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REPORT OF THE DEPARTMENT OF SOCIAL SERVICES FOR THE PERIOD 2024 – 2026
NATIONAL BIENNIAL PHILOPTOCHOS CONVENTION
June 29th – July 2nd, 2026 | Cleveland, Ohio

Prepared by ***Paulette Geanacopoulos, LMSW***
Director, National Philoptochos Department of Social Services

"Suppose a brother or sister is without clothes and daily food. If one of you says to them, 'Go in peace; keep warm and well fed,' but does nothing about their physical needs, what good is it?"
- James 2:15-16

National Board Social Services Committee
Eleni Constantinides, Chair

- ***Archdiocesan District (AD)***
  Irene Hotzoglou *AD President*
  Despina Kartson *AD Soc. Svc Chair*
  Jennifer Constantin
- ***Atlanta Metropolis***
  Lekita Essa
  Irene Steffas
- ***Chicago Metropolis***
  Katherine Siavelis
- ***Denver Metropolis***
  Niki Mott
- ***Detroit Metropolis***
  Evanthia Valassiades
- ***New Jersey Metropolis***
  Aspasia Melis
  Evellyn Tsiadis
- ***Pittsburgh Metropolis***
  Deborah Pries
- ***San Francisco Metropolis***
  Lisa Xanthos

Under the visionary and ethical leadership of Chairperson Eleni Constantinides, the ***National Board Social Services Committee*** *plans the Department of Social Services' activities. Committee members, based on their regional experiences, facilitate this process by researching and recommending responses and programs to address the human service challenges faced by Orthodox Christians in the United States.*

Programs initiated by the Committee include the well-received Caregiver Support Groups conducted over Zoom, making them accessible to participants nationwide; issue-oriented fact sheets that educate our community about why Philoptochos should care about these concerns and that provide 'easy-to-hard' ways for chapters to respond; Guide to Finding Local Programs, Resources & Services, since none of us is expected to know 'everything about everything' (but we should know where and how to find such information); outreach to new chapter presidents as administrations change to ensure their understanding of how and why we help community members in need; and the recent nationwide social services procedural webinar, in which committee members played a critical role soliciting questions, framing responses and carrying out the event.

Committee members assess the relevance of policies, discuss recommending changes to the Executive / National Boards, and explore ways to expand collaborations with GOA ministries and organizations that align with our mission.

Upcoming topics on the Committee's agenda include whether to increase the maximum allowable financial cap for National's social services cases; developing templates for programs addressing issues of mental illness, homelessness, and substance abuse; and developing new support groups, such as bereavement groups and groups for children whose parents face life-threatening illnesses.

METROPOLIS SOCIAL SERVICES LIAISONS

- ***Archdiocesan District:*** Despina Kartson, Christine Balidis, Bessie Ziozis
- ***Atlanta***: Presvytera Evi Kaplanis, Tina Chagaris
- ***Boston:*** Georgia Lagadinos
- ***Chicago***: Katherine Siavelis
- ***Denver***: Martha Stefanidakis
- ***Detroit***: Margaret Yates
- ***Pittsburgh***: Deborah Pries
- ***New Jersey***: Denise Cecchini, Debra Vlahakis Maria Marinakis, Elaine Sackleh, Nora Kefalas
- ***San Francisco:*** Lisa Xanthos

The Metropolis Philoptochos Social Services Liaisons are our "eyes and ears" and "boots on the ground" partners, each playing a critical role in how we provide social services. Working in partnership with their Metropolis Philoptochos Presidents and local chapters . . .

• They are not just important, but are decisive individuals who consistently deliver results and solve problems in ways that elevate the social service accomplishments of all three levels of Philoptochos.

• Their targeted outreach ensures that community members facing human service and societal hardships know Philoptochos is here to help.

• Their perspectives and support facilitate our ability to coordinate effectively, ensuring that each level of Philoptochos – local chapter, Metropolis, National - complements the work of the other levels.

• Their commitment to Philoptochos and their communities ensures that Orthodox Christians in America will be connected to spiritual, practical, and evidence-based resources to help them develop the skills and willingness to manage on their own going forward.

INTRODUCTION:

Philotimo (Φιλότιμο) is a deeply rooted Greek cultural value that translates to *"friend of honor"* but, in practice, embodies ***a way of life*** centered on integrity, empathy, respect, and selflessness, acting from the heart without expectation of reward. Φιλότιμο is not a single concept, but a collection of virtues that influence how we treat others, uphold our heritage, and engage with our community.

In this context, Φιλότιμο shapes our identity. Through its moral and cultural framework, it ensures we deliver services with forethought and direction, foundational to human dignity. Φιλότιμο enables us to create a church environment in which the most vulnerable amongst us feel comfortable turning to for help.

OUR COMMON LANGUAGE:

- **DEFINITION OF SOCIAL SERVICES**:
  - Direct assistance to Orthodox Christians through evidence-based services, including financial assistance; coordination with other levels of Philoptochos; referrals to gender-, age-, and/or issue-specific organizations that may be better equipped than Philoptochos to provide long-term support; and advocacy to ensure clients receive the benefits to which they are entitled.
- **DEFINITION OF PHILANTHROPY:**
  - Volunteer and monetary support to local and broader nonprofit organizations that have been vetted for financial, programmatic, and leadership stability through donor sources such as
    - Charity Navigator ……. https://www.charitynavigator.org
    - CharityWatch ……... https://www.charitywatch.org
    - GuideStar …… https://www.guidestar.org
    - BBB Wise Giving Alliance…. https://give.org

OUR TARGET POPULATION:

- Orthodox Christian individuals and families, regardless of immigration status, provided they are in the United States. Our clients can be from any Orthodox Christian district.
- Non-Orthodox who reach out to us are not "just turned away." They are provided with information and referred to appropriate resources. *(See Guide to Finding Local Programs, Services & Resources).*

OUR FAITH-BASED SOCIAL SERVICES ARE PROVIDED WITH THE UNDERSTANDING THAT. . .

- Most who reach out to us never thought they would have to ask anyone for help, let alone us. They thought they had done everything right until a quirk of fate or crisis turned their lives upside down.
- The path to good judgment is frequently paved by a series of poor ones. That said, we do not believe the "penalty" for what may appear to be a client's poor judgment should be homelessness.

OUR SERVICES:

Supportive counseling, short-term interventions, interim case management; information about and referrals to local and broader services; advocacy to ensure clients receive the services to which they are entitled; and, if warranted and properly documented, financial assistance. Finally, our services include follow-up to monitor a client's progress and determine whether other services may be needed by us or other programs.

- **Service Orientation**:
  - We anticipate, recognize, and meet our community's needs with intention and attention, empathy, proactivity, transparency, and accountability.
  - We create a welcoming, compassionate, and non-judgmental church environment.
  - While our primary role is to provide evidence-based services, as a faith-based ministry, we ensure those who seek our help understand their suffering is not God punishing or abandoning them.
- **Cultural Sensitivity**:
  - We respond to changing societal and human service needs by applying our knowledge of our cultural and spiritual traditions, heritage, language, and family constellations.
- **Trust and Reliability**:
  - We "trust" but "verify." We evaluate all cases in accordance with our policies and procedures.

- **We maintain confidentiality** in personal, data-driven, and digital communications. However, we inform our clients that ***confidentiality is not absolute***.
    - Certain chapter members will know their name and situation, such as the social services committee and the officers who sign financial assistance checks.
    - Although most chapter members are not mandated reporters, disclosure to appropriate authorities may be necessary if a client is experiencing a mental health crisis or is suspected of posing a danger to themselves or others. *(Please see the "Confidentiality" section in the Social Services Procedural Webinar Q&A Summary for appropriate referral resources.)*
- **Community Engagement and Empowerment**:
    - We strengthen Philoptochos networks by cultivating solidarity and cooperation with the GOA, parish ministries, clergy, and nonprofit organizations that align with our mission.
- **Sustainable Impact**:
    - We evaluate the services delivered by local chapters, Metropolises, and National to ensure long-term results regarding the human service challenges faced by our community.
    - ***"Social Services Liaisons."*** Several years ago, we reached out to the Metropolis Philoptochos Presidents, requesting that they designate a ***"Social Services Liaison"*** with whom we can collaborate on local cases. These liaisons are effective partners, delivering results and solving problems that elevate the social service accomplishments of all three levels of Philoptochos.

HOW WE HELP OUR CLIENTS . . .

A client may reach out to us for a specific problem; however, our experience shows that their challenges are rarely singular – oftentimes, our vetting process reveals other problems that must be addressed, sometimes even before the reason they contacted us. *(For example, a client seeking help to find other housing may be a victim of domestic violence who wishes to relocate to a safe environment).*

HOW WE HELP PHILOPTOCHOS CHAPTERS & METROPOLISES:

In addition to employing various methods to educate our community about social services, we use this report to inform our members who may be new to Philoptochos or to leadership positions in their chapter or Metropolis about how we can collaborate with our local affiliates. Beyond direct services, we **serve as a resource for** chapters and Metropolises. Through training, fact sheets, and more, we help them understand the issues, explain procedures, clarify the role of clergy vis-à-vis chapters, and encourage them to initiate programs that address issues that resonate locally. When requested, we interview local clients and recommend assistance. Another way we educate our broader community is through an article in each edition of ***The Witness*** that highlights that month's **Awareness Issue**. To request specific training, to ask us to research one or more issues affecting your community or to ask us to interview a client on your behalf: 212.977.7782 | Pauletteg@philoptochos.org

REASONS PEOPLE SEEK OUR HELP: TYPICALLY**, those who reach out to us are . . .**

- **Unhoused or facing eviction.**
    - *For over 50 years, government, nonprofit, and private resources have tried to end and prevent homelessness. Nevertheless, it remains a chronic problem, as many proposals face "NIMBY" opposition, exacerbated by a nationwide shortage of decent, affordable housing.*
    - *A full-time worker earning the federal minimum wage of $7.25/hour cannot afford even a modest one-bedroom rental anywhere in the USA. (Economic Policy Institute). In 2025, the national housing wage for a modest one-bedroom was about **$28.17/hour**. Even in states with higher local minimum wages, the gap remains large. (National Low Income Housing Coalition).*
- **People who struggle with day-to-day needs due to the state of the economy, not based on the stock market, but based on the supermarket.**
    - *They are unemployed or underemployed, ineligible for public benefits, or have exhausted those benefits.*
- **Clients with a life-threatening illness**
    - People navigating cancer, heart disease, Multiple Sclerosis, Cerebral Palsy, developmental or physical disabilities, and more, and whose conditions are intensified by overwhelming out-of-pocket medical bills, even among those with health insurance.

        - *In June 2026, the Kaiser Family Foundation published a study that showed over one hundred million Americans were overwhelmed with medical debt.*
        - *Per the Centers for Medicare and Medicaid Services, the leading cause of bankruptcies in America is out-of-pocket medical and prescription expenses, even among those with health insurance.*
- **Clients who are indigent and cannot afford to bury a loved one in a dignified manner**.
    - *We contribute to final arrangements to ensure family members are not forced to make the decision to cremate a loved one solely based on the cost of a funeral and burial.*
        - *The national median cost for a funeral & burial in the U.S. is $8,300, with most ranging from $7,800 to $9,995. The average cost of a direct cremation is $1,000 - $3,500. (National Funeral Directors Assoc.)*
    - ***We encourage chapters and Metropolises to develop relationships with local funeral homes and cemeteries**, so when they refer a "charity" case to them, they will be given a discounted, reasonable price.*
- **A substantial number of our clients reach out to us due to changed family situations.**
    - *Divorce, abandonment, deadbeat parent, death of breadwinner and loss of their income.*
- **Clients with a mental illness outlined in DSM-5-TR**: anxiety, depression, schizophrenia, bipolar, etc.
    - *Such individuals oftentimes are unable to follow through with public benefit requirements – not because they do not "want to" but because they "cannot." They stop taking medications because they feel better, thinking they "are" better, or they become so immobile that they spiral or slide into homelessness.*
    - *Mental illness imposes profound emotional, financial, social, and health burdens **on family members** who often experience stress, anxiety, depression, guilt, and helplessness while caring for their loved one.*
- **Those with alcohol or other substance abuse disorders.**
    - *They face long-lasting effects on their physical and mental health, financial stability, and social relationships.*
    - *Drug use can trigger or worsen anxiety, depression, and schizophrenia; reduce impulse control and increase risk-taking behaviors, leading to accidents, violence, or self-harm.*
    - *Addiction can alter family roles creating a chaotic household. Trust often erodes, and family members may adopt coping strategies of over-involvement, and enabling behaviors. Children may face emotional neglect, instability, and role reversal, taking on responsibilities beyond their age that can impede their emotional development.*
    - *Out of shame or the stigma of mental illness, families oftentimes initially try to manage the problem themselves, thus delaying professional intervention.*
- **Clients who are victims of domestic violence** - they are physically, emotionally, psychologically, sexually, and financially abused, stalked, and/or bullied by their intimate partners.
    - *Domestic violence is about power and control. It is a deliberate pattern of increasingly violent, coercive behaviors that abusers use to punish, intimidate, and ultimately control a victim's thoughts, beliefs, and actions.*
    - *Most victims are not physically abused, but when they are, it frequently leads to hospitalization or death.*
        - *In households with firearms, the likelihood that the abuser will kill their partner is eight times greater.*
    - *Per the CDC, although more than 1 in 3 women and more than 1 in 6 men are abused by an intimate partner in their lifetimes, many in our community believe we do not have a DV problem, but if it does, it occurs only among immigrant or less educated women. When asked why they think this, they respond that as no victims or hardly any have ever revealed the problem to them, domestic violence must not occur.*
        - *Why are our women silent? Perhaps because we are.*
    - *Whether by fact, practice or misinterpretation, our religion teaches us marriage is a lifetime commitment, our traditions assign women the role of keeping families together, our pride in our heritage causes us to deny our imperfections, our culture defines disclosure as shameful, and our language prevents many from accessing mainstream services. And so, we are silent.*
        - *This silence, and this denial victimizes women yet again, isolating them from Church and community, for when we present ourselves as a community in which domestic violence does not occur, the Greek Orthodox victim remains silent. She believes she is the aberration and the only one being victimized – perhaps because she is not a "good enough" Orthodox Christian or has not prayed hard enough. And she blames herself, for she believes God is allowing her to be abused because of something she did.*
    - *Many ask why women stay in abusive relationships:*
        - *They stay because they love their partner - they want the abuse to end, not the relationship; they believe their partner each time he says, "I'll never do it again." They have no place to go and no money to do so. They stay so as not to make their children homeless, and since very few DV shelters accept pets, some stay because they cannot leave their pets behind. Yet others stay because the abuser threatens to kidnap their children or report their relatives to immigration authorities.*

- *A university professor who was asked to speak about women's issues and gender violence used an exercise developed by Julia Penelope, an American linguist, author, and philosopher (1941-2013).*
  - *He opened the lecture by writing on the whiteboard, "John beat Mary." He then wrote, "Mary was beaten by John," thus moving to the passive voice and shifting the focus away from John to Mary. In his third sentence, he wrote, "Mary was beaten." John is gone – now, it is all about Mary. He then wrote, "Mary was battered," substituting 'battered' for beaten, the term that had been used for generations. ('Battered' refers to a pattern of abuse, while 'beaten' describes a single act). In his fifth sentence, he wrote, "Mary is a battered woman." Mary's identity now is what was done to her by John - he has completely disappeared from the conversation.*
  - *The professor ended his lecture with, "Isn't calling gender violence a 'women's issue' part of the problem?" He concluded with, "Language matters. Rather than say, 'Why do women stay in abusive relationships? we should be asking, why do men abuse their partners?' Rather than say, 'She's a battered woman,' we should say, 'he's a man who batters his partner.' "*
- *Sadly, the National Social Services Department has had cases where the abuser was the Psalti, or parish benefactor, or "pillar of the community." Victims have told us that even when they sought help from their church community, they frequently were not believed until the abuse resulted in hospitalization or death.*

- **Older adults or children abused by family members or paid caregivers at home or in an institution**.
  - *Elder abuse (age 60+) and child abuse (18 and under) are intentional or negligent acts that cause harm or risk of harm. In the U.S., at least 1 in 7 children and 1 in 10 older adults experience abuse or neglect annually.*
- **Single parents and grandparents struggling to make ends meet.**
  - *Our single-parent clients have not just been women – men are single parents, too.*
  - *Grandparents who are raising grandchildren as the children's parents are unable or unwilling to fulfill the role.*
- **Parents in the sandwich generation**
  - *Those who are caring for a school-age child while at the same time caring for an elderly parent or disabled spouse.*
- **People who lack family support**
  - *A significant number of our clients are persons who have "used up" the goodwill of their families and friends, and other than us, have no one to turn to.*

THE NEED FOR OUR SERVICES HAS BECOME MORE CRITICAL THAN EVER:

Many of our clients try to navigate systems intended to help them, but they often struggle with changing rules, regulations, and eligibility requirements, leaving them in a constant state of uncertainty. **As a result, the need for Philoptochos social services has become more critical than ever.**

PORTRAITS OF OUR CLIENTS:

A 17-year-old who was suddenly thrust into the role of primary breadwinner.

His father was never involved, and when his mother died when he was four, his maternal grandparents became his legal guardians. After his 88-year-old grandmother recently passed away, the family lost one-third of its public benefits income, leaving his 84-year-old disabled grandfather as his sole guardian. Grateful for all his grandparents had done for him, the young man – despite receiving a college scholarship – told Philoptochos he would postpone college and begin working when he turned 18 in a few months. In addition to the financial assistance and support they received from their church community, the parish showed its love when several members, including acolytes with whom he serves in the altar, attended his high school graduation.

A family of four in which the young dad was diagnosed with cancer.

*He had been in remission until the cancer returned aggressively. He and his wife, who works full time, have two school-age children. Although they are not indigent, the diagnosis has placed a devastating financial strain on the family. The experience of Eric Dane, the actor known as "McSteamy" on **Grey's Anatomy**, underscores this reality: after his passing, Mr. Dane's friends established a GoFundMe account for his family, showing how profoundly an unexpected crisis can affect even those who appear financially secure. Our client's family had not made irresponsible financial choices; they were overwhelmed by circumstances beyond their control, including frequent hospitalizations, surgeries, chemotherapy and radiation, and the search for clinical trials. They turned to Philoptochos and received financial, practical, and emotional support from two Metropolises and National Social Services, including counseling referrals for the children, who were understandably anxious about their father's illness and what would happen to them if he died and something later happened to their mother.*

A family of six Orthodox Christian refugees comprising two parents and four children ages 2 -12.

While immigration granted the mom permission to work, it delayed the father's work authorization. To support the family long-term, the mom enrolled in a training program, but although qualified to work, she was ineligible for tuition aid. As a result, the family exhausted the savings they had brought with them to America, and it was only through Philoptochos' support that they remained housed until the mom received her certification and the dad received permission to work.

A four-year-old who, at age 14 months, was diagnosed with a tumor in her brain stem.

In collaboration with the local chapter and Metropolis, we contributed to the medical expenses of a four-year-old girl who, at age 14 months, had been diagnosed with a tumor in her brain stem. Because her treatments were experimental, their health insurance would not cover anything. We are pleased to report the treatments were successful: her appearance is intact, she can speak clearly and expressively, has energy, and plays as any healthy 4-year-old would. This case was one of the rare occasions we sought approval from the National Finance Committee to exceed our maximum grant.

A single mom with a neurologically disabled son.

We have known this family since 2012, when the parents were still together and their son was twelve. After developing an autoimmune disorder, possibly triggered by an infection that attacked his brain, the son experienced severe neurological, physical, and psychological symptoms. Once an honors student, he could no longer read or write and, at times, was unable to speak. Perhaps unable to accept his son's condition, the father left and divorced the mother. When child support was being determined, he was able to conceal his income because he worked for his family. He then took the mother to court to force the sale of the house, refused mediation, and declined to establish a special needs trust for his son, saying, "The state will take care of him." Unable to afford an attorney, the mother asked Philoptochos for assistance; however, our policies and procedures prohibit us from contributing toward legal fees.

A referral from the County Office of the Medical Examiner.

Through our outreach to funeral homes and Medical Examiners' offices, we received a call from a Medical Examiner's officer asking whether we could arrange the burial of an Orthodox Christian man whose neighbors found him deceased in his apartment because of the foul odor emanating from it. Because we recognized his name as that of a developmentally disabled parishioner at a local church, we contacted the chapter and Metropolis and together we made final arrangements. When we learned that the deceased's 50-year-old brother, who was also developmentally disabled, was in a local nursing home, we purchased a double plot to ensure he would be placed to rest with his brother upon his passing.

82-year-old whose 55-year-old formerly homeless daughter & 22-year-old drug addicted grandson live with her.

Although Social Security was her only income, an elderly mother supported her alcoholic daughter and drug-addicted grandson; both lived with her and frequently took her money, causing her to fall behind on rent. Although she recognized she was enabling them, she allowed them to stay and blamed herself for their addictions because her late husband had also been an alcoholic and she believed addiction was hereditary. The family avoided eviction only because of the chapter's support. In consultation with the parish priest, we helped the chapter understand that it, too, was enabling the situation by continuing to pay the rent, and that it needed to help the mother recognize the arrangement was unsustainable. After more than a year, she agreed to move into senior housing where her daughter and grandson could not live with her. This case illustrates the importance of identifying the true client: in this case, it was the mother, not her adult children.

43-year-old who died by suicide

He was a medical doctor in a major hospital, and perhaps because of easy access to drugs, became addicted. He went into rehab, succeeded, then relapsed. He went into rehab again and then again until one day, he drove himself to an isolated local park and shot himself in the head. His widowed mother and twin sister do not understand why they did not see his pain. As Robin Williams said, "Everyone you meet is fighting a battle you know nothing about. Be kind. Always."

Quotes from two Caregiver Support Group participants. The groups are co-facilitated by Theodora Ziongas, M.A.. With many thanks to the Rev. Dr. Harry Pappas who has been our "closer" since we began these groups in 2018.

- *"I felt weight off my shoulders venting with people who get it. As a male caregiver, and someone who is Greek Orthodox, it is difficult to find fellow caregivers who share my challenges and understand my journey."*
- *"I am learning to start the day with a prayer. I am learning to sit in silence, peaceful silence, so I can find my own peace. I am learning to ask the Holy Spirit to intervene and give me strength. I am learning to ask Our Lord and Savior to help me surrender so I can let 'Thy Kingdom Come Thy Will Be Done.'" (In recognition of Fr. Harry's Psalms 'Cheat Sheet.")*

We collaborate with GOA ministries.

- *We have helped clergy families by supplementing the assistance they received from the APC / NSP.*
- *We have conducted joint programs with the Center for Family Care, educating our broader community and clergy couples about mental illness, domestic violence, and caregiver support.*

STATISTICAL ANALYSIS 2024 - 2026: TOTAL # CLIENTS SERVED 342

The figures shown below only represent the services provided by the National Department of Social Services. They do not reflect the sizable number of cases assisted and grants awarded by Philoptochos local chapters and Metropolises.

BY METROPOLIS:	**342**
ARCHDIOCESAN DISTRICT	126
ATLANTA	32
BOSTON	20
CHICAGO	20
DENVER	10
DETROIT	04
NEW JERSEY	44
PITTSBURGH	23
SAN FRANCISCO	33
N/A	05
OTHER	25

Australia, Canada, Cyprus, Gaza, Greece, Indonesia, Mexico, Moldova, Pakistan, Romania, Serbia, Turkey.

PRIMARY STATED NEED:	**342**
Cancer/ Major Medical	76
Housing/ Eviction Prevention	63
Funeral /Final arrangements	53
Domestic Violence	39
Indigent/unemployed	33
Homeless	28
Mental Illness	25
Hospice Care	07
Scholarship/Tuition Request	07
Adoption	03
Attorney referral request	03
Transportation	03
Bereavement Group	02

BY AGE	**342**
< 01	01
01 – 20	12
21 – 30	22
31 – 40	63
41 – 50	60
51 – 60	59
61 – 70	64
71 – 80	29
81 – 90	08
N/A	24

As we can only collaborate on cases we know about, please be mindful that if you have maxed out your help to a client and they still have unmet needs, please refer the case to us so we can consider supplementing the help you have provided.

 # CHILDREN < 21 IN CLIENT FAMILIES 155

TOTAL AMOUNT OF FINANCIAL ASSISTANCE GRANTS AWARDED 2024 – 2026 ..... $264,820.88

TOTAL # GRANTS AWARDED 88

UNDUPLICATED COUNT OF CLIENTS AWARDED GRANTS 72

BY METROPOLIS	**88 grants to 72 clients**	**$ 264,820.88**
ARCHDIOCESAN DISTRICT	31 grants to 27 clients	84,137.38
SAN FRANCISCO	12 grants to 10 clients	39,774.23
PITTSBURGH	11 grants to 8 clients	33,027.62
NEW JERSEY	11 grants to 8 clients	32,490.91
ATLANTA	4 grants to 4 clients	19,775.64
CHICAGO	5 grants to 5 clients	18,947.09
DETROIT	7 grants to 3 clients	16,861.47
BOSTON	5 grants to 5 clients	15,706.54
DENVER	2 grants to 2 clients	4,100.00

PURPOSE OF GRANT	**88**
Housing	42
Funeral/final arrangements	29
Medical Bills	08
Transportation	08
Food/ Gift Cards	01

The National Department of Social Services greatly appreciates the support we received during this period from National President Debbie George, National Treasurer Anna Vedouras, and the entire Executive and National Boards. It is only through your guidance and advice that we can achieve our common goals.