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### Homelessness Among Veterans

Veterans make up a disproportionate share of the homeless population relative to their percentage of the U.S. population. Homelessness among veterans isn't just a housing problem — it's a reflection of how society handles trauma, reintegration, and long-term support. Many veterans fall through cracks that shouldn't exist in the first place. The Proof Directive attempts through targeted veteran peer-to-peer out-reach to bridge those gaps for

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veterans and their families. Although progress has been made through federal, state, and nonprofit initiatives, thousands of veterans continue to experience homelessness on any given night. **The 2024 Point-in-Time (PIT) Count recorded 32,882 homeless veterans across the United States. This is a considerable drop from the over 60000 homeless counted in the 2023 PIT count and reflects improved services and employment for veterans.**

The Supportive Services for Veteran Families (SSVF) Program, administered by the U.S. Department of Veterans Affairs, is the only national, veteran specific program to help at-risk veterans avoid becoming homeless, and rapidly re-house those veterans who lose their housing. The program was authorized by P.L. 110-387, the veterans' mental Health and Other Care Improvements Act of 2008. SSVF provides grants to nonprofit, community-based organizations that connect very low-income veterans and their families with services in the following areas: health services, legal aid, childcare, transportation, fiduciary and payee services, daily living assistance, benefits, and housing counseling. The program

allows for time-limited payments to third parties – such as landlords, utility companies, moving companies, and licensed child-care providers – to ensure housing stability for veteran families at risk of losing their housing. SSVF funds are leveraged with funds from local community partners.

Veterans accounted for 10-16% of the adult homeless population in any given year. VA research shows that one in 10 veterans living in poverty are likely to experience homelessness. Veteran homeless programs must address the unmet rehabilitation needs of veterans as nearly 50% of homeless veterans are suffering from physical disabilities, mental illness, substance abuse, or co-occurring disorders.

Female veterans are the fastest-growing segment of the U.S. veteran population, yet federal and community systems remain largely structured around male service members. Female trauma refers to the spectrum of physical, psychological, and social harms experienced by women during military service or after separation, shaped by gender-specific risks and systemic barriers. It includes both individual traumatic events and the cumulative impact of serving in environments historically designed for men. As a result, women veterans face distinct challenges across healthcare access, mental health, housing stability, and reintegration. Female veterans are dealing with a core set of challenges not appreciated or fully recognized by the historic male dominated veteran support networks including: military sexual trauma (sexual assault, harassment, coercion, intimidation and unwanted attention); gender-based and domestic violence; along with dealing with the traditional veteran issues resulting from combat, deployment and other military occupational risks. These unique female veteran stressors exacerbated veteran family, economic, health care and reintegration issues for female veterans.

Vietnam-era and post-Vietnam veterans consistently appear as the largest cohort at elevated risk for homelessness, chronic health issues, and long-term instability. This is the result of age, service-era conditions, health burdens, and **historical policy gaps** converging over decades. Drug, alcohol, sexual orientation, and minor disciplinary actions resulted in this group having a disproportionate number of less than honorable discharges for their service that included service in a combat. In addition, the general social stigma of military service prevalent at the time, resulted in limited veterans access to traditional veteran administration support and veteran community support networks. Therefore, the veteran issues resulting from combat, deployment and other military occupational risks have not been adequately addressed for these veterans. This oldest group of veterans, the highest at risk group for

homelessness continue to have untreated chronic health and mental health issues including health issues related to chemical exposure requiring unique and tailored support and mentoring requirements.

Homeless veterans are one of the most painful contradictions in American life: people who served their country, often in dangerous and traumatic conditions, yet struggle to secure the basic stability they deserve. Homelessness among Veterans is rarely caused by a single factor. Instead, it emerges from the intersection of economic hardship, health challenges, and systemic gaps in support. Early intervention during the transition from active duty, improved access to mental health care, and expansion of affordable housing options remain critical to reducing Veteran homelessness.

### **Transition Challenges After Military Service**

For many service members, leaving the military is not simply a career change — it is a profound shift in identity, lifestyle, and community. The moment the uniform comes off, the world feels different. The structure that once shaped every day, from morning formation to mission completion, suddenly disappears. What replaces it is a civilian environment that often feels unstructured, ambiguous, and unfamiliar. Decisions that were once guided by clear rules and a chain of command now fall entirely on the individual, and that freedom can feel overwhelming rather than liberating.

The transition also brings a deep sense of loss. In the military, purpose is built into the job. Every task, no matter how small, connects to a larger mission. Camaraderie is woven into daily life — the shared hardships, trust, the unspoken understanding among those who serve. When service members step into civilian life, that sense of belonging can be hard to find again. Many struggle with the question of who they are without the uniform, and what their new purpose should be.

### **Economic Instability**

Employment is another hurdle. Skills gained in the military are often highly specialized, yet not always easily understood by civilian employers. A leadership role in a combat unit may not translate neatly into a corporate job description. Veterans may find themselves starting over, navigating resumes, interviews, and workplace cultures that feel foreign. Even when they secure employment, the civilian work environment can seem less direct, less cohesive, and less mission-driven than what they are used to. This results in unemployment or

underemployment due to skill mismatch, physical limitations, or lack of certifications. Today economic issues aggravate a veteran's transition: an economy that includes rising housing costs in many regions which have outpaced veteran disability or retirement benefits; a slowing job market that does not appreciate skills developed in the military. Insufficient veterans transition benefits aggravate the unemployment and housing issues, especially for service members with limited savings and lacking financial literacy. Society as a whole is dealing with a generation aka "millennials" living at home as one of the defining social shifts of the past decade. This societal shift is a rational response to economic conditions that look nothing like what previous generations faced. Now veterans returning face similar economic turbulence.

### **Social Adjustments**

Socially, the adjustment can be just as challenging. The communication style that works in the military — clear, direct, and efficient — can be misinterpreted in civilian settings. Some veterans feel isolated, surrounded by people who cannot relate to their experiences. Estrangement from extended family, prior service social networks and friends have been lost due to frequent relocations, deployments, or service-related stress. While the loss of family and close friends was compensated for a while on active duty with unit cohesion and peer support, a new social structure including extended family support must be rebuilt after separation. Even those veterans who return to their former social groups no longer fit in as they have lost the shared experiences of the former group. All this leads to an increased risk of crisis without a stable support system.

### **Service-Connected Disabilities**

The high prevalence of PTSD, depression, anxiety, and other service-related mental health issues and the public's perception or stigma related to such conditions results in a reluctance to seek treatment. Insufficiency and lack of continuity of care from military medicine to veterans' medical services results in delayed treatment in potentially more severe medical conditions; this delay also results in aggravation of mental and substance abuse issues. Alcohol and drug use (self-medication), a coping mechanism for trauma or chronic stress, is aggravated by the lack of continuity of care and a lack of long-term, integrated treatment programs resulting in the co-occurrence of mental health conditions with substance abuse increasing vulnerability to homelessness and family disruption. Physical injuries, chronic pain, mobility limitations impact self-worth and employability.

Resolution of these issues are delayed due to complex VA disability claims processes, and a lack of continuity of care between DOD and VA, resulting in the delay of benefits.

### **Bureaucracy**

The emotional weight of transition and the lack of peer mentors to navigate federal bureaucracy and services is underestimated. Even without clinical diagnosed conditions, the veteran shift to civilian medical, educational, and community brings stress, frustration, or loneliness. Navigating benefits, healthcare, and education systems adds layers of complexity especially to families who have become accustomed to receiving support for said services. The civilian processes are slow, confusing, and bureaucratic, creating additional strain during an already difficult period.

### **Family**

Family dynamics also change. Spouses and children who adapted to military routines must adjust to new schedules, new expectations, new social norms, and sometimes new financial realities. Roles within the household may shift, and the transition can test relationships as everyone adapts to a new normal. For all service members, the journey into civilian life is a gradual process of rediscovery — learning how to translate their strengths, rebuild their identity, and find purpose beyond the uniform; some succeed but many do not. With the right support, understanding, and resources, the transition becomes not just an ending, but the beginning of a new chapter.

### **The Proof Directive**

The Proof Directive is a peer-to-peer veteran outreach program that will connect veterans to key support services that can strengthen assistance to veterans. Our programs address housing stability, benefits navigation, employment, transportation, and community reintegration. The proof directive seeks to serve the veteran and their families by providing peer-to-peer support teams focused on community outreach. Being an outreach team member provides the veteran with a focused purpose in life and continues his dedication to service through employment in his community. The Proof Directive will employ veterans in targeted community outreach to support other veterans in the key areas mentioned above: housing stability, benefits navigation, employment, transportation, and community reintegration. Our teams, modeled on “special forces teams” and will leverage an individual’s military experience and job training. Each community civic action team (CCA)

will consist of following: Medic, chaplain, command (person in charge), and logistics focused on communications, supply, and transportation.

**MEDIC:** The community action team medic will focus on first addressing immediate trauma care including dressing wounds, taking vitals, and advising on getting the homeless person medical treatment if needed. The Proof Directive will work with state medical licensing authorities to translate military medical certification to civilian licenses by equating military medic/corpsman training to the civilian equivalent. The Proof Directive will provide state licensing authorities a concise overview of a person's military medical certifications to obtain an equivalent civilian-accessible medical and trauma-response certification. Both military and civilian emergency medical training span a spectrum of nationally recognized programs designed to equip non-medical personnel with lifesaving skills. These certifications will support homeless outreach, community preparedness in high-risk community environments. Military veterans have earned various key medical certifications that easily transfer into civilian categories of emergency care. All combat veterans have foundational certifications that focus on First Aid / CPR / AED (Automated External Defibrillator) including the core Basic Life Support life-saving responses to choking and bleeding control. This certification is similar to first aid requirements for security guards and lifeguards. Specialized medical team members of certain units attain a tactical and high-threat certification. The closest civilian training is EMT Tactical Emergency Casualty Care (TECC) which focuses on trauma care under threat using MARCH protocol. MARCH provides a structured, repeatable sequence for high-stress situations, prioritizes the most preventable causes of death first and is taught **across military, law enforcement, EMS, and civilian tactical training**. The MARCH Trauma Algorithm is central to civilian and military casualty care:

- M** — Massive Hemorrhage Control bleeding- identifying and controlling severe external bleeding, the leading preventable cause of death in trauma.
- A** — Airway- recognizing a blocked or at-risk airway, ensuring an open, maintainable airway.
- R** — Respiration- addressing injuries that affect breathing,
- C** — Circulation-after major bleeding is controlled, look at overall circulation and signs of shock.
- H** — Hypothermia / Head Injury- Trauma patients lose heat rapidly, which worsens outcomes, preventing heat loss and being aware of potential head injuries.

Just like civilian medical certifications, military medical certifications offer scalable readiness options—from basic lifesaving skills to advanced trauma care under threat. Selecting the right certification for the team will depend on the mission profile, risk exposure, and organizational objectives of any given outreach project.

**Chaplain-** The community action team chaplain will focus on family, spousal and children issues providing counseling and prayer if requested. Chaplain individual and family assistance will provide confidential, non-clinical support focused on strengthening relationships, improving communication, and helping individuals or families navigate stress, transitions, or moral/spiritual concerns related to the veteran's transition. Chaplains do not diagnose or treat mental health conditions; instead, they offer value-based guidance, active listening, and short-term, solution-focused conversations.

Chaplains are trained to support both individuals and families from any faith background or none. They are especially effective in high-stress environments such as homelessness, major family transitions including loss of employment, transition from military life, community reintegration after medical and substance abuse treatment or other traumas. Sessions are guided by the person requesting support and only include spiritual elements if the person or family requests them. Chaplains are a key vehicle in determining what services a veteran may need and are key in connecting families with additional resources while maintaining strict confidentiality.

**Command:** Command and Control is the leadership framework that defines how authority is exercised, how decisions are made, and how organizational actions stay aligned with strategic goals. Command establishes direction, intent, and decision rights, while Control provides the structures, communication channels, and feedback mechanisms that ensure teams stay coordinated and responsive. Command and Control (C2), sometimes referred to as “chain of command” is the key to military success and cohesion. Effective C2 reduces ambiguity, accelerates decision cycles, and maintains organizational coherence—especially in complex, high-tempo, or distributed environments.

The Proof Directive will utilize modern organizational mission-command principles that combine clear intent with decentralized execution to increase agility and public trust. C2 begins with the selection of the right leader who will be the point of contact or person in charge of interaction with the community and veterans. Infantry trained personnel will be on

the front line to interact with the homeless population and be the team lead for CCA teams. Research from the VA, HUD, RAND, and multiple academic studies shows a consistent pattern: infantry and other combat-arms veterans are over-represented in homeless-veteran populations compared to their share of the overall military force. (Technical, medical, and administrative specialties tend to be under-represented.) Certain structural and service-related factors increase risk for combat-arms personnel: higher exposure to trauma, elevated rates of PTSD and TBI; lower civilian job transferability; musculoskeletal injuries and younger enlistment age all associated with higher homelessness rates. Former infantry leaders will be better able to connect and serve, lead, and understand this demographic.

### **Logistics: Communications-Supply-Transportation-Education**

- **Communications:** will be responsible for maintaining the proprietary software and applications that will be used to allow leadership to monitor and mentor the field CCA teams. Modern communications permit leadership to exercise C2 authority, provide decision making guidance remotely, thus assuring alignment among the various CCA teams. Command communication establishes direction and real-time decisions while providing feedback and logistics support to the CCA teams.
- **Supply:** will be responsible for tracking resources used by CCA teams to support medical, subsistence, and housing outreach requirements.
- **Transportation:** Transportation is one of the biggest barriers for people experiencing homelessness, and the solutions that actually work tend to be simple, predictable, and built around trust. The Proof Directive will be responsible for coordinating needed transportation services required to support referrals to community base programs and veteran's assistance programs. The Proof Directive will develop local transportation guidelines and tailored guidance for the area. This varies by region, but Public Transit programs may include free or reduced-fare programs or passes for specific routes to services and paratransit routes for those with disabilities; nonprofit and community programs that include ride vouchers for Uber or Lyft, shuttle services and community outreach programs; government funded transportation for medical appointments (Medicaid, VA and county human services programs) and information on emergency public safety options (EMS and police).
- **Education:** Educating veterans about the services available to them is one of those challenges where good intentions often collide with fragmented systems, inconsistent messaging, and information overload. The key is to meet veterans where they are—culturally, socially, and geographically—and deliver information in formats they trust and actually use. The core educational problem is mere awareness of veteran's programs does not equate to understanding the program. Many veterans are aware of VA

benefits and community programs, but most do not know: what they personally qualify for? How to access it? Or how to navigate the bureaucracy? This is aggravated by continual changes in state and federal programs and regulations since being separated, changes in personal health or personal financial situation since separation, and other social factors. The Proof Directive educational goal is to translate regulations, simplify application processes and guide the veteran to assistance on a daily basis. Assigned mentors will guide veterans through this maze and be monitored utilizing the communication tools noted above.

- **CAA Teams:** The Proof Directive will employ veterans to outreach and support veterans in targeted community homeless populations. Veterans with a combat-arms background will be assigned as part of a “special forces-like field team” or Community Civil Action team. The CCA team will leverage their military skills, job training, and experience to tackle a community’s homeless issue starting with homeless veterans. CCA team members will include a core group of full-time employed outreach workers supported by leaders, logistics, chaplains, and technical staff. CCA team members employed by the Proof Directive will be paid, trained, and certified by state authorities as required to perform their mission. The Proof Directive CCA employees will be paid wages equivalent to experienced workers performing similar risky work in the same geographic area. Community outreach to homeless populations is considered a high-risk job similar to first responders in the same area—EMT and police. In most urban communities this equates to between \$9000 and \$10000 per month depending on the employer paid benefits.

**Conclusion:** The Proof Directive offers both transitional and permanent housing support, financial planning, case management, and reintegration services tailored to the individual. The interfaith Christian community is prepared to provide homelessness prevention, rapid rehousing, case management, and assistance accessing VA and community benefits. It will assist veterans with service-connected disabilities in preparing for, obtaining, and maintaining employment. Services include job training, education support, resume development, and workplace accommodations are tailored to the individuals’ needs by the appointed mentor for the veteran. Our programs offer comprehensive, high-impact support for veterans and their families across multiple areas of need. Formalizing partnerships and referral processes with existing organizations will significantly improve service delivery and outcomes for the veteran community.

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