



Interagency Commission on Homelessness (ICH)

Continuum of Care Membership Application Form

Please complete this form if you would like to be a member of the Montgomery County Continuum of Care (CoC). Send the completed forms to Nili Soni, Continuum of Care Coordinator, Montgomery County Department of Health and Human Services | Interagency Commission on Homelessness, 1301 Piccard Drive, 2nd Floor, Rockville, Maryland 20850, nili.soni@montgomerycountymd.gov, Fax: 240-777-4100.

Name: _____
Title: _____
Agency: _____
E-mail Address: _____
Phone: _____

Type of Membership Requested (Please select one):

- General membership:** The CoC is open to any organizations or persons residing or doing business in Montgomery County with an interest in preventing and/or ending homelessness in the community. General members are welcome to attend the full CoC semiannually meetings held during the year.
- Voting membership:** Voting membership is open to any general member of the CoC who wants to participate more thoroughly in the CoC throughout the year, via committee, subcommittee, and/or workgroup. To become a new voting member an individual or organization must submit an application for voting status for review and approval by the Operation Committee. Voting member must commit to hold active positions at an Interagency Commission on Homelessness, CoC committee, subcommittee and/or workgroup.

Continuum of Care Committees (Please select the committee (s) that you are interested in joining):

- Operations Committee** - This committee will continue to meet on a regular basis and will be responsible for the day-to-day operations of the CoC.
- Community Outreach and Education Committee:** Provide education and outreach to the community on homelessness issues.
- Performance Review Committee:** Review and monitor aggregate CoC-wide performance for all CoC programs.
- Strategic Planning Committee:** Develop, monitor and update the CoC's Strategic Plan to end homelessness
- N/A:** I am not interested in joining a sub-committee.

I would like to receive ICH meeting notifications.

Yes No

Meeting schedules, agendas and meeting notes will be posted to the ICH website at

www.montgomerycountymd.gov/ICH

Description of Interest (In a few sentences please describe why you are interested in joining the CoC):

Affiliations: The Montgomery County CoC is interested in having representative from a wide variety of fields, interest, experiences, and professions in the community. Please indicate if you or the agency for which you work falls into one or more of the categories listed below by marking all categories that apply.

Categories	Mark all that apply	Categories	Mark all that apply
Advocate(s)	<input type="checkbox"/>	Legal Aid Services	<input type="checkbox"/>
Affordable Housing Developer(s)	<input type="checkbox"/>	Local Government Staff Officials	<input type="checkbox"/>
Agencies that serve survivors of human trafficking	<input type="checkbox"/>	Local Jail(s) Department of Corrections and Rehabilitations	<input type="checkbox"/>
Business	<input type="checkbox"/>	Mental Health Service Organizations	<input type="checkbox"/>
Department of Health and Human Services	<input type="checkbox"/>	Public Housing Authority	<input type="checkbox"/>
Disability Services	<input type="checkbox"/>	School Administrators Homeless Liaisons	<input type="checkbox"/>
Domestic Violence Service Provider	<input type="checkbox"/>	Street Outreach Team(s)	<input type="checkbox"/>
Elected Official	<input type="checkbox"/>	Substance Abuse Service Organizations	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input type="checkbox"/>	University	<input type="checkbox"/>
Faith-Based Organization	<input type="checkbox"/>	Utility Companies	<input type="checkbox"/>
Government Entity	<input type="checkbox"/>	Veterans Organizations	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input type="checkbox"/>	Workforce Development Employment Service Provider	<input type="checkbox"/>
Homeless Organizations	<input type="checkbox"/>	Youth Advocates	<input type="checkbox"/>
Hospital(s) and Health Care providers	<input type="checkbox"/>	Youth Homeless Organizations	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	Other: <i>Please specify</i>	<input type="checkbox"/>

Thanks you for your interest in being a member of the Montgomery County Continuum of Care, and making a difference in the lives of people who experience homelessness in our communities!

www.montgomerycountymd.gov/ICH