**Case Study for Chapter 13: Communities At-Risk and Housing**

Craig is 22 years old. His mother died when he was five and his father abandoned him shortly afterward. Without close or extended relatives, Craig lived most of his childhood in foster homes and residential placements. Upon turning 19, Craig enlisted in the U.S. Army. Before entering military service, Craig studied for and passed his General Educational Development (GED) test to demonstrate high school equivalency. He served for nearly two years before being discharged as result of unruly conduct and a behavioral incident with his sergeant.

For the past six months, he has rented a room from an Army acquaintance and worked as a general laborer at a nearby commercial warehouse, earning $8.00 an hour with healthcare insurance. Because of the terms of his discharge from the Army, Craig does not qualify for VA or military benefits. A month ago, Craig began experiencing difficulty with his supervisor and having problems with leaving his room and missing work. Subsequently, Craig was fired from his job and has been diagnosed at his local mental health clinic as having attention deficit/hyperactivity disorder, depression, and anxiety. Because of his employment termination, Craig does not receive unemployment benefits. He has never owned a car.

Without rent money, Craig will soon need to seek emergency shelter services. With little success, he has been searching for jobs on the internet and fears loss of a permanent address will further hinder his employment possibilities. Two days ago, Craig experienced a major breakdown, became suicidal, and was admitted to a local hospital’s inpatient unit. Craig is an example of a person with mental health issues who struggles with qualifying for social welfare and housing programs. He can’t afford to continue his health insurance through COBRA and soon will not have an address for applying for programs such as Medicaid and the Supplemental Nutrition Assistance Program (food stamps). Social workers from the inpatient unit are familiar with community options for mental health services, employment, and housing to assist Craig to regain employment and independent living.

1. How could a social worker have helped Craig to avoid getting to this level of crisis if one had been involved with him at an earlier date?

2. What sort of follow-up care will be necessary for Craig after his discharge from the hospital? What kind of discharge plan does the social work team at the hospital need to have in place?

3. What would you suggest for Craig beyond getting another low-paying job that may keep him at risk for inadequate housing opportunities? What is Craig does not feel he can aspire to do anything more than low-paid manual labor or retail work?