

## Loudoun County Continuum of Care Membership Form

**A Membership Form must be submitted annually for each participating organization.**

Please complete this form if you would like to be a member of the Loudoun County Continuum of Care (CoC).

<b>Organization Type – check all that apply</b>		
<input type="checkbox"/> Adult & Aging Services <input type="checkbox"/> Affordable Housing Developer <input type="checkbox"/> Business <input type="checkbox"/> Child(ren) Services <input type="checkbox"/> College/University <input type="checkbox"/> Disability Services <input type="checkbox"/> Domestic Violence Services	<input type="checkbox"/> Faith-Based Organizations <input type="checkbox"/> Formerly Homeless Person(s) <input type="checkbox"/> Homeless Services Provider <input type="checkbox"/> Medical/Healthcare Services <input type="checkbox"/> Law Enforcement/Local Jail <input type="checkbox"/> Local Government <input type="checkbox"/> Nonprofit Organization	<input type="checkbox"/> Medical/Healthcare Provider <input type="checkbox"/> Public School System <input type="checkbox"/> Mental/Behavioral Health Provider <input type="checkbox"/> Young Adult Services (ages 18 to 24) <input type="checkbox"/> Workforce Development/ Employment Services <input type="checkbox"/> Other: _____
<b>Organization Information</b>		
Organization Name: _____		
Address: _____		
Phone Number: _____		
Website: _____		
Fax Number: _____		
<b>Number of years providing services in Loudoun County: _____</b>		
Please provide a brief description of your organization.		
_____		
_____		
_____		
_____		
_____		
<b>Does your organization accept referrals from Coordinated Entry?    <input type="checkbox"/> Yes / <input type="checkbox"/> No</b>		
If no, please describe how households are referred for services. _____		
_____		
_____		
_____		
_____		
<b>Describe your organization's data collection methods to track program outcomes.</b>		
_____		
_____		
_____		
_____		
_____		
<b>Programs and Services – please check all programs and/or services provided by your organization</b>		
<input type="checkbox"/> Case Management <input type="checkbox"/> Childcare/Child Development <input type="checkbox"/> Disability Services <input type="checkbox"/> Domestic Violence Services <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Employment Services <input type="checkbox"/> Homeless Diversion	<input type="checkbox"/> Homeless Prevention <input type="checkbox"/> Housing Location Assistance <input type="checkbox"/> Information & Referral <input type="checkbox"/> Jail/Re-Entry Services <input type="checkbox"/> Legal Aid/Immigration Services <input type="checkbox"/> Outreach	<input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Rapid Re-Housing <input type="checkbox"/> Substance Abuse Treatment <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Transportation Assistance <input type="checkbox"/> Veteran Services <input type="checkbox"/> Other: _____



# Loudoun County Continuum of Care Membership Form

<b>Population(s) Served – check all that apply</b>		
<input type="checkbox"/> At-risk homelessness	<input type="checkbox"/> Persons w/ disabilities	<input type="checkbox"/> Older Adults (age 62+)
<input type="checkbox"/> Children (ages 0-12)	<input type="checkbox"/> Persons w/ HIV/AIDS	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Chronically Homeless	<input type="checkbox"/> Literally Homeless households	<input type="checkbox"/> Non-U.S. Citizens
<input type="checkbox"/> Domestic Violence Survivors	<input type="checkbox"/> Single Adult households	<input type="checkbox"/> Veterans
<input type="checkbox"/> EMT/Crisis Response Team	<input type="checkbox"/> Mental/Behavioral Health	<input type="checkbox"/> Youth Services (ages 13 to 17)
<input type="checkbox"/> Families (households w/ adults+children)	<input type="checkbox"/> Newly Released Citizens	<input type="checkbox"/> Young Adults (ages 18 - 24)

**Staff Contact(s) – staff will be added to the CoC Listserv**

Name: _____
Title/Position: _____
Phone Number: _____ Ext. _____
Email Address: _____
<b>Name: _____</b>
<b>Title/Position: _____</b>
<b>Phone Number: _____ Ext. _____</b>
<b>Email Address: _____</b>
<b>Name: _____</b>
<b>Title/Position: _____</b>
<b>Phone Number: _____ Ext. _____</b>
<b>Email Address: _____</b>
<b>Name: _____</b>
<b>Title/Position: _____</b>
<b>Phone Number: _____ Ext. _____</b>
<b>Email Address: _____</b>
<b>Name: _____</b>
<b>Title/Position: _____</b>
<b>Phone Number: _____ Ext. _____</b>
<b>Email Address: _____</b>

*The Continuum of Care (CoC) Program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.*

*By signing below, I understand that the organization listed above will be a participating member in the Loudoun County Continuum of Care.*

**Signature of Executive Director/CEO: \_\_\_\_\_ Date: \_\_\_\_\_**