



Instructions and Guide

How to Submit an Application Applications may be submitted by email to membership@hscnfl.org; by U.S. mail to HSN, 142 E Jackson Street, Orlando, FL 32801; or by hand to a CoC-designated representative at any CoC general or committee meeting. Any applicant who does not receive notification of application denial within 30 days of receipt by HSN may assume his or her membership application has been approved. Please note that the Application for Organizational Affiliate Membership is separate and distinct from Individual Affiliate Membership.

Who is a Designated Voting Member? These are individuals authorized to make decisions on behalf of the organization. Typically, an organization will elect their CEO/Executive Director, members of their leadership, and management teams. Each organization must elect voting members and may select up to five (5) persons. This only applies if the agency/organization listed as the applicant's primary agency is an Organizational Member of CoC FL-507.

Which agency/organization should I list my affiliation with? You should list the agency or organization with which you have your primary affiliation in any official capacity such as employee, board member, volunteer, or similar role

How do we contact you? Applicants are required to provide accurate contact information to ensure that they are able to receive communication from the Commission (CoC FL-507). Your work email, work phone number, and office address are acceptable. Persons may also elect to provide their personal contact information.

What best describes you and your work? In this section, we ask you to identify all the sectors/constituencies/disciplines that are applicable to you and the work you do. Check all that apply. If there is an area, activity, or sector not included in the list, please include it under "Other".

Where do you work/serve? This question aims at identifying the area which the applicant works/serves. Please check all the counties in which you operate or serve. If a county is not listed, you may include it under "Other".

Certification Section This section ensures we know who is submitting the application. It also ensures that you, the applicant, understand the basic requirement for maintaining membership with CFCH/CoC FL-507. To maintain active membership, you must attend at least two (2) CoC FL-507 general or committee meetings during any 12-month period. If this does not occur, you will be required to re-apply for membership.

Questions or Concerns If you have any questions or concerns in relation to your membership with CoC FL-507, you may send an email to membership@hscnfl.org.

To stay informed about CFCH updates and notifications, please visit www.cfch.org and sign up for email updates.

Application Questions

Name of Individual Applicant: _____

Is this a new application or an updated application? New Updated

Applicant's primary agency/organizational affiliation (if any): _____

Applicant's position/title with above agency/organization: _____

Year joined the above agency/organization: _____

Are you a Designated Voting Member for the above agency/organization? Yes No Not Sure

Current secondary agency/organizational affiliation (if any): _____

Primary Email: _____

Primary Phone: _____

Address: _____

Street Address

City

State

ZIP Code

Which best describes you and your work? <i>(Check all that apply)</i>	Where do you work/serve?	
<input type="checkbox"/> Local Government Staff/Official <input type="checkbox"/> State Government Staff/Official <input type="checkbox"/> CDBG/HOME/ESG Jurisdictional Admin <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Jail <input type="checkbox"/> EMT/Crisis Response Team <input type="checkbox"/> Hospital <input type="checkbox"/> Mental Health Services Agency <input type="checkbox"/> Substance Abuse Services Agency <input type="checkbox"/> Nonprofit Homeless Assistance Provider <input type="checkbox"/> Social Service Provider <input type="checkbox"/> Disability Services Provider <input type="checkbox"/> LGBTQ Services Provider <input type="checkbox"/> Victim/Domestic Violence Provider <input type="checkbox"/> Human Trafficking Provider <input type="checkbox"/> Youth Homeless Agency <input type="checkbox"/> Veteran Services Provider <input type="checkbox"/> Street Outreach	<input type="checkbox"/> Affordable Housing Developer <input type="checkbox"/> Public Housing Authority <input type="checkbox"/> School Admin/Homeless Liaison <input type="checkbox"/> Funder <input type="checkbox"/> Faith-Based Organization <input type="checkbox"/> University/College <input type="checkbox"/> Advocate – Youth <input type="checkbox"/> Advocate – Domestic Violence <input type="checkbox"/> Advocate – LGBTQ <input type="checkbox"/> Advocate – Disability <input type="checkbox"/> Advocate – Other Hmls Population <input type="checkbox"/> Shelter/Transitional Housing Provider <input type="checkbox"/> Day Center/Day Program <input type="checkbox"/> Feeding Program/Soup Kitchen <input type="checkbox"/> I am Homeless/Formerly Homeless <input type="checkbox"/> Other <i>(please specify)</i> :	<input type="checkbox"/> Orange <input type="checkbox"/> Osceola <input type="checkbox"/> Seminole <input type="checkbox"/> Other: <i>(please specify)</i>

I certify that the information provided above is current, accurate, and complete to the best of my knowledge. I understand and agree that I am responsible for reporting any changes to the above information to membership@hsncfl.org. I further understand and agree that if I do not attend at least two (2) CoC FL-507 general or committee meetings during any 12-month period, I will be required to re-apply for membership.

Signature: _____ Date: _____