Fayetteville/Cumberland County
Continuum of Care on Homelessness

Fayetteville/Cumberland County Continuum of Care on Homelessness
Membership Application

❑ New Membership ❑ Membership Update

The Fayetteville/Cumberland County Continuum of Care (CoC) on Homelessness consist of a coalition of individuals and agencies that coordinate the local continuum of care for homeless persons and persons who are at-risk of being homeless. In addition, the CoC establishes provider accountability and support programming to ensure that the homeless community obtains housing, economic stability, and enhanced quality of life through comprehensive services. We provide advocacy and education related to homelessness. The ultimate goal of the CoC is to end homelessness and to prevent homelessness in our community.

Involvement in the CoC is open, but involvement will mean your dedication to commitment and time. To become a member of the local CoC or to renew your membership, please complete this form and submit to the contact listed on the next page.

Name: _____ Email: _____
Organization/Affiliation (if applicable): _____
Department/Section (if applicable): _____
Job Title: _____
Mailing Address: _____
Telephone No: _____ Alt. Telephone No: _____
Fax No: _____ Web Address: _____
Name of Executive Director: _____ Telephone: _____
Executive Director'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: _____

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

_____

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

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:

- ❑ Planning & Development
- ❑ Governance/Nominating
- ❑ HMIS/CE
- ❑ Finance
- ❑ Performance Evaluation & Grant Review
- ❑ Point-in Time Homeless Count
- ❑ Planning Homeless Stand Down Events
- ❑ 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 Fayetteville/Cumberland County Continuum of Care on Homelessness. I will be positive and supportive when referencing my peer coalition members and member agencies in public and with the media in order to promote and support the CoC's mission. I acknowledge that for the above organization to be considered an active CoC member, the organization delegates must meet the CoC By-Laws definition of active membership.

_____ _____

Member Signature Date

If you have any questions or changes to your membership status, please contact the CoC Chair/Vice Chair.

Please submit completed membership form to:

CoC BOD Secretary at
fcccoc1@gmail.com