

Supporting Older Americans' Basic Needs: Health Care, Income, Housing and Food

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Older adults and their families strive each day to pay for health care and medicine, keep food on the table, have a roof over their heads, and have enough cash on hand to pay the utilities, get where they need to go and meet other basic needs. As families work together to meet these challenges, they are supported by a broad range of federal programs that provide Americans with the means to thrive as they grow older and remain at home and in their communities.

Programs like Medicaid and SNAP serve low-income individuals and families more broadly, while the Older Americans Act programs, like Meals on Wheels and elder justice, are specifically for older adults. Together, this robust set of community programs keeps millions of older adults healthy, housed, and out of poverty. Without sufficient resources to buy healthy food, seniors with diabetes or heart disease would jeopardize their health. Without long-term services and supports, many older adults would not be able to afford to live safely at home and age in place. Without housing assistance, many seniors on fixed incomes would have to choose between rent and medicine. Often, the combination of these programs is critical to their success. For example, older adults whose only income is from Supplemental Security Income would not be able to afford groceries without the SNAP program, or to pay the rent without rental assistance, or to see the doctor without Medicaid.

This issue brief discusses how these various programs work, who is eligible for them, and how they support the health and economic well-being of older Americans.

Many Medicare beneficiaries have limited income and high health care needs and spend on average over 40 percent of their Social Security income on out-of-pocket health care costs.¹

Health Programs

To get the health and long-term care services they need while maintaining their economic security, low-income older adults rely on both Medicare and Medicaid. While Medicare covers essential services such as doctor's visits and prescription drugs, Medicaid enables one in five Medicare beneficiaries to afford those services by helping to pay for Medicare premiums and co-pays. Medicaid also fills in the gaps in Medicare coverage, like oral, vision, and long-term care. In addition to paying for care for six out of ten nursing facility residents,² Medicaid enables many low-income seniors to continue living in their own homes and communities as their health care needs rise. Together, the programs ensure that older Americans living on limited fixed incomes can get the health care they need.

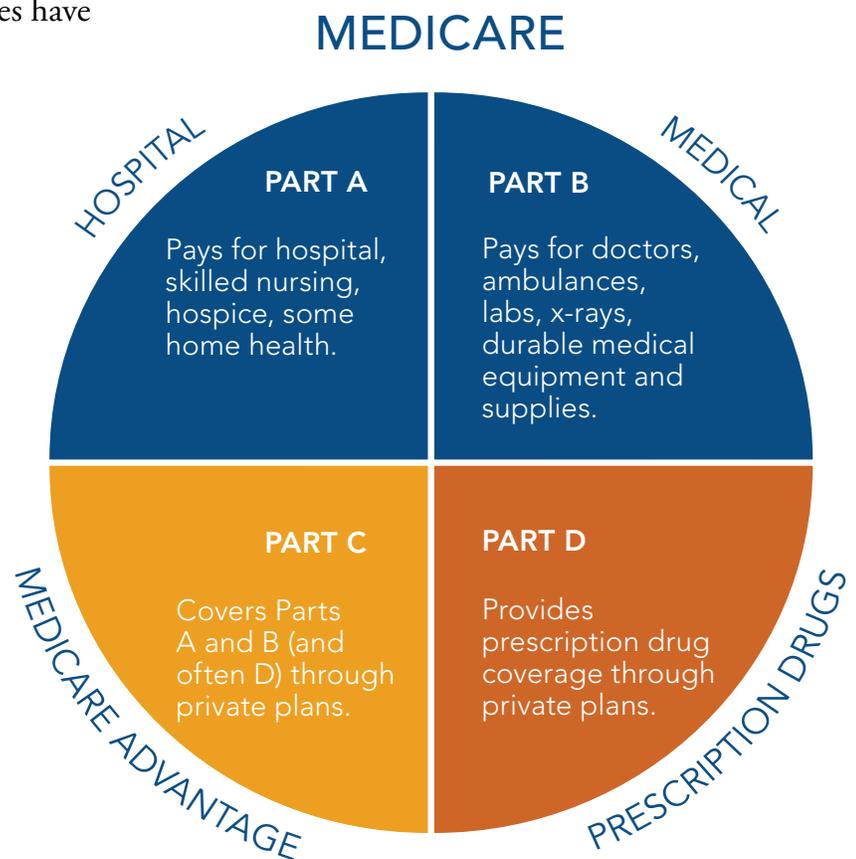
Medicare

Medicare is a federal health insurance program that is a primary source of coverage for over 59 million seniors and individuals with disabilities.³ It covers adults age 65 and over regardless of income or health status. Eligibility is usually based on the work history of an individual or the individual's spouse, although some people may qualify without a work history and pay privately or receive premium assistance if they are low income.

Twenty-five percent of Medicare beneficiaries have annual incomes below \$15,250.⁴ Over a third have a cognitive or mental impairment and thirty percent have five or more chronic conditions.⁵

Medicare has four "Parts" which cover hospital care, outpatient services like doctor's visits, therapy and lab tests, prescription drugs, medical equipment, and medically necessary transportation.⁶

Together, Parts A and B are referred to as "Original Medicare" and Part C is called "Medicare Advantage." Each Part has premiums, deductibles and cost-sharing. Individuals who are eligible based on work history do not pay a premium for Part A, and low-income individuals with or without a sufficient work history may be eligible for premium assistance with Part A, Part B and Part D as well.



While Medicare covers some limited nursing facility, home health and hospice care, it does not cover most long-term services and supports. Original Medicare also does not cover dental, vision, or hearing aids. Because of these gaps in coverage, most beneficiaries have additional insurance such as a private Medigap plan, retiree coverage, or, for those with the most limited incomes and resources, Medicaid.

Medicaid

Nearly 7 million seniors 65 and older, as well as 8.5 million Americans ages 50 to 64, rely on Medicaid every year for health and long-term care coverage they could otherwise not afford.⁷ The Medicaid program is a collaboration between the federal government and individual states. The federal government contributes funding and sets the basic rules, but each state can customize its program by adjusting eligibility criteria and the benefits covered.

States are required to offer Medicaid coverage to certain categories of people with limited income and resources, including adults age 65 and older and people with disabilities. Although the income and resource limits vary by state and eligibility category, most people receiving Supplemental Security Income (SSI) and/or State Supplemental Payments (SSP) are automatically eligible. States also have the option to cover populations such as adults under age 65 through the Affordable Care Act's Medicaid expansion, and the "medically needy," who are eligible for Medicaid based on their high health care expenses.⁸ Medicaid programs are also required to provide help with Medicare costs to certain low-income Medicare beneficiaries through Medicare Savings Programs.

All state Medicaid programs are required to cover basic medical care such as doctor's visits and hospital services, as well as nursing facility and home health services. States can choose to cover other care and services such as dental, vision, in-home personal care services, physical and occupational therapy, and case management.⁹ With very limited exceptions, states are not allowed to charge premiums or copayments for Medicaid services.

Medicaid is the key to health care access for 6.5 million seniors who are dually eligible for both Medicaid and Medicare.¹⁰ First, Medicaid pays for their Medicare premiums through the Medicare Savings Programs. For the lowest income individuals, known as Qualified Medicare Beneficiaries (QMBs), Medicaid covers their Medicare deductibles and co-pays as well.¹¹ Second, Medicaid fills in the gaps in coverage for Medicare beneficiaries whose limited incomes and resources make them eligible for full Medicaid benefits.

Medicaid is vital for older adults who can no longer live independently to cover the long-term services and supports they need, whether provided at home or in a nursing facility. While Medicaid law requires

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states to cover long-term care in nursing facilities, many choose to cover home and community-based services (HCBS) as well.

HCBS are a package of services that are provided as an alternative to care provided in a nursing facility, intermediate care facility, or other institution.¹² HCBS enable older adults and individuals with disabilities who need assistance to receive non-medical care in their home if they cannot otherwise safely remain in their homes. These services range from helping individuals dress and bathe and get to the doctor or other appointments, to helping with meal preparation and housework.



Almost half of seniors living in the community need help taking care of themselves and their homes. Many rely on Medicaid, family or both to provide the services and supports that enable them to get out of bed, go outside, bathe, dress, cook, shop, and pay the bills.¹³

In general, financial eligibility standards are slightly higher for those who receive long-term services and supports, such as nursing facility care and in-home care, than for other Medicaid coverage because the cost of such care is higher. Most of the income for those receiving long-term services and supports is paid to the Medicaid program, although those who rely on Medicaid HCBS are usually able to retain some of their income to pay for housing and other expenses. Federal Medicaid law also provides protections against impoverishment for the spouses of individuals who receive nursing facility services or HCBS.¹⁴

In addition to covering long-term services and supports, Medicaid is also particularly important for older adults who need other services not covered—or not adequately covered—by Medicare. For example, Medicaid is often the only source of oral health care for low-income older adults because Medicare does not cover it. Unfortunately, as dental is not a federally required Medicaid benefit, not all states cover it and those that do often provide very limited coverage. Therefore, many low-income seniors still lack access to adequate dental care, which can have detrimental effects on overall health.

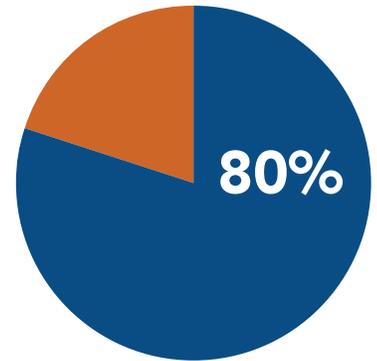
Economic Security Programs

Programs that provide cash benefits to pay for housing, food, transportation, and utilities are critical to older adults' ability to survive, and allow individuals to make choices about where their money is most needed. Benefits provided as part of the Social Security system keep millions of older Americans out of poverty.

Social Security Benefits

Social Security ensures that millions of older adults have the cash income they need to pay for basic necessities, including food, shelter, clothing, and medicine. Without Social Security benefits, about 40 percent of Americans aged 65 and older would have incomes below the percent poverty line. These benefits lift over 15 million elderly Americans out of poverty.

About 62 million people, or more than one in every six U.S. residents, collected Social Security benefits in January 2018.¹⁵ Social Security benefits cover retirement (“old age”) benefits, survivor benefits, disability benefits, and benefits for dependents of retired or disabled workers. About 80 percent of beneficiaries are older adults. In addition to Social Security’s retirement benefits, workers also earn life insurance and disability insurance protection by making Social Security payroll tax contributions.



Eighty percent of the 62 million Social Security beneficiaries are older adults.

Social Security benefits are much more modest than many people realize; the average Social Security retirement benefit in January 2018 was \$1,361 a month, or a bit over \$16,000 a year.¹⁶ To calculate an individual’s benefit amount, the Social Security Administration takes the individual’s indexed monthly earnings during the 35 years in which the individual earned the most. The Administration then applies a progressive formula to these earnings to arrive at a basic monthly benefit amount. The amount beneficiaries receive when first starting to receive benefits sets the base for the amount they will receive for the rest of their lives. An individual can choose to begin receiving regular retirement benefits at full retirement age,¹⁷ reduced retirement benefits starting at 62, or increased retirement benefits up to 70. Once someone starts receiving Social Security, their benefits are adjusted to keep pace with inflation, helping to ensure that people do not fall into poverty as they age.

These benefits are not means-tested — that is, benefits are not reduced or denied to people whose income or assets exceed a certain level. Universal participation and the absence of means-testing make Social Security very efficient to administer.

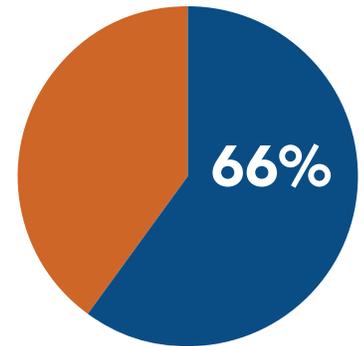
Supplemental Security Income (SSI)

Supplemental Security Income, or SSI, is a federal program that provides a very basic income to older adults and people with disabilities who have little-to-no other income or resources. Over 8 million people, including 2.2 million older adults, rely on SSI benefits to pay rent and put food on the table.¹⁸

In 2018, the maximum SSI federal benefit is \$750 per month, or 74 percent of the federal poverty level. The average SSI benefit, however, is only \$437 for seniors. SSI benefits are reduced when recipients have other income. Over half of all seniors who receive SSI benefits also receive Social Security benefits based

on their work history. More than 1.2 million seniors receiving SSI received enough credits for their work to qualify them for a small amount of Social Security benefits. They may have earned low, irregular wages, or spent time as unpaid family caregivers. These seniors rely on both SSI and Social Security to avoid deep poverty. Even when receiving income from other sources such as Social Security or a pension, a person receiving SSI is likely living below the federal poverty level.

Over half of all SSI recipients and more than 3 out of 5 older adults who rely on SSI are women.¹⁹ Women are disproportionately reliant on SSI because they are more likely to have spent time out of the workforce caring for their families, or to have worked in low-wage or part-time jobs, or in jobs where they did not receive Social Security credits. With a rapidly aging population and rising income inequality, the nation's senior population is becoming larger and poorer. SSI is now more important than ever to people in every community around the country.



Two thirds of all older SSI recipients are women.

Older Americans Act Programs

The Older Americans Act (OAA) funds a wide range of programs that help older adults remain connected to their families and communities.²⁰ These programs provide millions of American seniors, many of whom are low-income, the resources necessary to reduce hunger and isolation while maintaining their dignity, health, and independence. Because of the OAA, older adults who live alone and would otherwise be homebound, can access their doctors' offices, pharmacies, and meal sites through transportation services. Through Meals on Wheels and other nutrition programs, over two million older adults received the meals they needed to stay healthy and decrease their risk of disability. OAA services include in-home assistance and wrap-around services, adult day care, caregiver respite, access to legal assistance, elder justice and elder abuse prevention, case management and care coordination services, disease prevention, job training, community service programs, and many others. Overall, funding for supportive services under the OAA²¹ is used to deliver more than 20 distinctive services to help older adults and caregivers. These OAA-funded services combine together to ensure that older adults and their families get the help they need to age in dignity.

Housing and Food

In addition to income supports like Social Security and SSI, other federal programs help older adults cover some of the cost of housing and food. Housing programs provide assistance to over 1.7 million households with older adults, while nutrition programs ensure that over 4.8 million low-income older adults do not have to make the impossible decision of choosing between food and medicine, clothing, or shelter.²²

Affordable Housing

Federal housing assistance programs provide vital support to many seniors who would otherwise be unable to afford the cost of shelter. The Department of Housing and Urban Development manages an array of programs that states and localities use to provide affordable housing to low-income households. While Section 202 supportive housing is focused specifically on older adults, other federal programs provide rental assistance to low-income households across the country, including households headed by older adults.²³ Of the 5 million households receiving federal rental assistance, about one-third include an older adult.²⁴

Section 202 provides funding to nonprofit organizations that develop and maintain housing for low-income older adults (62 years of age or older).²⁵ Section 202 residents also have access to community-based services and support to help them stay in their homes and age in place in their own community. On average, a Section 202 resident's age is 79, and in 2015 their average annual household income was just over \$13,000.²⁶ Approximately 400,000 households headed by an older adult received assistance through the Section 202 program in 2016.²⁷

Other federal programs such as Housing Choice Vouchers allow individuals and families, including older adults, to rent in the private housing market, paying only a set portion of their income, with the voucher covering the remaining cost up to a specified limit.²⁸ Public housing also bases rent on the household's income, but is owned and operated entirely by local public housing authorities.²⁹ With Section 8 Project-Based Rental Assistance, the federal government enters into agreements with property owners, who agree to provide low-income housing.³⁰ Tenants pay a portion of their household income on rent, and the government pays the balance in accordance with the negotiated agreement. In addition to rental assistance programs, other federal programs such as the HOME program and Community Development Block Grants (CDBG), provide grants to state and local governments to implement strategies to increase home ownership and the availability of affordable housing for low-income Americans.³¹

Besides programs that help older adults pay for rent or housing, another important federally funded program that low-income older adults depend on to stay in their homes is the Low-Income Home Energy Assistance program, or LIHEAP. LIHEAP provides grants to states, which then use these funds to help qualified households with the costs of home heating and cooling.³² It also may provide funds to make people's homes more energy efficient, thereby reducing heating and cooling costs. Because these costs can be quite high, LIHEAP is an important means of support for older adults who would otherwise be unable to pay for heat or air conditioning during harsh weather.

Nutrition Assistance

Having access to nutritious food directly affects a person's health and well-being, and this is no less true for older adults. Seniors who are food insecure are over 50 percent more likely to report a heart attack and develop asthma, and 40 percent more likely to experience congestive heart failure.³³ Programs like the Supplemental Nutrition Assistance Program (SNAP) and Meals on Wheels are a direct way to combat the risk of hunger among older adults while helping them be able to pay for other necessities like medicine and housing. Research shows that, in addition to the other benefits of food security, when low-income seniors have access to programs like SNAP they are less likely to experience a hospitalization or be admitted into a nursing facility.³⁴

SNAP is a federal program that helps low-income households, including millions of older adults, pay for food. More than 1 in 10 SNAP recipients, or nearly 5 million people, is age 60 or older.³⁵ While 80 percent of older adults who depend on SNAP live alone, SNAP benefits are also critical for low-income older adult households, which, for the most part, live below the poverty line.³⁶ Over 85 percent of SNAP households with elderly individuals receive income from Social Security or Supplemental Security income (SSI).³⁷ Despite the need for access to nutritious food, less than half of older adults eligible for SNAP participate in the program.³⁸

Meals on Wheels provides older adults with meals delivered to their homes and served in group settings, such as senior centers. Older Americans Act funds cover about a third of the total cost to provide meals through Meals on Wheels, while state and local funds and private donations cover the rest.³⁹ Through this partnership, more than 2.4 million seniors receive nutritious meals, social visits, and checks to ensure that they are safe.⁴⁰

Legal Assistance

Legal assistance is critical to helping low-income older adults live safely, access the programs and supports they need, and avoid or escape deep poverty. The 2017 Justice Gap report found that over half of households of low-income seniors had at least one civil legal problem in the past year.⁴¹ However, only one in five low-income seniors sought the help of a legal professional for their problems, and low-income seniors receive inadequate or no legal help for nearly 9 out of 10 of the civil legal problems they face in a given year.⁴²

Legal help is critical for low-income older adults who are denied needed health care, at risk of losing their housing through eviction or foreclosure, or who are victimized by elder abuse, consumer scams, or financial exploitation. Further, legal services also help older adults access crucial safety net programs, such as SSI, Medicaid, and SNAP.

The Legal Services Corporation (LSC) supports legal aid organizations across the country, which assist low-income Americans with civil legal issues relating to essential human needs and family and other relationships. Approximately 6.4 million seniors live in households with income below 125 percent of the Federal Poverty Level, the income eligibility standard for people seeking assistance from an LSC-funded legal aid program.⁴³

Title III B of the Older Americans Act provides flexible local funding to deliver a range of supportive services to seniors, including legal services. Over 1,000 legal services providers receive OAA funding for

older adults, targeted for those seniors with the greatest social and economic needs. Title III B lawyers provide nearly one million hours of legal assistance each year, helping older adults stay independent in their homes and communities for as long as possible.⁴⁴

Conclusion

When they are well-funded and working properly, all of the programs outlined above work in tandem to ensure that older adults can meet their basic needs for food and shelter, and get the health care and medicine they need. We all have a common need for these basic things. As more of us live longer and retire with fewer resources than previous generations, maintaining and funding a robust set of community services and supports is more important than ever. Older adults are vital parts of our families and communities, and we all benefit from the help these programs provide. The more we understand how our existing programs work together to support older Americans, the better we can be at strengthening and improving them so that we can all thrive as we grow older.

Endnotes

- 1 *See* Kaiser Family Foundation, Medicare Beneficiaries' Out-of-Pocket Health Care Spending as a Share of Income Now and Projections for the Future (Jan. 26, 2018), www.kff.org/report-section/medicare-beneficiaries-out-of-pocket-health-care-spending-as-a-share-of-income-now-and-projections-for-the-future-report/.
- 2 Kaiser Family Foundation, Medicaid's Role in Nursing Home Care (June 2017), www.kff.org/infographic/medicaids-role-in-nursing-home-care/.
- 3 Kaiser Family Foundation, An Overview of Medicare (Nov. 22, 2017), www.kff.org/medicare/issue-brief/an-overview-of-medicare/.
- 4 Kaiser Family Foundation, Income and Assets of Medicare Beneficiaries, 2016-2035 (Apr. 21, 2017), www.kff.org/medicare/issue-brief/income-and-assets-of-medicare-beneficiaries-2016-2035/.
- 5 Kaiser Family Foundation, An Overview of Medicare (Nov. 22, 2017), www.kff.org/medicare/issue-brief/an-overview-of-medicare/.
- 6 Justice in Aging, Legal Basics: Medicare Parts A, B, and C—Eligibility and Enrollment (January 2017), www.justiceinaging.org/wp-content/uploads/2017/01/Medicare-Parts-A-B-and-C-Chapter-Summary1.pdf.
- 7 Kaiser Family Foundation, Medicaid Enrollment by Age, www.kff.org/medicaid/state-indicator/medicaid-enrollment-by-age/?dataView=1¤tTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D; Kaiser Family Foundation, How Might Older Nonelderly Medicaid Adults with Disabilities Be Affected By Work Requirements in Section 1115 Waivers? (Mar. 30, 2018), *available at* www.kff.org/report-section/how-might-older-nonelderly-medicaid-adults-with-disabilities-be-affected-by-work-requirements-in-section-1115-waivers-data-note/#endnote_link_253626-2.
- 8 National Center on Law & Elder Rights, Legal Basics: Medicaid 101 (Sept. 2017), <https://ncler.acl.gov/pdf/Legal-Basics-Medicaid-101.pdf>.
- 9 Centers for Medicare and Medicaid Services, List of Medicaid Benefits, www.medicaid.gov/medicaid/benefits/list-of-benefits/index.html.
- 10 Kaiser Family Foundation, What Could a Medicaid Per Capita Cap Mean for Low-Income People on Medicare (March 2017), <http://files.kff.org/attachment/Issue-Brief-What-Could-a-Medicaid-Per-Capita-Cap-Mean-for-Low-Income-People-on-Medicare>.
- 11 National Center on Law & Elder Rights, Legal Basics: Medicare Savings Programs (Dec. 2017) <https://ncler.acl.gov/pdf/Legal%20Basics%20-%20Medicare%20Savings%20Programs%20-%20Chapter%20Summary.pdf>.
- 12 National Center on Law & Elder Rights, Legal Basics: Medicaid 101 (Sept. 2017), *available at* <https://ncler.acl.gov/pdf/Legal-Basics-Medicaid-101.pdf>.
- 13 *See* Kaiser Family Foundation, Serving Low-Income Seniors Where They Live: Medicaid's Role in Providing Community-Based Long-Term Services and Supports (Sept. 18, 2015), *available at* www.kff.org/medicaid/issue-brief/serving-low-income-seniors-where-they-live-medicaids-role-in-providing-community-based-long-term-services-and-supports/.
- 14 National Center on Law & Elder Rights, Legal Basics: Medicaid 101 (Sept. 2017), <https://ncler.acl.gov/pdf/Legal-Basics-Medicaid-101.pdf>.
- 15 Social Security Administration, Monthly Statistical Snapshot, January 2018 (Feb. 2018), *available at* www.ssa.gov/policy/docs/quickfacts/stat_snapshot/2018-01.pdf.

- 16 *Id.*
- 17 Full retirement age was previously 65 years old. For those born in 1938 and later, the full retirement age is gradually increasing to 67 years old.
- 18 Justice in Aging, Supplemental Security Income 101: A Guide for Advocates (Mar. 2018), *available at* www.justiceinaging.org/wp-content/uploads/2018/03/Supplemental-Security-Income-101.pdf?eType=EmailBlastContent&eId=9ca23f93-8159-471e-a474-aa978c5d2421.
- 19 *Id.*
- 20 See Administration on Community Living, Older Americans Act, <https://www.acl.gov/node/650/>.
- 21 Older Americans Act, 42 U.S.C. §3021 et seq. (2016).
- 22 National Council on Aging, SNAP and Senior Hunger Facts, www.ncoa.org/news/resources-for-reporters/get-the-facts/senior-hunger-facts/.
- 23 Congressional Budget Office, Federal Housing Assistance for Low-Income Households (Sept. 2015), *available at* www.cbo.gov/sites/default/files/114th-congress-2015-2016/reports/50782-lowincomehousing-onecolumn.pdf.
- 24 Center on Budget & Policy Priorities, Fact Sheet: Federal Rental Assistance (Mar. 30, 2017), *available at* www.cbpp.org/sites/default/files/atoms/files/4-13-11hou-US.pdf.
- 25 Couch, Linda, “Section 202: Supportive Housing for the Elderly,” *available at* http://nlihc.org/sites/default/files/AG-2017/2017AG_Ch04-S07_Section-202.pdf.
- 26 *Id.*
- 27 *Id.*
- 28 Congressional Budget Office, Federal Housing Assistance for Low-Income Households (Sept. 2015), *available at* www.cbo.gov/sites/default/files/114th-congress-2015-2016/reports/50782-lowincomehousing-onecolumn.pdf.
- 29 *Id.*
- 30 *Id.*
- 31 U.S. Dept. of Housing & Urban Development, The HOME Program: HOME Investment Partnerships, www.hud.gov/hudprograms/home-program; U.S. Dept. of Housing & Urban Development, Community Development Block Grant Program, www.hud.gov/program_offices/comm_planning/communitydevelopment/programs.
- 32 Office of Community Services, Office of Administration for Children and Families, Low Income Home Energy Assistance Program, <https://www.acf.hhs.gov/ocs/programs/liheap>.
- 33 Feeding America & Nat’l Foundation to End Senior Hunger, Spotlight On Senior Health: Adverse Health Outcomes of Food Insecure Older Americans, *available at* <https://www.hungernwnc.org/about-hunger/Spotlight%20on%20Senior%20Health.pdf>.
- 34 Szanton, Sarah L., et. al., Food assistance is associated with decreased nursing home admissions for Maryland’s dually eligible older adults (2017), *available at* <https://bmcgeriatr.biomedcentral.com/track/pdf/10.1186/s12877-017-0553-x?site=bmcgeriatr.biomedcentral.com>; Samuel, Laura, et. al., Does the Supplemental Nutrition Assistance Program Affect Hospital Utilization Among Older Adults? (2017), *available at* <http://online.liebertpub.com/doi/pdfplus/10.1089/pop.2017.0055>.

- 35 Center on Budget & Policy Priorities, SNAP Helps Millions of Low-Income Seniors, (updated Apr. 26, 2017), *available at* www.cbpp.org/research/food-assistance/snap-helps-millions-of-low-income-seniors.
- 36 *Id.*
- 37 Gray, Kelsey Farson; Fisher, Sarah; and Lauffer, Sarah, “Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2015,” *available at* <https://fns-prod.azureedge.net/sites/default/files/ops/Characteristics2015.pdf>.
- 38 Samuel, Laura, et. al., “Does the Supplemental Nutrition Assistance Program Affect Hospital Utilization Among Older Adults?” *available at* <http://online.liebertpub.com/doi/pdfplus/10.1089/pop.2017.0055>.
- 39 Meals on Wheels Facts and Resources, <http://www.mealsonwheelsamerica.org/theissue/facts-resources>.
- 40 Siliak, James P. and Gundersen, Craig, “Food Insecurity Among Older Adults,” (August 2011) *available at* https://www.aarp.org/content/dam/aarp/aarp_foundation/pdf_2011/AARPFoundation_HungerReport_2011.pdf.
- 41 Legal Services Corporation, The Justice Gap: Measuring the Unmet Civil Legal needs of Low-income Americans, (June 2017), *available at* www.lsc.gov/sites/default/files/images/TheJusticeGap-FullReport.pdf.
- 42 *Id.*
- 43 *Id.*
- 44 Administration for Community Living, Legal Services for the Elderly Program, www.acl.gov/programs/legal-help/legal-services-elderly-program.