About 10 percent of children in low-income families reported at least one homeless episode – and an additional 24 percent had at least one episode where they lived “doubled up” with relatives, friends or other families – before age 6, according to a new study led by Jung Min Park, a faculty member of the School of Social Work at the University of Illinois.

The study, which followed 2,631 children in 20 large U.S. cities from birth to age 5, examined the extent of homelessness and doubled-up episodes among low-income families and the impact of housing status on children’s health outcomes. The research team examined five years of follow-up data on children’s health and their families’ backgrounds that was compiled for the Fragile Families and Child Wellbeing Study, which included nearly 5,000 children born between 1998 and 2000.

“Both homelessness and doubling-up are important measures of precarious housing status,” Park said. “This is the first study, to our knowledge, that provides estimates of both homelessness and doubling up among young children. All together, about a third of the children in the study experienced either homelessness or doubling-up before they reached 6 years old.”

The study sheds light on housing instability as a common experience among low-income families, Park said.

“The scope of housing instability among children and families would be underestimated if we only focus on people living on the street or in shelters,” Park said.

Prior studies have indicated that physical and mental health problems are more common among homeless children than the general population, but there is mixed evidence as to whether children experiencing homelessness differ from other low-income children on health outcomes, Park said.

“Children in poverty, whether homeless or housed, share many of the same risk factors for health problems; therefore, it is difficult to determine which of these risk factors is linked to health outcomes as well as homelessness,” Park said. Children with a homeless episode were reported to have higher rates of physical disabilities than other low-income children who were stably housed or living doubled up. Children who experienced homelessness also had nearly double the rate of probable emotional or behavioral problems at 15 percent, versus 8 percent of children in the stably housed group. The rate of asthma was notably high for all the children, ranging from 20-28 percent at age 5.

However, stressors common to children in poverty – such as low birth weight, poor maternal health and exposure to domestic violence – had more significant impacts on children’s health and cognitive development than episodes of homelessness or doubling-up, the research team found.

“The findings indicate that it is important to identify and respond to parental and familial needs common to many low-income families – in addition to providing housing assistance – to more effectively improve the health and development of children in housing instability, particularly those in homeless families,” Park said. “Homelessness or doubling-up is just one of many stressors in their lives.”

Study Details Homelessness, ‘Doubling-up’ Among Low-income Children

The nation’s “doubled up” population— those who have moved in with family or friends, but have no lease of their own— increased by 13% between 2009-2010.1

The study, which followed 2,631 children in 20 large U.S. cities from birth to age 5, examined the extent of homelessness and doubled-up episodes among low-income families and the impact of housing status on children’s health outcomes. The research team examined five years of follow-up data on children’s health and their families’ backgrounds that was compiled for the Fragile Families and Child Wellbeing Study, which included nearly 5,000 children born between 1998 and 2000.

“Both homelessness and doubling-up are important measures of precarious housing status,” Park said. “This is the first study, to our knowledge, that provides estimates of both homelessness and doubling up among young children. All together, about a third of the children in the study experienced either homelessness or doubling-up before they reached 6 years old.”

The study sheds light on housing instability as a common experience among low-income families, Park said.

“The scope of housing instability among children and families would be underestimated if we only focus on people living on the street or in shelters,” Park said.

Prior studies have indicated that physical and mental health problems are more common among homeless children than the general population, but there is mixed evidence as to whether children experiencing homelessness differ from other low-income children on health outcomes, Park said.

“Children in poverty, whether homeless or housed, share many of the same risk factors for health problems; therefore, it is difficult to determine which of these risk factors is linked to health outcomes as well as homelessness,” Park said. Children with a homeless episode were reported to have higher rates of physical disabilities than other low-income children who were stably housed or living doubled up. Children who experienced homelessness also had nearly double the rate of probable emotional or behavioral problems at 15 percent, versus 8 percent of children in the stably housed group. The rate of asthma was notably high for all the children, ranging from 20-28 percent at age 5.

However, stressors common to children in poverty – such as low birth weight, poor maternal health and exposure to domestic violence – had more significant impacts on children’s health and cognitive development than episodes of homelessness or doubling-up, the research team found.

“The findings indicate that it is important to identify and respond to parental and familial needs common to many low-income families – in addition to providing housing assistance – to more effectively improve the health and development of children in housing instability, particularly those in homeless families,” Park said. “Homelessness or doubling-up is just one of many stressors in their lives.”
Nationally recognized homeless expert and 2012 Daniel S. Sanders Lecturer, Tanya Tull is the President/CEO of Partnering for Change, which collaborates with researchers and policy makers, organizations and communities, to develop and test innovative approaches to improve the social and economic well-being of vulnerable families, and helps take evidence-based program models to scale through education, training, advocacy and consulting to nonprofit organizations, public agencies, and grant makers. In 1993, she coordinated the Roundtable on Housing and Homelessness for the Clinton Transition Team. In 1996, she served on the U.S. National Preparatory Committee for the United Nations Conference on Human Settlements, Habitat II. She served as a Senior Fellow at the UCLA School of Public Affairs (2005-2006) and as an adjunct professor for research at the School of Social Work at the University of Southern California (2002-2008). Recognition for her work includes the Gleitsman Foundation’s National Citizen Activist Award (1996), based at the Center for Public Leadership, Kennedy School of Government, Harvard University. In 2009, Tull was elected a Senior Fellow at Ashoka, the global association of the world’s leading social entrepreneurs.

First launched by Beyond Shelter in Los Angeles County in 1988, the “Housing First” approach to ending family homelessness introduced an innovation in the field at the time. Housing First (or Rapid Re-Housing, as it is now called by the federal government), stressed the return of homeless families to independent living as quickly as possible. By providing a time-limited relationship designed to empower participants and foster self-reliance, not engender dependence, the housing first methodology provided a link between the emergency shelter/transitional housing systems that served homeless families through the Continuum of Care and the mainstream resources and services that could help them rebuild their lives in permanent housing.

The basic methodology tested the belief that vulnerable and at-risk homeless families would be more responsive to interventions and social services support after they were assisted in moving back into permanent housing, rather than while living in emergency shelters or transitional housing programs.

Over the past 20 years, the methodology has been slowly adapted in localities throughout the United States. Until recently, however, local implementation efforts have been challenged by the difficulty of integrating the key components into traditional Continuums of Care in which funding has been focused on emergency shelters and transitional housing. Additional challenges have included the lack of affordable housing, short-term and long-term rent subsidies, moving funds, rental deposits, and other systemic and financial barriers to helping homeless families back into permanent housing at rents they can afford to sustain over the long-term.

While many communities have focused on targeting “rapid re-housing” services to homeless families with low-intensity service needs or experiencing a first-time episode of homelessness (and hence considered easier to serve), other communities have provided rapid re-housing services to homeless families regardless of history of homelessness. The level of services provision provided after the move is then determined by the intensity level of service needs. This latter approach recognizes that services

25 Years of Housing First for Families

1988
Beyond Shelter launches Housing First approach.

1991
Beyond Shelter implements one of the first federally-funded demonstration projects on family homelessness – The Early Intervention Demonstration Project for Recently Homeless and At-Risk Families, funded by HUD (1991-1993, with Para Los Ninos as the Lead Agency).

1992

1993
Subsequent training and workshops conducted throughout the U.S. over the next 15 years by staff of Beyond Shelter’s Institute for Research, Training & Technical Assistance.

2000
The National Alliance to End Homelessness began to promote “housing first” through “Ten Year Plans to End Homelessness” and also began coordinating “Housing First” panels and workshops at annual conferences.

To learn more about Partnering for Change, visit http://partnering-for-change.org
needs change over time. Perhaps some of the most interesting research in the field is that which identifies the provision of rent subsidies as the primary factor preventing recidivism – not the provision of services.

Evidence-Based Approach
The focus of Beyond Shelter is to serve families with moderate to high intensity service needs and with major housing barriers. They have learned is that the housing first or rapid re-housing methodology can facilitate long-term housing stabilization for homeless families with multiple housing barriers (and considered at risk of recidivism), by providing the support and skill building necessary to stabilize in permanent housing. In addition to assisting homeless families in general to move back into housing in the community at-large, with or without rent subsidies, the housing first approach can offer an individualized and structured plan of action for alienated, dysfunctional and troubled families, while providing a responsive and caring support system.

Model Implementation
With organizations and communities beginning to see positive outcomes from a “housing first” approach to family homelessness, and research supporting its efficacy, subsequent implementation of HUD’s Rapid Re-Housing Demonstration Program and the Homelessness Prevention and Rapid Re-Housing Program (HPRP) led eventually to the HEARTH Act’s codification of the “housing first/rapid re-housing” methodology. Today, the new Emergency Solutions Grant (ESG) is mandating the transformation of Continuums of Care across the country – although implementation strategies continue to vary – sometimes dramatically.

Although the combination of housing relocation services and home-based case management enables homeless families with moderate to high intensity service needs to break the cycle of homelessness, many communities continue to target newly-homeless families or those with no previous homeless history for rapid re-housing programs. This “targeting” is often directly related to the lack of Section 8 vouchers or other longer-term rent subsidy for families who will be unable to increase their incomes by the time that an ESG rent subsidy ends. Additionally, recent initiatives have emerged with a troubling trend towards “targeting” families with high-intensity service needs into permanent supportive housing. Many of these families would be better targeted for longer-term rent subsidies and Section 8 Housing Choice vouchers – and the right to “choose” where and how they will live.

Housing First Today
Evolving in an era of shrinking resources, the housing first approach places great emphasis on reducing duplication of effort and maximizing the effectiveness of community resources. By situating homeless families within the larger community, the program fosters human connection. The methodology is a cost-effective model that coordinates many existing systems and services, rather than creating new ones.

While acknowledging and addressing the personal factors that may contribute to family homelessness, the housing first methodology was designed to more effectively address the economic root cause of the problem: the lack of affordable housing. This approach can provide a critical link between the emergency/transitional housing system and the community-based social service, educational and health care organizations that bring about neighborhood integration and family social and economic well-being. Services are provided in an integrated, holistic manner to place families not only back into permanent housing, but also back into communities. For families with moderate to high intensity service needs, including “chronically homeless families,” the methodology can often help them to stabilize rapidly.
Lectures are an important part of the innovative discussions and research that happen every day at the School of Social Work. They act as a springboard for new ideas, collaborations, and expose our students and faculty to world renowned experts.

The 21st Annual Daniel S. Sanders Peace and Social Justice Lecture brought nationally recognized homeless expert, Tanya Tull, to Illinois. Tull’s lecture was entitled “Homelessness in the United States from a Human Rights Perspective: What We Did Wrong and How We’re Trying to Fix It!”.

The Daniel S. Sanders Peace and Social Justice Memorial Fund was established in 1990 through a generous gift by Christobel Sanders in honor of her late husband and former Dean of the School of Social Work, Dr. Daniel S. Sanders. This lecture features an invited national or international scholar as well as a biannual lecture at the Interuniversity Consortium for International Social Development.

Dr. Sanders was internationally known as a leader in efforts to achieve world peace, human rights and social justice. His vision for peace and development, his ability to empower people, and his own personal example of integrity and commitment to peace, has served as an inspiration.

Any donor can plan a legacy gift regardless of current assets or income. This special gift is a living reminder that will continue to support the causes you believe in for years to come. Legacy Gifts honor the present by making a commitment to the future. Naming a the School in your will is one way to ensure your legacy.

By including the University of Illinois, Urbana-Champaign School of Social Work in your will, you are providing a legacy for the children, families and communities impacted by our work. Your gift may be a fixed amount, a percentage of your estate, or all or part of the estate residue.

We hope you will let us know when you have included The School of Social Work in your estate plans. By doing so, we would like to include you as an honorary member of our Legacy Society. We want to recognize the generosity and vision of those who have included us in their legacy giving.

For more information about the Legacy Society, contact Assistant Director for Advancement, Meredith Olson at (217) 244-4854 or maolson@illinois.edu
Carie Bires, MSW 2009, and School of Social Work Alumni Board Member is currently employed at Heartland Alliance in Chicago. In her role leading the Family Assertive Community Treatment (FACT) Planning Coalition, she is responsible for organizing a diverse group of stakeholders to identify and address system-level barriers to services and resources that homeless and unstably housed young families experience. The strategic priorities of the FACT Planning Coalition include child welfare, specialized children’s needs, early learning, housing, employment and adult education, and health.

Carie shares with us her perspective on homelessness and the ways in which social workers can make an impact.

**Barriers to Services and Resources**

Although many service systems and programs consider homeless families to be a priority population, many services are not responsive to the unique needs of these families. Many services available to homeless families follow a high-threshold service delivery model, meaning that if families cannot meet all of the requirements of a program, they are often excluded from receiving the service. For example, many of our social service programs are required to adhere to standards related to collecting health records and identification documents, attendance rates of program participants, and meeting target outcomes, but families experiencing a housing crisis are often unable to produce documentation, maintain regular attendance, and meet the same outcomes as stably housed families. Unfortunately, programs also often lack the resources needed to provide adequate support to homeless families in meeting these requirements, and as a result, these families face barriers to both enrolling in and staying in programs. Sometimes homeless families may be unfamiliar with all of the services available to them or not understand how to access the services, but many programs lack the resources to provide the aggressive outreach needed to enroll families. Also, homeless parents may be interested in a service for themselves or their children, but because of the many other challenges they are juggling, they can become easily overwhelmed and disengage from services altogether. Unfortunately, low-threshold service delivery models that provide families with the flexibility to accept as little or as much service as they want at any given time are often not available. In addition, our social service system is highly fragmented and confusing, making it difficult for vulnerable people to navigate. For homeless families, the result is often lack of access to services and resources that they need, leaving the families that need help the most to slip through the cracks.

**Incorporating Best Practices with Homeless Families**

Serving homeless families effectively requires incorporating best practices such as harm reduction and trauma-informed services into the various systems that serve these families. Harm reduction is a set of strategies aimed at reducing the negative consequences of risky behaviors, and although it is
most commonly associated with substance use treatment, harm reduction and stage-based interventions can be applied to a broad range of issues experienced by homeless families. Harm reduction emphasizes a non-judgmental approach to services and “meeting consumers where they are at.” In addition, ambivalence toward change is acknowledged as normal. Change is viewed as a gradual process. A harm reduction approach is congruent with core social work values of mutuality, unconditional positive regard, and a strengths-based perspective. Some examples of harm reduction in action include:

- A parent chooses to step outside to smoke instead of smoking in the same room as her baby.
- A parent chooses to limit his use of marijuana to only times when his children are at school.
- A parent allows her child to have a fast food meal, but chooses milk instead of soda.
- A parent put his three-year old child to bed at 10 p.m. instead of the usual 11 p.m.

Homeless parents and children can present with extensive trauma histories and these families should be provided with services that are trauma-informed. Trauma-informed services recognize the impact of trauma on the lives of the individuals served and accommodate the needs of trauma survivors. Trauma-informed services also recognize the relationship between trauma and common trauma symptoms, such as substance use, depression and anxiety, which are often not identified as such, and instead are seen as the primary cause of dysfunction. Sometimes the way services are delivered can exacerbate triggers of trauma survivors and inadvertently re-traumatize the individual as well. Trauma-informed services are also strengths-based and empower survivors to be partners in their own recovery.

It is important for providers to ask about trauma history, and to develop processes so that survivors don’t have to repeat their story over and over again to different people in the agency. Training on trauma-informed services should be provided to all staff members who may come in contact with trauma survivors.

Social Workers Can Make an Impact

In order to adequately serve homeless families, it is imperative that we address system level barriers to services and ensure that programs are incentivized to serve the most vulnerable families in a coordinated manner. Because of the profession’s commitment to social justice, strengths-based orientation, and ecological system perspective, social workers are uniquely qualified to take on this task. Social workers can:

- Promote best practices for working with homeless families within their respective service systems.
- Advocate for more aggressive outreach to homeless families.
- Provide more training to all service providers about family homelessness.
- Provide programs more flexibility when it comes to documentation requirements, target outcomes, and attendance rates for homeless families.

Social workers can also lead systems-level initiatives, such as organizing cross-training, which provides an opportunity to bring together providers from different service systems to learn about each other’s work and build relationships, and promoting co-location of services, which can make it easier for homeless families to get multiple needs met at one physical location and also encourages relationship building across systems. Finally, social workers can engage in legislative and administrative advocacy on behalf of homeless families, and raise issues that are important to homeless families at the various tables they sit at. As social workers, we must always remember our responsibility to speak out on behalf of the vulnerable people we serve and ensure that their voices are heard.
“I wish I had more experience.” We often hear this from students when they first enter their internships. Immersion into a 32-hour weekly internship challenges students and can be overwhelming at first despite the best classroom preparation.

To help students enter into their internships, we have infused service learning activities into our classroom curriculum. These experiences give students exposure to different populations and resources in the community. Often, the service gives students a chance to decide where they want to do their internship.

Most importantly, service learning provides eager students with expanded opportunities for growth. According to Sherrie Faulkner, Director of BSW Field Education and Clinical Assistant Professor, “with many agencies experiencing the financial impact of budget cuts, having students who are in service learning really allows an agency to focus on a particular issue, task or project that needs to be addressed that they may not necessarily have the staff, time or money to focus on. When budget cuts are made, agencies are forced to cut out a lot of the “extras” and only provide the necessities.”

This year, two such agencies have benefited from students working with their organizations through service learning projects. Regional Office of Education #9 (ROE) offers services addressing challenges in education including attendance improvement programs, general education development services, as well as services for homeless children and youth of school age. The ROE worked with five BSW students from the School of Social Work on a service learning project.

These students organized activities co-sponsored by Restoration Urban Ministries, a non-profit organization providing temporary, comprehensive services to individuals, families and single parents in East Central Illinois. As part of their duties, students worked to raise funds, obtain donations and coordinate plans between both agencies to provide services for residents in temporary housing.

One of the students who worked on this project was Emily Landeck, 2012 recipient of the Susan T. Haney Social Work Award, which provides financial support to undergraduate students who are in their junior or senior year.

In her time with ROE, she participated in the Restoration Urban Ministries project, and also worked with minors who are truant and/or homeless and their families in order to maximize their educational opportunities. She also attended a training session on the McKinney-Vento Homeless Assistance Act – the main legislation mandating in the education of children who experience homelessness.

According to Landeck, “this project definitely enlightened my view of why kids facing homelessness drop off from attending school. I can’t imagine how these kids get up and go to school at all. I am really interested in school social work, and this project has introduced me to that experience.”

Emily’s experience with ROE has led her to an internship with Lincoln’s Challenge in Rantoul, IL, where she will be able to further pursue her interests in school social work.
Lance Keene, MSW 2012, completed his internship with the UP Center of Champaign County, an organization which is committed to furthering the well-being of the LGBT community through social and support programming, as well as community outreach and education.

Lance’s duties included developing a policies and procedures manual for the agency; working on grant writing projects, program evaluations, and inventories to measure effectiveness; guest speaking engagements; and he had an integral role in planning the 2012 Champaign-Urbana Pride Festival. He also created “BLEND UP,” a discussion group that addressed the needs of LGBT identified people of color in the Champaign-Urbana community.

Our students impact the most vulnerable citizens in Illinois each day. Agencies benefit from a unique block placement model in which students work 32 hours per week for 9 months. This program provides an intensive experience that immerses students in the application of knowledge gained in the classroom. While this program benefits both the community and students, it also severely limits the opportunity for students to hold paid employment during their internships.

To support students like Lance, we have launched the Fund for Field initiative. The fund creates opportunities for agency partners and individual investors to provide students with a scholarship during their internship to relieve the financial burden during this critical phase of their education.

Thanks to all of our charter members who gave their support during the launch phase of the Fund for Field. Your support has made it possible for the School to provide support to eight students this year with scholarships. For more information about how you can help support students in their field placements, contact Alicia Beck, Assistant Dean for Advancement, at ambeck@illinois.edu.

CHARTER SUPPORTERS
Prof. Barry J. Ackerson
Mr. Steven H. Cole
Ms. Marla Levie Craven, Focus on Aging
Mr. Christopher Nicholas Garepis
Ms. Nadine Harris-Clark
Ms. Laurie H. Kaufmann
Dr. Wynne Sandra Korr
Mr. Michael C. Langendorf
Prof. Brenda C. Lindsey
Ms. Hellen G. McDonald
Mr. Joseph T. Monahan, Jr.
Ms. Donna M. Morrison
Mr. Robert D. Newman
Mrs. Mary Roberts-Bailey
Ms. Marion R. and Mr. Robert A. Smith
Ms. Marcia L. Stoll, Counseling With Care
Ms. Katrina A. Waite
Ms. Linda K. Weiss
Making an Impact

The School of Social Work thrives thanks to support from a number of sources. We are committed to making an impact in the classroom and in the community. Through our innovative teaching and research we inform practice, and educate future leaders of the profession.

Gifts from Social Work alumni make up nearly 57% of total giving to the School, and your private support is more important than ever. Giving at all levels impacts the School, our students, and the profession directly.

- Make a single annual gift
- Set up a recurring credit card payment to break up a larger gift into smaller payments
- Make a pledge to be paid over several years
- Let us know when you put us in your will
- Take advantage of tax-free IRA rollover options

Visit www.giving.illinois.edu, call us at (217) 244-4854, or email Meredith Olson, Assistant Director for Advancement, at maolson@illinois.edu so that we can help you with your gift planning.

Interested in learning about other ways in which we are making an impact? Email maolson@illinois.edu to sign up for the School’s e-Column, our monthly, electronic newsletter.
The School of Social Work at the University of Illinois is grateful for the support demonstrated by each of the following contributors. We strive to make this list as accurate as possible. If your name has been listed incorrectly or omitted, please accept our apologies, and inform us so that our records can be adjusted. This list of donors includes contributions made from July 1, 2011 – June 30, 2012. Contributions after this date will be acknowledged in next year’s donor list.

In case of error, notify Meredith Olson at 217-244-4854 or maoleson@illinois.edu

$5,000+

Wynne Sandra Korr = President’s Council
Becca Nimmer Marcus and Paul Marcus = President’s Council
Robert D. Newman = Chancellor’s Circles
Suze L. Orman
John Poertner

$2,500 - $4,999

Steven G. Anderson
Susanne A. Koenig = President’s Council
Christobel C. Sanders = Chancellor’s Circles

$1,000 - $2,499

Barry J. Ackerson and Theresa A. Miller
Mary Roberts-Bailey
Leslie Craig Blixt = Chancellor’s Circles
Sandra L. Kopels
Betse Wallerstein and Michael G. Lombard
Judith Ann Maloney = President’s Council
Bette Wallerstein and Michael G. Lombard
Jill Doner and Steven E. Kagle = President’s Council
Pokehi Kim
Mary A. Mondman = President’s Council
Laura A. Nichols
Marion R. and Robert A. Smith = Chancellor’s Circles
Marcia L. and Kenton D. Stoll

$500 - $999

Adelaide H. Aime and Prof. David G. Cahill
Alicia Marie Beck and David Denis Beck
Laurie Jeanne DiLorenzo
Michael G. and Barbara W. Gelber
Ellis and Pramod C. John
Katherine E. Perone
Allyson D. Sanborn
Gail C. Griff Skora and Charles R. Sikora Jr.
Carol J. Wilson-Smith and Douglas C. Smith
Mary G. Taylor = President’s Council
Linda K. Weiss

$250 - $499

Michelle A. Arnold and Paul E. Martin
Murray and Sheila Baumgarten
Mary B. Carney
Nadine D. Harris-Clark and William Clark
Marla Levie Craven
Marilyn Flynn
Portia Rita Kennel
Carolyn Cochran-Kopel
Brenda C. Lindsey
L. Lee and Evan M. Melhado
Joseph T. Monahan Jr. and Kathleen M. MacDonald
Anita M. Nagler
James H. Olson
Martin L. and Heather P. Oppenheimer
Penelope A. Soskin = President’s Council
Lindsey A. Trout
Jeffrey L. Weigele and Maureen McCarren
Robert E. Weiler
Susan G. Weinberg

$100 - $249

Pallassana R. and Shiyamala Balgopal = President’s Council
Janet S. Beger
Mary F. and William R. Birdsell
William and Jane Boline
Nancy A. and Joseph J. Burkhardt
Janet D. Carter-Black
Valerie N. Chang
Louis Childers
Leo R. Clay Jr.
Kathleen F. and William J. Conlin = President’s Council
Edward P. and Carol S. Cornell
Paul B. Costello
Debbie Cunningham
Joann and Greg Dalida-Wilson
Kathleen D. Diprizio
Ruppert A. and Gladys E. Downing
Debra W. Dubow and Thomas S. Lyons
Mary K. Eamon
Randall L. Egdorf
Bonnie L. Ellis
Joseph E. and Marilyn R. Ernesten = President’s Council
Nancy L. Evans
Sandra K. Ferguson
Barbara M. Fiaschetti
Elaine E. Finnegam
Sondra J. Fogel
Shari L. Friedman
Sondra J. Fogel
Tanya M. Gallagher and Kenneth L. Watkin = Chancellor’s Circles
Carol A. Genitis
Barry J. Ginsberg
James P. Gleeson
Harold S. Goldman

$1 - 99

David J. Gorenc
Lauren B. Gottlieb
Geniel M. and James A. Grabowski
Helen F. Grandone = President’s Council
Robert J. Haas
Sarah Halper
Rebecca Dohleman and Charles K. Hawley
Kelly J. Hendrickson
John R. and Connie L. Herington
Deborah P. and Lawrence L. Hermalyn
George A. and Marcia S. Hess
Deslenn L. Hewitt
Judith K. Holder
Debra L. Huisingsa
Linda C. and Mark Hussey
Carole Fee Ivanoff
Jill Leigh Mathews-Johnson
Mary Kalantzis
Paula T. Kaufman = President’s Council
Lee Ann Kelly
Rita K. and Michael T. Klemm
Deirdre McGlone Laneskog
Michael C. Langendorf
Andrea K. and Joseph M. Lietz
Edward G. Liptig
Sandra L. Locke
Benajmin J. Lough
Leslie M. Balas and Michael A. Malachowski
Janet M. Liechty and Philip Martens
Jana K. Masley
Helen J. and Joel C. Maurer
Peter P. Mazzafera Jr.
Patricia L. McFall
Bruce E. Meyers
Christine J. and Justin Michel
Lorraine T. Midanik
James P. and Shirley M. Miller
Erika Launderback-Moeglich
Sonya Monroe
Ronald H. and Lois Moorman
Cray A. Mulder
Carol R. Newman
Marilyn C. and Thomas E. Oertley
Kathleen M. Ohman
Betty Orlandino
Charlotte Orth
Jerry W. Otto
Jodi M. Perko
COL Nelda Peterson (Ret)