



# 2024 – 2025 MEMBERSHIP APPLICATION

(Non-Profit, Business, Advisory Council)

Please complete this form if you would like to be a member of the Homeless and Housing Alliance of Palm Beach County. Send the completed forms to Gloria Rodriguez, [grodrigu@pbc.gov](mailto:grodrigu@pbc.gov) or mail to: Palm Beach County Division of Human Services and Community Action, 810 Datura Street, West Palm Beach, FL 33401.

Agency: \_\_\_\_\_  
(Organization, Business, Advisory Council or Governmental Entity)

Name of Highest Level Executive: \_\_\_\_\_

Title of Highest Level Executive: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

WEBSITE: \_\_\_\_\_  
(This will be the site listed on our website with a link)

Organization’s Mission/Business Purpose: \_\_\_\_\_  
\_\_\_\_\_

**Is your organization:**

501 (c) 3:            Yes \_\_\_\_\_    No \_\_\_\_\_    Pending \_\_\_\_\_

Faith Based:            Yes \_\_\_\_\_    No \_\_\_\_\_

Government:            Yes \_\_\_\_\_    No \_\_\_\_\_

Business:            Yes \_\_\_\_\_    No \_\_\_\_\_

\_\_\_\_ Other, please specify \_\_\_\_\_

Organization’s Designated Representative: \_\_\_\_\_

(The person who will be responsible for casting the organization’s vote)

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Organization’s Designated Alternative: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_



**HHA Pillars (Please select the Pillars) that you are interested in joining):**

- HMIS Oversight:** This workgroup is an advisory workgroup of the HHA and provides guidance and oversight on the Homeless Management Information System (HMIS) activity for the Palm Beach County Continuum of Care based on the HMIS Policy and Procedure Manual.
- Healthcare Pillar:** This workgroup meets monthly and is charged with engaging healthcare/primary care/behavioral health entities in homeless efforts and improving coordination.
- Supportive Services Pillar:** This workgroup meets monthly and is responsible for connecting individuals and families who are experiencing homelessness to critical support services to help them achieve financial stability.
- Permanent Housing Pillar:** This workgroup meets monthly and is responsible for coordinating with other county departments, municipalities, nonprofits, Faith-based coalitions, housing authorities and other entities to increase access to permanent supportive housing
- Engagement and Advocacy Pillar:** This workgroup meets monthly is charged with engaging the community in breaking the negative stigma associated with homelessness and shifting the narrative in shaping public policy.
- Systems Pillar:** This workgroup meets monthly and is focused on establishing and enhancing a homeless system of care that includes service providers, housing providers, local governmental departments, healthcare systems, criminal justice and law enforcement, educational institutions, businesses, funders, faith-based organizations and concerned residents working together for maximum collective impact.
- Race and Equity Pillar:** This workgroup meets monthly and has an overarching goal to create an equity and diversity framework for the HHA by understanding why inequity exists, being aware of inequity and transforming towards equity.

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Description of Interest (In a few sentences please describe why you are interested in joining the HHA):

**Affiliations:** The HHA is seeking community members that represent a wide range of fields, interests, experiences, and occupations. Please check all that apply to see if you or the agency for which you work fall into one or more of the categories stated below.

<b>Categories</b>	<b>Check</b>	<b>Categories</b>	<b>Check</b>
Affordable Housing Developer		Local Government Staff/Officials	
Agencies Serving Survivors of Human Trafficking		Local Jail	
CDBG/HOME/ESG Entitlement Jurisdiction		Mental Health Service Organizations	
CoC-Funded Victim Service Providers		Mental Illness Advocates	
CoC-Funded Youth Homeless Organizations		Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	
Disability Advocates		LGBT Service Organizations	
Disability Service Organizations		Local Government Staff/Officials	
Domestic Violence Advocates		Local Jail	
EMS/Crisis Response Team(s)		Mental Health Service Organizations	
Funding Collaboratives		Mental Illness Advocates	
Head Start Program		Non-CoC Funded Youth Homeless Organizations	
Homeless or Formerly Homeless Persons		Organizations Led By and Serving Black, Brown, Indigenous and Other People of Color	
Hospitals		Organizations Led By and Serving People with Disabilities	
Housing and Services Programs Funded Through Local Government		Other Homeless Subpopulation Advocates	
Housing and Services Programs Funded Through Other Federal Resources (non-CoC)		Private Foundations	
Housing and Services Program Funded Through Private Entities, Including Foundations		Public Housing Authorities	
Housing and Services Programs Funded Through State Government		Runaway and Homeless Youth (RHY)	
Housing and Services Programs Funded Through US. HHS		School Administrators/Homeless Liaisons	
Housing and Services Programs Funded Through US DOJ		Street Outreach Teams	
Housing Opportunities for Persons with AIDS (HOPWA)		Substance Abuse Advocates	
Indian Tribes and Tribally Designated Housing Entities		Substance Abuse Service Organizations	
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates		Temporary Assistance for Needy Families (TANF)	
Law Enforcement		Youth Advocates	
LGBT Service Organizations		Youth Service Providers	
Indian Tribes and Tribally Designated Housing Entities		Other	

Additional Categories Requested to meet HUD data requirements:

If Individual:  Homeless  Formerly Homeless  Other \_\_\_\_\_

**SUBPOPULATIONS SERVED:**

- |  |  |
|--|--|
| <input type="checkbox"/> Seriously Mentally Ill              | <input type="checkbox"/> Substance Abuse         |
| <input type="checkbox"/> Veterans                            | <input type="checkbox"/> HIV/AIDS                |
| <input type="checkbox"/> Domestic Violence                   | <input type="checkbox"/> Children (Under Age 18) |
| <input type="checkbox"/> Unaccompanied Youth (Ages 18 to 24) |  |

**HOUSING BED TYPES PROVIDED:**

- Emergency Shelter
- Transitional Housing
- Permanent Supportive Housing
- Rapid Re-housing

By filling out this form, I understand that my membership information will be requested and updated on an annual basis.

\_\_\_\_\_  
Signature: Title: Date:

**\*\* THANK YOU FOR COMPLETING THIS APPLICATION FORM AND YOUR INTEREST IN BECOMING A MEMBER OF THE HHA\*\***

The HHA membership period is October 1 – September 30

For more information, contact Gloria Rodriguez at [grodrigu@pbc.gov](mailto:grodrigu@pbc.gov)

**Nonprofit members are also asked to provide the following documentation to the HHA via email, mail or fax:**

- Copy of 501 (c) 3 exemption letter
- Copy of Articles of Incorporation
- Copy of most recent health and safety inspection reports, if applicable
- Copy of all accreditations (i.e., JACHOCHA, CARF), if applicable
- Copy of most recent annual report, if applicable