

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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PROJECT NAME: \_\_\_\_\_

**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(s): \_\_\_\_\_

\_\_\_\_\_

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

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