TAMPA/HILLSBOROUGH COUNTY COC
MEMBERSHIP APPLICATION FOR DIRECTORY

AUGUST 15, 2016
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: ________________________________________________________________

Please return to: THHI at info@THHI.org or mail to PO Box 1110, Tampa FL 33601-1110
Tampa Hillsborough County CoC Membership Form
UNITY “Community Point” Directory

AGENCY NAME: __________________________________________________________

PROJECT NAME: _______________________________________________________

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

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

**What is your organization target population? Check all that apply**

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

Other: ___________________________________________________________________

**What type of housing services does your organization provide?**

- [x] Permanent Supportive Housing
- [ ] Rapid Re-housing
- [x] Transitional Housing
- [x] Emergency Bridge Housing
- [ ] Emergency Shelter
- [x] Save Haven
- [ ] Other Permanent Housing (List): _______________________________________

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

- [x] Meals
- [ ] Food banks
- [x] 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
- [x] 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)**

________________________________________________________________________

________________________________________________________________________

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