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**OR-505 BOS CoC/Rural Oregon Continuum of Care (ROCC)**

**2023 Membership Registration Form**

**Membership Type**: Individual \_\_\_\_\_ Non-Grantee Organization \_\_\_\_\_\_\_ Grantee Organization \_\_\_\_\_

**Name of Individual or Organization**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact person (if organization)**: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social Media Site(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Region**: (please select one)

|  |  |
| --- | --- |
|  | Region 1: Coos, Curry, Josephine, and Douglas Counties |
|  | Region 2: Klamath, Lake, Harney, and Malheur Counties |
|  | Region 3: Baker, Union, Wallowa, and Grant Counties |
|  | Region 4: Hood River, Wasco, Sherman, Gilliam, Wheeler, Morrow, and Umatilla Counties |
|  | Region 5: Columbia, Clatsop, Yamhill and Tillamook Counties |
|  | Region 6: Lincoln, Benton, and Linn Counties |

**Please check one of the following**:

|  |  |
| --- | --- |
|  | Homeless or formerly homeless |
|  | Community member or provider: *(select one of the following)* |
|  | Direct Service, i.e. housing, supportive services |
|  | Advocacy, i.e. political, peer-to-peer |
|  | Funder, i.e. small donor, business member, foundation |
|  | Landlord/potential landlord |

**Are you interested in serving on the Board of Directors or a Workgroup?**

|  |  |
| --- | --- |
|  | Board of Directors |
|  | Coordinated Entry Workgroup: oversight of CE implementation; policy recommendations |
|  | HMIS Data Workgroup: data analysis/performance/evaluation/strategic planning |
|  | Runaway and Homeless Youth (RHY) Workgroup: supporting RHY work; engaging partners |
|  | Lived Experience Workgroup: advisory; information-sharing/gathering for strategic planning |

Please select all service areas that apply to your organization:

\_\_ Affordable Housing Developer

\_\_ Agencies serving survivors of human trafficking

\_\_ Disability Advocates

\_\_ Disability Service Organizations

\_\_ EMS / Crisis response Team

\_\_ Homeless or Formerly Homeless Person

\_\_ Hospital

\_\_ Tribal and tribally Designated Housing Entities

\_\_ Law Enforcement

\_\_ LGBTQ+ Advocates

\_\_ LGBTQ+ Service Organization

\_\_ Local Government

\_\_ Law enforcement

\_\_ Mental Health Advocates

\_\_ Mental Health Service Organizations

\_\_ Organizations led by and serving Black, Brown, Indigenous and other people of color

\_\_ Organizations led by and serving LGBTQ+ persons

\_\_ Organizations led by and serving people with disabilities

\_\_ Other homeless subpopulation advocates

\_\_ Public Housing Authorities

\_\_ School Administrators / Homeless Liaisons

\_\_ State Domestic Violence Coalition

\_\_ State Sexual Assault Coalition

\_\_ Street Outreach Teams

\_\_ Substance Abuse Advocates

\_\_ Substance Abuse Service Organizations

\_\_ Victim Service Providers

\_\_ Domestic Violence Advocates

\_\_ Other Victim Service Organizations

\_\_ Youth Advocates

\_\_Youth Homeless Organizations

\_\_ Youth Service Providers

If you intend to apply for CoC funding, please attach:

\_\_ Board Roster with Homeless or Formerly Homeless Person Designation

\_\_ Current Strategic Plan

\_\_ Equity Statement

I understand that, as a Direct Service provider I am required to follow the Continuum of Care guidelines for Coordinated Entry, Rapid Rehousing, Permanent Supportive Housing and HMIS.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date