

Schenectady County Homeless Services Planning Board Membership Application

Member Agency/ Individual: _____

Agency/ Individual Address (email): _____

Type of Membership: (circle all that apply)

Public Sector	Private Sector	Individual
Law Enforcement/Corrections	Business	Homeless
Local Government	Faith-Based	Formerly Homeless
Workforce Invest Act Board	Funder Advocacy Group	Other (specify):
Public Housing	Hospital/Medical	
School/Universities	Non-Profit	
State Government Agency	Other (specify):	
Other (specify):		

Subpopulation Served: (circle all that apply)

Seriously mentally ill	Substance abuse	Veterans
HIV/AIDS	Domestic violence/dating violence/sexual assault/stalking	Unaccompanied youth
Children (under age 18)	Families with children	Homeless
At risk of homelessness	Chronically homeless	Low Income

Our primary subpopulation served is: _____

My agency is a CoC funded entity: _____ Yes _____ No

My agency is an ESG funded entity: _____ Yes _____ No

Services Provided – Circle all that apply:

Transitional Housing	Employment services
Permanent Housing	Mental health
Shelter	Victim services
Legal Services	Other: _____
Case management	

Authorized Voting Member (Name and Title): _____

Authorized Voting Member Phone Number and Email: _____

Alternate Voting Member (Name and Title): _____

Alternate Voting Member Phone Number and Email: _____

_____ is authorized to represent this agency on the HSPB

Form Completed By: _____ Date _____

I am authorized to appoint the above individuals for _____.

By: _____ Date: _____

Membership approved By _____ Date: _____ For the Governance Committee of the HSPB Board
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