

# CAPE MAY COUNTY: TEN-YEAR PLAN TO END HOMELESSNESS

## Executive Summary

Many people think of homelessness as strictly an urban phenomenon because homeless people are greater in number and more visible in urban areas, but homelessness also exists in rural areas.

Homelessness impacts everyone, whether or not it is personally experienced. People find themselves homeless for many reasons. It could be the loss of a job, a death in the family, a costly medical issue in the family or a substance use/mental health disorder.

It can be a public health problem. When people have to worry about where they will live, frequently their health concerns become secondary until there is an emergency. Chronic illnesses can worsen. Children suffer trauma without a stable living environment.

Homelessness is an economic problem. People without housing are high consumers of public resources and generate expense, rather than income, for the community.

Most importantly, homelessness can be a human tragedy. The impact of not having a home to live in can cause mental and emotional problems. Some in the homeless community double up with relatives or friends, always on the move. Some live in tents, even in inclement weather. Some are exposed to drug transactions and feel unsafe or scared.

Many people who are homeless struggle with both mental illness and addiction, often using alcohol and/or drugs to self-medicate an undiagnosed or untreated mental illness. Domestic violence rates are high, and most people who are homeless have been victims of physical or sexual abuse at some point in their lives. While some people work through day labor companies or have service industry

jobs, unemployment is more common. An estimated 24% of the homeless population in Cape May and almost 42% nationally are disabled. This population may experience temporary or long term homelessness.

According to the 2016 Point in Time Count (PITC) Report, a total of 133 persons, in 81 households, were experiencing homelessness in the County of Cape May. This is a decrease of 24 persons (15.3%) and 30 households (27%) from 2015. Cape May County had 1.5% of New Jersey's statewide homeless population in 2016. In 2016, 115 homeless persons stayed in emergency shelters, 9 stayed in transitional housing and 9 were living unsheltered on the night of the count. The number of those counted who were in unsheltered locations, however, increased by 6 (200%) compared with 2015. According to the count, 8 persons in 7 households were identified as chronically homeless.

Of the 81 homeless households counted in Cape May County in 2016, 20 (24.7%) were families with at least one child under the age of 18 and one adult. These families were composed of 69 persons, including 44 children under age 18. The average family size was 3.5 persons. Reporting showed that families were primarily staying in emergency shelter (90%), and two (2) were in transitional housing programs (10%). There were no unsheltered families. In 2016, Cape May County counted 1 more homeless family than in 2015, an increase of 5.3%.

This Plan represents a strategy for the community to work together to address homelessness in Cape May County. It aims to serve different populations including: people of low incomes (below 60% of median and particularly those below 30% of median income); special populations, including those experiencing domestic violence, veterans, youth and the elderly population. In developing strategies,

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the community must remain mindful that service needs may differ among the target populations.

Through this Plan, a consortium of community entities and resources will work together to address homelessness in Cape May County among families and individuals, among young adults and elders, among victims of domestic violence and people with mental health issues, including both longtime residents and seasonal newcomers.

In the pages that follow, the Cape May County Board of Chosen Freeholders, in collaboration with the County Department of Human Services, and concerned members of the community will outline the need for this Plan, the core goals, guiding principles, and a set of strategies and action steps. This Ten-Year Plan to Reduce Homelessness by 2027 sets forth a process to begin addressing the needs of the various forms of homeless; those that are chronically homeless as well as those that are at imminent risk of becoming homeless.

### Five Core Goals for the Next Ten Years:

**Goal 1: Prevention** — Increase resources and develop an outreach plan that provides information on available services to those at risk of homelessness with the goal of reaching and assisting consumers before they become homeless.

**Goal 2. Supportive Housing and Housing First**—Increase stable housing options by seeking funding and other strategies to allow for additional housing models and/or rental assistance programs that provide consumers with a place to stay coupled with a service plan and support services to move rapidly into permanent housing.

**Goal 3. Increased Production**—Increase the availability of affordable housing throughout the County by exploring opportunities and mechanisms to work with community groups and municipalities to create more affordable housing.

**Goal 4. Economic Stability**—Develop programs that are designed to accompany housing efforts by assisting consumers in increasing their incomes, find stable employment, and access mainstream resources.

**Goal 5. Public Education and Awareness**—Increase efforts to raise public awareness of homelessness and the need for permanent affordable housing in the County through a joint effort of government, private non-profit agencies, and community organizations including those that are faith based. The community must be engaged in finding local solutions to these issues.

### A History of Homelessness in the United States

Homelessness has not always existed in the United States as a social problem. During the Great Depression, people traveled looking for work and food, but from that time through the late 1970s, very few people experienced homelessness. There were stronger families, neighborhoods, and faith based communities that helped those in need. People knew and nurtured their neighbors and invested in their communities.

In late 1970s and early 80s, the landscape began to change, and homelessness emerged. The first wave came with the Community Mental Health Act, a piece of federal legislation that moved to deinstitutionalize mental health care. People who lived and received care in institutions were moved out and promised mental health care from local centers that never developed. Without the same level of support they had received in the institutions, people began to destabilize and were not able to maintain their housing.

People with mental illness were the first wave, but not the only wave, and the homeless population grew significantly in the 1980s. At first, the response was from charitable organizations. Churches and other groups opened soup kitchens and shelters and clothing closets, hoping to keep people alive by meeting their basic needs while they worked to get themselves out of homelessness. In 1987, the government acted and passed the McKinney-Vento Act, providing the first federal funding for a continuum of services to the growing homeless population.

The charitable activities became collectively referred to as the Housing Readiness model, working under the assumption that people who were homeless were not yet ready for housing. The goal was to provide food and shelter to the individuals while they worked to overcome addictions, stabilize their mental health, and

obtain income. Once they had achieved those things, they would be ready to move into their own housing and to move forward in their lives.

Unfortunately, the Housing Readiness model did not solve the problem. Emergency shelters had limited capacity, and people who needed them did not know whether or not they would get a bed from one night to the next.

In the mid-1990s in New York City, Dr. Sam Tsemberis realized that people who were homeless had no stability; they spent their days trying to find food and shelter and had little time for anything but survival.

In response to this realization, Dr. Tsemberis pioneered a new response to homelessness, based on the simple notion that what homeless people need most is a home. His agency started providing housing first, instead of last. Rather than making sobriety or employment conditions for getting housing, he worked with people on those things only after they had the stability that housing affords. He began to see results. Not only were people moving out of homelessness, 84% of them were staying in their new apartments and not becoming homeless again. This began the Housing First Concept which has proven to be a successful model for the chronically homeless population across the country.

### Definition of Homeless

There are multiple federal definitions of homelessness, which are used to determine eligibility for federal programs in different departments and to track the number of homeless individuals in the country.

Health centers funded by the U.S. Department of Health and Human Services define a homeless person as “an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing” (42 U.S.C. § 254b). This definition is relatively broad and encompasses most individuals who experience instability in one’s living arrangements, including, someone who is “doubled up,” a situation where individuals lack permanent housing and stay with a series of friends and/or extended family members.

The U. S. Department of Education (ED) has a specific definition for homeless children and youth that recognizes the negative impact of instability in a living situation, particularly on children. Homeless children and youth are defined as individuals who lack a fixed, regular, and adequate nighttime residence and includes children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement. Children in these circumstances are more vulnerable to disruptions to their education, social networks, and health care, which adversely impact their well-being and development.

HUD has issued the final regulation to implement changes to the definition of homelessness contained in the Homeless Emergency Assistance and Rapid Transition to Housing Act. The definition affects who is eligible for various HUD-funded homeless assistance programs. The new definition includes four broad categories of homelessness.

- People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided. The only significant change from existing practice is that people will be considered homeless if they are exiting an institution where they resided for up to 90 days (it was previously 30 days), and were in shelter or a place not meant for human habitation immediately prior to entering that institution.
- People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled up situation, within 14 days and lack resources or support networks to remain in housing. HUD had previously allowed people who were being displaced within 7 days to be considered homeless. The proposed regulation also describes specific documentation requirements for this category.
- Families with children or unaccompanied youth who are unstably housed and likely to continue in that state. This is a new category of homelessness, and it applies to families with children or unaccompanied youth who have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60

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days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment.

- People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing. This category is similar to the current practice regarding people who are fleeing domestic violence.

*Opening Doors*, the federal strategic plan to prevent and end homelessness, defines an end to homelessness as when every community will have a systematic response in place that ensures homelessness is prevented whenever possible or is otherwise a rare, brief, and nonrecurring experience. It is not possible to eliminate homelessness completely so that homelessness is at an absolute zero, due to the fact that people can fall into homelessness for a various number of circumstances that are not always preventable, including unpredictable emergencies and unwelcoming family environments.

The Cape May County Plan will focus on three primary definitions for homeless:

**Transitional/Temporary:** Individuals or families who are usually in stable housing but have been temporarily displaced due to various factors and only need temporary housing to regain housing stability. Circumstances that would create this sort of housing situation might be: sudden loss of income, medical emergency, death/divorce, a catastrophic event such as a fire, natural storm and/or fleeing from domestic violence.

**Episodic:** Individuals/families who have experienced one or more 'episodes' of homelessness over a defined period of time. An example of this sort of homelessness would be an individual/family

that spends one or more nights in an emergency shelter situation two times or more in two years – with some 'doubled-up' living situation over the course of two (2) years.

**Chronic:** (a) An individual who: (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; AND (ii) has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; AND (iii) can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability; OR (b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition before entering that facility; OR (c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

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It is important to note that data collected as part of the Point in Time (PIT) and as such part of this report utilizes yet another HUD rule. In their Point-In-Time Count, CoC's must count and report all individuals and families who meet the criteria in paragraph (1)(i) of the homeless definition in 24 CFR 91.5 of HUD's Homeless Definition Rule on the night designated for the count. This includes individuals and families who are:

- **Sheltered**, or "living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals)," or
- **Unsheltered**, "with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground."

Since the PIT report focuses on those respondents who meet HUD's definition of homeless, it does not include information about those who may be at risk of homelessness, precariously housed, or considered homeless under other federal statutes. Persons who, on the night of the count, were living doubled up with another household, living in illegal or overcrowded units, being discharged from a jail or health facility with no subsequent residence, scheduled to be evicted, or paying for its own motel unit were not considered homeless.

Universally, the definition for Homeless will need to be considered when envisioning the plans goals, recommendations and strategy steps.

### The Cause of Homelessness

The housing affordability crisis in the United States has been a driving factor for a growing homeless population. When it is not possible to obtain affordable housing, residents with low incomes inevitably pay a larger percentage of their income toward housing costs than people earning higher incomes, or they combine households to share housing costs. Individuals who pay a high proportion of their income for housing costs and those who are living in overcrowded situations are at increased risk for homelessness. Many low-income individuals and families are forced to make critical choices when their income is not sufficient to meet their basic living needs. It may mean fewer meals, no health care, and the loss of utilities, overcrowded housing, or eviction.

The increase in family homelessness during the *Great Recession* can be partially attributed to the foreclosure crisis, although the extent of the relationship is unclear. Approximately 60% of families affected by foreclosures nationwide have been homeowners. Less attention has been focused on renters who are often even more vulnerable to homelessness. Tenants are frequently not informed of their landlords' mortgage problems until told to vacate, leaving them with inadequate time to secure alternate housing.

According to the National Alliance to End Homelessness; on a single night in January 2015, 564,708 people were experiencing homelessness — meaning they were sleeping outside or in an emergency shelter or transitional housing program.

The national rate of homelessness in 2015 fell to 17.7 homeless people per 10,000 people in the general population from 18.3 in 2014. (*National Alliance to End Homelessness*).

In 2014 Cape May County reported 305 homeless persons and 232 households. In 2015 there was a 22% decrease in the homeless rate with 157 persons and 11 households represented in the Point-In-Time Count Report.

Many poor people are at risk of homelessness. Ultimately, this is because it is hard for them to afford housing. Unemployment, housing cost burden, and living doubled up are indications of this struggle to afford housing. Longitudinal trends and changes from 2014 to 2015 indicate populations at risk of homelessness may be starting to benefit from the economic recovery (*National Alliance to End Homelessness*)

- In 2015, 7 million people in poor households were doubled up with family and friends, the most common prior living situation before becoming homeless. This represents the first significant decrease since the *Great Recession*. Still, the number of people in poor households living doubled up is 52 percent higher now than in 2007, prior to the recession. (*National Alliance to End Homelessness*)
- The number of poor renter households experiencing severe housing cost burden, those households in poverty paying more than 50 percent of their income toward housing, totaled 6.6 million in 2015, increasing 2.1 percent nationally from 2013, with 33 states seeing an increase. (*National Alliance to End Homelessness*)
- From 2014 to 2015, the number of unemployed people fell 16 percent, and the unemployment rate continued its multi-year decline, falling to 5.8 percent in 2015. Every state and D.C. saw decreases in the number of unemployed people. (*National Alliance to End Homelessness*). In Cape May County during this same period, unemployment dropped from 19.2% in 2014 to 18.8% in 2015. From 2015 to 2016 there

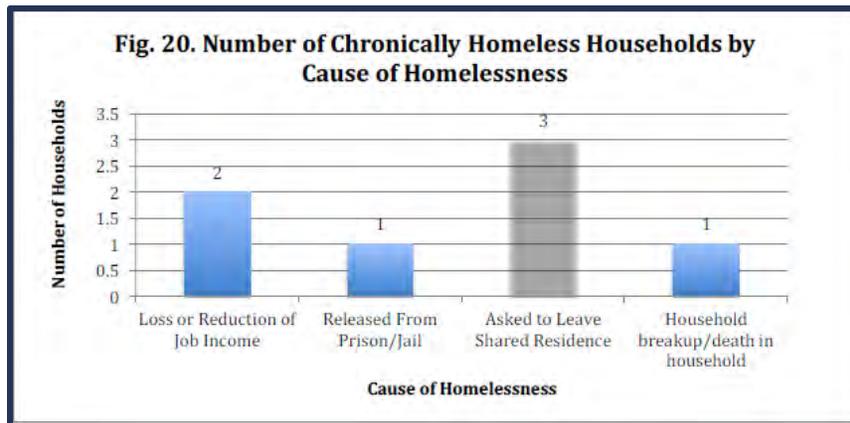
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was a decrease of 5.2% in the unemployment rate and as the year progressed the rate of unemployment continued to decrease in the County. (*Bureau of Labor Statistics*)

- The number of people in poverty (48.2 million) and the poverty rate (15.5 percent) remained relatively steady in 2015.

Each year local government, homeless providers and social service agencies in Cape May County participate in a one day “point in time” count of homeless individuals and families— on the street, in shelters, in transitional housing and those doubling up with friends or family

In a 2016 one-day count, 133 people, in 81 households were experiencing homelessness in Cape May County. This is a decrease of 24 persons (15.3%) and 30 households (27%) from 2015. In 2016, the number of homeless persons in Cape May County reflects a decrease of 112 since 2012, a change of 45.7% over this five year reporting period.



Within the 2016 universal population counted during the PIT count, 20 (24.7%) were homeless families with children. The type of homelessness in Cape May is important for it dictates how services are envisioned and addressed. In 2016, 115 homeless persons stayed in emergency shelters, 9 stayed in transitional housing, and 9 were living unsheltered on the night of the count. The number of persons in transitional housing decreased by 3 persons (25%) and the number of those in emergency shelter decreased 27 persons (19%) from 2015. The number of those counted who were in unsheltered locations, however, increased by 6 (200%) compared to 2015. Homelessness is an issue not only of housing, but also of living wage jobs and services for those who need them.

According to the *2010-2014 American Community Survey 5-Year Estimates*, the median family income in Cape May County is \$54,292, a minimal increase from \$51,402 in 2000. According to the American FactFinder, in 2014, 30.3% of families living in Cape May County were living below the poverty level. The largest increase in households below the poverty level was in female heads of households, with no husband present and with children under 18 years of age. That population, female household, no husband present with children under 18 years, was 2,227 or 36.4% of the population. There was also a surge in households 65 years and over, which represented 824 individuals or 10.2% living below the poverty level.

The 2008 financial decline in the United States saw significant increases in homeless as formally employed families soon found their savings depleted and with no income and high housing costs simply could not make rent and/or mortgage payments. These populations were the most impacted and are the ones still, eight plus years later are trying to remain in a stable situation and not become a statistic on the annual PIT count. However, an inadequate number of living wage jobs and increased housing costs

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makes that a challenge in many areas. (*National Coalition for the Homeless*)

In the National Low Income Housing Coalition’s annual report *OUT OF REACH 2016*, New Jersey is the 6<sup>th</sup> most expensive state in which to rent. Fortunately, for Cape May County, it is not one of the top five most expensive counties in the state – that would be Hunterdon, Middlesex, Somerset, Hudson and Bergen. Even with that finding affordable and safe housing remains a struggle. In New Jersey, the Fair Market Rent (FMR) for a two-bedroom apartment is \$1,379. In order to afford this level of rent and utilities – without paying more than 30% of income on housing – a household must earn \$4,596 monthly or \$55,152 annually. Assuming a 40-hour work week, 52 weeks per year, and this level of income translates into an hourly Housing Wage of - **\$26.52 per hour**. This is in a State where the minimum wage is \$8.38 per hour and the average renter wage, although state-wide significantly higher, is still only \$16.98 per hour.

FY16 Housing Wage (Hourly wage necessary to afford 2 BR FMR) in Cape May County is - **\$20.21**. That means a person would need to make \$42,036 per year to afford a two bedroom FMR in Cape May County. Yet according to the American Community Standard 5-Year Estimates – 36.5% of the population does not make that wage on an annual basis.

Housing Costs:			
	2 Bedroom FMR	Annual Income needed to Afford 2 BR FMR	Full-Time jobs at minimum wage needed to afford 2 BR FMR
New Jersey	\$1,379	\$55,152	3.2
Cape May County	\$1,051	\$42,040	2.4

*National Low Income Housing Coalition – OUT OF REACH 2016*

Area Median Income (AMI) - \$80,800 (Cape May County), (\$86,996 New Jersey)			
	Monthly rent affordable at AMI	30% of AMI	Monthly rent affordable at 30% of AMI
New Jersey	\$2,175	\$ 26,098	\$652
Cape May County	\$2,020	\$24,240	\$606

*National Low Income Housing Coalition – OUT OF REACH 2016*

Renter Households			
	Estimated hourly wage mean renter wage (2016)	Monthly rent affordable at mean renter wage	Full-time jobs at mean renter wage needed to afford 2 BR
New Jersey	\$16.98	\$883	1.6
Cape May County	\$8.18	\$426	2.5

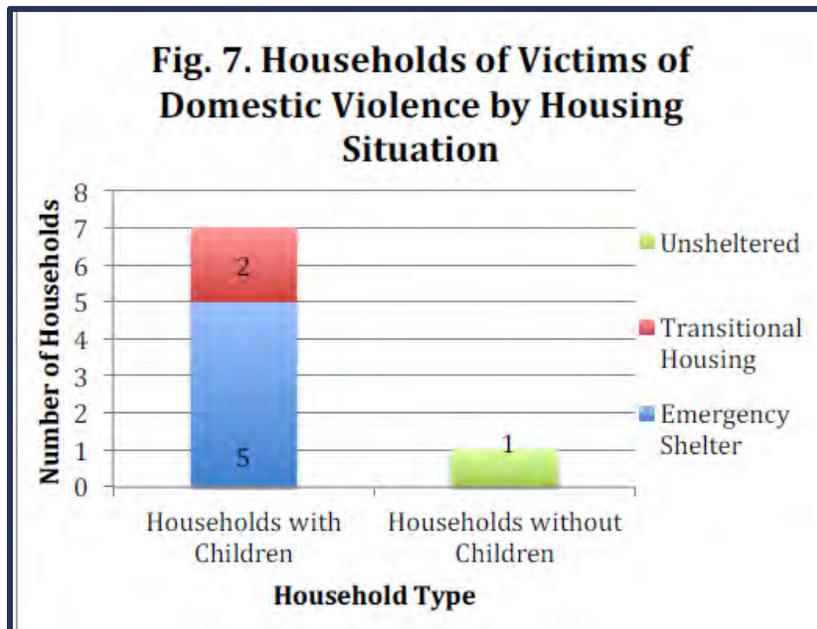
*National Low Income Housing Coalition – OUT OF REACH 2016*

Declining Housing Subsidies - Many people earning low incomes turn to housing assistance providers to help them bridge the gap between the amount they can afford and the rising housing costs in the county. Providers of housing assistance include non-profit community based organizations and public housing authorities that provide assistance through various programs, such as facility-based units and rental assistance. However, many of these programs have extensive waiting times before a person can access assistance, as there is far more demand than the existing funding can meet. For example, the estimated wait for a Section 8 Housing Choice Voucher through the Cape May Housing Authority is three or four plus years.

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Other issues - High housing costs and stagnant incomes are two of the most significant factors causing homelessness among individuals and families, but there are other significant factors that cause or compound homelessness. Those factors include:

Domestic violence- Domestic violence affects many individuals who experience homelessness. Nationally, as many as half of women and children who are homeless have left abusive situations. Lack of affordable housing leaves women experiencing violence few choices and many will stay in unsafe situations for lack of other options.



On the night of the count, in Cape May County, 8 homeless Households (9.9% of all households) were identified as having a victim of domestic violence. A total of 29 homeless persons who were members of those households were impacted. The majority (87.5%) of these households had at least one adult and one child,

71.4% of which were in emergency shelter on the night of the count. The 1 adult-only victim household (12.5%) was unsheltered on the night of the count.

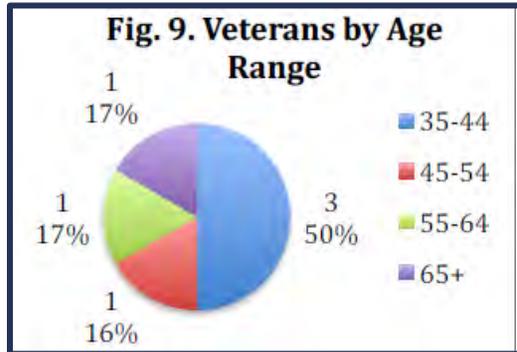
Mental health and physical health - While the availability of mental health services has remained relatively stable in recent years, there still remains a strong demand for services. People with mental illness who lack supportive services often have difficulty maintaining their housing. Homeless people suffer from high rates of mental and physical health problems worsened by living on the streets and in shelters. The lack of residential stability frequently makes healthcare delivery more complicated. Health conditions that require ongoing treatment such as diabetes, cardiovascular diseases, tuberculosis, HIV/AIDS, addiction, and mental illness are often/somewhat difficult to treat when people are living in shelter or on the streets. Homeless people can lack access to preventative care, waiting until a trip to the emergency room is a matter of life or death. These emergency room visits are costly. Additionally, when homeless people become ill, they often do not receive timely treatment.

In its plan, *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, the United States Interagency Council on Homelessness (USICH) has prioritized ending homelessness among veterans by 2015. Many communities in New Jersey have also been working hard to end homelessness among our country's servicemen and women.

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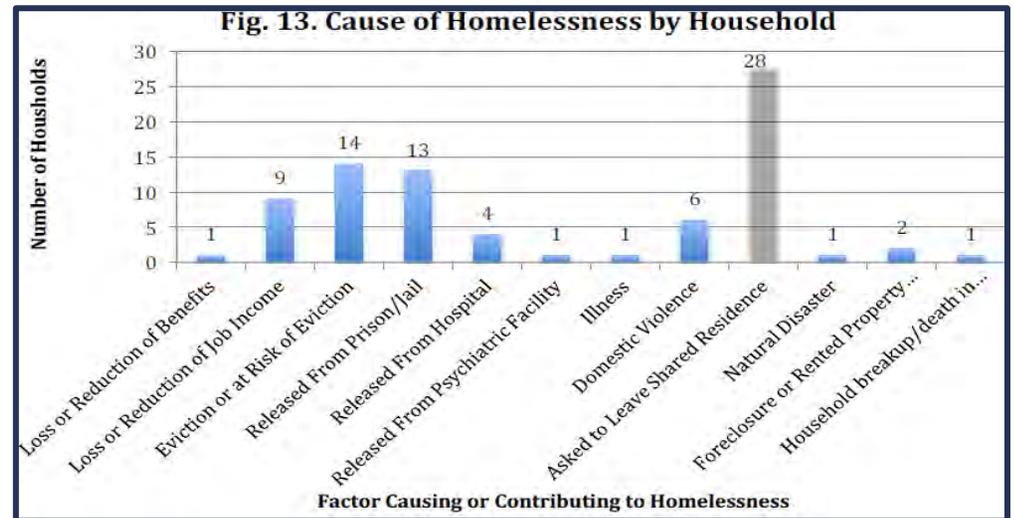
Six (6) homeless veterans were identified on the night of the count. This represents an increase from 0 veterans counted in 2015. All of the homeless veterans counted were in households with only

adults, 2 of which were adult couples. The majority (83.3%) of homeless veterans were in emergency shelter; there was 1 unsheltered veteran identified in the count.



In Cape May County's PIT count, when homeless individuals were asked to share the primary factor that contributed to, or caused, their homelessness, it was determined that more households, 28 (34.6%), attributed their homelessness to being asked to leave a shared residence than any other cause. As Figure 13 shows, the next most common factors reported were eviction (17.3%), followed by release from prison or jail (16%).

As with causes of homelessness, solutions for addressing this issue will need to be varied, flexible, coordinated and funded at a sustainable rate.



### Homelessness in Rural America

Homelessness in rural America is often different from homelessness in urban and suburban areas. Rural individuals and families experience both literal homelessness and extremely precarious housing situations. Literal homelessness, the condition of living on the street or in a shelter, is often episodic and less common in rural areas than in cities due to kinship networks and the lack of service providers and resources. Homeless people in rural areas typically experience precarious housing conditions, moving from one extremely substandard, overcrowded, and/or cost-burdened housing situation to another, often doubling or tripling up with friends or relatives. *(The Housing Assistance Coalition)*

Nationally, about [7 percent of homeless people](#) live in rural areas, but homeless advocates say services in those areas do not receive as much federal funding as they deserve — partly because the number of homeless people might be underestimated.

Transportation, access to good, quality, affordable child care, access to employment, in addition to, housing that is suitable to people, available and affordable — all those things are magnified when you have people living in rural areas, and there is not a transportation hub, or employment opportunities.

Official homelessness numbers come from the point-in-time count: a 24-hour tally of a community's homeless population on the streets or in shelters. However; in rural areas, where shelter space is scarce, people often crash with friends or stay in cheap motels on cold nights. The 24-hour counts that happens across the country in January misses these people in the official tally.

The count is a standard used by the Department of Housing and Urban Development. It is performed in January based on the logic that the cold weather will drive people into emergency shelter options, where they are easier to find. The count will in part determine how much federal money state homeless services receive. Advocates say when even a few homeless people are not counted it can make a big difference in the funding.

Since urban homelessness is a visible problem and rural homelessness is largely out of sight, the traditional view of homelessness has been as an urban issue and therefore framed in an urban context. Despite this perception, individuals and families do experience homelessness in rural America, and there is less infrastructure to support them and research to quantify their needs than exists in urban areas. In the 2015 point-in-time count, only 45 percent of all homeless people nationally lived in urban areas, while 41 percent were counted by smaller city, county, or regional CoC's (which include some rural areas). Fourteen percent were counted by Balance of State Counts that typically also represent rural areas. The Balance of State CoC's are made up of all of the areas that are not part of other CoC's, and often include many rural areas.

As is the case across the spectrum of rural human service program delivery, there are also significant barriers to service for rural individuals and families experiencing homelessness. HUD notes the following barriers to service in their guide for rural CoC's:

- Transportation: Large distances must be traversed to reach services with limited public transportation options available. Individuals experiencing homelessness in rural areas may have a need for solutions to overcoming transportation barriers, such as assistance with gas cards, car repairs.

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- Isolation: Rural areas can be isolating due to their expansiveness and/or because they can be sparsely populated. People who are homeless often feel cut off, geographically and, sometimes linguistically, from available services.
- Shortage of Services: Provider of homeless specific services are often less numerous in rural areas and mainstream services can be difficult to access, spread over large areas, and sometimes not structured to accommodate the homeless population.

In addition to the challenges noted above, surveyed homeless individuals living in rural American also noted the following barriers to effectively serving the rural homeless population in their region:

- Inflexibility of Available Resources: Preventing homelessness through needed interventions such as paying a utility bill or helping with gas so a wage-earner can get to work is limited by most funders.
- Barriers to Employment: A lack of employment opportunities in some rural communities, in addition to more practical considerations such as a lack of identification or mailing address, can prevent individuals from successfully transitioning to employment.
- Barriers to Service Applications: Not having a mailing address can also make it difficult for individuals and families to apply for federal and state health and human services programs. In addition, although many programs now have online applications, some rural communities and households do not have internet connectivity.

- A Shortage of High-Quality Affordable Housing: There is an unmet need for high quality affordable housing for both individuals and families. The available housing options may provide permanency and satisfy that aspect of individual, family and community stability, but are, in increasing proportion, often out of financial reach for the population and fall below standards of acceptability. This issue is compounded in Cape May County by land use restrictions and resort areas.

These unique barriers for individuals and families experiencing homelessness in rural areas means that policy and program implementation may need to be tailored to meet the specific needs of individuals and families experiencing homelessness in rural locations/counties.

## Why Develop A Ten Year Plan?

Cape May County's goal of reducing homelessness will be achieved through strategies and action steps that take a long-term, comprehensive approach prioritizing prevention, supportive services, income, and affordable housing programs. These initiatives include:

**1. Educating citizens and county leadership about homelessness and the actions being considered to reduce homelessness.**

**2. Closing the "front door" to homelessness with efforts that work towards supporting and maintaining individuals and families in their current housing.**

**3. Coordinating and creating discharge plans with 'release' institutions such as County & Regional Health Care Systems, County, State and Federal Correctional Institutions and Mental Health Facilities.**

**4. Improving and expanding our coordinated system of service delivery; with particular attention being addressed to the needs of seniors experiencing medical, financial distress and/or loss of partner/spouse related homelessness**

**5. Evaluating the need for specialized coordination and service offerings for special populations, beyond the chronically homeless, to youth, veterans, and those individuals at imminent risk of becoming homeless due to the affordable housing crisis in our county and region.**

**6. Exploring the development of a county wide unified assessment tool that can interface with the regional CoC Coordinated Assessment Tool.**

**7. Developing a case management team that meets quarterly to review local activities and resources that would be beneficial to the homeless population such as unemployment services, coordinated medical treatment, financial assistance and access to housing options.**

**8. Investigation of the ability to establish a Housing Trust Fund which would be utilized to expand upon services for the homeless.**

These and other strategies are further explored in the Recommendations section of this Plan.

### Present Day Cape May County

Cape May County is located in the southeastern most corner of New Jersey. It is a community of 454 square miles with a usable land surface of 256.5 square miles surrounded by the Atlantic Ocean to the east; the Delaware Bay to the south and west; and Atlantic and Cumberland Counties to the north.

Because Cape May County is a peninsula, it has sizeable expanses of wetland, including tidal wetlands and freshwater or riparian wetlands. This renders large numbers of acres of land undevelopable, either due to the wet or unusable nature of the land for building purposes or due to the significant regulations in place both at the Federal and State levels.

In addition, portions of Cape May County are part of the New Jersey Pinelands Reserve, one of the largest conservation areas in the eastern United States. Other tracts of land are owned by conservation organizations such as The Nature Conservancy, the Audubon Society, the State of New Jersey or other organizations for the purpose of preserving wildlife habitat, protecting open space, or providing recreational opportunities. The bottom line is that the combination of wetlands, regulated lands, and permanently conserved or protected lands significantly limits the amount of land available for residential or other development.

The population of the County is 97,265 year-round residents, according to the 2010 U.S. Census. Being a premier summertime resort, however, causes the seasonal population of the County to swell to more than 800,000 persons, according to 2011 figures from the Cape May County Planning Department.

The County's economy is and has been for many years tied heavily to the tourism industry. Some of the best beaches and shore communities in the nation are located in Cape May County. It is no surprise that Cape May County's economy is heavily invested in the hospitality industry. The New Jersey Travel Industry Association suggests that entertainment, accommodations, eating/drinking places and retail establishments constitute a large share of that industry. (*New Jersey Travel Industry 2013 Annual Report*)

According to figures obtained from ESRI, a national data and Geographic Information Service (GIS) clearinghouse, the County has 7,103 businesses that employ approximately 65,300 individuals. Of these totals, 61% of all businesses are retail and service oriented. Similarly, 65.5% of all employees who work in Cape May County are employed in these industries. Only 2.1% of the County's economic base is devoted to manufacturing. The combination of seasonal employment and the low percentage of manufacturing jobs increases the likelihood that persons struggling to secure stable employment may find themselves without a job which could potentially lead to homelessness.

Cape May is a culturally diverse county but not diverse when it comes to race. The population is approximately 89.8% white, 4.7% African American, 6.2% Hispanic, 0.2% American Indian, and 0.9% Asian residents (Census 2010).

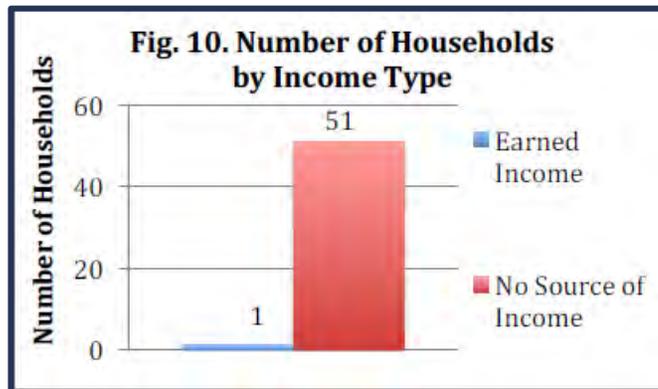
The homeless racial demographic, within Cape May County is reflected similarly to the overall race demographic. According to the 2016 PIT report, 75.9% of persons identified their race as White, making that the largest racial subgroup among persons experiencing homelessness on the night of the count. The next largest group self-identified as Black or African-American (23.3%). With regard to

## CAPE MAY COUNTY: TEN-YEAR PLAN TO END HOMELESSNESS

ethnicity, 21.1% of homeless persons identified themselves as Hispanic.

According to the 2010 U.S. Census, the County's income levels were among some of the lowest in New Jersey.

- Median Family Income was \$54,292 as of or compared to New Jersey' average of \$87,999;
- Per Capita Income was \$33,499, which is lower than the \$36,359 for New Jersey



These income levels are reflective of the sentiments expressed by individuals during the 2016 PIT count. Among all homeless households on the night of the count, 63% had no source of income and only 1.2% reported having earned cash income (see Figure 10). The three most common sources of non-earned cash income among households were SSI (19.8%), TANF (12.3%) and General Assistance (9.9%).

Figure 11 shows the average monthly income for all homeless households by housing situation.

	Emergency Shelter	Transitional Housing	Unsheltered
Average for All Households	\$152.01	\$1050.00	\$162.88

8.6% of homeless households reported receiving no type of non-cash benefit on the night of the count. The top non-cash benefits reported as being received were Food Stamps (SNAP) (81.5%) and Medicaid (55.5%).

Someone with a long-term disabling condition, who has been continually homeless for a year or more, or at least four times in the past three years, meets HUD's definition of chronically homeless. Any family with one adult that meets this definition is considered a chronically homeless family. This definition has been updated since the 2015 point in time, in such that in order for a household to meet the episodic definition of chronically homeless, the 4 episodes must equal at least 12 months, which may lead to a decrease in the number of households that qualify as chronically homeless.

HUD currently has a goal of ending chronic homelessness by 2017. This goal reflects the urgency of helping to house those persons who have not been able to remain stably housed over the course of an extended period of time. Chronically Homeless persons are among the most vulnerable homeless groups, and providing effective supportive services and case management may be required in order to help some stay in the housing they need. Prioritization of new Continuum of Care funding opportunities has recently been giving some communities in New Jersey new resources for housing this subgroup.

Total Chronically Homeless Population – seven (7) households, made up of 8 persons, were chronically homeless in Cape May County, according to the 2016 Point-In-Time Count. This is an increase of 6 persons (300%) from 2015. The rate of chronic homelessness as a percentage of overall homelessness increased from 1.8% in 2015 to 6.1% in 2016.

However, the numbers are possibly misleading for over the past five years the total number of chronically homeless persons has seen an overall decrease, with just the slight increase in 2016. Overall, over the past 5 years the total number of chronically homeless persons has decreased by 13 persons (61.9%). The numbers of chronically unsheltered chronically homeless population increased by 3, which is 300% in the last 5 years. It appears the market fallout from the 2008 crisis is beginning to level out when it pertains to the chronically homeless population.

Moving forward there is a need to obtain demographic data about the senior population that is facing homelessness along with those who are living in nontraditional, non-long term situations. With the

Baby Boomer generation comes the need for supportive care. The Cape May County Department of Human Services has noticed a trend over the past several years of the need for care for a senior and disabled population that is facing homelessness. This demographic will need to be tracked and included within the section in subsequent years.

### Goals of the Southern New Jersey CoC Addressing Chronically Homeless

#### Past History

HUD funds housing programs for the homeless through the Continuum of Care (CoC) process. The County of Cape May participated in this process through the NJ Balance of State application through the Department of Community Affairs (DCA) until such time as DCA decided it was no longer going to participate in this process. Thus, those counties covered by this practice had to decide to participate on their own or not seek funds.

#### Regional Approach

In 2002, Cape May County completed its first CoC application in order to make funds available to local agencies to provide housing to homeless consumers. The very first project funded in Cape May County provided housing to twelve (12) individuals with mental illness that were formerly homeless.

Cape May County continued the practice of applying for CoC funds through 2014. The County was successful in obtaining HUD funding because it adhered to HUD funding priorities which are primarily permanent housing and housing for the chronically homeless. HUD has also stressed the importance of regional coordinated approaches to ending homelessness. **To that end, the Cape May County CoC merged with the Southern New Jersey CoC (SNJCoC) in 2015. The SNJCoC is comprised of Camden, Cape May, Cumberland, and Gloucester counties.**

In the year 2016, Cape May County has nine (9) HUD funded CoC projects. These projects provide for thirty-nine (39) permanent supportive housing vouchers. The vouchers unit composition is as follows: Nineteen (19) zero bedroom or efficiency units, nine (9)

one-bedroom units, ten (10) two-bedroom units and one (1) four-bedroom unit..

The Executive Board of the SNJCoC is regional by design and includes representation from all 4 (four) member counties. The purpose of the SNJCoC is to plan, advocate, and review data for and on behalf of the homeless population in the region.

The SNJCoC works to prevent and end homelessness through a public and private collaboration that maximizes efforts and leverages resources. The SNJCoC responds annually to the HUD CoC Notice of Funding Availability (NOFA). This requires the SNJCoC to complete the HUD CoC application.

The application is designed to solicit information on the local CoC's progress on meeting HUD established goals for the CoC program. The priority goal of HUD for CoCs is permanent supportive housing – not emergency housing, transitional housing or support services. It should be noted that the CoC program was designed to promote a community-based solution to ending homelessness; provide funding to nonprofits, states, and local governments to prevent and quickly re-house individual and families experiencing homelessness; minimize the trauma and dislocation that individuals, families, and communities experience as a result of homelessness; and promote the effective utilization of mainstream resources.

In addition to HUD housing project priorities, HUD has further established priority target populations. Again, to be in compliance with HUD priorities, the SNJCoC has adopted the same priority target populations. These populations include: chronically homeless, aging out and unaccompanied youth, and veterans. The SNJCoC is working to end homelessness for these target populations in the following manner:

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Chronically Homeless – The SNJCoC collects data through both the annual point-in-time survey and the Homeless Management Information System (HMIS), the database that maintains project and consumer information, in order to document the number of chronically homeless within the SNJCoC region and each member county. Along with the number, the data provides the SNJCoC with information on consumers such as cause of homelessness, health conditions, income, work history, etc. This data is used to assist individuals in obtaining appropriate housing and support services. The SNJCoC further prioritizes this population by recommending projects for HUD funding that designate at least a portion of their housing vouchers to those that meet the definition of chronically homeless. Therefore, increasing the number of housing opportunities for the chronically homeless.

Aging Out/Unaccompanied Youth – HUD defines this population as youth between 18 and 24 years of age. The SNJCoC has a standing subcommittee dedicated to Youth and Education.

This subcommittee examines the issues impacting homeless youth on an ongoing basis. The subcommittee also uses the point-in-time survey and HMIS data to develop a profile of homeless youth with the region and the four (4) member counties. The subcommittee sponsors workshops and forums on issues impacting youth including homeless youth. The subcommittee also works with the Homeless Student Liaisons in the member counties to ensure that homeless students are receiving the services to which they are entitled. As with the chronically homeless, the SNJCoC prioritizes this population by recommending projects for HUD funding that provide housing vouchers (at least a dedicated portion) to aging out and unaccompanied youth. Thus, increasing the number of housing opportunities for youth.

Veterans – In addition to prioritizing projects that serve veterans for HUD funding, the SNJCoC has developed a “Veterans Initiative” task force to work on the issue of ending veterans’ homelessness. Under

the guidance of a HUD consultant, the task force has implemented two (2) committees. These are the Leadership Council (LC) and the Master List (ML) committees.

- Leadership Council - This council provides guidance and coordination among regional and state governments, the Department of Veteran Affairs Medical Centers based in Philadelphia and in Wilmington, DE, veteran service organizations, SNJCoC, homeless service providers, technical assistance providers, the two Veteran Master List committees within the SNJCoC (discussed below), and other identified key stakeholders with the goal of ending homelessness among veterans. The overall goal of the Leadership Council is to establish the foundation and eliminate any obstacles for the work of the Master List committees.
- Master List Committees – The SNJCoC has two (2) ML committees. One for Cape May/Cumberland and one for Gloucester/Camden. This is due to the two (2) VA medical centers within the SNJCoC region. These committees are in essence case conferencing committees in which service providers and professionals meet to discuss the housing and service needs of veterans experiencing homelessness. The goal is for this in-person dialogue among service providers will allow for easier sharing and identification of resources which will in turn allow veterans to be served in a more timely and efficient manner.

The Cape May/Cumberland ML committee began meeting in January of 2016. To date, thirty-seven (37) veterans have been housed, 11 from Cape May County.

## CAPE MAY COUNTY: TEN-YEAR PLAN TO END HOMELESSNESS

### County Considerations

While the SNJCoC has made significant strides in providing permanent housing to those HUD priority populations both within Cape May County and the SNJCoC region, many of those that experience homelessness or who are at-risk of homelessness in Cape May County do not fall within the HUD priority populations designation. For example, of the 133 people that met the HUD definition of homeless on the night of the point-in-time count, only 6 individuals and 1 family met the definition of chronically homeless. Thus, the County of Cape May needs to take a different approach in addressing homelessness within the County itself.

A primary component of this approach includes the Comprehensive Emergency Assistance System (CEAS) committee. The CEAS Committee is comprised of advocates and provider agencies that provide a variety of services including housing, child care, prevention, legal, etc., advocates to those that are homeless or are at-risk of homelessness.

This Committee meets bimonthly to discuss service needs, service availability, housing availability, and SNJCoC activities that would benefit county residents or agencies. Funding for services is dependent upon the program and is from a variety of sources. The following is a list of agencies that attend and participate in the CMC CEAS process even though they do not provide housing for the homeless:

- The Arc of Cape May County
- South Jersey Legal Services
- Rutgers Southern Regional Child Care Resource and Referral
- City of Ocean City
- Homeless Student Coordinator for Cumberland, Cape May and Salem Counties
- CMC Correctional Center
- CARA

- CMC Aging & Disability Services
- United Way
- DCP&P (formerly DYFS)

The CEAS Committee is an open public meeting that welcomes and encourages representation from all providers, agencies, and advocacy groups working with the homeless or those at risk of homelessness.

Through the development of the *10 Year Plan to End Homelessness*, it is the goal of the County to continue and expand dialogue among advocates, service providers, and County government regarding the needs of county residents experiencing homelessness or at-risk of homelessness and to seek resources and funding to provide said services. The Plan will establish core strategies that will be pursued with a local focus on providing those services that are identified as the most needed in order to end homelessness in Cape May County.

### Guiding Principles for Addressing Homelessness

The following five principles will serve as the guiding force for the broad goals, strategies, and action steps:

**Commitment from all sectors of the community** – Cape May County believes it will need to have a regional as well as community approach when it comes to reducing homelessness. This includes the collaboration and support of government, non-profits, the faith-based community, the criminal justice system, the business community, and residents.

**Best practice, evidence based solutions** - There are several best practice models that have provided promising results in addressing the issue of homelessness. All factors including those of a financial nature must be considered when addressing the needs of residents. Therefore, those involved with the homeless community will research and consider the implementation of some best proven practice models. This may include exploring the *Housing First* option.

**Affordable, appropriate housing options** - The plan identifies the need for safe, clean and affordable housing within the County. Due to financial restraints and the need for long term planning this will not be an immediate principle that Cape May County can act upon. However, the establishment of a Housing Trust Fund will be explored as a means to fund appropriate housing subsidies, services and programming for the homeless, dependent upon funds available.

**Culturally competent, consumer-centered services** - The face of homelessness has been changing over the past several years. Between the impact of two major storm systems – Hurricane Irene and Superstorm Sandy, and the 2008 financial crisis in the United States, Cape May County is now facing new issues relating to homelessness such as lack of funding for home repairs and/or necessary renovations (ramps) especially for the elderly population.

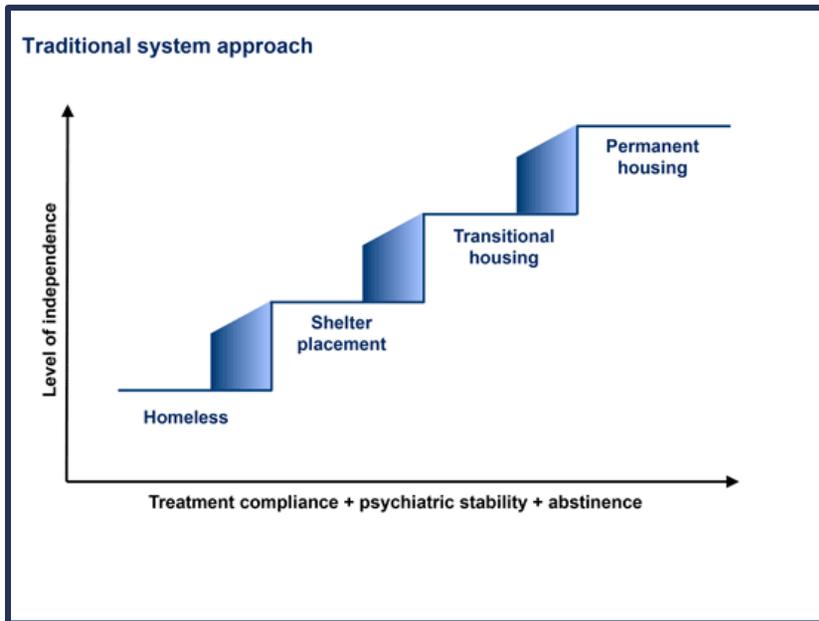
In addition to poverty, homeless individuals and families have additional, unique challenges such as legal status issues, varying customs and traditions, and language barriers. With these thoughts in mind and other challenges previously discussed, the services provided to homeless persons will need to be comprehensive, consumer driven, flexible, and with a focus on meeting the individual client's needs.

**Sufficient financial resources** - Funding resources for human service needs are and will continue to be limited in the foreseeable future. In order to fund changes and new services, Cape May County will need to make the best use of existing federal, state, local and private funding by streamlining, strategic targeting and re-allocating funds towards the plan priorities.

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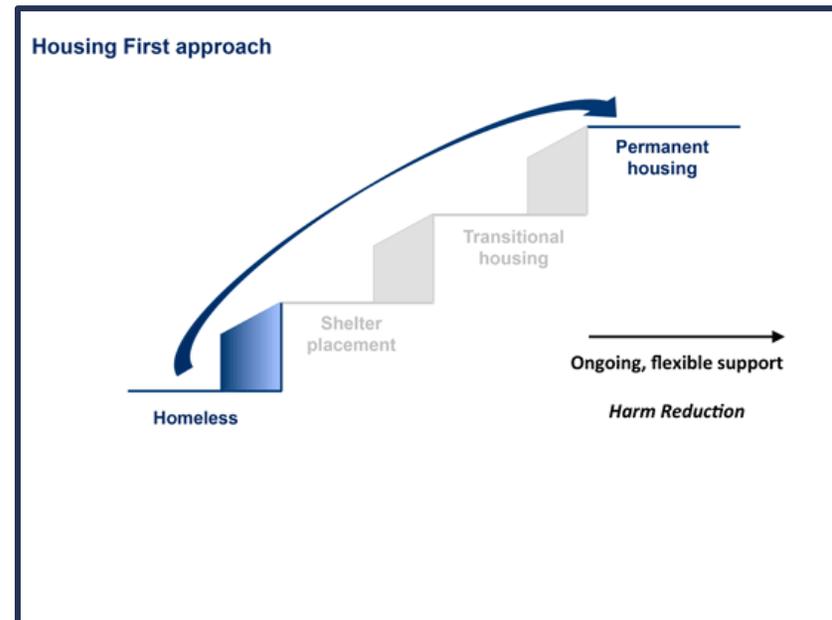
## Exploring Housing First

The fundamental cause of homelessness is the widening housing affordability gap. Therefore, Cape May County would like to explore *Housing First* as a model for addressing the chronic homeless population. The traditional system approach provides a systematic, but time consuming, approach to providing housing.



"Housing first" was developed in New York City and has been replicated nationwide. The "housing first" approach to street homelessness builds on the success of permanent supportive housing. "Housing first" involves moving long-term street homeless individuals — the majority of whom are living with mental illness, substance abuse disorders and other serious health problems — directly into subsidized housing and then linking them to support services, either on-site or in the community. Research studies have

found that the majority of long-term street homeless people moved into "housing first" apartments remain stably housed and experience significant improvements in their health problems. Much like permanent supportive housing, the "housing first" approach is far less costly than emergency and institutional care, such as shelters, hospitals and correctional facilities. Since its development, the model has been replicated nationally and internationally, and research and evaluation have repeatedly shown it to be effective in ending chronic homelessness.



As a model Cape May County is interested in exploring Housing First as one possible solution for addressing the chronic homeless population. It is a way to make long term advancements that create permanent solutions to a situation that can be a fiscal drain if not addressed from a holistic, long term plan.

**Plan Recommendation**

The following pages identify key recommendations for Cape May County’s 10 Year Plan. The Plan is meant to be a “living document” that will change over time as resources and issues are further developed. The lead agency designation is labeled TBD (To Be Determined). This designation will be discussed and decided in the first quarter of 2017.

# CAPE MAY COUNTY: TEN-YEAR PLAN TO END HOMELESSNESS

## Priority Projects Matrix

### An Implementation Agenda for the Cape May Ten-Year Plan to Reduce Homelessness

RECOMMENDATION	STEPS TOWARD IMPLEMENTATION	PRIORITY STATUS	PROSPECTIVE PARTNERS	SPECIFIC ASSIGNMENT
<p><b>Recommendation #1: Enhance Planning Efforts</b></p> <p><b>Project 1: Ensure coordination of planning, evaluation and resource development for homeless services in Cape May County.</b></p>	<ul style="list-style-type: none"> <li>• Invite key public and private sector leaders, faith based organizations, and interested citizens to participate in the Cape May County Human Services’ Advisory Council’s Comprehensive Emergency Assistance Services Committee to initially accomplish those items listed below and to act as a steering committee for homeless efforts countywide.                             <ul style="list-style-type: none"> <li>▪ Educate the community about the importance of increasing affordable housing stock throughout Cape May County.</li> <li>▪ Identify services gaps within the county that need to be overcome in order to end homelessness on an ongoing basis through the collection and evaluation of HMIS and local data.</li> <li>▪ Build partnerships that best leverage available local resources to achieve needed services.</li> </ul> </li> </ul>	<p><b>Short Term</b> (Within next 2 years)</p>	<ul style="list-style-type: none"> <li>• Cape May County Departments of Aging and Disabilities, Social Services and Human Services</li> <li>• Social Security Administration</li> <li>• CEAS Partners</li> <li>• FQHC</li> <li>• Homeless Service Providers</li> <li>• Faith Based Organizations</li> <li>• Workforce Development Board</li> <li>• NJ Housing, Mortgage and Finance Agency</li> </ul>	<p>TBD</p>

## CAPE MAY COUNTY: TEN-YEAR PLAN TO END HOMELESSNESS

RECOMMENDATION	STEPS TOWARD IMPLEMENTATION	PRIORITY STATUS	PROSPECTIVE PARTNERS	SPECIFIC ASSIGNMENT
<p><b>Recommendation #2:</b> <b>Enhance Income</b></p> <p><b>Project #2: Maximize opportunities to enhance household income.</b></p>	<ul style="list-style-type: none"> <li>• Create checklist of what is required for eligibility determination for services (SSI, GA, Medicaid, etc.) and make available to service providers for distribution to clients.</li> <li>• Develop a process that will facilitate the determination of SSI or Medicaid for all homeless people, with a focus on those being discharged from the Jail and/or psychiatric hospital.</li> <li>• Update the homeless resource directory on an annual basis and look for a web presence of the information.</li> <li>• In collaboration with the Cape May County entities responsible for workforce development and training, develop job readiness, life skills and job training programs that can accommodate the homeless population.</li> <li>• Explore partnerships with employers to hire homeless persons with a supportive employment coach element.</li> </ul>	<p style="text-align: center;"><b>Short Term</b> (Within next 2 years)</p>	<ul style="list-style-type: none"> <li>• Cape May County Department of Social Services</li> <li>• Local Day programs</li> <li>• Cape May County One Stop Career Center</li> <li>• Cumberland Salem Cape May Workforce Development Board</li> <li>• DVRS</li> <li>• Homeless Service Providers</li> </ul>	<p style="text-align: center;">TBD</p>
<p><b>Recommendation #3:</b> <b>Multi- Level System Response</b></p> <p><b>PROJECT 3: Create a coordinated system that</b></p>	<ul style="list-style-type: none"> <li>• Develop a common assessment tool for local use that can interface with the regional CoC unified assessment tool.</li> <li>• Develop a countywide coordinated case management team that will meet quarterly to share activities and resources.</li> </ul>	<p style="text-align: center;"><b>Mid Term</b> (Within next 2– 6 years)</p>	<ul style="list-style-type: none"> <li>• CEAS Partners</li> <li>• Homeless Service Providers</li> <li>• Faith Based organizations</li> <li>• Medical Clinic Partners</li> <li>• DVRS and One Stop</li> </ul>	<p style="text-align: center;">TBD</p>

## CAPE MAY COUNTY: TEN-YEAR PLAN TO END HOMELESSNESS

RECOMMENDATION	STEPS TOWARD IMPLEMENTATION	PRIORITY STATUS	PROSPECTIVE PARTNERS	SPECIFIC ASSIGNMENT
<p>seeks to maximize funding by “braiding” resources in a comprehensive manner.</p>	<ul style="list-style-type: none"> <li>Investigate the possibility of funding a generic case manager position.</li> <li>Investigate the feasibility of creating an on line resource data base that can post consumer needs and service opportunities in “real time” with proper security.</li> </ul>			
<p><b>Recommendation #4: Prevention</b></p> <p><b>PROJECT 4: Develop an expanded capacity to keep people in their households and prevent homelessness.</b></p>	<ul style="list-style-type: none"> <li>Design an outreach program that will inform those “at risk” of homelessness of existing prevention resources.</li> <li>Provide more education on financial literacy and tenant landlord rights.</li> <li>Develop additional resources for prevention expenditures such as back rent, utility bills etc.</li> </ul>	<p style="text-align: center;"><b>Short Term</b> (Within next 2 years)</p>	<ul style="list-style-type: none"> <li>CEAS Partners</li> <li>Homeless Service Providers</li> <li>Faith Based Organizations</li> <li>Legal Service Organizations</li> <li>Consumer Budget and Credit Agencies</li> </ul>	<p style="text-align: center;">TBD</p>
<p><b>Recommendation #5: Housing</b></p> <p><b>PROJECT 5: Assure the continuation of efforts focused on ending Veterans’ Homelessness at a county and regional level.</b></p>	<ul style="list-style-type: none"> <li>Increase participation from Cape May County on the SNJCoC Veterans Leadership Council, the committee overseeing and “leading” the effort to coordinate Veterans’ services.</li> <li>Identify veteran service agencies coordinating and offering services in Cape May County.</li> <li>Develop a working relationship with agencies offering veteran specific services.</li> <li>Invite all agencies providing services to veterans to participate on the SNJCoC Veterans Master List</li> </ul>	<p style="text-align: center;"><b>Short Term</b> (Within next 2 years)</p>	<ul style="list-style-type: none"> <li>CVAC</li> <li>Veterans Multi Service Center</li> <li>Catholic Charities</li> <li>SNJCoC Veterans Leadership Council</li> <li>SNJCoC Veterans Master List Committee for Cumberland/Cape May</li> <li>CEAS Partners</li> </ul>	<p style="text-align: center;">TBD</p>

## CAPE MAY COUNTY: TEN-YEAR PLAN TO END HOMELESSNESS

RECOMMENDATION	STEPS TOWARD IMPLEMENTATION	PRIORITY STATUS	PROSPECTIVE PARTNERS	SPECIFIC ASSIGNMENT
	committee for Cumberland/Cape May.			
<p><b>PROJECT 6: Develop enhanced access to housing.</b></p>	<ul style="list-style-type: none"> <li>• Work with the members of the Cape May County community to research options for funding the development of permanent, affordable and supportive housing for homeless families and individuals.</li> <li>• Expand access to housing through the establishment of a Homeless Trust Fund.</li> <li>• Explore Housing First as a housing option, as well as additional rental vouchers.</li> <li>• Participate in activities/dialogue with local municipalities, Habitat for Humanity and other entities regarding the expansion of affordable housing.</li> <li>• Consider the creation of a web based Centralized Housing Locator System to connect potential tenants to vacant/available units.</li> </ul>	<p style="text-align: center;"><b>Continuous</b> (all 10 years)</p>	<ul style="list-style-type: none"> <li>• Cape May County Board of Chosen Freeholders</li> <li>• County Counsel</li> <li>• CEAS Partners</li> <li>• Faith Based Organizations</li> <li>• Homeless Service Providers</li> <li>• Cape May County municipalities</li> <li>• Cape May County Departments of Aging and Disability Services, Social Services, Human Services, Planning and Economic Development, and Management Information Systems</li> <li>• Habitat for Humanity</li> <li>• NJ Department of Community Affairs</li> <li>• NJ Housing, Mortgage and Finance Agency</li> <li>• NJ Department of Human Services</li> <li>• NJ Department of Children and Families</li> </ul>	<p style="text-align: center;">TBD</p>

### Conclusion

The *10-year Plan to End Homelessness in Cape May County* builds on previous community based efforts to address the issue of homelessness while setting the stage for addressing homelessness differently. For the plan to be effective, ongoing community involvement is essential. Cape May County must remain flexible, innovative and squarely focused on Ending Homelessness.

The homeless issue highlights the need for prevention and housing. These two points on the continuum embrace the three profiles of the homeless that need assistance: temporary, episodic, and chronic. This plan recognizes the need for a comprehensive, coordinated, and continuous effort. Without an ongoing commitment from government, private non-profit agencies, faith based organizations, and the overall community to solving the problems, there will be little success.

This plan identifies the blueprint for ending the institution of homelessness and describes a mechanism in which all stakeholders can come together to address this issue.

As the County government and service providers continue to work together and discuss ending homelessness as a community, solutions will emerge.

This plan lays the framework for mutual responsibility and accountability. As a community, the landscape and investment in systems that end homelessness must be adaptable. This plan presents enough detail to determine barriers to ending

homelessness. As these strategies and tasks are implemented, there must also be a commitment from all sources to put enough resources on the table to make a difference.

Finally, the process that brought the core elements of this plan together initiated significant change across homeless programs and other systems that touch homelessness. The work of individuals and organizations pointing out barriers to ending homelessness in itself begins to break down the silos that prevent coordinated and systemic change.

The plan also recognizes the need for adjustments and changes, as well as new innovations to support the community effort to reduce homelessness. It is intended that this plan be a living document in which changes can be made in response to the success or failure of individual strategies and/or in response to events that will change the dynamics in yet unforeseen ways. This plan lays out the blueprint that Cape May County needs to consider over time in order to effect change. The key to this plan's success will be in the partnerships and commitment of government, non-profits, community and faith based organizations, housing providers and residents to innovation and accountability as set forth in the Plan.

## APPENDIX A

# CAPE MAY COUNTY HOMELESS SERVICES RESOURCE DIRECTORY

### Emergency Shelter

**Provider Name:** Cape May County Department of Social Services

**Program Name:** Cape May County Social Services- Emergency Assistance

**Location Where Services Are Delivered:** 4005 Route 9 South  
Rio Grande, NJ 08242

**Provider Contact Information:** (609) 886-6200 – phone (609) 889-9332 – fax

**Population Served:** Adults and families residing in the County of Cape May

**Brief Description of Service:** Responsible for administering State and Federal Assistance Programs. Economic and social services are available to individuals and families residing the County of Cape May based on eligibility criteria. Services offered are emergency shelter, back rent, back mortgage, security deposit, utilities and food.

**Emergency Homeless Hotline Number** (After hours/weekends/holidays)  
(609) 886-1325 or TOLL FREE @ 1 (877) 886-1325

**Provider Name:** Family Promise of Cape May County

**Program Name:** Interfaith Hospitality Network

**Location Where Service is delivered:** 505 Townbank Road, North Cape May, NJ 08204

**Provider Contact Information:** (609) 846-7862

**Population Served:** Eligible Homeless Families

**Brief Description of Service:** Program is designed to assist families with children (under the age of 18) who are experiencing homelessness. As a non-traditional sheltering program, Family Promise is a network of faith communities and over 800 volunteers, providing temporary shelter and meals for up to 3 to 4 families at a time. Case management is provided.

**Provider Name:** Covenant House New Jersey

**Program Name:** Atlantic City Crisis Center

**Location Where Services Are Delivered:** 929 Atlantic Ave., Atlantic City, NJ 08401

**Provider Contact Information:** Office – (609)348-4070

**Population Served:** Young adults ages 18-21

**Brief Description of Service:** Our Residential Crisis Centers welcome young adults 24 hours per day with no questions asked and provide a safe haven to live while they stabilize their crises and work on a plan to transition to a stable living environment where they can continue to progress in their life goals.

### Day Programs

**Provider Name:** The Branches – an outreach program of St. Mary’s Episcopal Church, Stone Harbor

**Program Name:** Outreach Day Program

**Location Where Services Are Delivered:** Second and Vermont Avenues, Rio Grande, NJ 08242

**Provider Contact Information:** (609) 886-5091 Susan Mayfair, Director

**Population Served:** Homeless

**Brief Description of Service:** Open six days per week from 9:30am until 1:30pm. The Branches provides breakfast and lunch, clothing, linkage with social service programs, counseling, art and yoga classes, job readiness/application assistance and tutoring.

### Supportive Housing

**Provider Name:** Cape Counseling Services, Inc.

**Program Name:** Supportive Housing

**Location Where Services Are Delivered:** 1129 Route 9 South Cape May Court House, NJ 08210

**Provider Contact Information:** (609) 778-6140 Alex Price, Support Housing Program Coordinator

**Population Served:** 18 and up with a diagnosis of severe and persistent mental illness, history of homelessness or at eminent risk of homelessness.

**Brief Description of Service:** The goal of Supportive Housing is to help link clients with requested and needed services including but not limited to: housing search, moving in, landlord/neighbor relationship, support services planning, skill development training, physical healthcare linkages, mental health medication and illness self-management, employment, finances, budgeting and banking, co-occurring substance use/psychiatric disorders, transportation services, access to natural supports, social, recreational, leisure and community involvement, and benefits/entitlements

### Supportive Housing (con’t)

**Provider Name:** Cape May County Department of Social Services

**Program Name:** Supportive Housing

**Location Where Services are delivered:** 4005 Route 9 South Rio Grande, NJ 08262

**Provider Contact Information:** (609) 886-6200

**Population Served:** Individuals and families experiencing homelessness with a diagnosis of severe and persistent mental illness, victims of domestic abuse, and those with a diagnosis of chronic substance abuse.

**Brief Description of the Service:** Provides assistance with housing while setting and monitoring goals for self-sufficiency.

**Provider Name:** Cape Counseling Services, Inc.

**Program Name:** Youth Supportive Housing

**Location Where Services Are Delivered:** 1129 Route 9 South Cape May Court House, NJ 08210

**Provider Contact Information:** (609) 778-6140, Alex Price, Supportive Housing Program Coordinator

**Population Served:** Evolutions is a semi-supervised apartment for aging out and/or homeless individuals ages 18 through 21.

**Brief Description of Service:** Clients will share a two bedroom apartment at a designated location and will be assigned a Youth Supportive Housing case manager. Clients must maintain independent community employment and/or involve themselves in a structured community activity.

### Prevention Programs

**Provider Name:** Catholic Charities

**Program Name:** Family Services and Community Center

**Location Where Services Are Delivered:** Village Shoppes 1304 Route 47 South, Unit C-1, Rio Grande, NJ 08242

**Provider Contact Information:** (609) 886-2662 – phone

**Population Served:** Low Income and Income Qualified Households

**Brief Description of Service:** Program provides rent and utility (electric and gas) assistance when funds are available. Program services also include a food pantry and information/referral and advocacy.

**Provider Name:** O.C.E.A.N. Inc.

**Program Name:** Rental Assistance Program

**Location Where Services Are Delivered:**Varies – Please call for an appointment

**Provider Contact Information:** (609) 667-6801 – phone (609) 677-6805 – fax

**Population Served:** Income eligible residents of Cape May County

**Brief Description of Service:** This program helps prevent the threat of homelessness by providing funds to pay a portion of rent for income eligible/qualified residents. It does not pay the entire rent and may not exceed one year. Rent is paid directly to the landlord. Some program requirements include: rent must be current, resident is not facing eviction, must have an income and reside in the rental property one year or more. Applicant must be able to sustain their rent when the program ends. Up to \$400.00 per month is the maximum provided.

### Prevention Programs (con't)

**Provider Name:** Puerto Rican Action Committee (PRAC) of Southern NJ *\*PRAC is the Provider of the following services:*

**Program Name:** Multi-Services Case Management

**Location Where Services Are Delivered:** 801 Washington Avenue, Woodbine, NJ 08270

**Provider Contact Information:** (609) 861-5800 – phone (609) 861-1239 – fax Jasmin Velazquez, Senior Case Worker

**Population Served:** Low income community and Hispanics

**Brief Description of Service:** PRAC provides case management services. The program assists in resolving client issues including health management, employment, translation of documents, housing, emergency food, advocacy, and referring to other agencies. Transportation services to doctor's appointments, hospitals, counseling, therapies, etc. are also provided.

**Program Name:** New Jersey SHARES

**Location Where Services Are Delivered:** 801 Washington Avenue Woodbine, NJ 08270

**Provider Contact Information:** (609) 861-5800 – phone (609) 861-1239 – fax Jasmin Velazquez, Case Worker

**Population Served:** Middle Class Income Qualified Households

**Brief Description of Services:** Provides utility relief to people, who are determined to be middle class income households and who are not eligible for low income types of assistance. NJ Shares, Inc. provides assistance to individuals and families living in NJ who are in need of temporary help in paying their energy bills. It provides grants to pay the energy and utility bills of households in need.

### Prevention Programs (con't)

**Provider Name:** Cape Counseling Services, Inc.

**Program Name:** The Family Success Center of Cape May County

**Location Where Services Are Delivered:**1046 B Route 47, Rio Grande, NJ 08242

**Provider Contact Information :**( 609) 778-6226 – phone (609) 886-2353 – fax

**Population Served:** Any resident of Cape May County.

**Brief Description of Service:** The Family Success Center (FSC) is a neighborhood gathering place, where any community resident can go for support, information, and services. The FSC provides core services that all families need, including information and referrals, advocacy for families and individuals, health services information, parent education, parent-child activities, Life Skills training, Economic self-sufficiency/employment related services/ income security services, and housing-related services. Additionally, the FSC has a Food Pantry, and facilities for families to wash clothes, shower, and use Internet-accessed computers. The FSC provides an education speaking series on a variety of topics of interest to families, and classes on SafeSitters Babysitting, parenting, and topics identified by the FSC Advisory Board (comprised of FSC participants and community members).

### Prevention Programs (con't)

**Provider Name:** Native American Advancement Corporation

**Program Name:** Weatherization Program

**Location Where Services Are Delivered:**75 N. Pearl Street P.O. Box 824, Bridgeton, NJ 08302

**Provider Contact Information:** (856) 455-0600 – phone

**Population Served:** Income eligible residents of Cape May County

**Brief Description of Service:** Assistance available for attic insulation, pipe wrap insulation, weather stripping, heater and/or water heater replacements/repair among other options. In addition to the phone contact, applications may be downloaded from [www.SaveEnergyNJ.com](http://www.SaveEnergyNJ.com) or picked up at WaWa store locations.

### Targeted Assistance and Case management Services

**Provider Name:** Catholic Charities

**Program Name:** Ready-Vet-Go

**Location Where Services Is Delivered:** Village Shoppes 1304 Route 47 South, Unit C-1, Rio Grande, NJ 08242

**Provider Contact Information:** Nelson Gonzalez @ (856) 701-5428

**Population Served:** Veterans

**Brief Description of Service:** Ready, Vet, Go provides rental assistance, case management, and referral services to Veterans who are literally homeless or are imminently at-risk of becoming homeless.

### Targeted Assistance and Case management Services (con't)

**Provider Name:** Cape Counseling Services, Inc.

**Program Name:** Homeless Mentally Ill (HMI)

**Location Where Services Are Delivered:** Cape May County Social Services 4005 Route 9 South, Rio Grande, NJ 08242

**Provider Contact Information:** (609) 886-6200 (609) 778-6140 Alex Price, Supportive Housing Program Coordinator

**Population Served:** Severely and persistently mentally ill, homeless, or those at risk of becoming homeless.

**Brief Description of Service:** The HMI program is largely an outreach program, providing services in the community. The main office is located at the Cape May County Social Services Building. The HMI staff acts as a liaison with a variety of housing operators/authorities/owners in securing and maintaining housing. The HMI staff works to foster independent community living by teaching skills and helping clients to develop social support systems.

**Provider Name:** Veteran's Multi Service Center

**Program Name:** Supportive Services for Veteran Families

**Location Where Service is Delivered:** Serving Southern New Jersey Walk-In Office: 415 N. High Street, Millville, NJ 08332

**Provider Contact Information:** (856) 293-7321 [www.vmcenter.org](http://www.vmcenter.org)

**Population Served:** Veterans of all eras

**Brief Description of the Service:** Program provides a comprehensive resource center available to all veterans. Program provides case management, access to VA benefits and general assistance to veterans. Low Income/Homeless/Imminently Homeless veterans may be eligible for housing assistance and other emergency financial assistance.

### Targeted Assistance and Case management Services (con't)

**Provider Name:** Citizens Veterans Advisory Committee

**Program Name:** CVAC

**Location Where Service is delivered:**

**Contact Information:** Johnnie Walker @ 609.425-8608

**Population Served:** Veterans

**Brief Description of Service:** Through a team of 40+ volunteers, this program provides case management, access to VA benefits and general assistance to veterans. Emergency assistance and resources for homeless veterans are also included.

**Provider Name:** Coalition Against Rape and Abuse, Inc.

**Program Name:** Residential and Non-Residential Domestic Violence Services

**Location Where Services Are Delivered:** Cape May Court House, NJ (exact location is confidential)

**Provider Contact Information:** P.O. Box 774, Cape May Court House, NJ 08210 (609) 522-6489 – phone Kristen Raring-Bixby, Esq. [kristenbixby@hotmail.com](mailto:kristenbixby@hotmail.com)

**Population Served:** Women, men and children that are victims of domestic violence or have been exposed to domestic violence.

**Brief Description of Service:** Domestic violence shelter, transitional housing, individual and group counseling (including children's counseling), community education, non-court ordered men's group, free legal representation, 24/7 victim support, hotline and food bank services

### Targeted Assistance and Case management Services (con't)

**Provider Name:** Cape Hope

**Program Name:** Cape Hope Cares

**Location Where the Service is Located:** not available

**Provider Contact Information:** Denise Venturini P.O. Box 1061,  
Cape May, NJ 08204, (609) 997-1794

**Population Served:** Homeless with a priority for single families and aging out youth.

**Brief Description of Service:** clothing, food, limited emergency assistance and transportation – future goals including Housing First Model Program and Warming Centers

**Provider Name:** Covenant House New Jersey

**Program Name:** Camden Drop-In Center

**Location Where Services Are Delivered:**2113 Federal Street  
Camden, NJ 08105

**Provider Contact Information:** (856) 757-9111 (Office), (551) 200-0830 (Cell)

**Population Served:** Young adults ages 18-21

**Brief Description of Service:** Covenant House is a crisis center for homeless and at-risk youth between the ages of 18 and 21. Covenant House provides young people in need with clothing, food, shelter, legal services, and case management. At our Camden Drop-In Center, Covenant House staff assists youth in obtaining vocational, educational, and housing goals.

### Counseling Services

**Provider Name:** Cape Counseling Services, Inc.

**Program Name:** Outpatient Services- mental Health and Recovery

**Location Where Services Are Delivered:**128 Crest Haven Road  
Cape May Court House, NJ 08210

**Provider Contact Information:** (609) 465-4100 x 134 Phone  
Access Department Eleanor Mc Bride, VP of Clinical Operations

**Population Served:** Children, Adolescents, and Adults

**Brief Description of Services:** Cape Counseling Outpatient services provide mental health and recovery service outpatient treatment for affected individuals to meet all levels of Outpatient Care needs through the provision of individual, group, and Intensive Outpatient Services treatment. Co-occurring disorders treatment services are available within the CCS continuum integrating Recovery and Psychiatric Services to meet the needs of the dual diagnosed client. Transportation is provided for all IOP clients if needed. Residential Liaison Services available by appointment to assist with screening and referral options for inpatient detoxification and residential treatment. Services are provided Monday through Thursday, 8AM to 8:30PM, and Friday 8AM to 5pm. Mental Health: Individual, Family and Group counseling, psychiatric services, and medication monitoring.

### Counseling Services (con't)

**Provider Name:** Families Matter LLC

**Program Name:** Families Matter Behavioral Health Services

**Location Where Services Are Delivered:** 899 Bayshore Road, Villas, NJ 08251

**Provider Contact Information:** (609) 886-8666 – phone

**Population Served:** All ages with mental health, behavioral and/or substance abuse problems.

**Brief Description of Service:** Program provides comprehensive behavioral health services to the community. All services are offered in English and Spanish. Services include psychiatric evaluations for adults and children, mental health and substance abuse group and individual treatment, Intensive Outpatient Program. Also offered is a Batterers' Intervention Program, *THRIVE* Youth Substance Abuse Treatment Program (offered at no charge) and supervised parent/child visitation, risk assessments, mental health and substance abuse, and psychological evaluations. In-home counseling services are offered in Cape May, Atlantic, Cumberland, Gloucester, Salem, Camden, Burlington, and Ocean Counties (offered at no charge). Agency accepts Medicare, Medicaid, private insurance, and a sliding fee scale based on ability to pay.

### Counseling Services (con't)

**Provider Name:** Cape Assist

**Program Name:** Substance Abuse Counseling

**Location Where Services Are Delivered:** 3819 New Jersey Avenue Wildwood, NJ 08260

**Provider Contact Information:** (609) 522-5960 – phone

**Population Served:** Individuals aged 18 years and older

**Brief Description of Service:** traditional outpatient services inclusive of anger management counseling, stress management, couples/marital counseling, family therapy and parenting issues counseling. Intensive Outpatient and relapse prevention are also offered on site.

### Legal Services

**Provider Name:** South Jersey Legal Services, Inc.

**Program Name:** Legal Services

**Location Where Services Are Delivered:** 1261 Route 9 South Cape May Court House, NJ 08210

**Provider Contact Information:** (609) 465-3001 ext. 0

Elizabeth Cunningham, Esquire, Managing Attorney

INTAKE NUMBER: 1 (800) 496-4570

**Population Served:** Low-Income Residents of Cape May County

**Brief Description of Service:** Provides legal assistance to homeless individuals as well as those who are being threatened with homelessness either due to lockouts, landlord turning off utilities, or governmental closure of buildings. Provides legal assistance in Landlord Tenant Court and Public Housing, Section 8 Hearings.

### Medical Care

**Provider Name:** Complete Care Health Network

**Program Name:** Complete Care Health Network

**Location Where Services Are Delivered:** 3 Broadway, Cape May Court House, NJ 08210 And 3700 New Jersey Avenue, Wildwood, NJ 08260

**Provider Contact Information:** (609) 465-0258

**Population Served:** Adults and families residing in the County of Cape May

**Brief Description of Service:** Complete Care operates 18 locations throughout Gloucester, Cumberland and Cape May Counties. Complete Care offers state-of-the-art primary, dental, and behavioral health services all by Board Certified providers. Complete Care was among the first health organizations in the region to employ secure electronic medical and dental records ensuring that patients' medical and dental history is at their Provider's fingertips during office visits and in case of emergencies. The following services are offered: primary care, pediatrics, dermatology, podiatry, mental health and women's health.

### Medical Care (con't)

**Provider Name:** Volunteers in Medicine (VIM).

**Program Name:** Free Medical Clinic

**Location Where Services Are Delivered:** 423 N. Route 9 Cape May Court House, NJ 08243

**Provider Contact Information:** (609) 463-2846

**Population Served:** Individuals and families who earn no more than 300% of the Federal Poverty Guidelines and have no usable health insurance.

**Brief Description of Service:** VIM is not a walk-in clinic; patients are required to register before seeing a doctor. VIM is staffed Mon-Fri from 9am to 4pm and is committed to seeing new patients within two (2) weeks. VIM is a free primary care clinic that provides prescription assistance and some specialist care e.g. Infectious Disease, Cardiology, Gastroenterology, Nephrology, Optometry, and Orthopedics.

### Emergency Mental Health Services

**Provider Name:** Cape Counseling Services, Inc.

**Program Name:** Emergency Screening Service (Crisis Service)

**Location Where Services Are Delivered:** Cape Regional Medical Center 2 Stone Harbor Boulevard Cape May Court House, NJ 08210

**Provider Contact Information:** (609) 465-5999 – Hotline

**Population Served:** All

**Brief Description of Service:** Mental Health screening for those who are a danger to themselves and/or others and for whom inpatient treatment may be needed. Available 24/7

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## APPENDIX B

# CAPE MAY COUNTY FOOD PANTRIES

***Food Pantries--- Please be advised that hours of operation may change at any time so it is advisable to contact the agency directly before going to the site location.***

BETHEL COMMANDMENT CHURCH  
402 S. GEORGE STREET  
WHITESBORO, NJ 08252  
CONTACT – THOMAS CURTIS @ 465-0356

MONDAY – FRIDAY BY APPOINTMENT ONLY  
9:00 A.M. – 3:00 PM \*\* CALL FIRST \*\*  
TUES. 9:00 AM – 11 AM  
THURS. 4:00 P.M. TO 6:00 P.M.

BYRNE COMMUNITY CENTER  
401 YOUNG AVE. (NEAR PARKING LOT ENTRANCE)  
WILDWOOD, NJ 08260

4<sup>TH</sup> FRIDAY OF EACH MONTH  
10:00 TO 12:00  
MOBILE FOOD PANTRY

CATHOLIC SOCIAL SERVICES  
1304 ROUTE 47, SOUTH, UNIT C-1  
RIO GRANDE, N.J. 08242  
CONTACT: (609) 886-2662

WEDNESDAY ONLY  
8:45 AM – 11:30 AM  
CLOTHING REFERRALS AVAILABLE

CHURCH OF THE RESURRECTION  
200 W. TUCKAHOE ROAD  
MARMORA, NJ 08230

WEDNESDAY  
2:00 P.M. – 4:00 P.M.

CREST COMMUNITY CHURCH  
5901 PACIFIC AVE.  
WILDWOOD CREST, NJ 08260

MONDAY 4:30-6:30  
FOOD PANTRY CAN BE UTILIZED ONCE A MONTH, SOUP KITCHEN &  
CLOTHING WEEKLY

FAMILY SUCCESS CENTER  
1046 B, RTE 47  
RIO GRANDE, NJ 08242

TUESDAY  
1:00-6:00 PM  
BEHIND SOCIAL SECURITY BUILDING

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FIRST PRESBYTERIAN CHURCH OF CAPE MAY  
500 HUGHES AVENUE  
CAPE MAY NJ 08204  
FIRST UNITED METHODIST CHURCH  
1 CHURCH STREET  
CAPE MAY COURT HOUSE, N.J. 08210

2<sup>ND</sup> & 4<sup>TH</sup> FRIDAY OF EACH MONTH  
9:00 AM – 10:30 AM

3<sup>RD</sup> SATURDAY OF EVERY MONTH  
9:30 A.M. to 11:00 A.M.

GREEN CREEK METHODIST CHURCH  
306 Rt. 47  
GREEN CREEK, N.J. 08219

3<sup>RD</sup> WEDNESDAY OF EACH MONTH  
5:00 TO 6:00 PM  
*COATS MAY BE AVAILABLE*

HOLY REDEEMER HOME CARE AND HOSPICE  
1801 ROUTE 9 N.  
SWAINTON, NJ 08210  
463-6027

MONDAY, TUESDAY & THURSDAY  
9:00 A.M. – 12:00 Noon

HOLY SPIRIT LUTHERAN CHURCH  
1220 BAYSHORE ROAD  
VILLAS, N.J. 08251  
CONTACT: 609-886-2414

WEDNESDAY-THURSDAY-FRIDAY  
9:00 A.M. – 12:00 P.M.  
RESIDENCE OF LOWER TWSP. ONLY

PUERTO RICAN ACTION COMMITTEE  
OF SOUTHERN NEW JERSEY  
604 FRANKLIN STREET  
WOODBINE, N.J. 08270

MONDAY – FRIDAY  
8:30 AM – 12:00 PM, 1:00 PM- 4:30PM

NOTRE DAME DE LA MER PARISH  
LAZURUS HOUSE  
GLENWOOD AND NEW JERSEY AVENUE  
WILDWOOD, N.J. 08260  
CONTACT 522-5583

MONDAY-WEDNESDAY-FRIDAY  
10:00 A.M. –12:00 P.M.

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OCEAN CITY COMMUNITY FOOD CUPBOARD  
SAINT PETERS METHODIST CHURCH  
8TH & CENTRAL AVE. (CENTRAL & WESLEY)  
OCEAN CITY, NJ 08226

MONDAY – FRIDAY  
1:00 P.M. – 3:00 P.M.

SAINT BARNABAS BY THE BAY EPISCOPAL CHURCH  
13 WEST BATES AVENUE  
VILLAS, N.J. 08251 CONTACT: 886-5960

TUESDAY  
6:00 P.M. – 7:00 P.M.

ST. CASIMIR'S THRIFT SHOP AND FOOD PANTRY  
304 CLAY STREET (BEHIND CHURCH)  
WOODBINE, NJ 08270  
CONTACT: (609) 861-5592

TUES, THURS & SAT.  
9:00 A.M. – 12:00 P.M.

SEASHORE COMMUNITY CHURCH  
OF THE NAZARENE  
446 SEASHORE ROAD  
ERMA, N.J. 08204  
CONTACT: SUSAN HOFSTETTER OR  
ALMOND WEECH @ 886-6196  
OR ALMOND WEECH

MON-WED-FRI  
10:00 A.M. – 12:00 P.M. (PERISHABLES)  
WED 10AM-12PM (NON-PERISHABLES)

*THRIFT STORE OPEN:*  
*MON-WED-FRI 10AM-2PM*  
LOWER TOWNSHIP RESIDENTS ONLY

RUSSELL'S PANTRY  
101 GEORGIA & MAIN ST.  
VILLAS, N.J.  
CONTACT: JOY @ (609) 886-2552

MONDAY - FRIDAY  
CALL DAY AHEAD FOR FOOD PICK UP

C.A.R.A.  
PO BOX 774  
CAPE MAY COURT HOUSE, N.J.  
CONTACT: (609) 522-6489

HOURS BY APPOINTMENT ONLY!  
*NO CLOTHING*

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## APPENDIX C

# ACRONYMS FOR HOMELESS PLAN

**AMI** – Area Median Income

**CARA** – Coalition Against Rape and Abuse

**CEAS** – Comprehensive Emergency Assistance System Committee

**CMC** – Cape May County

**CoC** – Continuum of Care

**DCA** – Department of Community Affairs

**DCP&P** – NJ Division of Child Protection and Permanency (formerly

**DYFS** – NJ Division of Youth & Family Services

**DOE** – Department of Education

**DV** – Domestic Violence

**EA** – Emergency Assistance

**ES** – Emergency Shelter

**FMR** – Fair Market Rent

**GA** – General Assistance

**GIS** – Geographic Information Services

**HEARTH Act** – Homeless Emergency Assistance and Rapid Transition to Housing Act

**HMIS** – Homeless Management Information Systems

**HSAC** – Human Services Advisory Council

**HTF** – Homeless Trust Fund

**HUD** – United States Department of Housing and Urban Development

**MH** – Mental Health

**PH** – Permanent Housing

**PIT** – Point-in-Time

**PITC** – Point-in-Time Count

**PSH** – Permanent Supportive Housing

**SA** – Substance Abuse

**SNAP** – Supplemental Nutrition Assistance Program (formerly food stamp program)

**SNJCoC** – Southern New Jersey Continuum of Care

**SRAP** – State Rental Assistance Program

**SSI** – Supplemental Security Income

**TANF** – Temporary Assistance to Needy Families

**TH** – Transitional Housing

**USICH** – United States Interagency Council on Homelessness

**VLC** – Veterans Leadership Committee/Council

**VML** – Veterans Master List Committee

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