



Home For Everyone (Continuum of Care OH-501)
Membership Application

Organization: _____ Website: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

Type of Membership

Nonprofit Provider

Lived Expertise

Individual

Private Sector

Public Sector

Other: _____

If this application is being completed on behalf of an entity (e.g. a company, nonprofit), please complete the following questions:

1. Authorized Representative Name: _____ Email: _____

2. Who is authorized to vote in the CoC on behalf of your entity?

Primary Voting Delegate Name: _____ Email: _____

Secondary Voting Delegate Name: _____ Email: _____

3. I/the organization I am representing has currently or previously participated in the OH-501 Continuum of Care

Yes No _____

Committees, Subcommittees, and Work Groups

I would like to serve on the following committee(s)

- | | |
|--|---|
| <input type="checkbox"/> Coordinated Entry Core Committee | <input type="checkbox"/> HMIS Data Quality and Performance |
| <input type="checkbox"/> Race, Equity, and Access Core Committee | <input type="checkbox"/> Point-In-Time Count Planning Group |
| <input type="checkbox"/> Youth Action Board | |
| <input type="checkbox"/> No Barriers Housing Core Committee | |

Additional Categories Requested to meet HUD data requirements:

If Private, Public or Nonprofit:

- | | |
|---|---|
| <input type="checkbox"/> Local Government | <input type="checkbox"/> Business: Industry: _____ |
| <input type="checkbox"/> Local Workforce Investment Act Board | <input type="checkbox"/> Faith-Based |
| <input type="checkbox"/> Public Housing Agencies | <input type="checkbox"/> Funder Advocacy Group (??) |
| <input type="checkbox"/> School Systems/Universities | <input type="checkbox"/> Non-Profit Organization |
| <input type="checkbox"/> State Government Agencies | <input type="checkbox"/> Law Enforcement/Corrections |
| <input type="checkbox"/> Substance Use | <input type="checkbox"/> Lived Experience of Homelessness |
| <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hospitals/Medical Representatives | |

Subpopulations Served:

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Disability (what words should we use?) | <input type="checkbox"/> Families |
| <input type="checkbox"/> Veterans | |
| <input type="checkbox"/> Domestic Violence/Stalking/Human Trafficking | |
| <input type="checkbox"/> Unaccompanied Youth (18-24) | |
| <input type="checkbox"/> LGBTQ+ | |
| <input type="checkbox"/> Substance Use | |
| <input type="checkbox"/> HIV/AIDS | |
| <input type="checkbox"/> Children (under 18) | |

Service Types Provided:

- Emergency Shelter
- Transitional Housing
- Permanent Supportive Housing
- Rapid Rehousing
- Prevention
- Outreach
- Workforce Development
- MH/SUD
- Health and Wellness

If applying as an individual without lived expertise of homelessness, please attach cv/resume to this application

Membership information will be updated on an annual basis. Members are expected to attend general meetings. Meeting attendance is documented for community and county collaborative grant efforts. Failure to attend meetings has an adverse effect on the entire continuum.

I acknowledge that for a membership to be considered in good standing, members must meet the CoC Governance By-Laws definition of active membership under the Home For Everyone (OH-501 CoC) Governance Charter.

Signature:

Title:

Date:

**Submit completed application and additional
required attachments to: communications@tlchb.org**