotic look (hunched at the shoulders) than he had had the previous summer. The slightly pinkened conjunctiva of his eyes sagged. He looked pale.

On February 7 Hydie talked to Gerry again. His face looked puffy. His eyes were not bloodshot, but the skin around them was hanging (almost as if there were bags of water under his skin in the area around his eyes), and they were tearing during the conversation. Gerry said that his vision got blurry every once in a while. He was unshaven. Hydie did not notice any odor when sitting next to him. Gerry said, "Did I tell you I got off probation?" She asked Gerry why he was on probation. Gerry said that he was in some store and that "these Puerto Ricans" put cigarette cartons in his basket. When he got to the register the cashier, a Puerto Rican, asked him if he was going to pay for the cigarettes. Gerry told him no, because he didn't put them in (his cart). The cashier called the police. Smiling, Gerry said, "I did my 21 days," and added that he had finished 5-months probation. Hydie asked him if he was

drinking. He said, "About three times a week." He continued saying that one could call him an alcoholic, but that drinking a beer at night didn't affect him. Hydie asked Gerry what his day was like. He said that he got up and came to the soup kitchen and played some cards. After lunch he went home to the hotel and went to sleep. He said, "I ain't got nothing else to do."

The next day Gerry was busy playing cards. He said that he was still waiting for his settlement from the accident. He said that he had a lawyer working on it. He told me (Irene) that he was sober when the accident occurred by the railroad tracks and that he had witnesses, although one of his witnesses had since died. Gerry said that when he got his settlement money, he was going to buy stock in the telephone or electric company.

At the soup kitchen on March 24 I talked with Gerry, who sounded sober. He said that he was still waiting for his settlement from the accident two years ago. His shoulder still bothered him. I asked him what he would do with the money. He said that he would get life insurance and name one of his nephews as the beneficiary. This nephew had been good to him and visited him in the hospital. Gerry went on to complain about his lawyer who was not moving very quickly on the case. He said that this lawyer and his father were both "UCONN men." The lawyer's wife said that he shouldn't charge Gerry anything for the case because of the UCONN connection. I asked Gerry what the hold-up was on the case, and he started to say, "It's like looking for a Jew on a woodpile..." He then changed it to "nigger on a wood pile."

At the soup kitchen on July 7, I said "Hi" to Gerry, whose eyes were very runny. He said that he was thinking about leaving the hotel, but he wasn't ready to apply for housing. He was complaining because he said that the manager was pressuring him to clean his room, but he insisted the smell was coming from outside.

On August 8 I saw Gerry at the soup kitchen. He looked as bad as usual. He said that he had been at Ocean Beach (implied drinking).

On September 7 I greeted Gerry during the Labor Day parade in Willimantic. He smelled bad, but did not seem drunk. He was very intent on picking up the little candies that people in the procession were throwing to the crowd. I noticed that each person he waved to (such as town officials) looked at him in a worried way. He told me that he had had it with the hotel, and that he had to get out.

On September 21 Jane took Gerry to apply for public housing. He had been told recently that he must clean his room to the satisfaction of the fire marshall. Jane gave him some trash bags and offered to help him clean his room. He took the bags but refused to have her come up. Jane thought that he didn't want her to see his room. Gerry was still living in the hotel when this

report was written

Doubled-Up

The largest group in the study are those who are doubled up with other families. Their situations are precarious in that the host family often has to leave. In several cases the host family has to leave the apartment. This is also the most difficult group in that they do not necessarily go to the soup kitchen or to General Assistance. We tended to meet people whose situation was soon to fall apart. Several of the interviewed people seemed to come from the host family, not the guest family out.

When the characteristics of the doubled-up homeless are compared to the other categories, doubled-up homelessness is associated with being female, 28 years old or younger, and according to the test of binomial proportions, significant at the .05 level, as illustrated below.

Table VII
Statistics of the Doubled-up Homeless

	Doubled-up (60)	Other homeless (96)
	%	%
male	32	48
female	68	53
28 years of less	77	59
over 28 years	23	41
	Doubled-up (52)*	Other homeless (87)*
	%	%
white	40	59
Hispanic	60	41

*Only includes whites.

Included in the descriptions are Maria, Angela, and Leticia. Maria was a Puerto Rican woman in her fifties. She had raised fourteen children before she moved to Windham with her three youngest and doubled up with another family. Angela was a young woman who was living with her ex-boyfriend's mother in a tense relationship. Leticia was a young woman who had spent a year in Windham going from one doubled-up situation to another.

Maria

Maria and her three children moved to Windham in the fall of 1988 and found affordable housing difficult to obtain. The research team had contact with Maria from November 1, 1988, through October 1989. Maria was a fifty-year-old Puerto Rican woman who had raised fourteen children and appeared to be an excellent mother. One adult daughter lived in one of the housing projects but felt that she could not risk her own housing by taking in her mother with her three children. Maria ended up at Shelter P__ in Willimantic for one month because the person she was living with had to move. During that time, she accompanied the shelter nuns to a Grange meeting in order to speak about the shortage of affordable housing, although she spoke very little English.

Maria was one of the few people in the study who probably would not have had a problem with homelessness had there been more affordable housing. However, she was homeless from November through the end of March. Landlords kept asking her for references which she did not have. It appeared that she had stayed with friends and relatives both on the mainland and in Puerto Rico most of her life. One landlord wanted her credit references, although she laughed and said that she was on welfare and did not have credit. Maria finally found a small apartment and was able to move out of the shelter at the end of March. I visited Maria in October 1989 in her cramped two bedroom apartment and found that, in addition to her own three children, she had one of her adult daughters from Rhode Island and the daughter's two children staying with her for a while.

Angela

Angela was a 29 year-old Puerto Rican woman I first met when she was living with Mrs. Lopez, her mother-in-law. Angela had been living at a battered women's shelter because of the beatings she received from her husband. When she moved in with her mother-in-law, the situation became very awkward. Angela had a one-and-a-half-year-old daughter, and was three months pregnant at the time of the first interview. On March 17 I made a home visit to the family. Angela was not at home at the moment, but Mrs. Lopez told me that she was fearful of jeopardizing her own housing by keeping Angela and the baby.

By the middle of April, Angela had moved into Shelter P__ in Willimantic. She said that she felt alienated at the shelter

because the nuns did not speak Spanish and did not understand her. She lived there until July 25, when she was able to move into an apartment in a neighboring town.

Leticia

Leticia was a young woman who had heard about the study on January 13, an hour after I had told two community workers at one of the housing projects about it. That day one of the workers called me back to say that I could see Leticia, who had left the housing project the previous June.

I made a home visit with Sue to see Leticia at another of the housing projects on the other side of town. There were workers tearing up the kitchens so the place was a mess. Leticia had been homeless for 5 months. She had been to Puerto Rico for one month the previous June after she moved out of her apartment, and she had not found any housing since her return. She and her three children stayed with friends, and she had to pay them from her check. She was going to a shelter in Danielson the following Sunday.

While I was with Leticia, I called the housing project she had lived in in June to see if she could get back her security deposit. They said they had no record of it. I also called Sandy from a local land trust (a cooperative ownership project). She was going to send me forms so that some of these families could come to the meetings. She said that the land trust project did not refuse families on AFDC.

On February 22 Leticia moved from a shelter in Danielson to a shelter in Willimantic. There she befriended T., a disturbed young woman from Italy. Leticia told Hydie that she had asthma and that it was a problem because she couldn't live in a place like the shelter that was very cold or hot and made it hard for her to breathe. She used an inhaler and went to the emergency room when she needed to.

On March 28 Leticia told Hydie that she used to have an apartment, a car, and a computer programming job in East Hartford. The father of the children, the man with whom she had been living for the past 10 years, said that they should move to Puerto Rico. She said that they did move to Puerto Rico, but "I didn't know the town, I didn't know any people. He took up with another woman and left." Leticia returned to Willimantic with the children. After that the man with whom she had been living also moved to Willimantic with his new wife. There were bitter battles, including the time he took the three children to the police station and said that they were abandoned. He also beat Leticia. She said that she had lived with him for 10 years and that he was her first boyfriend. She said that she had had her first baby when she was 15.

Leticia stayed in the shelter until April 15, when she and T. went

to New York City. There had been a lot of tension in the shelter over the status of the cook. The cook had been a resident at the shelter and had been asked to stay on as the cook. This young woman was white and had many more privileges than the residents. It appeared that the nuns were favoring this white woman over the Puerto Rican women who were in the majority. On April 21 Sister A___ told me that Leticia had left for New York for a week, and they had to move the things out of her room. After that Leticia was accepted for an apartment in the housing project she had left the year before.

Shelter

Representatives of 34 households were interviewed who, at the time of the interview, were living in one of the three shelters. We interviewed four households in a battered women's shelter-- people who had nowhere to go though they were ready to leave the shelter; seven households at Shelter Z___ in Danielson (30 miles out of town) whose assistance was being paid for by Windham; and 23 households at Shelter P___ in Willimantic. The descriptions below are illustrative of those situations we found in the shelters: Laura, a young woman and her two children from a battered women's shelter; Andy, a young black man from Shelter Z___ in Danielson; and Sally, a woman from Shelter P___ in Willimantic.

Laura

On February 21 I met with Laura on check day at the welfare office. She had been at a battered women's shelter with her two children and couldn't leave because she could not find housing. Laura said that she had had bad landlord references because of her husband. I recommended Legal Services for her.

On April 4 Laura moved into Shelter P___ in Willimantic. Laura was white (non-Hispanic) but who spoke fluent Spanish. Her husband was Puerto Rican. She often served as an interpreter at the shelter. On a visit there on April 19, Laura was in tears because she was disgusted at how things were going there. She was very depressed at the shelter and slept a lot. She had been promised an apartment at a housing project, but it would not be ready until June 2. In fact, Laura was not able to move out until July 7.

Andy

On November 1 on check day at the welfare office, I met Andy R., an 18-year-old black man, who was living at Shelter Z___ in Danielson. Andy had been studying carpentry in the Job Corps. Someone there stole his \$200 camouflage suit, and they got into a fight. He did not retrieve his suit and got thrown out of the Job Corps (in June). He can reenter in 6 months (December).

Andy told me that he was raised in Norwich. He was in a foster home

until the age of nine. Then he was shuffled many times between his mother, grandmother, and father and stepmother. He said that when he was with his mother and brother they brought back bad memories to him. He fought with his brother, but would like to join the Job Corps with him. He used the expression "we fight like cats and dogs" many times in referring to his relationship with his family. He completed half of ninth grade in Norwich. Then he came to Willimantic and went to high school for six months.

In Willimantic Andy had lived at M___ Hotel, but he had had his clothes stolen. He lived with some friends for 2 weeks, and then in a tent (I think in the Danielson area). He had entered the shelter the previous Friday. His plans were to live with a friend and the friend's wife and four kids. He said he would like to be off GA. He likes sports and told me the specific positions he likes to play in each sport. He indicated that if he didn't play that position, he was not happy. He also liked to fish.

Andy had a bus ticket in his hand to get back to Danielson. We called the bus depot to find out what time the bus left (1 and 4:15). I asked if he would go to the soup kitchen to eat and he said "NO" emphatically.

Andy gave the impression of being a young man who might be intellectually slow or disturbed. I would like to meet him again. Jackie (GA social worker) described him as a "lost soul."

On January 6 the research team visited Shelter Z___ in Danielson. We had a brief conversation with Karen, the teacher. She said that she helped enroll all of the children in the shelter in school, even if they were there only for a day. Her job was funded through an anti-poverty agency and through the public school. She knew Andy very well. He liked school and was caught in the middle of the requirements of GA, which would not pay for a room for six to eight weeks for him. It appeared that the shelter staff worked hard with him. He needed training for a job, but they felt that he had good work potential.

Sally

Sally was a 20-year-old white woman with two children, a girl aged three and a boy aged five months. She came to a shelter in Willimantic on August 25. She had been staying with her mother in Willimantic, but felt that she had to leave because she did not get along with her stepfather. Sally had lived in a shelter in Danielson once in 1985. She had been denied housing at a housing project because she did not have adequate letters of reference. Most of the days at the shelter she would go visit her boyfriend and his mother. On November first she and her boyfriend got an apartment in Willimantic.

Shelter P__ in Willimantic

In February 1989 an order of nuns opened a homeless shelter in what had been an old-age home. From February through September 1989, 41 households lived at the shelter. All were included in the study, although 18 households were interviewed before they came to the shelter and were included as falling into a different categories of homelessness (e.g., literal, SRO, doubled-up, or evicted). At first, the shelter took everyone, but after the first several months, they required that the household be a family. The Sister running the shelter (she also lived there herself) could not handle the single people, who appeared to be more disturbed or drug/alcohol dependent than the families with children.

Although the shelter was run by monolingual (English only) staff, the shelter was acceptable to Hispanic families, who, as the months went by, became its most numerous residents. The nuns were referred to as "monjitas" which is a term of endearment. Although some of the nuns at times became impatient with the families, the Hispanic women appeared to tolerate them. Perhaps because there is an idea within Puerto Rico, expressed by the saying to "go live with las monjitas," a shelter run by nuns is an acceptable means of coping with not having a place of one's own.

There are controversies surrounding this shelter. Some believe that a shelter in Windham will attract homeless people to the town. In fact, that happened in the case of Tony, whose brother was living in the shelter when Tony moved to Willimantic from Boston. It was also the case with several families the nuns in Norwich referred to Willimantic. On the other hand, this raises the issue of mobility. My experience and the research of others (see for example Morales 1986) is that poor people (and perhaps especially Puerto Ricans) move frequently as a way of attempting to improve their life opportunities. People who said they had just arrived from another place often in fact had lived in Windham before as children. There is a continuing tension between the idea that United States citizens may live anywhere within the country and the idea that one is tied to his or her community of origin and therefore should go back to it in an emergency. This may be a legacy of the Elizabethan Poor Laws and laws of colonial America.

Another issue raised by the shelter is whether General Assistance would pay for it as emergency housing for their clients. General Assistance staff had denied payment for almost everyone at the shelter because they said that the people could have stayed at their previous housing (i.e., at a hotel or in doubled-up situations). This becomes a matter of judgment. For example, the adjacent small city of Norwich has taken the position that hotels and motels are inappropriate housing for families and that they would prefer to pay for shelter costs. My own opinion is that the shelter provides safety (in terms of drug use especially) not found in a hotel. It also provides some advocacy and information-sharing

not found in other situations.

In February 1990 I was able to look at all of the files of the shelter for the first year of its existence. From February 1989 through February 1990, the shelter in Willimantic had given shelter to 59 households. These households consisted of 177 people, 109 (62%) of whom were children (see Appendix I). The most frequent type of household (the modal household) at the shelter for the first year of its existence consisted of a 30-year-old Hispanic woman with two children under 15 years of age, who received AFDC as her source of income. She was referred to the shelter by a social agency because she had been evicted from her apartment or the family with whom she had been staying temporarily (in a doubled-up situation) could no longer keep her. She stayed in the shelter approximately 30 days, after which time she moved into her own apartment.

There was a trend in the relationship between staying in the shelter for 30 days or more and leaving for an apartment of one's own. Of the 48 people who had left the shelter as of February 1990, 60% moved into their own apartments, and 40% had left for some other housing (e.g., other doubled-up situations, hotel, other shelter). This finding suggests that families who can stay for a month or more have more opportunity for various kinds of advocacy by the shelter staff and by other agencies in securing their own places. Their names also have a chance to rise on waiting lists through this period.

Evictions

We were able to interview representatives of four households at the moment of their eviction. It is interesting to note that of the four households, two were Hispanic and two were black. These evictions meant that the families became homeless and went on to a shelter, hotel, or doubled-up situation.

Madeline Cruz and Jose Ortiz

I met the family of Madeline Cruz and Jose Ortiz on November 7, 1988, when I went to a Puerto Rican social service agency and was introduced to them by Juan, the social worker there. They had been living in a housing project. The family consisted of Jose Ortiz, his wife Madeline Cruz, their four grandchildren, and one son. They had had an eviction notice in June, went to court, and lost. They said that they did not have an interpreter in court. They said that they still did not have a place and that they needed to move by December. Madeline had asthma and needed to inhale her medication while we were talking. She spoke no English. The man spoke some English and seemed to have a better grasp of the situation. They received a combination of AFDC and SSI and had five dependent children, four of whom were grandchildren. The housing project wanted them out-- it was not clear whether this was because of too

many people in a two-bedroom apartment or because their son had been killed in a drug dispute that summer. I gave Mr. Ortiz the Saturday newspaper's advertisements for apartments. He seemed able to follow up. Also, I called DHR (Department of Human Resources) to ask for assistance.

On January 30, 1989, I got a call from Nilda, a social worker with the mental health agency, to come see the Cruz family at her office. They had found their way to Nilda. Madeline seemed less asthmatic. They had one child with them, although I didn't know why he was not in school. They were now at a Danielson shelter, thirty miles out of town in a community with almost no Hispanics. They said that the people at the shelter were "buena gente" (good people).

I then called the Willimantic housing office and was told that the family had not been accepted for public housing because of their eviction from the other housing project. Jose said that was not fair. Although their eviction was officially for breaking the lease because of too many people in the apartment, it appeared that the housing authority knew that the eviction was really drug-related. I suggested that they go to the Legal Services office for an appointment with a lawyer about this, which they did on January 31.

I also called Sister J___ of a Catholic agency, who said that she would work on getting them a place at a new shelter in Willimantic. The Sister said that she had tried to call them through Nilda on Tuesday and Wednesday, with no success. The Sister telephoned me at home to say that the family could move into the shelter. She asked me what was the story with the family. Sister J___ was concerned that they might bring relatives and friends to the shelter to visit them. I told her that perhaps she could be firm with the family about no visitors to the shelter. They have had no trouble at Shelter Z___ in Danielson, but that may be because it is thirty miles outside Willimantic.

On February 2, I went to help Nilda fill out housing forms for the Cruz family. They were doing well with the "monjitas" (dear nuns). Madeline especially looked well cared for. Nilda called the lawyer in order to know why they had received a poor reference from the housing project. He reported that the charge was that Jose had been selling drugs, and that was serious. When Nilda asked him about that, Jose said that he had been in jail for 10 months, on probation for two years, on parole for one year. He felt he had paid for the crime and said that he did not use drugs any more.

On this day, Madeline and Jose were in Nilda's office with two of the children. They were on their way to New Jersey for a funeral. Also, Nilda said that Sister D___ (the resident nurse at the shelter) might open the building up for more families.

When I was at Shelter P___ on February 20, I saw the Cruz family. Since it was a school holiday, all of the children were there. Madeline was cooking and Jose had spent the morning cleaning the kitchen. At one point Madeline took a belt out of Jose's pocket and after a minute I heard crying from the long ward room (the shelter used to be a hospital) in which they are all staying. He mentioned to me in Spanish that they have to keep the kids under control.

By the middle of March the Cruz family had moved into an apartment in Norwich, a neighboring town with a small (compared to Windham) Hispanic community, and few services for Hispanics. It appears significant that the family was not able to find an apartment again in Windham because of the size of the household and their eviction from a housing project.

Obtaining Housing in Windham

The households included in the study were composed of the most vulnerable people in terms of the very tight market of affordable housing. Most of the households were surviving on some form of public assistance, which, in relation to the current rents in the area, made renting an apartment extremely difficult. For example, a single mother and child, such as Sue and her son, would get a check of \$450.00 a month. Most private landlords and all of the public and HUD-subsidized housing representatives insist that they get a two-bedroom apartment. Most two-bedroom apartments rent for least \$450.00. During the period of the study, there was a possibility of a \$50.00 rent supplement for AFDC families if their rent was more than 60% of their income. Not every family was on AFDC, however. Sue, for example, had spent accident settlement money faster than welfare allows, and so was ineligible. A young couple, Juan and Anita, were not eligible for AFDC because Juan had not worked enough quarters to be considered an unemployed father.

There was also the possibility that one could be eligible for assistance with a security deposit. The program run through the state was very strict in terms of who was eligible (one had to be involuntarily displaced and able to prove it). Even if one were eligible for the deposit, it would require that the landlord accept the security deposit after the tenant moved in. A local security deposit program wanted to help people who were "good risks" in terms of paying back the deposit.

Section Eight is a HUD-sponsored program that provides a rent supplement. The tenant pays 30% of his/her income for rent, and Section Eight pays the rest. This program enables people to live in privately owned housing. The program is administered by the town, which has a limited number of certificates, and by the state. In Windham several people in the study became eligible for Section Eight. One must apply for the program; there is a long waiting list, and the apartment itself must meet certain standards.

In addition to financial considerations, the landlords, both public and private, were very careful in their choice of tenants. For example, one housing project, with at least 30 apartments out of 200 vacant (although some of the vacant apartments needed much work), would not take people without two years of positive landlord references. I was repeatedly told that this was a tactic used to keep out people who might be dealing drugs. The logic was that since it is so difficult to know if there were drugs involved, the family would be rejected on the basis of a lack of references. The manager felt that even if the woman of the family would be a good tenant, she might be involved with a man on drugs. Also, some landlords told me directly that they would not rent to people on welfare.

I noticed a change in attitude with some landlords when I told them the Spanish surname of the person I was calling for. For example, in one call I made for Ricardo, the landlord told me after I told her his full name that the apartment had been rented.

The public housing authority in Willimantic takes applications on only two days of the month (the third Wednesday and Thursday). All of the documentation must be complete (for example, reference letters, birth certificates) or else the application will not be accepted and must be deferred for another month. There was no Spanish/English translator hired by the WPA during the year of the study. If the person did have a complete application, he/she was sent a letter saying that they were eligible for housing, and their name would appear on the waiting lists for housing. However, eligibility refers to financial eligibility. Once the person's name appeared high on the lists, he/she would be screened for desirability. The vast majority of the applicants did not understand the distinction between eligibility and desirability.

The waiting lists for public housing were compiled anew each month and the person's name would appear according to his/her preference rating and be displayed (by last name) on lists in the lobby of the office. This preference rating was based on need. For example, an applicant was supposed to receive a point for substandard housing. In reality, the interviewer from the housing authority would determine what was "substandard." One day I was interpreting for a woman who was getting one point for living at M___ Hotel. At the next desk I heard another interviewer say that the hotel was not substandard and the applicant would not be given a point for it. The interviewer went on to berate the person for moving into the hotel ("You should not have moved in if it was substandard"). General Assistance clients, however, are referred to the hotel as a source of housing they can afford.

Another issue consists of how many bedrooms a family needs. According to public housing, and Section Eight-subsidized housing regulations, the adults, opposite sex children over age three, and same sex teenagers need separate bedrooms. In such a tight housing

market, families living in one room at a hotel or at a shelter or in someone else's apartment would lament the strict rules on numbers of bedrooms.

Many of the people on General Assistance were chronic alcoholics and drug addicts and, I believe, may have been eligible for SSI (Supplemental Security Income). If they were, they could also receive the state supplement and have more money to spend on rent. However, such people need much help in making the application for SSI and following through on gathering the papers required. If they were to receive SSI or disability payments from Social Security, they would be eligible for some of the public housing for the elderly and disabled. I was told that the projects however were not looking for additional tenants who are mentally ill or substance abusers. Although this would not be stated as an official policy, the housing authority appears to have some degree of control over whom they accept.

Since the time of the study, there has been a recognition on the part of the social service network of the seriousness of the lack of affordable housing for the poor of Windham. Several recent efforts to improve the situation were the arrival of three VISTA workers in Windham, whose job is to ameliorate homelessness; the establishment of a successful Windham Homeless Coalition; and a new program of help with security deposits and landlord disputes (the Windham Housing Intervention Fund).

Observations on the March 20, 1990, Homeless Census Count

During the first week of March, the research team was reassembled in order to find out again who was homeless in Windham on March 20. For the three weeks prior to March 20, the team prepared for the count in the following manner: Jane and I made announcements in the soup kitchen about wanting to speak with people who had no housing; Sue H. spent mornings at Shelter P___ in Willimantic; I spent March 16 (check day) at the General Assistance office; and Tony and Mark did a door to door survey of M___ Hotel. In addition, I again let the social service community know I was interested in interviewing homeless people. Both Catholic Family Service and the Salvation Army filled out forms for people they knew were homeless.

On March 20, 1990, the team members worked all day. Tony and Mark resurveyed M___ Hotel; Sue and Ramona went to Shelter P___ in Willimantic; I called Shelter Z___ in Danielson and talked to one resident over the phone (I had seen the rest of their Windham residents at the soup kitchen); we all went to the soup kitchen at noon; Sue B., Hydrie, Dawn, Stephen, and I went to some of the smaller rooming houses; and Hydrie and I went to the two motels in the area. At 8 p.m. Sue, Ramona, and I went to Shelter P___ in Willimantic in order to observe the enumerators there. Tony and Mark were out on the streets trying to observe the enumerators. We also had two key informants in the hotel agree to stay home and

tell us about the hotel enumeration. One informant was Ernesto, a Hispanic man, who lived on the third floor and tended to know the other Hispanics and many of the drug users. The other was Helen, a white woman who lived on the fourth floor and tended to know the other whites and many of the alcoholics.

By the end of the day on March 20, we had counted the following numbers of homeless in Windham: five white males sleeping outside (we saw four at the soup kitchen, and Mark saw and spoke with one on the street); ten households (24 people) in Shelter P___ in Willimantic; four males in Shelter Z___ in Danielson (who were residents of Windham); 63 people in M___ Hotel. At the SRO's we counted the following: 11 people at Willows St.; 18 people at Moody Avenue; 10 people at Verdes St.; seven people at Sears St.; eight people at Hool St.; four people at Custers St. and seven people above the bar. We were told (by residents) that there were eight people in the R___ Rooms and seven people at Western St. (a "dry" house for recovering alcoholics). In addition, we found 14 people staying with others in doubled-up situations in various places in town, although from the year-long study we would estimate that this is only a portion of the doubled-up population.

On March 21 the two key informants at M___ Hotel said that no one from the Bureau of the Census had entered the hotel the previous evening. Mark and Tony saw no enumerators on the streets. I observed the two enumerators at Shelter P___ in Willimantic. They were both men (one in his early twenties, the other in his middle thirties). Both were casually dressed. They appeared to speak no Spanish. They encouraged everyone to fill out a form (in English or in Spanish). They asked me and my assistants to fill out forms. I told them that we were just visiting. Sister H___ had put a visitor, Renaldo, in a separate room because she did not want him to be counted (he was only visiting his girlfriend at the shelter). Several people were not in by 8 pm, but the enumerators left forms with the Sister for them to fill out and mail back. From my observations, the enumerators appear to have done a thorough job, and the shelter residents and staff were cooperative.

The research team met with resistance in attempting to enter the R___ Rooms, one single-room-occupancy house, and two motels. It appeared that without the authority of the Bureau of the Census we would not be able to talk with the residents. However, we were able to get information from people already known to us, who were living in the SRO and the R___ Rooms.

I was able to compare my lists with the Census lists by going to the Norwich office of the Census Bureau on March 26, April 2, and April 18. I was able to look at only the packets of forms from the "Special Operations" unit which included the March 20 count (S-Night), the March 31 count (T-Night), and the group quarters count. The following table summarizes a comparison of this study's count and the Bureau of the Census count.

Table VIII
Comparison of Study Count and Census Count of March 20

Address	Study Count	Census Count
Outside	5	0
Shelter P____ in Willimantic	24	23
Shelter Z____ in Danielson*	4	3
M____ Hotel**	63	50
R____ Rooms**	7	9
Moody Avenue***	18	21

The following doubled-up and SRO populations were to be counted by the Census as part of their April 1 enumeration, not during the special operations.

Doubled-up	14
Willows St.	11
Hool St.	8
Above the Bar	7
Custers St.	4
Verdes St.	10
Sears St.	7
Western St.	7

*The 3 Shelter Z____ residents counted by the Census were viewed as part of population of Danielson, Ct., although they were Windham residents.

**Counted by the study on 3/20 and counted by the Census on 3/27.

*** All street, shelter, and housing names are pseudonyms.

The enumerators found no one on the street. This is not surprising, since the year-long ethnographic research had indicated that the literally homeless were very private about where they actually sleep. Without a relationship (e.g., by meeting them at a soup kitchen) counting them would be almost impossible.

The enumerators found three of the four people in Shelter Z___ in Danielson and 23 of the 24 people in Shelter P___ in Willimantic (one Hispanic grandmother had no form filled out at Shelter P___).

Although the enumerators had no problem in counting nearly all of the sheltered homeless at the two shelters mentioned, an important finding is that there is no indication of which town is paying for the shelter resident (and therefore in which town the resident should be included). At Shelter Z___, although the enumerators counted three people, nothing on the form indicates that Windham is paying the shelter costs of the person receiving General Assistance in Windham. Since Shelter Z___ is in Danielson (30 miles away), the town of Danielson will be credited with the three people. If this situation were repeated throughout the U.S., and in areas with more significant numbers, some towns could lose the people counted.

On March 26, at the Census Bureau's regional office, I discovered when I asked to see the M___ Hotel packet that the enumerators had not enumerated the hotel, even though, according to the printed plans I had seen, the Bureau had planned to count the hotel during S-Night. Instead, the enumerators went out to M___ Hotel on March 27 in order to speak to the manager, and did a total door-to-door count on March 31. By April 18 there were forms for 34 of the 63 people we had counted. They also interviewed 14 people whom we had not counted. An additional six people received forms in the mail, and two had sent them back by April second. Although we did not count the same people (in part because of the different dates of our counts), the Bureau of the Census received forms for 50 people and we had counted 63 people. It is possible that the difference in the study count (63) and the Census count (50) can be attributed to a real drop in the number of hotel residents from March 20 to March 31.

I noticed that most of the Puerto Ricans who filled out the form from the hotel wrote (or answered, if it were an enumerator filled-out form) "Puerto Rican" in answer to the question of race. They again filled in "Puerto Rican" for the Hispanic origin question. The race question does not seem to be congruent with the Puerto Rican self-identity in that Puerto Ricans see Puerto Rican as their primary identity (racial and ethnic), not black or white.

The Bureau of the Census had four forms from March 20 from the W___ Motel (in Columbia, Ct.). However, there is no indication of the individual's permanent residence. There is also no indication on

the form that these were people without another residence. All four were white men. Their names were not familiar to me as people being supported by General Assistance of Windham, and there is no reason to assume that they were Windham residents.

The Bureau of the Census had forms for 21 people at Moody Avenue and nine people at the R___ Rooms, both completed during the group quarters count. We had counted 18 people at Moody Avenue and seven people at the R___ Rooms during S-Night.

The rest of the SRO count was being done by having the individual fill out the forms they received by mail by April first. If the forms were not filled out, the residents would be visited by an enumerator. It would have been June or July 1990, after the study period, before enough forms were available in the Norwich office to compare counts. It is difficult to predict how successful the SRO count will be for those SRO who were mailed the forms directly (the majority of the SRO population).

It would appear from this information that when the enumerators arrived at a site in person (e.g., at the shelters or hotel), they had cooperation from the residents, staff (at shelters), and landlords, and the count appeared to be accurate. However, the 2 a.m. to 4 a.m. strategy of counting those living outside was not as effective.

Census Count of Doubled-Up Population

It is not possible in this study to compare the accuracy of the Census Bureau's findings of the doubled-up population in Windham with this study's findings. Theoretically, the householder who filled out the mailed census form of April 1 would have included the doubled-up family according to the instructions on question 1a. (i.e., "List on the numbered lines below the name of each person living here on Sunday, April 1, including all persons staying here who have no other home.") Since the doubled-up population of Windham is associated with Hispanic ethnicity, an indirect indication of the inclusion or lack of inclusion of the doubled-up population could be Windham's Hispanic count.

On February 14, 1991, the first figures were released for Hispanic count of the 1990 Census (Connecticut State Data Center Data Release, February 14, 1991). The figures indicate that the Hispanic population of Windham is 15% (3,321 out of a total population of 22,039). The figures also indicate a young Hispanic population, with 43% of the 3,321 people under 18 years old, in contrast to the 23% under 18 years old of the total population. In 1990 the Windham public schools reported that 29% (959) of the 3,294 children of the school system were Hispanic. There appears to have been a significant increase in the Hispanic population in the last decade. The 1980 Census indicated an 8% Hispanic population for Windham, and the Windham public schools reported an 11% school population

at that time.

If there were a statistical procedure of extrapolating a school population count onto a general population count, one could discover if there was an undercount of the Hispanic population in Windham. If there was an undercount of Hispanics, the ethnographic data point to the difference being due to the difficulty of counting the numerous doubled-up families, who consider themselves (and are considered by the host family) as only temporary members of the household. It is interesting to note that the figure most often used by the Hispanic community leaders for Windham's Hispanic population is 25% (personal communication, Hispanic Service Providers Network 1991). This figure is not based on a specific study or census count.

Analysis and Implications for the Census

We were able to make contact with the literally homeless through our efforts to meet them in a soup kitchen over a period of several months. The soup kitchen contact gave them the freedom to speak with us or not. At times people would observe us for several weeks before finally approaching us and telling us of their situation. The phrase that was often used by the literally homeless of the study was that they did not "want any hassles" and they "did not want to be hassled." Although they were often speaking of landlords in this context, it was clear that they could also mean study teams or census enumerators.

A daytime count of the literally homeless at a public place such as a soup kitchen would seem to be the most profitable way to find the literally homeless in a place like Windham. A daytime count would allow the homeless to preserve their privacy in terms of their sleeping spots. The enumerators who perform the daytime count could be recruited from the ranks of the community activists (e.g. members of the Windham Homeless Coalition), many of whom already know and are trusted by the literally homeless. If enumerators were to be hired who are not known by the homeless themselves, spending several weeks in the soup kitchen, being observed by the homeless, could prepare the population for a daytime count.

The hotel count performed by both the study team and the census enumerators appeared to be successful in large part, we believe, because it was carried out door to door. The study team found that the best hours for finding people available to talk was late morning, as people were getting up, or early evening, before they were out for the night. If the enumerator had been bilingual in English and Spanish (from his spelling of common Spanish names, he did not appear to be bilingual), this would have increased the efficiency of the count.

The possible areas of undercount at the hotel would be from mothers who do not want the State protective agency to know they are there.

Also, there may be under-reporting of how many people are actually living in the room, since the hotel charges by the person as well as by the room. For example, Carmen, who is described in the section on locating the homeless through the home visit, told the manager that she had three children with her, when in fact there were five at times, and General Assistance was paying for five children.

In order to improve the rest of the SRO count, the year-long study indicates that residents of SRO's should be approached in person, in the same way the group quarters and hotel residents were. We predict that because there are so many drug addicts and alcoholics living in these SRO's, the chance of cooperation with the census will increase if the census taker appears there in person.

The study was able to locate the sixty doubled-up households in large part because we had become knowledgeable resources about housing in the community. This is by far the most invisible group of homeless of Windham, and yet it is the largest group, and the group most likely to affect Windham's total population count. The doubled-up homeless are currently expected to be counted as a part of the regular April 1st enumeration on forms that households receive by mail. Although it has not been possible specifically to know if the doubled-up families were counted by the 1990 census, it would seem unlikely. This is because the host families do not want to count them as "members of the household." Each doubled-up family in which we were involved emphasized the temporary nature of its arrangement, even when the arrangement went on for months. The host families would be dissuaded from including the guest family on the census form due in part to the threat of eviction by their landlord (whether it was public or private housing), and due also to the inconvenience of having the guest family share its living space.

In the years before the next census, pretests of various wordings of the first question (1a. "List on the numbered lines below the name of each person living here on Sunday, April 1...") that attempts to tap the existence of the doubled-up family should be conducted. For example, now homeless doubled-up families are supposed to be included in the category "Persons with no other home who are staying here on April 1." This may visually include the doubled-up family with the household, which is not the householder's view of reality. Perhaps having a separate question on the first page: "Do you have anyone staying with you temporarily?" or "do you have anyone doubling up with you?" would allow the householder who answers the form to keep the doubled-up person or family in a separate category, not to be confused with the rest of the family. Pretesting could be conducted in neighborhoods that previous research (such as this study) indicated had many doubled-up households.

Another method that could improve the count for the doubled-up

families would be to have promotional efforts within the poor communities (both Hispanic and non-Hispanic) where doubling-up is prevalent. The promotional efforts, carried out by community organizations, could not just urge people to answer the census in general and emphasize its confidentiality, but be specific about including the doubled-up guests of the householder. For example, in the Hispanic community there could have been active census promotional work through PROP (the Puerto Rican Organizational Program), La Familia Latina (an arm of the mental health agency), and the bilingual program of the public schools. Promotional work for the census could have been carried out within the non-Hispanic community by NEAC (Northeast Action Committee, an anti-poverty agency) and various church groups that serve the low-income community. The Windham Homeless Coalition could have been an organizing group for the promotional effort. In fact, before and during the April 1 Census there was almost nothing visibly carried out by the community organizations to promote answering the Census.

Enumerating people in shelters is one of the major methods of counting the homeless in the United States. The study's experience in the shelters is that each shelter has its own official and unofficial screening devices. In other words, it is important to realize that in meeting the residents of a shelter, one is meeting the "sheltered homeless" and not "the homeless." For example, we knew of situations at both a shelter in Willimantic and another in Danielson in which residents were told to leave, at times with a police escort. I have known of families that have rejected the shelters because they do not like the rules they have heard about (for example, the 8 p.m. curfew for being inside).

On the other hand, once people were in the shelter, they and the shelter management were cooperative with the Census. The only information that would not be gotten in the shelter enumeration is the town that might be paying the shelter costs for the individual or family. In other words, Windham was not credited during the enumeration for their residents who were staying at the shelter in Danielson because the form used by the Census during the S-Night count did not ask for information as to who was paying the shelter costs.

The families in the midst of eviction were theoretically counted in the April 1 Census through forms mailed to the households. It is not possible to ascertain whether families in the midst of eviction did fill out the forms.

Areas of Future Research

There are many areas that could be further explored in order to understand the dynamics and extent of homelessness. For example, the doubled-up population of Windham appears to be significant in terms of numbers but is for the most part invisible. One possible method of estimating the rate of this phenomenon would be to

randomly (for example, every fifth door) survey the housing projects and the apartments of the low-income areas for doubled-up households. Again, any investigation would have to find some way to assure the people that the investigators were not working for the landlords, welfare, or immigration.

In an interesting critique of homelessness research to date, Diana Pearce, director of the Women and Poverty Project of the Institute for Policy Research, maintains that homeless women and children are systematically excluded from academic and governmental studies of homelessness. She says:

One reason that homeless families are "invisible" to some academics is that, coming from a long tradition of studying homeless men, skid row inhabitants, and hobos, women and children simply do not "look" like the homeless whom they and their predecessors have studied: homeless women with children often "disappear," they do not always co-operate with interviews...., they do not participate in the culture of the homeless, e.g., they do not frequent drop-in centers, soup kitchens and shelters where surveys are made, and they do not share--to the same degree--such characteristics as chronic alcoholism and mental illness (Pearce 1988:3).

The invisibility referred to has to do with the pervasive doubling up of homeless families and the fear that if any of the "authorities" knew of their situation, the families could risk losing the children to foster care. Another group of homeless families not usually counted are those women and children living in battered women's shelters or safe houses who cannot return to their former residences.

Another area of research would be to study the utilization of the shelter system. In Connecticut there are now at least 55 shelters (Connecticut Coalition for the Homeless 1991). What is the pattern of use of the shelters? To what extent does the shelter system provide a needed respite from the insecurity of other forms of homelessness? Are people encouraged to give up the search for more permanent housing?

Residence at a hotel is another area to explore. The hotel was the housing type recommended as affordable by General Assistance staff. This means that the Town is actively sending people to live in a situation that almost everyone agrees is unhealthy. The hotel is privately owned and managed. Although there is a high proportion of people there with a multitude of problems, the health and social service personnel appear reluctant to enter the building. At times the hotel was viewed by the public projects as "substandard housing" (thereby hastening the person's application process), and at times it was not viewed as substandard. What accounts for the inconsistency?

Another general area to explore further involves the general patterns of migration into the town. How many are escaping from the larger metropolitan areas? What is the migration pattern of the Puerto Rican community? There are indications that within the Hispanic community people come to Windham for la tranquilidad, as an escape from more turbulent cities such as Hartford, Springfield, Massachusetts, or New York. Are the rural homeless poor of neighboring towns being encouraged to move into Windham when they lose their homes or apartments because "Windham has housing for them" (even though the hotel and the other SRO's are what is meant)?

Conclusion

The study was successful in locating many of the homeless of the small city of Windham by entering into the social networks of the homeless themselves and of the service providers, and by becoming visible at the soup kitchen and on check day of at the General Assistance office. The process of entering social networks was helped by the significant Hispanic population which has effective means of communicating within the group. Most of the people contacted by the research team were willing to talk, in part because of the offer to exchange valuable housing information in the highly competitive affordable housing market.

The Bureau of the Census appeared to be successful in the 1990 census in Windham in locating people in shelters, hotels, and group quarters to which they went in person. They were not able to count the people sleeping outside, and it is predicted, based on the ethnographic data, that the doubled-up population will be difficult to count.

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Appendix I

Shelter P___ Population 2/89-2/90

Number of households=59

Number of people=177

Number of children=109 (62% of total individuals)

These data are according to head of household (N=59)

Variable	Number	% *
<u>Gender</u>		
Male	14	24
Female	45	76
<u>Age</u>		
18-56 years		
mean	30	
median	29	
<u>Ethnic group</u>		
white	19	32
Hispanic	37	63
black	2	3
native american	1	2

Number of children in household under 18

109

Number of children in household under 15

103

Spouse present

present	10	17
not present	49	83

*may equal more than 100% due to rounding

<u>Variable</u>	<u>Number</u>	<u>%</u>
<u>Number in household</u>		
one	11	19
two	14	24
three	15	25
four	7	12
five	8	14
six	3	5
seven	1	2
mean	3	
median	3	

<u>Type of homelessness immediately before shelter</u>		
living on street (or woods, car, hallways)	4	8
welfare hotel (SRO)	5	10
other shelter	5	10
apt had fire	3	6
battered women's shelter	4	8
doubled up	16	31
eviction	10	20
moved into town	1	2
separated from spouse	1	2
abused by spouse	2	4
unknown	8	

<u>Source of income</u>		
General Assistance	16	30
AFDC	29	55
SSI	1	2
no income	3	6
job	2	4
child support	1	2
unknown	7	

Number of days in shelter

range	2-150 days
mean	41
median	30

<u>Variable</u>	<u>Number</u>	<u>%</u>
<u>Referred to the shelter by</u>		
NEAC (social agency)	6	13
Homeless study	7	15
USMHS (m.h. agency)	6	13
Catholic Family Serv.	3	6
Red Cross	1	2
G.A. (town welfare)	3	6
Battered Women's Shelter	2	4
PROP (Puerto Rican agency)	8	17
Perception House (drug/al program)	1	2
other shelter	2	4
Dept Human Resources	3	6
health clinic	3	6
self referred	2	4
unknown	12	
<u>Left shelter for:</u>		
apartment in town	22	37
apartment out of town	7	12
moved in with friend or relative	8	14
hospital	2	3
jail	1	2
SRO hotel	3	5
streets	2	3
other shelter	1	2
left town	2	3
still in shelter	5	9
unknown	3	7
<u>Date of Admission to Shelter</u>		
1989		
February	8	14
March	4	7
April	8	14
May	6	10
June	3	5
July	6	10
August	4	7
September	4	7
October	4	7
November	3	5
December	4	7
1990		
January	5	9

<u>Variable</u>	<u>Number</u>	<u>%</u>
<u>Types of Families</u>		
Family (includes parents and children, married couples, siblings)	48	81
Family with children under 15 years	46	78
Family with pregnancy	4	7
Family with newborn-12 months	11	19
Family with child 13 months-5 years	30	51
Family with child 6-12 years	25	42
Family with child 13-18 years	11	19

Leaving Shelter for Apartment and Days in Shelter

Left for An Apartment	Days in Shelter		
	< 30	30 and over	
left for apt.	5	24	29
left for other than apt.	15	4	19
	20	28	48

Significant association according to chi square test

chi square= 17.983 DF=1 probability=<.0005

Appendix II

In Depth Interview Questions

THE PURPOSE OF THIS INTERVIEW IS TO LEARN ABOUT PEOPLE WHO HAVE HOUSING PROBLEMS IN ORDER TO IMPROVE THE SITUATION. ALL OF THE ANSWERS WILL BE CONFIDENTIAL.

Please describe your present housing situation.

Please describe the events that led up to your present housing situation.

With whom do you live?

Where do you live?

How long have you lived there?

Where have you been living the past month?

Where have you been living the past six months?

Have you applied for Section 8? Public Housing? Land Trust? Security Deposit Program? Other?:

Describe the housing

How much and how do you pay it?

Describe any problems with it.

Describe facilities in terms of shower, bath tub, toilet, stove, refrigerator, sink, hot plate, hot water.

Where do you usually eat?

What do you usually eat?

With whom do you eat?

Do you ever eat at the soup kitchen? How often?

Do you receive food stamps? If not, why not?

Do you receive surplus foods? If not, why not?

What is your source of income?

Are you receiving: GA (Town) AFDC(State); Unemployment Compensation; SSI (Supplemental Security Income); State Supplement; Worker's Comp?.

Do you work full time? Part time?

What is your usual occupation?

Are you able to work? Please describe.

Starting with your most recent job, please tell us about your jobs, and the periods of time you had the job.

Why did you leave the last job?

What kind of work would you like to do?

What do you do for transportation? Do you have a license?

What do you see as your major problems in getting a job?

Are you or were you on Workfare? Where?(If on GA)

If you are or were on workfare, discuss how you feel about it and describe your experiences.

Where did you grow up?

Describe your family as you were growing up

Are you married? divorced? separated? widowed? never married? Do you have children?

How far did you go in school?

What has been your experience with school?

Do you speak English? If not, have you been to English as a Second Language classes? What has your experience been in learning English?

What has been your experience with job training?

How is your health?

Are you taking medicines?

Do you usually have aches or pains?

How is your appetite?

Do you feel over or underweight?
Is your weight steady?

Do you feel like you have a lot of energy?

Do you have problems eating?

Do you have problems sleeping?

Do you have problems hearing?

Do you have problems seeing? Do you have glasses? Do you wear them?

Do you have problems with your teeth?

Do you have chest pain?

FOR ALL OF THE FOLLOWING QUESTIONS ASK; HAS THIS BEEN DIAGNOSED BY A DOCTOR? DO YOU HAVE MEDICINE OR A SPECIAL DIET FOR IT? DO YOU TAKE THE MEDICINE OR FOLLOW THE DIET? ASK ABOUT THE FOLLOWING CONDITIONS OVER THE PAST TWO YEARS

Heart attack?

Heart disease ?

Shortness of breath?

Asthma?

Emphysema?

Pneumonia?

High blood pressure?

Diabetes?

Hepatitis?

Tuberculosis?

Cancer?

Broken limbs?

Accidents?

Lacerations?

Head injuries?

Have you been to the emergency room? When? What was the problem?

Do you have any other health problem?

When is the last time you saw a doctor? For what?

When is the last time you saw a dentist? For what?

When was your last Pap exam (women)?

Are you receiving Title 19 (Medicaid)?

Where do you usually receive health care?

Do you have problems getting health care? Please describe.

How is your mental health?

Are you nervous?

Are you depressed?

Have you been suicidal?

Have you had any other mental health problems?

Have you gotten any help with any mental health problem? Please describe

Do you use alcohol?

How much do you drink?

Is drinking a problem for you?

Was drinking ever a problem for you?

Have you gotten help for drinking. Please describe

Do you use drugs?

How much and what do you use?

Is it a problem for you?

Was it ever a problem for you?

Have you gotten any help with your drug use? Please describe

When you have a problem, who do you go to?

Which of the following agencies are you involved in and what has been your experience with them?

Legal Service
USMHS
Catholic Charities
Soup Kitchen
PROP
Windham Heights Community Center
NEAC
Youth Services
Big Brother/Big Sister
JTPA (Job program of WRCC)
Adult Basic Education (El Faro)
Perception House
New Perceptions
Northeast Alcohol Council
Murphy House
WACAP Shelter
Battered Women's Program
HUD Section 8
Salvation Army
WAIM
Blood Pressure Screening
WACAP Health Clinic
Pre-Natal Clinic
Visiting Nurses
Homemaker/Health Aid
AA
NA
Methadone Maintenance
DVR
Other?

What do you hope your life will be like in five years?

Could you tell me how life is for you now?

What are your suggestions any of the agencies or programs you have been involved with?

Code#	Age	Ethnicity	Gender	Date	Interviewer
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Appendix III

Entrevista

EL PROPOSITO DE ESTA ENTREVISTA ES PARA APRENDER DE LA GENTE QUE TIENE PROBLEMAS DE VIVIENDAS PARA QUE MEJORE LA SITUACION. TODAS LAS CONTESTACIONES SERA MANTENIDAS EN LA MAS ESTRICTA CONFIDENCIALIDAD.

Por favor describe su situacion de viviendas.

Por favor, describa los eventos que resultaron en su situacion.

Con quien vive?

Donde vive?

Cuanto tiempo ha vivido en este sitio?

Donde ha vivido durante el mes pasado?

Ha solicitado a Seccion 8? Viviendas publicas? Land trust?
Programa de deposito seguro?

Describe sus vivienda.

Cuanto paga y como paga?

Describe problemas con las viviendas.

Describe las facilidades de un ducha, bano, toilet, estufa, nevera, fregadero, "hot plate" y agua caliente.

Donde come usualmente?

Que come usualmente?

Con quien come?

Come en el soup kitchen? Cuantas veces?

Recibe cupones? Si no, por que no?

Recibe queso y mantequilla? Si no, por que no?

Como recibe dinero? (por ejemplo, trabajo, cheque..)

Ha recibido (o recibe ahora): AFDC; UC; SSI; State Supplement Worker's Comp? Por favor, describa.

Cual es su ocupacion usual?

Usted puede trabajar? Por favor, describa.

Por favor, digame de todos sus empleos (empieza con el empleo mas reciente) y cuanto tiempo duro el empleo.

Porque deajo de este empleo?

Que tipo de empleo le gusta?

Que tipo de transportacion tiene usted? Tiene licencia de manejar el carro?

Cual es su problema mayor en conseguir empleo?

Participa usted en workfare? Donde? (si esta en G.A.)

Si participa en workfare, cual han sido sus experiencias en workfare y describa sus experiencias.

Donde secrio usted?

Describa su familia cuando era nino.

Es usted se casada(o)? divorciado? separado? viudo? soltero-nunca se ha casado? Tiene ninos?

Hasta que grado llego en la escuela?

Cual ha sido su experiencia en escuela?

Hable ingles? Si no, ha ido a las classes para ingles como idioma segundo? Cuales son sus experiencias en aprender el ingles?

Cual ha sido su experiencia con adiestramiento de trabajo?

Como esta de salud?

Toma medicina?

Usualmente, tiene dolores?

Como es su apetito?

Cree que usted esta gordo? delgado?
Mantiene su peso estable?

Tiene mucha energia?

Tiene problemas en comer?

Tiene problemas en dormir?

Tiene problemas en oir?

Tiene problemas en ver? Tiene espejuelos? Lleva los espejuelos?

Tiene problemas con sus dientes?

Tiene dolor en su pecho? .

PARA LAS PREGUNTAS SIGUIENTES, PREGUNTE; TIENE UN DIAGNOSIS DE LA ENFERMEDAD DEL DOCTOR? TIENE MEDICINA O UNA DIETA ESPECIAL PARA LA CONDICION? TOMA LA MEDICINA O SIGUE LA DIETA? PREGUNTE DE LAS CONDICIONES DE LOS DOS ANOS PASADOS.

Ataque de corazon?

Enfermedad de corozon?

Es usted corto de respiracion?

Tiene fatiga (asma)?

emphysema?

la presion alta?

Diabetes?

Hepatitis?

Tuberculosis?

Cancer?

Huesos rotos?

Acidentes?

Laceraciones?

Heridas de cabeza?

Ha ido a sala de emergencia? Cuando? Cual fue el problema?

Tiene otras problemas de salud?

Cuando fue la ultima vez que visito al doctor? Para que?

Cuando fue la ultima vez que visito al dentista? Para que?

Cuando fue su ultima examen vaginal (Pap) (mujeres)?

Recibe Title 19 (Medicaid)?

Donde usualmente recibe cuidado medico?

Tiene problemas en recibir cuidado medico? Describa.

Como es su salud mental?

Es usted nervioso?

Usted esta deprimido?

Ha pensado en el suicidio?

Tiene otros problemas de salud mental?

Ha recibido ayuda para problemas de salud mental?

Bebe usted alcohol?

Cuanto bebe?

Es un problema para usted?

Era un problema?

Usa usted drogas?

Cuantas drogas y que clase de drogas?

Es un problema para usted?

Era un problema?

Ha recibido ayuda para beber (alcohol)?

Ha recibido ayuda para las drogas?

Cuando tiene problemas a quien o quienes usted busca?

Cuales de las agencias siguientes recibe ayuda usted. Que ha sido su experiencia con ellos?

Legal Services
USMHS
Catholic Charities
Soup Kitchen
PROP
Windham HEights Community Center
NEAC
Youth Services
Big Brother/Big Sister
JTPA (Job program of WRCC)
Adult Basic Education (El Faro)
Perception House
New Perceptions
Northeast Alcohol Council
Murphy House
WACAP Shelter
Battered Women's Program
HUD Section 8
Salvation Army
WAIM
Blood Pressure Screening
WACAP Health Clinic
Pre-Natal Clinic
Visiting Nurses
Homemaker/Health Aid
AA
NA
Methadone Maintenance
DVR
Other?

De aqui a 5 anos- como desearia su vida fuera?

Como es su vida ahora?

Cuales son sus sugerencia para las agencias o programas que ha le ayudo?

Code#	Edad	Grupo etnico	Sexo	Fecha	Entrevistadora
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Appendix IV

Code Book for Homeless Study

1=yes 2=no 3=not applicable 4=info not avail

CODE # 1-3

SEX 1= Male 2= Female 5

AGE 7-8

ETHNIC group 1=white 2=Hispanic 3=Black 4=Asian 5=AmerIndian
6=other 10

MARITAST 1= never married 2= married 3= divorced 4= separated 5 =
widowed 6= unknown 12

NUMBERCH (with the household under 18) 14-15

SPOUSE (or live in boyfriend) in the household 1=yes 2=no 17

NUMBHOUS Numbers in the household who are homeless 19-20

TYPELIV 1-"no where" 2-hotel 3-Dan shelter 4- St. Joe's 5- BW
shelter 6- other single room ("Y" or Col motel) 7-double up 8-
eviction notice 9- inadequate housing 10 other 22-23

SOURINC source of income 1-GA 2=AFDC 3=SSI 4=no income 5=AFDC and
SSI 6= unemployment comp 7=job 8= other 9=unknown 10 OASDHI=25-26

GRADE Highest grade. 1=grade school or less 2=some h.s. 3=h.s.
graduate or GED 4=vocational or technical school 5=some college
6=college graduate 28-29

HEALPROB significant health problem 1=yes 2=no 5=pregnancy 31

MHPROG significant m.h. problem 1=yes 2=no 33

ALPROB significant alcohol problem 35

DRUGPROB significant drug problem 5-methadone 37

YRESID resident of Windham for past year? 39

PLINT Place of interview 1=sk 2=GA office 3=my office 4=street
5=shelter 6=home visit 7=social service agency 8=public housing
office 9=phone 10 shelter files 41-42

MONTHS months in this homeless situation at the time of interview
44-46

CHANGE change in status within study period 1=got an apartment
2=moved from one double up situation to another 3= moved from
double up to hotel 4=moved from double up to shelter 5=moved from
shelter to inadequate room 6= moved from shelter to hotel 7=moved
out of town 8= moved from hotel to shelter 9=moved from street to
shelter 10=moved from street to hotel 11=no change 12=hotel to
double up 13=shelter to unknown 14=shelter to shelter 15=unknown
16=eviction to shelter 17=family had to split up 18=shelter to
hospital 19=hotel to jail 20 shelter to double up 48-49

STATESUB receiving state emergency housing subsidy? 51

CLIENT Is client USMHS 1=yes 2=no 53

DATE date of interview (month, year) 55-57

FAM Includes parent(s) with child; married couple; siblings
together; pregnant woman; person with adult child; 1=yes 2=no 59

FAMA Pregnant mother 5-thinks is pregnant 61

FAMB parent(s) and child 12 months or less 63

FAMC parent(s) with child 13 months to 5 years 65

FAMD parent(s) with children 6 to 18 years 67