

AUGUST 15, 2016

TAMPA/HILLSBOROUGH COUNTY COC
MEMBERSHIP APPLICATION FOR DIRECTORY



WWW.THHI.ORG
PO Box 1110, TAMPA, FL 33601-1110



Tampa Hillsborough County CoC Membership Form
UNITY "Community Point" Directory

Please complete this form for each program within your agency:

AGENCY NAME: _____

PROJECT NAME: _____

PROJECT TYPE (i.e. Shelter, Transitional Housing): _____

PROJECT PERIOD: _____

OF PROJECT BEDS BY FUNDING SOURCE:

CITY _____	COC/THHI _____		TOTAL _____
COUNTY _____	OTHER _____		

OFFICE ADDRESS: _____

PHONE: _____ FAX: _____

GENERAL HOURS: _____

WEBSITE: _____

SOCIAL MEDIA:

FACEBOOK: _____	TWITTER: _____
INSTAGRAM: _____	SNAPCHAT: _____

BILINGUAL SERVICES: YES/NO _____ LANGUAGES _____

PROJECT DESCRIPTION: _____

ELIGIBILITY REQUIREMENTS: _____

INTAKE PROCESS: _____

AGENCY CONTACTS: _____

KEY PARTNERS: _____



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NAME OF THE ORGANIZATION: _____

What is your geographic service area? Check all that apply (please refer to the attached deployment site coverage sheet)

- Town’N Country Area West Tampa Area University Area Plant City Area
- West Shore Area Hyde Park Area Brandon Area Ruskin Area

What is your organization target population? Check all that apply

- Youth Pregnant women Single Men Single Women
- Families Domestic violence Veterans Elderly

Other: _____

What type of housing services does your organization provide?

- Permanent Supportive Housing Rapid Re-housing Transitional Housing
- Emergency Bridge Housing Emergency Shelter Save Haven

Other Permanent Housing (*List*): _____

What supportive services does your organization provide? Check all that apply

- Meals Food banks Transportation Rent assistance Utility assistance
- Job search Clothing Veterans assistance Case management Vision care
- Outreach Mental health counseling Other Counseling Health Care Dental Care
- Substance Abuse Employment skills Job Readiness Training Day care Assistance
- Education Assistance (GED, trade school, college) SOAR Food Stamps
- Health Insurance assistance Furniture Household Items Toiletries

Other: _____

What specific services do you feel are needed in our community (i.e. more beds, more transportation)
