Dear Mayor Lightfoot:

Thank you for your leadership on protecting Chicago residents from the spread of COVID-19. We appreciate the steps the administration is taking to ensure that all Chicago residents remain healthy and safe. We represent communities likely to experience the harshest health, housing, family, criminal legal, and economic impact from this crisis. Our clients live in predominately, disinvested communities, have been long time victims of discriminatory policies and practices that limited their opportunities and well-being even in the best of times. We think it important to note, that before COVID19 many Black and brown communities faced over-criminalization and policing. City Officials must be diligent to ensure that public health orders are not used to further criminalize and surveil marginalized communities. They are simply without the resources to weather this health and economic crisis alone, now and for the long term. There are critical steps that must be taken immediately to ensure the well-being of our most vulnerable and at-risk populations. We stand ready to help our communities and Chicago in any way we can.

On behalf of the Shriver Center on Poverty Law, we are asking you to implement these top priority strategies as soon as possible:

Our initial research indicates that the city has power to take several actions to help our communities. Pursuant to 65 ILCS 5/11-1-6, an ordinance can grant the Mayor of the City of Chicago extraordinary but time-limited power and authority to exercise via executive order during a state of emergency such powers as may be necessary to respond to the emergency. City Council must be able to virtually or safely convene to take this action. Additionally, pursuant to 20 ILCS 3305/5, the Illinois Department of Public Health (“IDPH”) can coordinate with the Illinois Emergency Management Agency (“IEMA”) to respond to public health emergencies. Pursuant to 20 ILCS 2305/2, the Department of Public Health may enforce such measures as it
deems necessary to protect the public health, and all necessary incurred expenses shall be paid by the locality where services were rendered.

Here are our initial recommendations:

1. Provide safe reliable access to free COVID-19 screening, tests and treatment through any Chicago health department location, including any test prescribed to rule out COVID-19, at every point of medical access regardless of immigration status, income or healthcare coverage.
2. Evaluate all policies and programs to ensure that they include and are available and accessible to homeless and undocumented individuals.
3. Communicate tailored messaging to these and other populations around the urgency of seeking care and provide assurances they will be held harmless when they do seek care with respect to both cost and immigration status.
4. When a public health emergency or other disaster has been declared by a City, State, or Federal official, the Mayor, in consultation with the Commissioner of Public Health, shall require employers to provide emergency paid sick leave for any absence from employment by an employee. Employees include any individual who was employed by an employer at the time a disaster is declared or at the time emergency paid sick leave is requested or taken, including all domestic workers, and also includes any independent contractor who’s work performance contributes to one of the core functions of the employer. The amount of hours shall be set by the Mayor and may be independently renewed for each employee by an employee until the public health emergency or other disaster declaration has concluded. Emergency paid sick leave shall be provided for any absence from employment for any reason related to a public health emergency or other the disaster, including but not limited to, the employee is ill; under quarantine, including self-imposed quarantine; engaged in caregiving for an individual who is ill or is under quarantine, including self-imposed quarantine; is engaged in caregiving because of a disaster-related closing of a school or other care facility or care program for a child or other individual unable to provide self-care; or reduced hours of work, furlough or termination from employment.
5. Waive all in person contact requirements for city programs and services including applications for any city administered emergency healthcare, cash, food or rental assistance. Include phone options to apply for assistance to allow residents who do not have internet or computer access to apply. Waive requirements to show identity, insurance status and other eligibility documentation as residents may not have access to these documents during the crisis period.
6. Employ disaster relief assistance options and state/local public health options to further ensure that vulnerable populations have access to testing and health care regardless of immigration status and without burdensome documentation requirements.
7. Increase utility assistance to low-income and medically vulnerable populations who must use more energy in order to stay safe in their homes.
8. Direct the Department of Housing (DOH) to work with the Chicago Housing Authority (CHA) to:
a. Identify non-federal funding to provide emergency rental assistance for undocumented households, including through increased dollars into the Low-Income Housing Trust Fund and non-federal emergency rental assistance dollars;

b. Ensure the suspension of any notices of termination/terminations of assistance in DOH-supported or CHA housing and to expressly offer interim recertifications and flexibility on required recertification process to support households facing a dramatic shift in income;

c. Identify additional available housing units, including Low-Income Housing Trust Fund units (and a potential redirection of additional funding into the LIHTF) or Housing Choice Vouchers for individuals who are homeless or housing unstable, who should qualify for priority under the CHA’s disaster relief admission policies, should a disaster declaration be issued;

d. Ask the CHA to evaluate what flexibility it currently has under its Moving To Work Authority de-regulated status and what additional flexibility it can seek from HUD, in order to make units temporarily available to unsheltered or housing unstable individuals;

e. Suspend any work and/or community service requirements of the CHA or other housing providers;

f. Ensure victims of domestic violence, sexual assault, dating violence, and stalking who live in CHA or other federally assisted housing in Chicago know their housing rights under the Violence Against Women Act (VAWA), and ensure survivors can exercise their rights, including through emergency moves or transfers;

g. Ensure that victims of domestic violence, dating violence, sexual assault, and stalking have information and resources to safely shelter in place or move to new housing, through emergency rental assistance dollars and Emergency and Transitional Housing programs;

h. Create flexible policies to ensure that guests can remain in homes beyond the typical guest policy time limits without jeopardizing the housing assistance of their friends or loved ones;

i. Permit residents to have extended absences from assisted units without permission or a threat of termination; and

j. Work in partnership with tenant councils and tenant associations to ensure that tenants know what steps are being taken to ensure their safety and housing stability.

9. Demand that any federal package dollars to create a pot of rental housing vouchers for individuals who are homeless or at risk of losing their housing, pay rents to keep tenants housed and landlords able to pay their mortgages. The Homeless Prevention and Rapid Rehousing program under the Obama administration is a great model for that effort.
10. Identify opportunities to increase the City’s allocation of Homeless Prevention Program dollars, which were already running out before the outbreak, and ensure greater program flexibility, including reduced documentation requirements and in-person applications.

11. Support an effort to allocate $40 million towards a statewide Homeless Prevention Program to pay the rents of tenants and the mortgages of property owners. Receipt of those dollars by property owners should come with the condition that they cannot evict their tenants.

12. Increase coordination with and financial support to homeless service providers who are on the front lines working with highly at-risk individuals who are homeless and may fall into high risk groups.

13. Prioritize the public health standards within the City’s senior rental buildings, including mandating more rigorous cleaning mechanisms, directing nurses or trained health care workers to monitor the health and well-being of often isolated senior populations, conducting regular wellbeing checks, confirming seniors have access food and medicines, and can utilize benefits they are eligible for, and delivering written notices of these items to the residents.

14. Ensure that parents utilizing the Child Care Assistance Program (CCAP) can seamlessly switch to Family Friend and Neighbor care or another childcare center without being forced to meet requirements that are onerous and impossible to meet at the moment.
   a. As childcare centers, preschools, and schools are shut down ensure that parents are able to access CCAP benefits as soon as possible.

15. Ensure that information about emergency childcare centers is widely disseminated so those parents that need childcare can access it.

16. Because undocumented immigrants cannot access most forms of federal funds, including FEMA, even if administered by the states, dedicate resources to support these households maintain food, shelter, and preventative health care.

17. Be a welcoming city for justice-involved individuals who are at greater risk of exposure and support their immediate release from the Cook County jail and the Illinois Department of Corrections.

For all these recommendations, ensure that all local outreach and information is provided in multiple formats and venues and in the top ten languages spoken in Chicago. Chicago should also make special considerations for highly vulnerable populations, including incarcerated persons and individuals subject to electronic monitoring or supervision, persons with disabilities, victims of domestic violence, individuals who are homeless, older adults, and undocumented communities who may be afraid to seek assistance. These groups must receive direct and specialized outreach, including non-digital forms for populations without digital access or competency.

Please let us know if you have any questions or need further assistance.

Sincerely,
Kate Walz  
Vice President of Advocacy  

cc: Allison Arwady, M.D., M.P.H.,  
   Commissioner, Chicago Department of Public Health