

## 2020-21 Rensselaer County Continuum of Care (RCHCS) Membership

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

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

Type of Membership (check all that apply)

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

Subpopulation(s) served (check all that apply)

Seriously mentally ill <input type="checkbox"/>	Substance abuse <input type="checkbox"/>	Veterans <input type="checkbox"/>
HIV/AIDS <input type="checkbox"/>	Domestic violence <input type="checkbox"/>	Unaccompanied youth <input type="checkbox"/>
Children (under age 18) <input type="checkbox"/>	At risk of homelessness <input type="checkbox"/>	Chronically homeless <input type="checkbox"/>

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

Agency is a CoC funded entity:  Yes  No

Agency is an ESF funded entity:  Yes  No

Services Provided – Check 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: \_\_\_\_\_