

## OR-505 BOS CoC/Rural Oregon Continuum of Care (ROCC) 2024 Membership Registration Form

Membership Type:	Individual	Non-Grantee Organization	Grantee Organization
Name of Individual o	or Organization	ı:	
Address:			
Phone:		Email:	
Contact person (if or	rganization): _		
Social Media Site(s):			
Region: (please select	t one)		
Region 1: Coos,	Curry		
Region 2: Joseph	ine, Douglas		
Region 3: Klama	th, Lake		
Region 4: Harney	y, Malheur		
Region 5: Baker,	Union, Wallow	ra, Grant	
Region 6: Hood	River, Wasco, S	herman	
Region 7: Gillian	n, Wheeler, Mo	rrow, Umatilla	
Region 8: Colum	bia, Clatsop, Ti	llamook	
Region 9: Yamhi	ill		
Region 10: Linn.		n	

## Please check one of the following:

Homeless or formerly homeless

Community member or provider: (select one of the following)

Direct Service, i.e. housing, supportive services

Advocacy, i.e. political, peer-to-peer

Funder, i.e. small donor, business member, foundation

Landlord/potential landlord

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

**Board of Directors** 

Coordinated Entry Workgroup: oversight of CE implementation; policy recommendations

HMIS Data Workgroup: data analysis/performance/evaluation/strategic planning

Runaway and Homeless Youth (RHY) Workgroup: supporting RHY work; engaging partners

Lived Experience Workgroup: advisory; information-sharing/gathering for strategic planning

Please select all service areas that apply to your organization:

Affordable Housing Developer

Agencies serving survivors of human trafficking

Disability Advocates

**Disability Service Organizations** 

EMS / Crisis response Team

Homeless or Formerly Homeless Person

Hospital

Tribal and tribally Designated Housing Entities

Law Enforcement

LGBTQ+ Advocates

LGBTQ+ Service Organization

Local Government

Law enforcement

Mental Health Advocates

Mental Health Service Organizations

Organizations led by and serving Black, Brown, Indigenous and other people of color

Organizations led by and serving LGBTQ+ persons

Organizations led by and serving people with disabilities

Other homeless subpopulation advocates

**Public Housing Authorities** 

School Administrators / Homeless Liaisons

State Domestic Violence Coalition

State Sexual Assault Coalition

Street Outreach Teams

Substance Abuse Advocates

Substance Abuse Service Organizations

Victim Service Providers

Domestic Violence Advocates

Other Victim Service Organizations

Youth Advocates

Youth Homeless Organizations

Youth Service Providers

If you intend to apply for CoC funding, please attach:

Board Roster with Homeless or Formerly Homeless Person Designation

Current Strategic Plan

**Equity Statement** 

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

Signature	Date	