Although homelessness is widely viewed as an urban problem, rural individuals and families also experience both literal homelessness and extremely precarious housing situations (Post 2002). 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 (Stover 1999). While housed in these unstable situations, rural homeless people do not meet the definition of literal homelessness used to determine eligibility for government programs.

**Rural and Urban Homelessness**

Homelessness occurs in rural and urban areas due to a multitude of structural and individual factors including poverty, a shortage of affordable housing, inadequate mental health and substance abuse services, and domestic violence. According to Post (2002, 1-2) rural homelessness differs in important ways from urban homelessness:

- Rural homeless persons tend to be less educated but are more likely to be employed, although in temporary jobs.
- The rural homeless are less likely to receive government assistance but more likely to have higher average monthly incomes and more likely to receive cash assistance from friends.
- Rural homeless persons experience shorter episodes of homelessness, and are two to four times more likely to live with friends or family.
- Rural homeless persons are as likely as other homeless persons to report having a mental health, alcohol, or drug problem during the past month, but six times more likely than their urban counterparts to report an alcohol-only problem during the last year.
- Rural homeless persons are less likely to have health insurance or access to medical care.”

**Challenges to Addressing Rural Homelessness**

Developing a comprehensive response to homelessness in rural areas presents many challenges. Many communities lack a system to meet emergency housing needs, and several programmatic and structural issues limit the creation of these resources in rural areas.

- **Access to Services.** Rural areas have fewer service providers, and people may have to travel long distances where service providers are available. The service providers that exist in rural communities differ from their urban counterparts; they tend to provide less shelter and housing than outreach, food, and financial assistance (Burt et al. 1999, 71).
- Rural homeless persons are as likely as other homeless persons to report having a mental health, alcohol, or drug problem during the past month, but six times more likely than their urban counterparts to report an alcohol-only problem during the last year.
- Rural homeless persons are less likely to have health insurance or access to medical care.”

**Assessing Need.** There is no national survey that quantifies the number of rural homeless persons in the United States. Much of the homeless literature surveys metro and nonmetro service providers to document homeless characteristics. This method is insufficient in characterizing rural homelessness since this population has less access to service providers, most likely resulting in a rural undercount.

- **Community Awareness and Support.** Since rural homeless people do not usually sleep outside, in emergency shelters, or in visible spaces, there may be a general perception that this
problem does not exist in rural communities (Burt et al. 1999). This lack of awareness can lead to reluctance to address the problem adequately.

**DEFINITIONAL ISSUES.** The Department of Housing and Urban Development uses a definition of homelessness adopted by Congress in the McKinney-Vento Homeless Assistance Act, which limits resources to those who are literally homeless. Rural residents who have no homes and are experiencing housing stress (e.g., overcrowding), are not counted for programs such as the Continuum of Care. Therefore, many rural communities cannot access the funding needed to address the housing and service needs of this population. These definitional issues reinforce and compound the other challenges inherent in addressing rural homelessness.

**RURAL HOMELESS RESPONSE AND RESOURCES**

The obstacles to service delivery in rural areas encourage the design of innovative delivery systems. Because the number of homeless people in a given community is often small and congregate shelter may be viewed as inappropriate, providers in rural areas have a strong incentive to focus on homelessness prevention and permanent “re-housing” options. Limited capacity has encouraged networking among providers, which lessens the obstacles posed by diseconomies of scale, diversity of assistance needs, and limited program resources (Stover 1999).

Despite the challenges of using federal resources, many rural communities depend on federal programs created by the McKinney-Vento Act, specifically HUD’s Continuum of Care programs (see list below). This system makes it possible for individuals who are experiencing homelessness to seamlessly access programs offered by different organizations. Adopted by HUD in 1994, the Continuum of Care model requires local nonprofits and government agencies that use McKinney-Vento programs to collaboratively provide services to address homelessness. The House of Representatives and the Senate are considering reauthorization of the McKinney-Vento Act, to potentially address these challenges.

**FEDERAL HOMELESS PROGRAMS**

Federal Emergency Management Agency  
Emergency Food and Shelter Program

U.S. Department of Housing and Urban Development  
Emergency Shelter Grant Program  
Supportive Housing Program  
Shelter Plus Care Program  
Section 8 Single Room Occupancy Moderate Rehab.

U.S. Department of Health and Human Services  
Health Center Grants for Homeless Populations  
Community Mental Health Services Block Grant Prog.

Transitional Living Program for Older Homeless Youth Projects in Transition from Homelessness

U.S. Department of Education  
Adult Education for the Homeless Program  
Education of Homeless Children and Youth Prog.

Veterans Administration  
VA Supportive Housing Program

**FOR ADDITIONAL INFORMATION**

Corporation for Supportive Housing  
50 Broadway, 17th Floor, New York, NY 10004  
212-986-2966 | www.csh.org

Interagency Council on Homelessness  
451 7th Street, SW, Ste. 2100, Washington, DC 20410  

National Alliance to End Homelessness  
1518 K Street, NW, Ste. 410, Washington, DC 20005  
202-638-1526 | www.naeh.org

National Coalition for the Homeless  
2201 P Street, NW, Washington, DC 20037  
202-462-4822 | www.nationalhomeless.org

National Health Care for the Homeless Council  
P.O. Box 60427, Nashville, TN 37206  
615-226-2292 | www.nhchc.org

National Policy and Advocacy Council on Homelessness  
1140 Connecticut Ave., NW, Ste. 1210, Washington, DC 20036  
202-714-5378 | www.npach.org

**REFERENCES**


United States Department of Housing and Urban Development: www.hud.gov/homeless/index.cfm

*This Information Sheet was prepared by the Housing Assistance Council (HAC). HAC, founded in 1971, is a nonprofit corporation that supports the development of rural low-income housing nationwide. HAC provides technical housing services, loans from a revolving fund, housing program and policy assistance, research and demonstration projects, and training and information services. HAC is an equal opportunity lender.*