

2018-19 Rensselaer County Continuum of Care (RCHCS) 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 ESF 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: _____