



# Continuum of Care Membership Application

## Vision for Success

The NorCal Continuum of Care (CoC) envisions a homeless response system that uses resources effectively, quickly connecting our neighbors with services to regain and retain housing or to prevent homelessness from occurring. By reducing homelessness, we will improve the quality of life and well-being of everyone in our region.

The CoC Executive Board has established Advisory Boards to include representatives from relevant stakeholders and will include a broad representation of key stakeholder groups found within the counties encompassed in the CoC as articulated in the HUD Interim Rule. Each of the counties participating in the CoC region will be responsible for forming a local Advisory Board. There may be no more than one Advisory Board per county.

## Values

Our values, based on a unified and community-wide solution, will align efforts to address homelessness and mitigate the impacts it has on our communities. Together, we create an assertive, effective and strategic approach that will serve as the homeless response system.

- Healthy Communities - with a coordinated, regional response, support our most vulnerable populations in identifying housing opportunities and achieving greater dignity and self-sufficiency.
- Coordinated System of Care – a community-wide response to homelessness prioritizes the quality of life for all persons, understanding that each person has unique needs, strengths and experiences.
- Long-term Sustainability-investments in the right solutions will result in effective use of resources and significantly reduce the number of persons experiencing homelessness.

## Advisory Board Membership Responsibilities

Responsibilities include providing input, expertise, and recommendations to the Board regarding all matters relating to Continuum of Care ("COC") responsibilities, policies, and procedures, including

- Strategic planning for the COC
- Coordinated entry
- Homeless Management Information System (HMIS)
- Project compliance
- Data quality
- Training
- Community planning
- Resource planning and allocation
- Housing Inventory count
- Point-In-Time count
- Coordination of COC with other community resources
- Establishing workgroups as needed to perform COC functions

**There are two types of members:**

**a. Voting Member**

A Voting Member must attend regularly scheduled Advisory Board meetings and shall have one vote on all action items.

**b. Participant**

A Participant may participate in Advisory Board meeting discussions but do not vote on action items. There is no meeting attendance requirement for a Participant.

For additional information please see the Governance Charter and Membership Policy at  
<https://www.teachinc.org/norcal-continuum-of-care/>



Name \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ **Personal Email** \_\_\_\_\_

Agency Name (If Applicable) \_\_\_\_\_

Membership request: ☐ Voting Member ☐ Voting Member Alternate Participant

Voting member please identify an alternate (If Applicable) \_\_\_\_\_

**Please Select the Category that best defines you or your agency type. What service area, jurisdiction or special population do you represent? (Check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> Local Government Staff/Officials      | <input type="checkbox"/> Youth Advocates                                    |
| <input type="checkbox"/> CDBGHOME/ESG Entitlement Jurisdiction | <input type="checkbox"/> School Administrators/Homeless Liaisons            |
| <input type="checkbox"/> Law Enforcement                       | <input type="checkbox"/> CoC Funded Victim Service Providers                |
| <input type="checkbox"/> Local Jail(s)                         | <input type="checkbox"/> Non-CoC Funded Victim Service Providers            |
| <input type="checkbox"/> Hospital(s)                           | <input type="checkbox"/> Domestic Violence Advocates                        |
| <input type="checkbox"/> EMT/Crisis Response Team(s)           | <input type="checkbox"/> Street Outreach Team(s)                            |
| <input type="checkbox"/> Mental Health Service Organizations   | <input type="checkbox"/> Lesbian, Gay, Bisexual, Transgender (LGBT)         |
| <input type="checkbox"/> Substance Abuse Service Organizations | <input type="checkbox"/> Advocates  |
| <input type="checkbox"/> Affordable Housing Developer(s)       | <input type="checkbox"/> LGBT Service Organizations                         |
| <input type="checkbox"/> Disability Advocates                  | <input type="checkbox"/> Agencies that serve survivors of human trafficking |
| <input type="checkbox"/> Public Housing Authorities            | <input type="checkbox"/> Other homeless subpopulation advocates             |
| <input type="checkbox"/> CoC Funded Youth Homeless Org.        | <input type="checkbox"/> Homeless or Formerly Homeless Persons              |
| <input type="checkbox"/> Non-CoC Funded Youth Homeless Org.    | <input type="checkbox"/> Emergency shelter                                  |
| <input type="checkbox"/> Other:                                | <input type="checkbox"/> Veteran service providers and advocates            |
|  | <input type="checkbox"/> Locality taskforce representatives                 |

**Please provide the mission statement of the agency/organization, for individuals, explain your interest in joining the CoC** \_\_\_\_\_

**Describe the agencies/organization's or personal experience working to end homelessness:**

**What does the agency/organization or individual hope to contribute and gain by being a members of the (CoC)? :** \_\_\_\_\_

**Statement of Commitment:** By my signature below, if nominated and elected to the Continuum of Care Advisory Board, I understand that I will attend, with frequency, the Advisory Board Meetings, when scheduled. I will collaboratively participate at each meeting and will share knowledge and information freely. I may revoke my membership at any time, and acknowledge my membership may be revoked for cause, if I am not adhering to the NorCal CoC Governance Charter.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Applications can be submitted to the Chair of the County Advisory Board to which you are  
applying or emailed to: [jnorthrup@teachinc.org](mailto:jnorthrup@teachinc.org)