

## **OR-505 BoS CoC/ Oregon Community Continuum of Care (OC3)**

### **Membership Registration**

Membership Type:

Individual:

Non-Grantee Organization:

Grantee Organization:

Name of Individual or Organization:

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Address:

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Couties Represented/Served (if applicable):

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Work Phone:

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Work Email:

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Contact Person (If Organization):

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#### **Our Mission**

***To remove barriers by providing tools and support to  
house and serve rural Oregonians through member  
agency collaboration.***

## Social Media Sites:

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### Region (Select all that apply):

- Region 1: Coos, Curry
- Region 2: Josephine, Douglas
- Region 3: Klamath, Lake
- Region 4: Harney, Malheur
- Region 5: Baker, Union, Wallowa, Grant
- Region 6: Hood River, Wasco, Sherman
- Region 7: Gilliam, Wheeler, Morrow, Umatilla
- Region 8: Columbia, Clatsop, Tillamook
- Region 9: Yamhill
- Region 10: Linn, Benton, Lincoln

### Please check all that apply:

- Homeless or formally homeless
- Direct Service Community Member or Provider, i.e. housing, supportive services
- Advocacy Community Member or Provider, i.e. political, peer-to-peer
- Funder, i.e. small donor, business member, foundation
- Landlord/potential landlord

**Please select all service areas that apply to your organization:**

Affordable Housing Developer  
Agency serving survivors of human trafficking  
Disability Advocates  
Disability Service Organization  
EMS/Crisis Response Team  
Homeless or Formally Homeless Person  
Hospital  
Tribal and Tribally Designated Housing Entity  
Law Enforcement  
LGBTQ+ Advocates  
LGBTQ+ Service Organization  
Local Government  
Mental Health Advocates  
Mental Health Service Organization  
Organization led by and serving Black, Brown, Indigenous and other people of color  
Organization led by and serving LGBTQ+ persons  
Organization led by and serving people with disabilities  
Other homeless subpopulation advocates  
Public Housing Authority  
School Administrator / Homeless Liaison (McKinney Vento)  
State Domestic Violence Coalition  
State Sexual Assault Coalition  
Street Outreach Team  
Substance Use Advocate  
Substance Use Service Organization  
Victim Service Provider  
Domestic Violence Advocate

Other Victim Service Organization (Please Specify): \_\_\_\_\_

Youth Advocate

Youth Homeless Organization

Youth Service Provider

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

Board of Directors

Youth of Oregon United (Y.O.U) Workgroup: Supporting youth work; engaging partners in collaborative efforts

Domestic Violence Workgroup: Supporting DV work; engaging partners in collaborative efforts, best practices for CoC

Other Interests or Workgroup Ideas:

## If you intend to apply for CoC funding:

I am attaching our Board Roster with Homeless or Formally Homeless Person Designation (required for CoC funding)

I am attaching our Current Strategic Plan (required for CoC funding)

I am attaching our Equity Statement (required for CoC funding)

I am unsure if CoC funding is right for us, please contact me with more information

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

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Signature

Date