



## Sample “Needs Statement” for Community, Funders, or Government Officials

This Needs Statement will give you a general sense of the type of information you will need to demonstrate why supportive housing is so needed in the community. Some of the information contained in the need statement may be generally applicable for your purposes; other pieces you will need to customize to your project or your issue. Refer to the annotations at the end of the document for links to source materials that can be used to document the need you are serving.

This Needs Statement can also be tailored to serve several purposes: A less formal version can be used as a handout when meeting with community or church groups to explain to your audience why the project is so important. With an emphasis on hard statistics and the use of footnotes, this document can also be incorporated into the “Demonstration of Needs” section that is part of every application for public and private funding.

In general, it is a good idea to use subheaders throughout a piece. It helps orient the reader to the flow of your thesis and emphasizes the points you think are important.

A good Needs Statement is a combination of specific anecdotal and statistical information. It should move both the heart and the mind. Avoid rhetoric and clichés.

### INTRODUCTION

Open with a real example of a person living in the area. Explain why he or she needs housing, what barriers he or she is facing and why the situation is urgent.

Example: John R., 59, grew up here in Smallville and became homeless earlier this year when his car needed \$1500 in repairs he could not afford and he no longer had a way to get to work. Since that time, he has been going from one temporary shelter to another, and has been unable to find other work. His name is on several public housing waiting lists, but he has been told that it may take several years before his name will come to the top. Recently, John was diagnosed with insulin-dependent diabetes. He has been told that without a stable living situation, his physical condition will continue to deteriorate.

***Explain why the people who will live in the proposed development have no other viable way to meet their service and housing needs.***

The nearest supportive housing development to Smallville is in \_\_\_\_\_, XX miles away. (Calculate using Mapquest or Google Directions.) or Currently, the Smallville Supportive Housing Development can serve only 10 individuals, and must turn away an average of 20 people each month.

Moving away to unfamiliar settings—away from nearby friends and family—can be devastating for individuals or families who depend on these resources for their stability. In addition, many individuals are employed locally and will not be able to keep their employment if they have to leave the area. Also, many of these prospective residents are unaccustomed to living in an

urban setting. Moving to the city when you have lived in a small town can be difficult under the best of circumstances. For people dealing with poverty and mental illness, relocating to an unfamiliar urban environment can make everything worse.

***People with psychiatric disabilities have few housing options.***

Income data collected indicates that approximately \_\_\_% of people with a psychiatric disability receiving services from \_\_\_\_\_ are on SSI, SSDI, or other forms of public assistance, receiving around \$\_\_\_/month. \_\_\_% percent of these individuals have incomes below \$10,000/year. (Less than \_\_\_% the average median household income of \$\_\_\_\_\_.)

Connecticut has some of the highest housing costs in the nation. Rents for a one-bedroom in the Smallville area are approximately between \$\_\_\_\_ - \_\_\_\_ a month -- a rental expense that would consume the majority, if not all, of the monthly income of an individual with a disability living alone. Median rents for a two-bedroom run from \_\_\_\_ to \$\_\_\_\_\_. For some families having two full-time wage earners is not sufficient to cover housing costs; for single parent households, the demands of child care or limited transportation options may limit the primary wage earner from working full-time on a permanent basis. Permanent, affordable housing alternatives in the community for people with low incomes are close to nonexistent.

In addition, waiting lists for long-term residential alternatives are long. Currently, there are approximately \_\_\_\_ adults with psychiatric disabilities waiting for housing and residential services, and this number continues to grow. As a consequence, many adults with psychiatric disabilities are unable to move out of quasi-institutional settings, or continue to live at home with family when they are unable to get the supports they would need to live in a more independent setting.

***XXX are Living in Institutional Settings***

There are currently \_\_ people with psychiatric or developmental disabilities with family members living in or near Smallville, who reside in government-funded group homes, adult foster care or board and care homes. For many, a lack of supportive and affordable housing forces consumers to remain in expensive institutional settings beyond the period of need or preference.

***XXX Living Dependently with Family and/or Friends***

There are also \_\_\_\_\_ adults with psychiatric or developmental disabilities receiving services through the mental health and mental retardation systems living dependently with family or friends. The majority is living as adult dependents with parents, siblings, or other relatives, though many would choose to live independently if other housing options were affordable. As pointed out earlier, because the majority of these adults have incomes of \$10,000 or less, finding safe, affordable housing options in the community is elusive if not impossible.

In addition, there is the growing problem of adults with disabilities whose parents are aging and may not be able to care for their children in the future.

***\_\_\_\_\_ Adults Living Alone or Independently***

There are approximately \_\_\_\_\_ adults with psychiatric or developmental disabilities who are living alone but are experiencing numerous problems due to their inadequate housing situation. These problems include living in extreme poverty due to excessive rent burden, with many consumers paying over 50 percent of their income in rent, and/or living in substandard housing..

Because many adults living alone are not receiving any ongoing support, many are living with depression, self-medicating themselves with drugs and alcohol, dealing with cycles of eviction and homelessness, and spending time in jails and temporary shelters.

*The costs to both individuals and the service system are great.*

It is now known that housing stability and housing satisfaction correlate with lower service utilization, particularly inpatient hospitalization days, and rehabilitation. Furthermore, the availability of affordable housing alternatives for people with disabilities reduces reliance on expensive institutional and congregate alternatives beyond the period of individual need.

For example: \_\_\_\_\_ cite alternative cost of emergency shelter, jail, mental hospital and hospital.

*For use with supportive housing that will be serving homeless people:*

There are currently approximately \_\_\_\_ homeless individuals with a major mental illness or developmental disability residing within the community. These individuals are living in emergency shelters, in abandoned buildings, or in places not suitable for human habitation. Based on data from outreach programs, approximately 80 percent of these individuals are homeless for the first time, and the remaining 20 percent are chronically homeless, recycling through overcrowded/doubled up housing situations, in-patient facilities, jails, and other temporary accommodations. These homeless people with disabilities have lost all meaningful ties with family, and approximately 70 percent have no previous history with the mental health or developmental disability system.

Approximately 40 percent have a secondary diagnosis of episodic or chronic substance abuse. All of these individuals are very low income, relying on entitlements such as SSI or SSDI or are without any stable source of income.

*Long-term homelessness is expensive.*

Its cost is most acutely felt by the overburdened health and mental health systems. Recent studies have found that:

- Hospitalized homeless patients stay an average of four days longer than other inpatients;
- Almost half of medical hospitalizations of homeless people are directly attributable to their homeless condition and therefore preventable;
- Homeless children are more likely than other children to experience trauma-related injuries, developmental delays, and chronic disease.

### **Supportive Housing is a Cost Effective, Practical and Proven Housing Alternative**

These sobering statistics document the severity of the housing crisis facing people with disabilities in the community. Simply put, people with disabilities are too poor to obtain decent and affordable housing unless they have some type of housing assistance. Without affordable housing, people with disabilities continue to live at home with aging parents, in crowded homeless shelters, in transitional residential settings such as group homes or board and care homes, in institutions, or are forced to choose between seriously substandard housing or paying most of their monthly income towards rent.

It could be you or your loved one.

Mental illness affects one in every five American families. [Or depending on the type of housing being developed: In truth, there are many families in Smallville who are one paycheck away from losing their home. All it can take is a blown engine or a big hospital bill.] A community that offers its residents a diverse range of housing options is a stronger and more resilient community.

Supportive Housing is needed in Smallville.