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## [Special Concerns for the Elderly Who are Homeless](#)

### **Definition and Prevalence**

For a small portion of America's elderly, senior housing equals living on the streets, in a homeless shelter, or in a car. Though Social Security, Medicare and Medicaid provide a safety net for some, not all people live out their final years with a secure, stable place to live.

No one knows how many people are homeless in America, much less how many of America's homeless are older adults. Though there is very little definitive information about the numbers of elderly who are homeless, providers generally agree that a small percentage of people who are homeless are over the age of 60. Providers who work with homeless people suggest that the hard living conditions of chronic homelessness cause the aging process to speed up and that people living in chronic homelessness are less likely to survive into old age. The [National Coalition for the Homeless](#) provides resources and information on the homeless elderly.

### **Challenges Facing Homeless Elders**

#### **Multiple Health Problems that are Difficult to Diagnose**

In *Improving Health Care for Homeless People* contributing author James J. O'Connell, found that the homeless often have multiple chronic health conditions and fewer options for health care. Some of the common medical conditions include:

- Chronic Alcohol Abuse
- Major Psychiatric Illness
- Chronic Pulmonary Disease
- Peripheral Vascular Illness
- Hypertension
- Urinary Incontinence

- Tuberculosis

Though many of these problems are treatable, diagnosis and treatment for older people who are homeless may be difficult because:

- They are too afraid of what will happen to them to seek help,
- They don't have the resources to pay for care or treatment, or
- They don't trust health care or social services, professionals.

### **Victimization on the Streets**

People who do survive on the streets into their old age are at risk of becoming easy prey for criminals because of their health and mobility limitations. According to the National Coalition for the Homeless, there is a greater likelihood that senior citizens living on the street will be robbed, or assaulted.

### **Limited Income**

High-Cost Housing. For every homeless person living on the streets, there is another just barely holding on to their apartment or room. When a Social Security check is the only monthly income, very little is left over after rent for other expenses such as food, utilities or medicine. The National Coalition for the Homeless reports, "In 1998, on a national average, a person receiving Supplemental Social Security (SSI) benefits had to spend 69% of his or her SSI monthly income to rent a one-bedroom apartment at fair market rent; in more than 125 housing market areas, the cost of a one-bedroom apartment at fair market rent was more than a person's monthly income."

### **Unable or Unwilling to Access Public Assistance**

Many people who are homeless, not just the elderly, don't know that they are eligible for benefits such as Medicare, Medicaid or Social Security. Sometimes those who do know about public assistance have a hard time getting the help they need because of their poor health or poor mobility. Others may fiercely cling to their right to remain independent and refuse all offers of help.

### **Alternatives for the Elderly Who Are Homeless**

Aging in place, in-home care and independent living take on a harsh mantle in the context of life on the streets. In most urban and in some rural communities a

Continuum of Care exists for people who are homeless. A typical Continuum of Care for Homeless Services includes:

- Prevention,
- Outreach, Intake & Assessment,
- Emergency Shelter,
- Transitional Housing,
- Permanent and Supportive Housing, and
- Support Services.

## **Prevention**

For elderly poor people who are at risk of becoming homeless, the key to stable housing is often finding the resources to prevent eviction. The Emergency Food and Shelter National Board Program gives money to states and localities throughout the country to help prevent or recover from an economic crisis. The Emergency Food and Shelter Program is typically convened by the local United Way with representatives from the Council of Jewish Federations, Catholic Charities, Council of Churches or a ministerial association, the Salvation Army, the United Way, the American Red Cross, and a local government official. These local board members distribute funding for services that can prevent homelessness including rent or mortgage assistance, utility assistance, emergency food or emergency shelter.

Often, the local Area Agency on Aging maintains an emergency assistance fund used by their resource coordinators on behalf of a client. Likewise, the local Department of Social Services can often help with housing emergencies for the elderly through their Adult Services or Adult Protective Services units. In every community, there are congregations and organizations that provide emergency housing assistance, case management, and money management services that can help older people maintain their housing.

**Outreach, Intake, Assessment:** In urban areas particularly, street outreach teams, spend their days (and often nights) developing long-term relationships with hard-to-reach people living on the streets. In areas of Virginia where there is no street outreach team, the local Department of Social Services Adult Protective Services office or the Crisis Unit of the local Community Services Board can help reach older adults living on the streets who are at risk of becoming hurt or harmed in any way - whether the harm is inflicted by others or themselves.

**Emergency Shelters:** There are over 100 emergency shelters in Virginia, including shelters for domestic violence survivors. Emergency shelters, especially those for single men or single women, often are closed during the day and do not open until the evening. There are several reasons for such a policy:

- Many homeless people work during the day,
- Those who aren't working are encouraged to find work during the day, and
- Shelters may not have the staffing capacity to manage a full program for 24-hours.

Where a policy like this exists, emergency shelter staff may be willing to accommodate older, frail individuals by allowing them to stay inside and rest for most or part of the day. Also, shelters may make a special effort to allow elderly people to sleep near a bathroom. Most emergency shelters also have a time limit on how long someone may stay in the shelter - usually 30 days to 3 months. Some shelters have policies that prohibit return to the shelter within 6-12 months of the initial stay. Hopefully, shelter staff are sensitive to the special issues facing older adults and will proactively make the necessary policy changes while an older person is staying at the shelter. If that is not the case, it helps when another social service provider can advocate on an individual's behalf. It is also important for shelter staff to advocate for older adults and help them find stable long-term housing in subsidized housing, a nursing home or other affordable, safe residences.

**Supportive Services** are all of the services that help each of us manage our lives: health care, transportation, day care, education, training, counseling, and meals to name a few. Case Managers and Outreach Workers are the best sources to ask about finding supportive services for people who are homeless.

**Transitional Housing** is a step between living in crisis at an emergency shelter and maintaining stable, permanent housing. Transitional housing programs teach individuals and families to become more independent and more self-sufficient. A typical length of stay in transitional housing is between 1 and 2 years. In transitional housing, people have a longer period of time in a more structured environment to work through the barriers to maintaining stable housing - whether they need job training, substance abuse recovery or life skills training.

**Supportive and Permanent Housing:** Supportive housing is permanent housing with services in place to help people over the long-term. Supportive housing could

be an assisted living facility, a group home, a safe haven, or even a nursing home. Often supportive housing models offer highly structured environments for people who are living with a mental illness or addiction.

Many of us think of permanent housing as a house with a yard. Permanent housing could also be:

- A rented room,
- A single room with some services in a Single Room,
- Occupancy residence (SRO),
- Subsidized senior apartments,
- Subsidized apartments through section 8 housing,
- A private room or apartment,
- An adult home,
- A boarding house, or
- A shared living arrangement.

## **Consumer Tips**

Every county or city that receives federal money from the U.S. Department of Housing and Urban Development (HUD) for homeless services must involve the community in planning for their Continuum of Care for Homeless Services. The Continuum of Care planning process is usually coordinated by the local government or a regional planning organization. It is important that everyone in the community who is impacted by homelessness become a part of this process in their area:

- People who are or were homeless,
- Parents of children who are homeless,
- People who risk becoming homeless,
- Providers of health and social services,
- Business people,
- Elected officials,
- Faith community representatives and others.

By becoming involved, you will help decide which services need funding the most and what the greatest needs are in your community. The [Virginia HUD office](#) in Richmond can tell you how to get involved in Continuum of Care planning in your community.

Many government programs exist (Social Security, Medicare, Medicaid, Adult Protective Services, etc.) to provide a safety net for America's senior citizens. Sometimes, however, the safety net falls short. At those times, a family member, service provider or friend will need to provide strong advocacy within the human services system.

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