

**West Alabama Coalition for the Homeless
Continuum of Care
Membership Application**

New Membership Membership Update

The West Alabama Coalition for the Homeless Continuum of Care (CoC) is comprised of both public and private agencies along with community residents including homeless and formerly homeless individuals that coordinate the local continuum of care for homeless persons and persons who are at- risk of being homeless. The CoC seeks to prevent, reduce, and end homelessness through effective and coordinated community-wide efforts and services.

Involvement in the CoC is open, but involvement will mean that you are dedicated to assisting with ending or lowering homelessness in our community. To become a member of the local CoC or to renew your membership, please complete this form and submit it to *cnservices@tuscaloosa.com*.

Name: _____

Job Title: _____

Email: _____

Organization Name (if applicable): _____

Mailing Address: _____

Telephone: _____

Fax Number: _____

Web Address: _____

Executive Director or CEO: _____

ED/ CEO's Telephone: _____

ED/CEO's Email: _____

Please list a representative and alternate person authorized to vote on CoC matters on behalf of your agency?

Representative: _____ Telephone: _____

Representative email: _____

Alternate: _____ Telephone: _____

Alternate: email: _____

Briefly explain your interest of being a member of the CoC? _____

Indicate the type of organization you represent or if you do not represent an organization, please select the "individual" category and indicate if you ever been homeless:

Private

- Businesses
- Faith-based organizations
- Funder advocacy groups
- Hospitals/medical representatives
- Non-profit organizations
- Other _____

Public

- Law enforcement/corrections
- Local government agencies
- Local workforce investment act boards
- Public Housing Agencies
- School systems or universities
- State government agencies
- Other _____

Individual

- Homeless
- Formerly Homeless
- Non-Homeless
- Other: _____

If the agency is a nonprofit, does the agency have a 501(c)(3) status? Yes No

Does your organization provide direct services to homeless persons? Yes No

Indicate the subpopulations that your organization serves (check all that apply):

- Seriously Mentally
- Substance Abuse
- Disabled (Physical)
- Veterans
- HIV/AIDS
- Other (Specify): _____
- Domestic Violence
- Youth (Ages 17 and under)

Indicate the type of service(s) your organization provides to homeless persons (check all that apply):

- Alcohol/Drug Abuse
- Case management
- Child care
- Counseling/Advocacy
- Education
- Employment
- Furniture/Household Goods
- Healthcare
- HIV/AIDS
- Law enforcement
- Legal assistance
- Life skills
- Mental health
- Mobile clinic
- Mortgage assistance
- Rental assistance
- Street outreach
- Transportation
- Utilities assistance
- Soup Kitchen/Food Pantry
- Prescription assistance
- Other _____

Indicate how you would like to dedicate your time in helping the CoC. Please make your selection(s) below:

- CoC Strategic Planning
- Policy Development
- Coordinate Intake/Assessment of Referrals
- Point-in-Time Homeless Count
- Planning Homeless Stand Down Events
- Community Outreach / Marketing / Advocacy
- Program Monitoring / Grant Review
- Volunteer (assisting various organizations)
- Donations
- Other Activities: _____

Do you give the CoC permission to list your organization/affiliation or name as a member in our CoC publications (e.g. brochures, website, etc.)? Yes No

I and/or my organization agree with and support the mission of the West Alabama Coalition for the Homeless Continuum of Care (CoC). I acknowledge that to be an active CoC member, I and/or the organization and its delegates must meet the CoC By-Laws definition of active membership.

Signature

Date