

Pasco County Continuum of Care

Membership Application

There is strength in numbers! Join the Pasco County Continuum of Care and help us continue to develop and deepen the discussion on homelessness in our community.

Pasco County Continuum of Care (CoC)

Representatives from relevant organizations within a geographic area shall establish a CoC for the geographic area to carry out the duties outlined in the CoC Governance Charter. The CoC is a community group of stakeholders with a shared vision.

Membership in the Pasco County CoC

Membership in the CoC should ensure community wide commitment of preventing and ending homelessness and must represent the entire geographic area covered by the CoC. The CoC's mission is to coordinate all community partners, systems and resources available with the goal of making homelessness rare, brief, and non-recurring.

The following parties are represented on the Pasco County CoC:

- Non-Profit Homeless Assistance Providers
- Victim Service Providers
- Faith-Based Organizations
- Governments
- Local Municipalities
- Businesses
- Advocates
- Public Housing Agencies
- Veteran Service Organizations
- School District
- Social Service Providers
- Mental Health Agencies
- Hospitals
- Universities
- Affordable Housing Developers
- Law Enforcement
- Persons who are/have experienced homelessness

Type of Membership Annual Dues*

Individual - \$0

Homeless Individual – No Charge

Private Sector Agency - \$0

Public Sector Agency - \$0

*For the year 2022-2023, no dues will be assessed to any individual/agency/organization.

Pasco County Continuum of Care Membership Application

Organization/Individual Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Fax: _____

For Agency/Organization, Name of Primary Representative:

Last Name: _____ First Name: _____

Title: _____

Address: _____ City: _____ State: ____ Zip: _____

Email: _____ Phone: _____

For Agency/Organization, Name of Alternative Representative:

Last Name: _____ First Name: _____

Title: _____

Address: _____ City: _____ State: ____ Zip: _____

Email: _____ Phone: _____

Define your organization's mission:

Organization's annual budget? _____

Please list the services and locations that your organization provides:

Continuum of Care Committees or Groups

If you are willing to serve on a CoC Committee, please check below any or all that you are willing to participate in.

- Coordinated Entry
- HMIS
- Veteran Leadership
- Strategic Planning
- Other: Please Explain _____

Additional Categories Requested to meet HUD data requirements:

If Individual: Homeless Formerly Homeless Other _____

If Private Sector:

- | | |
|---------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Law Enforcement/Corrections | <input type="checkbox"/> Business |
| <input type="checkbox"/> Local Government Agency | <input type="checkbox"/> Faith-Based |
| <input type="checkbox"/> Funder Advocacy Group | <input type="checkbox"/> Public Housing Agencies |
| <input type="checkbox"/> Hospitals/Medical Representatives | <input type="checkbox"/> School Systems/Universities |
| <input type="checkbox"/> Local Workforce Investment Act Board | <input type="checkbox"/> Non-Profit Organization |
| <input type="checkbox"/> State Government Agencies | <input type="checkbox"/> Other _____ |

SUBPOPULATIONS SERVED:

- | | |
|--------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> 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"/> Children (Under Age 18) |
| <input type="checkbox"/> Unaccompanied Youth (Ages 18 to 24) | |

HOUSING BED TYPES PROVIDED:

- Emergency Shelter
- Transitional Housing
- Permanent Supportive Housing
- Rapid Re-housing

By filling out this form and paying dues, I understand that my membership information will be requested and updated on an annual basis.

Signature:

Title:

Date:

Please mail completed application to:

The Coalition for the Homeless of Pasco County, Inc.

5652 Pine St

New Port Richey, FL 34652

Or e-mail to:

thomas@pascohomelesscoalition.org

The CoC Membership period is July 1st – June 30th. Membership information will be updated on an annual basis. Members are expected to attend general meetings. Meeting attendance is documented for community collaborative grant efforts. Failure to attend meetings has an adverse effect on the entire continuum.

*Membership dues will fund work of the Collaborative Applicant for administrative support of the CoC, which may include but is not limited to staff support for committees, production of meeting materials, and costs of a CoC website.

For more information, contact Thomas O'Connor Bruno at thomas@pascohomelesscoalition.org

RECEIPT / INVOICE – This document will become your RECEIPT / INVOICE when completed & payment is made in full. Please keep a copy for your records.