

a) STATEMENT OF NEED

Overview. Harbor Homes, d.b.a., Harbor Care proposes a Category 1 Homeless Veteran Reintegration Program to serve the entire State of New Hampshire. While traditionally our current HVRP serves Hillsborough County (the largest county), Harbor Care is prepared to expand services, given our HVRP's 12 years of success and the statewide infrastructure of our Supportive Services for Veteran Families (SSVF) and Grants Per Diem (GPD) programs. Despite expanded geography, our proposal requests level funding. Non-urban counties include: Coos, Grafton, Carroll, Belknap, Sullivan, Merrimack, Hillsborough, and Cheshire. Urban counties (of Boston-Cambridge-Newton, MA-NH) include Rockingham and Strafford.

Enrollments, Area Need, Employer Need. New Hampshire has a population of 1.3 million people and at least 600 veterans likely qualify for HVRP services each year. Our proposed budget will enable us to serve 90 veterans annually. Harbor Care is NH's only in-state HVRP provider. Two out-of-state providers, Veterans Inc. and the Clear Paths for Veterans New England, currently serve northeastern and southern areas of the state. These agencies cover large segments outside of NH: Veterans Inc. is the only provider in Vermont (with 400 veterans homeless annually), and Clear Paths serves an area of 4.5 million people (with approximately 2,000 veterans homeless annually). If these agencies allocate enrollment opportunities evenly based on population, they would extend only 60 enrollment opportunities to the entire state. At times, though, these agencies have referred veterans to Harbor Care. Moreover, as described in section vii no agency covers NH's most at-risk and rural counties. Our program is essential.

NH's employers—particularly those in healthcare and food services industries—are expected to experience high growth.¹ Over the next year, labor will be especially needed in the leisure and hospitality industries as they recover from pandemic-related contractions. Over the next few

years, low-skilled workers will be most demanded in-home health and food services.ⁱⁱ All of these positions typically require OJT—a cost to employers that HVRP helps address.

Veteran Homelessness Estimates. Like many other states, NH did not collect data for unsheltered populations during the 2021 COC Point in Time (PIT) Count, due to the pandemic. The PIT Count did find 100 sheltered veterans (comparable to 101 in 2020 and 106 in 2019 counts). Unsheltered veteran counts for the state were 15 in 2020 and 7 in 2019.ⁱⁱⁱ Annualized counts (rather than nightly) are available through NH’s Homeless Management Information System and indicate **648 veterans experienced homelessness in NH** in CY21. This number is consistent with numbers from the prior two years (626 and 631). Harbor Care provides SSVF, GPD, and HVRP services for approximately 60% of these veterans annually.

Labor Market. Several industries in NH are growing and can offer veterans significant wages, with an appropriate range of physical, training, literacy, and interpersonal requirements. Underlined industries are high growth; bolded industries have starting wages above \$14.47 per hour (i.e., a single adult’s living wage in NH).^{iv} Industries include: food preparation & serving-related occupations (20.9% growth; 10,413 annual openings; \$9.58 entry wage), health care support occupations (18.1% growth, 3,831 openings; \$13.41 entry wage), personal care and service occupations (23.6% growth; 3,116 openings; \$10.10 entry wage), protective service occupations (8.1% growth; 1,407 openings; \$15.35 entry wage), transportation and materials moving occupations (8.4% growth; 7,137 openings), building and grounds and maintenance occupations (7.0% growth; 3,449 openings; \$12.32 entry wage), **construction and extraction occupations (7.3% growth; 2,769 openings; \$16.92 entry wage)**, and **installation, maintenance, and repair occupations (8.4% growth; 2,705 openings; \$16.99 entry wage).**^v

Veteran Homelessness Causes. Over the last decade, rental vacancy rates in NH have dropped significantly—moving from just under national averages to a paltry 2.35% in 2020 and 3.62% in 2021 (the first and second lowest state based on Census Data).^{vi} NH’s own estimates go as low as 0.9%.^{vii} Low rental vacancies coincided with surges in pricing—42% for two-bedroom apartment (\$1,050 to \$1,498 median cost) and 35% for one-bedroom apartments (\$825 to \$1,118).^{viii} NH has the 9th highest cost of living (+6% over national average).^{ix} Not surprisingly, high housing costs are the primary cause of displacement of veterans and families, and **42.9% of veterans in NH pay more than 30% of their income on rent.**^x Yet, as demonstrated above, veteran homelessness has not increased during this time—a testament to service providers. To decrease veteran homelessness, we must integrate services statewide, as outlined in this proposal.

Demographics of our HVRP indicate our population’s challenges. Over the last 3 years among veterans served, 53% had a disability, and 27% had a special disability. 33% had issues with drugs/alcohol; 6% were IVTP eligible. Participants had low-education rates (9% with a Bachelor’s or higher, compared to 44% statewide^{xi}). Veterans were mostly white (88%; 9% Black; 1% Native America; 1% Native Hawaiian/Pacific Islander), non-Hispanic (95%; 5% Hispanic), between 40 and 65 (55%; 32% less than 40, 13% greater than 65), and male (89%).

Unemployment & Poverty Rates. NH has a 7.0% poverty rate (2021 Census Estimate)^{xii} and 2.6% seasonally adjusted unemployment rate (LAUS Dec 2021)^{xiii}. Veterans face similar levels of unemployment. Notably, unserved areas (described in section vii) have worse rates.

b) EXPECTED OUTCOMES

Attachment B identifies 90 enrollees (cost of \$2,222 per enrollment) and 61 placements (74%), with 55% employed after the 2nd quarter and 42% employed after the 4th. Median quarterly

earnings are \$6,500, based on past performance. Harbor Care tracks case notes, housing status, and health data across veteran programs.

c) **PROJECT DESIGN**

Since 1982, Harbor Care has worked with those veterans in NH most challenged by homelessness and unemployment. The agency serves 450 low-income, homeless and at-risk veteran households each year, representing at least 60% of veterans experiencing or at high risk homelessness in NH. Harbor Care operates NH's SSVF program; 80 units of GPD transitional housing across 3 facilities; 46 HUD-VASH housing vouchers, including a dedicated facility in Grafton County; hundreds of permanent housing vouchers; and case management, including benefit enrollment, legal aid, peer support, health care, and behavioral health care. Our "Veterans FIRST" programming has helped effectively ending veteran homelessness in the Greater Nashua COC. We are working to extend this success to all of NH.

HVRP is an essential component of Veterans FIRST. Through job development that follows NVTAC best practices, our program works with participants, training partners, and hundreds of employers in high-growth industries to achieve and sustain profitable employment. This application describes how we will **expand services statewide**, beyond our typical single county service area. Specifically, we show how Harbor Care's existing statewide network of programs and partnerships can provide outreach, services, and support to vulnerable veterans statewide. We will rely on a mixed-method modality, with SSVF and GPD outreach staff connecting with veterans in-person and then referring them to HVRP program staff, who use technology to conduct intake and some services virtually. This delivery system emerged during the pandemic, and staff and participants have noted greater efficiency, fewer barriers, and no decline in quality of services. Our above-average outcomes demonstrate its effectiveness.

i) *OUTREACH, RECRUITMENT, AND ENGAGEMENT*

Through its HVRP, SSVF, and GPD programs, Harbor Care directly serves 60% of homeless veterans in NH. Outreach occurs jointly for all veteran programs and pairs veterans with wrap-around services. *All NH CoCs' Coordinated Entry systems direct veterans to Harbor Care's SSVF program.* As described in section d, all veteran outreach staff follow trauma-informed evidence-based engagement practices that build trust and connect veterans to basic needs.

Statewide outreach, primarily led by our Veterans FIRST staff (GPD and SSVF), includes: 1) direct outreach at soup kitchens, emergency shelters, emergency departments, encampments, clinics, and homeless day centers; 2) brochures, social media, and other materials; 3) in-depth relationships with referral partners (e.g., VSOs and homeless service providers) through community meetings, orientation workshops, and speaking engagements (e.g., Project Homeless Connect and Employment Connect, in conjunction with AJC staff). Partnerships also exist with dozens of veteran service providers (e.g., all VA programs, State Veterans' Advisory Committee, Military and Civilian Committee on Alcohol and Drug Use, NH Veteran's Housing Service Provider Network), state and local entities (e.g., regional public health agencies, NH Child and Family Services, Departments of Parks and Recreation, regional police departments, chamber of commerce) and community entities (e.g., community mental health, medical providers, YMCAs, faith based organization, and local businesses). These methods ensure Harbor Care's HVRP remains above equitably available to disadvantaged veterans. See section vi for further details.

ii) *INTAKE & ASSESSMENT*

Because Harbor Care's veterans programming is exceptionally integrated with the most-needed services (see section iv), our HVRP works with *any* individual who meets basic eligibility requirements and expresses an interest in work. In terms of the transtheoretical model of change,

veterans in our program are in the action stage and job ready.^{xiv} Nearly all participants are in GPD transitional housing, SSVF rapid rehousing, or are acquiring a HUD-VASH voucher.

Intake begins with addressing the most serious barriers to employment. Veterans self-assess for barriers related to housing, medical care, disability, finances, behavioral health, transportation, long-term unemployment, and education. HVRP case managers may assess appearance (i.e., clothing/ grooming), punctuality, and follow-through. For serious barriers, HVRP case managers refer veterans immediately (see section iv); referrals are made regardless of HVRP eligibility. All interviews are trauma-informed and follow Universal Design principles,^{xv} i.e., interviews are performed privately and with multiple viewing options.

Documentation is gathered to verify housing, veteran, employment, and income status. Because of our integrated model, documentation is often available prior to the assessment. Case managers maintain client files to document and track participants' claims, status, and progress.

Once staff confirm the veteran's eligibility, they perform a full intake which is the basis of the Individualized Employment Plan (IEP) described below. They note goals, interests, employment preferences (e.g., time of day, setting), and skills. They also connect veterans with their local AJC and, if applicable, NH Vocational Rehabilitation. To better determine vocational path, skills, and interests, HVRP case managers use online tools (O*Net, MyNextMove, SDS, and NH Works' JWE). To assesses mathematical and language skills, case managers use TABE and will confer with veterans to ensure employment goals are achievable. In sections iii and iv, we discuss how case managers link veterans to benefits/entitlements and soft skills training.

Finally, before entering the program, veterans sign a contract committing to continuing case management, following their IEP, and completing the trainings with minimal absences.

iii) *EMPLOYMENT AND JOB TRAINING*

Placement rates (among exiters) in PY19, PY20, PY21 have remained above the national average, at respectively 75%, 75%, and 85%. Placement wages were significantly higher than the \$13.00 anticipated—consecutively \$13.70, \$15.30 and \$15.88. As described above, we served more clients than promised, and per client costs were below allocations.

Soft Skills & AJC. Because we accept all eligible veterans, job readiness and soft skills development are exceptionally important aspects of our program. Soft skills (life skills, critical thinking, verbal and written communication, money management, etc.) may present challenges to employment of older low-income individuals.^{xvi} As such, we partner with several soft skills trainers. Online training modules (like LinkedIn learning) offer thousands of online training and certification in software, creative, and business skills. HVRP case managers help veterans customize a self-paced curriculum, lasting between a day and several months.

All veterans are enrolled in the AJC for interviewing, resume development, and other employment skills. WorkReady (a free program of NH’s community colleges^{xvii}) and, for qualified participants, NH Vocational Rehab may also be used for these skills. Soft skills are prioritized based on assessment; some, especially younger veterans, may “place out.” The LVER and DVOP of NH Employment Security and the US Department of Labor provide direct vocational services such as connecting veterans to employers, trainers, veterans, and VSOs. NH Division of Vocational Rehabilitation provides VR for qualified veterans.

Training & Education. Veterans also access sector-based training, including classroom training, occupational training, OJT, and apprenticeships. More than 90% of participants access training services. Research indicates that among the hardest to serve clients, training leads to longer-term employment and higher wages,^{xviii} which are essential given our regions high

housing costs. In cases where veterans have military training, we attempt to identify certifications that coincide (upgrading), e.g. CDL, EMT, A&P, or teaching certificate. Staff work with veterans to access training/education benefits, including VRAP, 9/11 and GI Bill, and eBenefits through the VA. Veterans also access subsidies through SSA or state programs.

Staff also collaborate with local trade schools and education institutions that offer at times discounted classes in high-growth industries. The John Mason Institute creates customized, accelerated classes that meet HVRP timeline completion guidelines (under one year) in construction trades, security, manufacturing, and healthcare. For motor vehicle operations, a local tractor-trailer company offers testing, free advanced courses, and free use of trucks for testing. The Adult Learning Center and NH's Community Colleges both provide additional services, often at reduced prices; the former provides High School Equivalency testing. Meanwhile, partners Healthy at Home and the NH Harm Reduction Coalition respectively provide Home Health Care Aide and Certified Recovery Support Worker trainings. Veterans also utilize web-based education and training from several providers that lead to certifications.

OJT and apprenticeships are our preferred mechanism for employment. Where possible, we offer subsidies, such as through Vocational Rehabilitation^{xix} or private funding. Upon completion, veterans receive a formal evaluation and a certificate from the employer—a document shown to increase retention. The discussed construction, manufacturing, vehicle operations, and maintenance companies offer OJT or apprenticeship programs.

Other job development strategies work well for veterans with significant disabilities.^{xx} Using customized employment, we work with staff to tune job duties to individuals' strengths. Transitional employment is typically avoided, but at times may help build resumes.

Planning & Placement. To ensure placement, Harbor Care has well-defined job development and in-depth partnerships with local employers. Once enrolled, all veterans develop an Individual Employment Plan to track progress. The IEP includes intake information (goals, skillsets, supportive services, transportation needs, and entitlements) and defines or outlines: 1) eligible training/education benefits, 2) potential employers, 3) job readiness strategies, 4) training and job development strategies, 5) communication expectations and 6) retention procedures.

To determine potential employers, HVRP case managers match a veteran's skills and goals with local employers, often those with whom Harbor Care has developed relationships. Harbor Care has relationships with more than 200 local employers across the following high-growth industries: food preparation & serving (20), sales and related (38), healthcare support/personal support (16), information and record clerks (14), motor vehicle operations (25), building, grounds, and maintenance (28), construction trades (27), and material moving (24) as well as security (4), manufacturing (10) and mechanics (2). Specific partners located throughout NH include Keith Levitt Stonemasonry, Monument Construction (construction trades), Nancy's Diner (food), Home Depot (material moving), and Veterans Mowing and Plowing (building, grounds, and maintenance), Axenic (motor vehicle operations), and NH's Recovery Centers (healthcare support). To ensure strategies remain effective, Harbor Care will train outreach staff to identify employers in high growth industries and deepen partnerships with area AJCs.

Continued engagement. After veterans achieve placement, ongoing connection is routine, with frequency defined within the IEP. In all cases, HVRP case managers provide job search assistance, vocational guidance, motivational interviewing, and adjustment services (see section viii). Justice-involved veterans access additional interviews tools. Case managers provide assistance in applying to other jobs and retraining for at least 270 days post-employment.

iv) *LINKAGES & SUPPORT SERVICES*

Employment is an essential part of Harbor Care’s holistic approach and the achievement of self-sufficiency. Supports^{xxi} are essential for helping individuals who are disabled and experiencing homelessness maintain employment. As described in the outreach process, links to essential services are made early on, and in the vast majority of cases, veterans entering HVRP are already well-connected to resources, often through GPD, SSVF, the VA, or the local DVOP. Harbor Care’s network allows for customized service plans, avoids duplication (on a case-by-case basis if services overlap), and facilitates outreach, referrals, and policy planning. Harbor Care’s veterans’ programs operate under a “veterans helping veterans” service model, and lived experience with homelessness is sought when hiring outreach workers and case managers in all veteran programs. Feedback from clients routinely demonstrates the importance of lived experience. HVRP case managers act as the liaisons between all services, including:

- **Housing.** Harbor Care operates the state’s only GPD program (which serves veterans from throughout the state), a statewide SSVF program (including rapid rehousing), HUD mainstream vouchers, HUD-PSH vouchers, and project-based HUD-VASH voucher housing. Through SSVF, we have strong relationships with essentially all NH shelters.
- **Physical & Behavioral Health Care.** Veterans are referred to local VAMCs, who provide healthcare, physical rehab, and medically-informed employment services, including peer-to-peer reintegration supports, Vocational Rehabilitation Counseling, and Compensated Work Therapy. Veterans access SUD supports through the VA, NH’s “Hub and Spoke” system of care,^{xxii} or NH’s “Recovery Community Organizations” (which provide peer recovery supports and are operationally facilitated by Harbor Care). Harbor Care’s health center offers primary, behavioral, and dental health care to the population.

- **Justice-Involved Services.** We refer veterans to VA’s Veterans Justice Outreach social workers, who provide assessments, case management, and comprehensive plans (including housing and benefits). For non-VA eligible veterans, we work with corrections through local Successful Offender Adjustment and Reentry programs. See section vi for further details.
- **Benefits & Entitlements.** NH’s Department of Health and Human Service provides benefits, including childcare and food subsidies. For SSA (for which many of our veterans qualify), Harbor Care employs the local lead for “SOAR,” the VA’s recommended approach for accessing SSI/SSDI. It increases first-time approvals by 50% and monthly allocations.
- **Transportation.** In metro areas, case managers help veterans obtain subsidized bus passes based on veteran status; SSVF may provide bus passes to some clients. In rural areas, local programs, (Community Care Givers and Volunteer Driver Program) pair volunteer vehicle owners with veterans. Philanthropic partners—VFWs, faith-based agencies, and private funders—also donate ride-share gift cards, gas cards, and other transportation funding.
- **Additional.** Harbor Care is the lead/collaborative applicant of the Greater Nashua CoC and a member of Manchester and Balance of Stats CoCs, encompassing hundreds of organizations providing general supports to counter homelessness. Harbor Care also provide HIV/AIDS case management (including specific HUD housing) and home health care services.

Because partnerships through the SSVF program already exist and all counties served are in NH, Harbor Care anticipates no issues in scaling linkages and supports.

v) *EMPLOYER ENGAGEMENT*

Harbor Care seeks to build strong relationships between the program, veterans, and employers. Such relationships require employers who value employee growth and retention. We prioritize companies with the potential for advancement and living wages—particularly construction,

maintenance, trucking, healthcare support, and some food service positions (e.g., cooks), as listed in section a. These industries typically provide opportunities for wage advancement.

Harbor Care avoids placing individuals as independent contractors, due to the lack of growth.

Harbor Care has defined strategies to meet, understand, educate, and sustain employers. To meet quality employers, HVRP case managers conduct direct outreach, including visiting or calling local companies (e.g., when opportunities are posted) and attending relevant conferences (e.g., NH Builders' Association within the next month). We also connect with employers by reference from our training partners (e.g., technical schools, Community Colleges, and AJC). To understand labor needs, staff discusses skills and certifications required, and assess participants' capacity to achieve the necessary skills. To educate employers, we describe strategies (section iii, e.g. OJT and employment supports) that improve the productivity and employability of our applicants. We also educate and assist with using available tax benefits (VAMC CWT and the Work Opportunity Tax Credit). To sustain relationships, staff regularly connect with employers, and participants sign a contract defining separation procedures and ethics.

vi) *REACHING HISTORICALLY MARGINALIZED VETERANS*

Harbor Care works hard to ensure staff, especially outreach staff, represent populations served, and we routinely evaluate for equity. Based on Harbor Care's analysis (available upon request), we do not find statistically significant outcome inequities (placements and retention) based on race, ethnicity, disability, or homelessness status. Women and parents are more likely to obtain and retain employment, likely due to an additional state childcare benefit for employment.

Harbor Care does not collect data on veterans' sexuality or religion.

Harbor Care also notes similarities between area populations and participants accessing services. For example, racial distributions across Harbor Care's veteran services (including

HVRP) match NH's racial distributions below the poverty line (i.e., where minority groups are overexpressed), with 88% white and 12% non-white. Results are similar based on low-income veteran's disability rates, parenting status, gender, and homelessness history.

There are two notable gaps. HVRP ethnicity distributions do not match baseline population, with a gap of about 4% (10 participants). Language barriers are likely the cause. Over the next year, through funding from HRSA, Harbor Care is instituting new virtual platforms through which outreach staff may request translation services. Harbor Care also serves few IVTP participants (6% annually). To address this, staff will deepen relationships with area drug courts.

vii) REACHING UNDERSERVED COMMUNITIES

Three counties of this application (Coos, Carroll, and Belknap) have never had an HVRP. They represent the most rural counties in the state and have some NH's highest annual unemployment rates (between 2.9% and 3.5%, compared to 2.6%). All have more veterans per capita than 75% of counties in the US (between 10 and 11%).^{xxiii xxiv} Veterans are more likely to be unemployed than non-veterans in these areas (at 10% greater risk, using 2019 census data).^{xxv} These counties need an HVRP, and Harbor Care is the only entity with the boots on the ground, codified practices, and long-term partnerships to rapidly enable an effective program.

viii) EMPLOYMENT ADJUSTMENT SERVICES

Upon employment, HVRP case managers provide continued supports. They liaise between veterans and employers (with written consent) if problems or unforeseen circumstances arise. HVRP case managers speak with employed veterans on a regular basis, including a one-hour quarterly update. To help veterans adjust to the new culture of employment, they provide peer support and job retention coaching, using techniques such as crisis management, prompting, and motivational interviewing. Topics that may be discussed include: schedule adherence, building

relationships, navigating company culture, and individual-specific issues. As described in section iii, veterans may access trainings in customer service, relationship building, and networking.

Harbor Care works with local and national foundations (e.g., Disabled American Veterans) to purchase items veterans may need for employment, but are not purchasable with federal funds.

d) ORGANIZATIONAL, ADMINISTRATIVE & FISCAL CAPACITY

Organizational Capacity. Given its partnerships, programs, and history, Harbor Care is the most capable organization to run an HVRP in NH. Founded in 1982, Harbor Care is a private, non-profit organization providing a continuum of affordable housing, healthcare, and supportive services for 5,000 homeless and low-income individuals and families in NH. Harbor Care is the largest supplier of supportive housing for the homeless, including veterans, in NH and has effectively ended homelessness among veterans and people with HIV/AIDs in the Greater Nashua COC). Harbor Care also runs NH's only standalone Federally Qualified Health Center for the homeless and provides primary, dental, and behavioral health care (including substance use treatment).

Harbor Care's HVRP program began in 2008. With renewed funding, our HVRP will not lag in operations, reporting, or outcome tracking. Program Manager Andrea Reed (JD, BA), has run the program since its inception. Under her leadership, HVRP has served 1,000+ veterans and achieves consistently strong outcomes. She is a certified SSI/SSDI Outreach and Access to Recovery (SOAR) Trainer and Supported Employment provider (EBP). All other staff go through rigorous job specialist training and are well-informed of resources and best practices. Client-centered approaches drive case management. Practices include Housing First, trauma-informed care, harm reduction, stages of change, and meeting veterans "where they are at." Case managers are often veterans or of military families and help veterans rapidly obtain stabilization.

Financial Capacity. Sixty percent of Harbor Care’s \$40 million revenue is state and federal grants and contracts; 33% is patient/service earned income from our health center; fundraising is 2% of income. To sustain HVRP, Harbor Care can utilize government and private funding.

Administrative Capacity. Harbor Care has a well-trained, culturally-competent staff of more than 300. President & CEO Peter Kelleher has led the agency for 40 years and was a member of US Dept. of Veterans Affairs Secretary’s Advisory Committee on Homeless Veterans, a national appointment by our Senator. CFO Ana Pancine, MBA, runs Harbor Care’s finance department; it adheres to GAAP and utilizes an advanced system to segregate and track funding sources. David Tille, a former Regional Administrator for HUD, directs veteran programs, including operations, reporting, and administration. He is spearheading efforts to effectively end veteran homelessness statewide.

e) **PAST PERFORMANCE - PROGRAM CAPACITY:** PN: HVRP-33811-21-60-5-33

f) **BUDGET & BUDGET NARRATIVE:** Attached

-
- ⁱ <https://www.nhes.nh.gov/elmi/products/documents/economic-analysis-report-2021.pdf>
 - ⁱⁱ <https://www.nhes.nh.gov/elmi/products/documents/2020-2030-longterm-projections.pdf>
 - ⁱⁱⁱ https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/?filter_Year=2021&filter_Scope=CoC&filter_State=NH&filter_CoC=&program=CoC&group=PopSub
 - ^{iv} <https://livingwage.mit.edu/states/33>
 - ^v <https://www.nhes.nh.gov/elmi/products/documents/2020-2030-longterm-projections.pdf>
 - ^{vi} <https://www.census.gov/housing/hvs/data/rates.html>
 - ^{vii} <https://www.nhhfa.org/wp-content/uploads/2021/07/NH-Housing-Rental-Survey-Report-2021.pdf>
 - ^{viii} <https://www.nhhfa.org/publications-data/housing-and-demographic-data/>
 - ^{ix} <https://247wallst.com/state/cost-of-living-in-new-hampshire/>
 - ^x <https://veteransdata.info/report?category=3&state=2330000&target=1&indicator=365>
 - ^{xi} <https://worldpopulationreview.com/state-rankings/educational-attainment-by-state>
 - ^{xii} <https://www.census.gov/quickfacts/NH>
 - ^{xiii} <https://www.bls.gov/lau/>
 - ^{xiv} <https://www.prochange.com/transtheoretical-model-of-behavior-change>
 - ^{xv} <https://www.humancentereddesign.org/index.php/inclusive-design/principles>
 - ^{xvi} https://www.urban.org/sites/default/files/publication/89981/occupational_projections_for_low_income_older_workers_0.pdf
 - ^{xvii} <https://www.ccsnh.edu/workforce-training/workready-nh>
 - ^{xviii} https://www.acf.hhs.gov/sites/default/files/opre/strategies_work.pdf
 - ^{xix} http://drivedisabilityemployment.org/sites/default/files/NH_VR_RatesandServices.pdf
 - ^{xx} <https://endhomelessness.org/resource/overcoming-employment-barriers/>
 - ^{xxi} <https://wdr.doleta.gov/opr/FULLTEXT/jthdp/jthdp.pdf>
 - ^{xxii} <https://www.dhhs.nh.gov/dcbcs/bdas/documents/sor-grant-proposal.pdf>
 - ^{xxiii} <https://www.census.gov/data.html>
 - ^{xxiv} <https://www.bls.gov/lau/>
 - ^{xxv} <https://www.census.gov/data.html>