

Loudoun Continuum of Care

2024 Membership Form

Complete this form if you would like to become a member of the Loudoun County Continuum of Care (CoC).
Membership is open to individuals and organizations that represent or offer services to anyone in Loudoun County who is unsheltered or unstably housed.

Applicant Type – check all that apply

- | | | |
|---|--|--|
| <input type="checkbox"/> Adult & Aging Services | <input type="checkbox"/> Homeless or Formerly Homeless Person(s) | <input type="checkbox"/> Mental/Behavioral Health Provider |
| <input type="checkbox"/> Affordable Housing Developer | <input type="checkbox"/> Homeless Services Provider | <input type="checkbox"/> Nonprofit Organization |
| <input type="checkbox"/> Child(ren) Services | <input type="checkbox"/> Individual/Loudoun Resident | <input type="checkbox"/> Public School System |
| <input type="checkbox"/> College/University | <input type="checkbox"/> Law Enforcement/Local Jail | <input type="checkbox"/> Veterans Services |
| <input type="checkbox"/> Disability Services | <input type="checkbox"/> Legal Aid Services | <input type="checkbox"/> Workforce Development/
Employment Services |
| <input type="checkbox"/> Domestic Violence Services | <input type="checkbox"/> Local Government | <input type="checkbox"/> Young Adult Services (ages 18 to 24) |
| <input type="checkbox"/> EMT/Crisis Response Team | <input type="checkbox"/> Medical/Healthcare Services | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Faith-Based Organization | | |

Member Information

Name and Title (if applicable):

Organization, if any:

Address:

Phone Number:

Website:

Number of years providing services in Loudoun County:

For Organizations only, please complete questions 1-5.

1. Please provide a brief description of your organization.

2. Does your organization accept referrals from Coordinated Entry? ☐ Yes / ☐ No
If no, please describe how households are referred for services.

3. Describe your organization's data collection methods to track program outcomes.

4. Programs and Services Offered–check all that apply

- | | | |
|--|---|---|
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Homeless Prevention | <input type="checkbox"/> Permanent Supportive Housing |
| <input type="checkbox"/> Childcare/Child Development | <input type="checkbox"/> Housing Location Assistance | <input type="checkbox"/> Rapid Re-Housing |
| <input type="checkbox"/> Disability Services | <input type="checkbox"/> Information & Referral | <input type="checkbox"/> Substance Abuse Treatment |
| <input type="checkbox"/> Domestic Violence Services | <input type="checkbox"/> Jail/Re-Entry Services | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Legal Aid/Immigration Services | <input type="checkbox"/> Transportation Assistance |
| <input type="checkbox"/> Employment Services | <input type="checkbox"/> Outreach | <input type="checkbox"/> Veteran Services |
| <input type="checkbox"/> Homeless Diversion | | <input type="checkbox"/> Other: _____ |

Please return completed form to Corinne Wyss by emailing Corinne.Wyss@loudoun.gov or mail at: Department of Family Services c/o Continuum of Care 102 Heritage Way, NE, Ste 103 P.O. Box 7400 Leesburg, VA 20177

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5. Population(s) Served – check all that apply

<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)

For Individual Applicants Only, please complete questions 6-9.

6. Do you live or work in Loudoun County? _ Yes / _ No

Years living in Loudoun _____, Years working in Loudoun _____

7. Do you have lived experience in homelessness or domestic violence? _ Yes/ _ No

8. Do you work or volunteer serving those experiencing homelessness or domestic violence? _ Yes/ _ No

9. Why are you interested in participating in the CoC?

10. Individual Point(s) of Contact - individuals listed here will be added to the CoC membership email distribution list

Name: _____

Title/Position: _____

Phone Number: _____ Ext. _____

Email Address: _____

Name: _____

Title/Position: _____

Phone Number: _____ Ext. _____

Email Address: _____

Name: _____

Title/Position: _____

Phone Number: _____ Ext. _____

Email Address: _____

Name: _____

Title/Position: _____

Phone Number: _____ Ext. _____

Email Address: _____

The Continuum of Care (CoC) Program is designed to promote community-wide 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.

Individuals and organizations submitting this form acknowledge this is a public document and may be subject to the Freedom of Information Act.

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

Signature of Executive Director/CEO or Individual/Resident

Date

We consider all qualified applicants regardless of age, color, disability, gender identity, genetic information, national origin, political affiliation, race, religion, sex, sexual orientation or other non-merit factors.

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