

Sejal Mistry 2017
POV 423
Dr. Howard Pickett

Homelessness and Trust: The effects of homeless intake verification on relationships

Abstract: Homeless intake verification requires the witnessing and recording of an individual's homelessness to access resources. The invasiveness of this verification causes shame, distrust, and perpetuates negative stereotypes of homelessness. This paper argues that verification should be modified to promote more trusting relationships and break negative stereotypes. A shift from a negotiated exchange to a reciprocal exchange will help build more trust, and there is a moral obligation to promote more relationship and break negative stereotypes of homelessness to promote fair equality of opportunity as well as community and solidarity.

Introduction

Stacy and her middle school son were evicted from their apartment due to noise complaints and police presence, neither of which were her fault. She plans on challenging her landlord in court; however, she is currently homeless, and her son and her sleep in her car or in a tent on local campgrounds. She wants to get on her feet before going to court, so she begins applying for customer service jobs. She hears about housing opportunities at the local Continuum of Care (CoC) office, and attends the walk-in hours. The employee at the office takes down her information, and informs Stacy that they will have to verify her homelessness before determining what housing she may be eligible for. Stacy's response is positive and grateful. She informs the worker that she will be parked by a local park near a family that has been giving dinner to her son and her in the evenings. A few days later, in the early morning, employees from the agency find Stacy and her son in her car, and she informs the employees she got an interview for a job. Life was looking a bit better. She completely understood why they had to verify her homelessness as they record the status of her car and belongings in the trunk. Stacy really appreciated the help the agency was providing her son and her.

Frank has been homeless, on and off, the past four years. He has a felony drug charge on his record, and has difficulty finding a job. A few months ago he lived in an apartment, paid rent, and was working under the table for a local construction agency; however, he was eventually fired and evicted due to his felony. Now he sleeps under a highway overpass near a soup kitchen. An employee from the local CoC makes rounds at the soup kitchen as outreach to help individuals experiencing homelessness find housing. Frank takes the opportunity to speak with the employee, and is informed that his homelessness has to be verified before determining what housing he is eligible for. Frank has worked with different agencies under the local CoC before, and generally knows what a verification is. A few days later, before dawn, the employee arrives,

and records Frank's sleeping arrangements and belongings under the overpass. Frank signs the necessary papers, and gets back into his sleeping bag to attempt to get more sleep before the sun comes up. For Frank, it is just another procedure. He has re-entered homelessness multiple times, growing numb to procedures and agencies. He does not have much hope that this agency will help him find housing, but since he cannot work, he resorts to pursuing the resources to which he has access.

Thomas identifies as chronically homeless. He has been experiencing homelessness for a year straight, and has just been diagnosed with lung cancer. He lives in his truck, and normally spends the nights in an abandoned parking lot by the railroad. After his diagnosis, he attends the walk-in hours of the local CoC to attempt to get housed, and find ways to get treatment. Like the last two cases, the employee informs Thomas that a verification must be done first. Thomas explains that he would never lie about having lung cancer, experiencing homelessness, and needing housing. Why did he need to prove it? Why did he have to physically show the employee that he has been suffering for the past year? Thomas, frustrated and angry, walks out of the office, and does not pursue housing options with the agency.¹

The stories of Stacy, Frank, and Thomas exemplify the range of reactions individuals experiencing homelessness have towards the agency's homeless intake verification process. The verification process exemplified and focused on in this paper is a homeless intake verification from Phoenix Healthcare for the Homeless in Louisville, KY. Continuing, Stacy does not question the verification, and understands that a housing agency must verify eligibility before looking at options. Frank simply views verifications as procedure. These verifications are problematic because they breakdown or inhibit trust, perpetuating social exclusion through

¹ The stories of Stacey, Frank, and Thomas are abridged events and interactions with clients I met during my time as an intern at Phoenix Healthcare for the Homeless in Louisville, KY.

stereotypes. In the case of Thomas, he immediately views the verification as the organization's distrust of him, resulting in the inability of Thomas to trust the organization. Frank had no trust in the organization, and he simply viewed verification as the only option he had left. The employees had the potential to build a relationship with him, but they had to start with verification first. Stacy's situation was different. She immediately trusted the organization, and was thankful. When she arrived at the CoC office, her homelessness had not had not been as lengthy as Frank's and Thomas's. Stacy and her son had not formed distrust of housing agencies, and viewed the verification as part of a normal exchange process.

An individual experiencing homelessness will acquire housing faster if housing resources are available; however, they must go through verification first. Homeless verification methods have the potential to inhibit trust from forming between homeless communities and governmental/non-profit institutions, and this could possibly reduce the client agency to seek out resources and opportunities through that organization. This paper argues that current homeless intake verification ought to be modified to promote the building of more trust, relationships, and opportunity, leading to solidarity, and dismantling of negative stereotypes of homelessness.

Negative Stereotypes of Homelessness

The difficulties of managing stereotypes stems from the presumption of identity. It disadvantages people by requiring them to defy those stereotypes and fight exclusion, before showing their true personality or identity (Phelan *et al.* 1997, 323). Every individual faces stereotypes based on a range of characteristics like, gender, skin color, religion, income etc.; however, when an individual is included into society, they have the ability to break these stereotypes to show who they really are.

There are an array of stereotypes that come with the label “homeless”, like lazy, criminal, dangerous, mentally ill, alcoholic, and uneducated that lead to social exclusion. Individuals experiencing homelessness are stigmatized more than those that are poor with homes, because becoming homeless is associated with illegal activity, incarceration, substance abuse, and mental illness (324). “The homeless” are assumed to be incredibly dangerous and criminal individuals. Furthermore, those that are visibly homeless, are seen as disruptive and even “aesthetically unappealing” and “underclass” (Phelan *et al.* 1997, 325; Belcher and DeForge 2012, 930). These stereotypes contribute to the societal misconceptions of homelessness, and may perpetuate fear, and the individual experiencing homelessness is dehumanized and socially excluded (Belcher and DeForge 2012, 931). The resulting stigmatization can inhibit support from organizations, and result in a negative toll on self-worth and self-esteem (Shier, Jones, and Graham 2010, 14-15). One respondent in Shier, Jones, and Graham’s study on formerly employed homeless individuals says:

“I have noticed that my appearance has been a lot different [now, being homeless]; I am not myself, really, like I used to be. Just when I am outside and people see where I am, you can tell they look down on you. I have never had anybody do that to me before, and I have never felt that before, so it is hard.” (27)

This individual knows how society may stereotype individuals experiencing homelessness, and they feel removed as a result. This aligns with social exclusion, which can be defined in many ways, but for the purposes of this paper is defined by Le Grand from “Social Exclusion in Britain 1991 - 1995”. He says “an individual is socially excluded if (a) he or she is geographically resident in a society but (b) for reasons beyond his or her control he or she cannot participate in the normal activities of citizens in that society and (c) he or she would like to participate” (229).

Even though an individual may be experiencing homelessness, they are still geographical residents in a community through physical presences. They may fit the next part of social exclusion if their communities no longer allow them to participate in normal activities when they want to. Part C of Le Grand's definition acknowledges that some choose to not participate in normal activities; however, for this paper, the population being addressed are those that want to participate in normal activities, but are not allowed to.

Homeless verification compound these stereotypes by supporting the stigmatization of homelessness as distrustful and forcing the first interaction between an organization and a client to be the physical witnessing of the homelessness the client is experiencing. The relationship is built on a notion of societal distrust of the client. Homeless verifications are more than a normal daily verification individuals with homes may experience, because those individuals are accepted into their communities, not socially excluded. Individuals experiencing homelessness are socially excluded, so homeless verification disadvantage them more, making it more difficult to build relationships with their communities. When a part of society experiences oppression, they Alternative verifications with more inclusive motives and policies need to be found to reduce the stereotypes on those that are homeless.

Verification

Verifications fall under application procedures to determine if evidence exists to support a client's claim. An application procedure would be any process verifying a claim for a resource. Through a variety of methods, application procedures are a part of every social welfare program in the United States (Mulzer 2004, 664). This means, clients are being required to submit some kind of evidence of their need to have trackable documentation. These procedures, and the rules

and regulations that surround them, can become so strict that it can actually discourage clients from applying for benefits. This has been called “extreme verification” because the resources are available, but systemically, clients have been disincentivized from pursuing them (Bennett 1995, 2157). Organizations need to be careful with how strict their application procedures, specifically verifications, are. Individuals that implement these procedures tend to defend them by the want to distribute the limited resources to those that need it most; however, in the process of implementing these policies, an organization does not want to push away potential clients either.

The Department of Housing and Urban Development uses homeless verification, also called intake verification, as an eligibility requirement before proceeding to other resources, which are typically housing options. The strictness of the intake is dependent on policies the Continuum of Care in the in the area has in place. HUD’s Continuum of Care Program (CoC) provides funding to state and local governments as well as nonprofit organizations to encourage communities to address the goal of ending homelessness in their area (CoC 2016). They, typically, also set up policy on procedures for organizations that use their funding. At Phoenix Healthcare for the Homeless in Louisville, KY, their CoC requires intake/homeless verification before surveying an individual’s vulnerability to prioritize housing opportunities. A team called the Common Assessment Team (CAT) carry out this process, and help individuals prioritize housing options. If an individual has not been residing in a shelter for more than two continuous weeks, then a member of the CAT must physically witness their homelessness due to CoC regulation. The individual experiencing homelessness must inform an employee where they would be spending the night, and then the employee will witness them experiencing homelessness, document it, and submit it. For some agencies, this is the only way to begin receiving housing services, and can be incredibly discouraging; however, after an individual does

receive housing, they have the ability to build relationships and trust with employees of the organization. For example, at Phoenix Healthcare for the Homeless, individuals may receive housing through Housing First, and have a housing case manager assigned to them. These managers are meant to build trust and relationships with their clients, and help them reach their goals. Therefore, there is some systematic relationship building; however, it is after the verification is done. Also, there are a number of individuals that go through verification, but never obtain housing. Housing is a limited resource, so they end up on a wait list that will take time before housing is available.

I do recognize that some would say that verifications are a part of daily life, and verifying someone's homelessness is a justified, reasonable thing to do. Every day we potentially could be asked to prove something. For example, if you want to apply for a new credit card, you must prove you have a high enough credit score, if you want to join a local gym, you may have to prove your residences in the county or city, or if you are a student applying to universities, you have to submit your GPA and transcript. How is this different from homeless verification? Why should we change, reform, or remove homeless verification in comparison to any other kind of verification? I argue that we should work towards some kind of verification reform, because individuals experiencing homelessness are stigmatized by society. Homeless verifications have the potential to compound negative stereotypes and stigmatization as well as break down the potential trust that could be built during the first interaction between client and organization.

Limited Resources

I do recognize that verifications are justified, because limited resources need to be prioritized for those most vulnerable. Housing is no exception to this. Determining who classifies

as the most in need requires a lot of application procedures, including homeless verification. Some argue that it ensures those that have housing do not succeed at trying to take advantage of the system. Others acknowledge that demand exceeds the resources available, thus, some form of eligibility requirement and then vulnerability ranking is needed to help those that need housing most (CoC 2016).

Currently, some organizations required to maintain homeless verifications find alternative ways to build relationships with their clients. At Phoenix Healthcare for the Homeless, employees implementing verifications will distance themselves from the policy to support the client. The most common script employees can be found saying goes a little something like, “I know this is hard, and this form is ridiculous. I do not agree with it, but I am required to do it. After, we can figure out what types of housing you may be able to get.” This allows individuals to build relationships with their clients against the policy, and hopefully, that client will be more secure with that employee. Phoenix also makes use of peer support employees. These are employees that are still or have previously experienced homeless, managing substance abuse issues, or mental illness. They are employed by Phoenix to carry out the same tasks as their peer staff; however, they have the unique ability to form more solidarity with clients due to past experiences. Many of them have even gone through the verification process themselves.

Trust Based Exchanges

In this paper, trust is defined by Cook *et al.* 2005, as the “process through which social interaction opportunities involving risk are transformed into trust relations in which the people involved come to trust each other and honor that trust” (121). Individuals must engage in social

exchanges, and these exchanges will help form trust or distrust based on the outcomes. These exchanges could be spending time together, exchanging resources, or even just a favor.

Homeless verifications also have the potential to inhibit the building of trust or contribute to distrust. Verifications are the first interaction between an organization's employee and a potential client, and sets the base for how the organization may treat a client in the long term. Verifications play into the role of trust through different sociological exchanges as well. Negotiated exchange and reciprocal exchange are two of these types of exchanges that define trust, and can be used to analyze verification.

The process of homeless verification requires one individual that has resources, but can only provide it to the other if evidence of homelessness can be produced. This process, specifically, is a negotiated exchange, meaning two actors join in an exchange with a bilateral flow of benefits, even if the benefits are unequal. Negotiated exchanges are often binding, and are based on the mutual consensus that both actors will receive something of value (Molm, Takahashi, and Peterson 2000, 1399; Molm, Peterson, and Takahashi 2003, 130). In this case, the employee of the organization receives information about the client's homelessness to submit for grants, funding, and maintaining their employment. The client receives access to the resources the organization provides. A basic negotiated exchange.

The other form of exchange Molm focuses on is reciprocal exchange. This type of unilateral exchange builds over time. It begins with one actor providing a resource to another without knowing when or if ever a return will be made to complete the exchange (Molm, Takahashi, and Peterson 2000, 1399 - 1400). It could be the beginning of a series of exchanges without an agreed upon exchange value, or it could build into a relationship with an assumed exchange value. The basis of reciprocal exchange is set with the assumption that a return may

not be made (1400). Typically, homeless verification does not reflect reciprocal exchange, but only negotiated exchange.

Both exchanges have a certain degree of uncertainty and risk, meaning that they could contribute to an individual's trustworthiness. In a negotiated exchange, the exchange will happen, the uncertainty lies on whether the value of the resources are equal. One actor could be exchanging a resource of much lesser value for one of greater value; however, since negotiated exchanges are binding agreements, the other actor will still have to exchange their resource of greater value for the lesser. It is similar to a consumer-buyer exchange, and thus built on *assurance* not trust (1403). The structural basis of negotiated exchange incentivizes adherence to rules or risk societal punishment. All actors that participate in negotiated exchange do not necessarily trust the other actor, they are assured by the foundation of negotiation that the exchange will be completed (1403). Trust can only exist when there is the ability for one actor to exploit the other, but chooses not to. In Molm, Takahashi, and Peterson's research (2000), they found that trust does found the basis of reciprocal exchange. Actors base reciprocal exchange on the thought that future interaction may or may not occur, and when or if that interaction will ever occur with a resource of equal value is unknown. In daily life, it often takes the shape of a favor for a neighbor or a kind act without the expectations of a return, but maybe with the expectation that a relationship will form and remain long term. The continuation of reciprocal exchanges with another individual will strengthen the relationship and increase trust (1405).

Reciprocal exchange does involve risk; however, if homeless verification was reformed to be less negotiate based and more reciprocal based, the potential to build more trust and break stereotypes exists. With the evidence of Molm's research into reciprocal exchange, policy implementations that promote trust through more reciprocal exchanged based verification could

be possible. Verification as reciprocal exchange would not require employees to witness an individual experiencing homelessness, but either to simply to accept their word or trust other organizations to vouch for the individual.

Which now brings us to distrust. If trust results from social interaction with a risk factor that builds into a relationship, and reciprocal exchange builds trust through an individual that potentially could exploit another individual, but chooses not to, than distrust would be the individual choosing to exploit the other. Distrust could also encompass lying and cheating, since those actions would be carried out to exploit a resource as well. Individuals experiencing homelessness may distrust an organization if the organization is perceived to be taking advantage of those that are vulnerable. Organizations may distrust individuals experiencing homelessness due to the stereotype of criminal activity, and the chance that the organization may get taken advantage of. Distrust already exists within these exchanges, and verifications promote more distrust. If our societal goal is to decrease the stigma of being homeless, we need to start with verifications.

Most social welfare programs do not make use of reciprocal exchange; however, there is one major housing program that does, HUD's Housing First program. The Housing First program provides permanent supportive housing without requirements of sobriety, and with a goal to provide safety, stability, and prevention of homelessness re-entry (Atherton and Nicholls 2008, 290). Housing case managers in the program offer an array of supportive services to the client, but use of the services are completely voluntary. The program focuses on client agency, and hopes to build a relationship with clients to help them achieve goals and maintain housing. The organization provides resources without knowledge of when a future interaction may be made, but with the hope to build and maintain a long term relationship to support the client

(Housing First 2014). The program has achieved high success (up to 80% retention of clients over 2 years of study) and positive outcomes (Atherton and Nicholls 2008, 292-293). The downfall is that even though Housing First may be based on a reciprocal exchange model, their clients still have to prove their homelessness before joining a Housing First program. Depending on the area, a CoC program may still define how this verification can be done, and like Phoenix Healthcare for the Homeless, this can be homeless intake verification, which does not promote agency or vulnerability.

Client Agency and Vulnerability

An individual's agency represents their actions or activity. One can either be acted upon by an external actor, or act on their own agency (Encyclopedia of Case Study Research 2010, 12-14). Agency requires taking action, setting goals, and being self-sustaining. Continuums of Care sets standards to promote the agency of individuals experiencing homelessness. CoC's deem these qualities as important because individuals experiencing homelessness often have society making decisions for them, causing a decrease in agency. In the cases of Stacey, Frank, and Thomas, they all had external actors acting upon them. Stacey and her son became homeless due to a decision made by her landlord and the starting payments lawyers required. Frank's felony represents the external force that maintains his continuous re-entry into homelessness. Lastly, the external factors affecting Thomas are the low job markets in his area, lack of access to healthcare, and even the homeless intake verification. CoC's want to promote agency to prevent re-entry into homelessness, and they do this by providing resources and support; however, homeless intake verification represents an external action that is placed on an individual before

accessing resources. CoCs want to promote agency; however, they are decreasing agency from the beginning.

Furthermore, vulnerability plays a role in building relationships and trust between clients and organizations, and agency requires an individual to recognize where their vulnerability exists. Brene Brown has focused her research on connection and disconnection between individuals, and she found that shame causes disconnection to occur. Shame of not being worthy enough to make a connection. We, biologically, need connection and relationships, but when we have shame, we inhibit connection from occurring. Brown says “we all have it (shame)... [and] the only people who don’t experience shame have no capability for human empathy or connection” (Brown 2010, 4:51). How do we get over shame to be able to make more connections? Brown draws on vulnerability. After 6 years of interviewing and collecting stories, she found that individual with the largest sense of worthiness also experienced more love and belonging. They had a large sense of worthiness because they were consistently vulnerable with themselves and others. They have the courage to not allow the fear of disconnect to get in the way. They have the courage to act to make connections. This is agency, and I argue that in order for us to have agency, we must also be vulnerable with ourselves. Homeless intake verification not only decreases trust, but it decreases the likelihood that an individual will make use of their agency. If an organization shows signs of distrust from the first process, then an individual may not feel like they can trust the organization to have their best interests in mind. Why should they be vulnerable with them? Client agency and vulnerability are key to understanding why reciprocal exchange is needed to promote more trust and relationship building.

Why modify?

Homeless intake verification ought to be modified to promote the building of more trust, relationships, and opportunity. By modifying this verification, we have the ability to break the negative stereotypes that currently cause social exclusion. As said previously, the justification for maintaining current verification practices by the CoC in Louisville, KY is there are limited housing resources, and relationships are built once an individual acquires housing through housing case managers. This justification pushes the problems of distrust that stem from the verification to a later time and only addresses relationships with the individuals that receive housing. Building trust and relationships needs to come first, not after providing housing, and the goal to modifying is breaking negative stereotypes and misconception. The Rawlsian approach of fair equality of opportunity to health care goes against verification. Rawls claims that society does have an obligation to change the accessibility of goods to allow more equal access (Daniels). Even if individuals are forming trust at a later time, they are going through a process that is unequal. Furthermore, the formation of this trust at an earlier stage of the process is key to forming lasting community. Young's approach to responsibility and community also obligates society to take action when an individual is facing a structural injustice. Housing is a systemic structural injustice through lack of affordable housing, and society is obligated to stand with those experiencing suffering to cause change. Young's solidarity asks society to stand together and make all voices heard, and through accomplishing this solidarity, we are building relationships and trust. By maintaining verification, and dealing with trust later, the chance to form solidarity with as many individuals as possible is missed; furthermore, providing equal access to housing is not accomplished, because the negative stereotypes that cause social exclusion has not been overcome. Social exclusion will break the attempt of equal access verification attempts to provide.

Furthermore, waiting to build trust after an individual has housing does not address individuals that are still waiting for housing. Verifications exist because of the limited housing resources, so individuals waiting for housing will not gain the benefits of building trust and relationships. These individual went through the verification process; however, do not have access to housing resources yet. By maintaining current verification processes and dealing with the resulting distrust at a later time, there are a group of individuals that will still be socially excluded by the negative stereotypes of homelessness. They do not have fair equality of access to be included or obtain housing. Frank's experience exemplifies this scenario. Frank does not trust the organization, and he has no interest in forming a relationship.

Lastly, there are individuals, like Thomas, that will learn of the verification process and discontinue seeking services. They feel excluded by the notification of a verification process, and the distrust the housing organization feels towards them. An absences of solidarity between the agencies providing resources and individuals experiencing homelessness may cause the homeless to resent housing agencies. Particularly, these individual would benefit from a seat at the table to have their voices heard. The solution to build trust and relationships to be more inclusive after an individual has entered housing neglects two other groups of individuals that have not received housing yet. In order to provide more equal opportunity and build more trust through community.

In addition, verification should be modified because housing is healthcare, and individuals experiencing homelessness have less access to health care (Song 2014, 1156). Housing provides heat, running water, and electric, as well as the mental health benefits of safety, and belonging; thus, housing provides positive benefits to health. Those experiencing homelessness have higher rates of death and are more likely to get sick. The results that Song

reports are due to distrust of professionals and lack of access to healthcare (1157). Trust represents an important aspect of building positive health care. Song claims that with more trust, the homeless will engage in more preventative screening and maintain relationships with healthcare providers. By providing more health care access and housing, individuals that are homeless could have access to pain medication that would allow them to work again, addiction services that may help support and manage addictions, or housing that would provide ownership and security.

Furthermore, healthcare access represents a crucial factor in alleviating poverty. By providing housing, an individual maintains running water, heat, electricity, and safety. Housing is healthcare, but housing is a limited resource as well. Several upstream factors may lead an individual to experience homelessness, and drawing on Daniels, these factors would be called social determinants of health (Daniels *et al.*, 2002). Factors can include class, race, and sex, and attribute to health inequality. Daniels approaches the equal distribution of positive social determinants health with Rawls theory of justice as fairness (20). Justice as fairness is summarized as “terms of social cooperation that free and equal citizens can accept as fair” (21). Justice means equal basic rights in factors like political participation, opportunity, and constraining inequalities (21), and adding social determinants of health to Rawls’ justice as fairness requires broadening this policy agenda. In order to constrain inequalities, political processes that influence government policy need to be changed; however, it is difficult to change structures that are currently benefiting some and harming others. Rawls’ veil of ignorance asks one to stand behind a veil where you know nothing of yourself. You do not know your age, class, sex, or race on the other side of the veil, and then are asked to make decisions or policy. Rawls says this veil will cause individuals to make decisions based on good to ensure that everyone will

benefit, or to guarantee that, they, themselves will not be harmed based on decisions. Behind this veil, individual would choose to distribute positive social determinates of health or create health safety nets. Therefore, if behind the veil, we would choose to equally distribute positive social determinates of health and health safety nets, then shouldn't we strive to reach this goal currently? Providing more resources for housing and creating policy that would reduce entry into homelessness would be heading in the direction of more positive social determinates of health. When more resources are available, there would be less of a need for homeless intake verification as well.

Conclusion

Verifications need to be modified or adjusted to ensure individuals experiencing homelessness have opportunities to build relationships, and that communities are coming together to build trust to break negative stereotypes. Ultimately, solutions that allow verification to become more reciprocal in nature are ideal. Current verification practices required by the CoC at Phoenix Healthcare for the Homelessness are not the most effective way to accomplishing this goal, and they are even perpetuating stigma and social exclusion. This verification needs to be modified; however, not removed. Completely removing the verification process would be difficult, because resources are limited and are a normal aspect of social welfare resources. Instead, allowing slight modifications that would make the exchange more reciprocal based rather than negotiated. Two changes that could occur to verifications are adding more agencies unaffiliated to the local CoC to HMIS, Homeless Management Information System, and training staff to work around the verification process to build trust with individuals.

A supervisor at Phoenix that heads an assessment team works with verification on a daily basis. He advised somehow using the local agencies that individuals experiencing homelessness may be attending on a regular basis, and then the employees of this agency would submit reports that would provide evidence of their client's homelessness, instead of doing a physical verification. By implementing a slight change to modification many individuals would not have to have a physical witness verification. This means that an agency could use an online database system, like HMIS, to see if certain agencies, like day shelters or soup kitchens, can provide evidence of an individual's homelessness. If they have evidence, the first exchange can focus on building trust rather than determining their homelessness. A modification in this capacity would not require a full policy change on verification, but simply add more agencies providing alternative resources that can contribute. Currently, shelters are able to input the date when someone enters and spends nights at their shelter, and this is used as evidence of homelessness. This modification would just be asking to expand this access.

Furthermore, many employees that implement homeless intake verification actually distance themselves from the verification process while working with clients. Some employees will sense when a homeless individual feels frustrated with the existence of the verification process, and respond by saying a number of distancing statements, like:

- I understand this verification is inconvenient, but it'll be quick and it'll push you closer to getting housed.
- I don't agree with this verification either, and I wish we didn't have to do it. I'm really sorry, but the faster we fill out this paperwork, the faster we can determine what kind of housing you are eligible for.

- I have gone through this verification myself, and it is unpleasant; however, it does help get into the housing process

These tactics help employees connect with clients, and stand by them. The presence of solidarity with these events were mostly successful in maintaining a relationship with the individual seeking resources. Employees have no requirement to carry out verifications in this manner, but simply adjusting the implementation of the verification in this way builds more trust with the client. This tactic could be implemented systematically, and would be another small modification to verifications. By systematically giving employees tips and training on how to build trust, relationships, and managing verification, employee could be more aware of making connection with individuals experiencing homelessness. This could lead to relationships that build and last longer, and maybe even starting to promote client agency with the existence of verification

I acknowledge that there are limited housing resources available, but verification needs to be modified to promote more trust building. Trust is important to building relationships, which will lead to community and solidarity allowing the voices of individuals experiencing homelessness to be heard. Ultimately, the goal lies in breaking the negative stereotypes of homelessness that exist, and to provide more trust and inclusion between individuals experiencing homelessness and organizations.

References

- Atherton, Iain and Carol McNaughton Nicholls. 2008. “‘Housing First’ as a means of addressing multiple needs and homelessness.” *European Journal of Homelessness* 2: 289 – 303.
- Belcher, John R. and Bruce R. Deforge. 2012. “Social Stigma and Homelessness: The Limits of Social Change.” *Journal of Human Behavior in the Social Environment* 22: 929 - 946.
- Bennett, Susan D. 1995. “‘No Relief but upon the Terms of Coming into the House’. Controlled Spaces, Invisible Disentitlements, and Homelessness in an Urban Shelter System.” *The Yale Law Journal* 104 (8): 2157–2212. doi:10.2307/796998.
- Brown, Brene. “The power of vulnerability” Digital video. TED. 2010.
https://www.ted.com/talks/brene_brown_on_vulnerability/transcript?language=en#t-331260
- Burchardt, Tania, Julian Le Grand, and David Piachaud. 1999. “Social Exclusion in Britain 1991—1995.” *Social Policy & Administration* 33 (3): 227–44. doi:10.1111/1467-9515.00148.
- “CoC: Continuum of Care Program - HUD Exchange.” 2016. Accessed March 1.
<https://www.hudexchange.info/programs/coc/>.
- Daniels, Norman., Bruce P. Kennedy, and Ichiro Kawachi. 2002.”Justice, health, and health policy.” In *Ethical Dimensions of Health Policy*, edited by Marion Danis, Carolyn Clancy, and Larry R. Churchill, 19- 47. New York, New York: Oxford University Press.
- “Housing First in Permanent Supportive Housing Brief.” 2014. Accessed February 27.
<https://www.hudexchange.info/resource/3892/housing-first-in-permanent-supportive-housing-brief/jj>

- Mills, Albert J., Gabrielle Durepos, & Elden Wiebe. 2010. *Encyclopedia of Case Study Research*. 12-14. California: SAGE Publications, Inc.
- Molm, Linda D., Gretchen Peterson, and Nobuyuki Takahashi. 2003. "In the Eye of the Beholder: Procedural Justice in Social Exchange." *American Sociological Review* 68 (1): 128–52. doi:10.2307/3088905.
- Molm, Linda D., Nobuyuki Takahashi, and Gretchen Peterson. 2000. "Risk and Trust in Social Exchange: An Experimental Test of a Classical Proposition." *American Journal of Sociology* 105 (5): 1396–1427. doi:10.1086/210434.
- Mulzer, Amy. 2004. "The Doorkeeper and the Grand Inquisitor: The Central Role of Verification Procedures in Means-Tested Welfare Programs Note." *Columbia Human Rights Law Review* 36: 663–712.
- Phelan, Jo, Bruce G. Link, Robert E. Moore, and Ann Stueve. 1997. "The Stigma of Homelessness: The Impact of the Label 'Homeless' on Attitudes Toward Poor Persons." *Social Psychology Quarterly* 60 (4): 323–37. doi:10.2307/2787093.
- Shier, Michael L., Marion E. Jones, and John R. Graham. 2010. "Perspectives of Employed People Experiencing Homeless of Self and Being Homeless: Challenging Socially Constructed Perceptions and Stereotypes Special Issue on Homelessness in Canada." *Journal of Sociology and Social Welfare* 37: 13–38.
- Song, John. 2014. "Homelessness and Distrust of Medicine." *The Wiley-Blackwell encyclopedia of health, illness, behavior, and society*. 1156-1158.
- Young, Iris Marion. 2011. *Responsibility for Justice*. New York, New York: Oxford University Press.