TCHSC
Treasure Coast Homeless Services Council
Connect Collaborate Cultivate

TREASURE COAST HOMELESS SERVICES COUNCIL, INC.
2525 St. Lucie Avenue
Vero Beach, FL 32960

office@tchelpspot.org **www.tchelpspot.org** **772-213-9040**

CONTINUUM OF CARE MEMBERSHIP APPLICATION

Organization Name: _____ **Website:** _____

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Phone:** _____ **Fax:** _____

Membership information will be updated on an annual basis. Members are expected to attend the majority (at least 4) bi-monthly meetings annually. Members who do not meet this standard will not be considered a "member in good standing" and will not be eligible for funding.

If Private Sector:

- ☐ Law Enforcement/Corrections
- ☐ Local Government Agency
- ☐ Local Workforce Investment Act Board
- ☐ Public Housing Agencies
- ☐ School Systems/Universities
- ☐ State Government Agencies
- ☐ Business
- ☐ Faith-Based
- ☐ Funder Advocacy Group
- ☐ Hospitals/Medical Representatives
- ☐ Non-Profit Organization
- ☐ Other _____

Subpopulations Served:

- ☐ Seriously Mentally Ill
- ☐ Veterans
- ☐ Domestic Violence
- ☐ Unaccompanied Youth (Ages 18 to 24)
- ☐ Substance Abuse
- ☐ HIV/AIDS
- ☐ Children

Housing Bed Types Provided:

- ☐ Emergency Shelter
- ☐ Permanent Supportive Housing
- ☐ Transitional Housing
- ☐ Rapid Re-housing

Signature: _____ Title: _____ Date: _____

Send Completed Applications via Email: Office@tchelpspot.org or Fax 772-567-5991