

## 2018-19 Rockland County Continuum of Care Membership

Application Member Agency/Individual: \_\_\_\_\_

Agency/Individual e-mail: \_\_\_\_\_

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 Agencies	Hospital/Medical	
School/Universities	Non-Profit	
State Government Agency	Other (specify):	
Other (specify):		

Subpopulation(s) served (check all that apply)

Seriously mentally ill	Substance abuse	Veterans
HIV/AIDS	Domestic violence	Unaccompanied youth
Children (under age 18)	At risk of homelessness	Chronically homeless

Primary subpopulation served is: \_\_\_\_\_

Agency is a CoC funded entity: \_\_\_\_\_ Yes \_\_\_\_\_ No

Agency is an ESG funded entity: \_\_\_\_\_ Yes \_\_\_\_\_ No

Services Provided – Circle all that apply

Permanent Housing                      Legal Services                      Mental Health Services  
 Transitional Housing                      Case Management                      Victim Services  
 Shelter    Employment Services                      Other: \_\_\_\_\_

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: \_\_\_\_\_

Form completed  
by: \_\_\_\_\_

Date: \_\_\_\_\_