



Homeless Coalition of Polk County, Inc.
328 W. Highland Drive
Lakeland, FL 33813
(863)687-8386

2021 CoC MEMBERSHIP APPLICATION

Please complete this form and the attached Membership Agreement and return with payment to the above address. Membership begins upon approval of application and continues through December 31, 2021.

- Agency Membership - \$100** **Check one:** New Existing
(New members must attach a copy of the agency's 501(c)3 letter, Articles of Incorporation, and Bylaws.)

Agency Name	
Address	
Telephone	
CEO/Director	Email

Members may designate up to three voting members to represent their organization. Each organization is allowed ONE vote on CoC matters presented in meetings and official email.

	Voting Member #1	Voting Member #2	Voting Member #3
Name			
Title			
Phone			
Email			

- Individual Membership - \$50 (waived for persons currently experiencing homelessness)**

Name
Address
Telephone
Email

Provider Agencies: Please indicate services provided by your organization. This information will be used in the Coordinated Entry referral process, and will be listed on the HCPC website. A more comprehensive list will be available in HMIS to facilitate accurate recordkeeping and reporting.

SERVICES PROVIDED

Agency
Organization Type <input type="checkbox"/> Government <input type="checkbox"/> Nonprofit <input type="checkbox"/> Private for-profit <input type="checkbox"/> Faith-based <input type="checkbox"/> Education <input type="checkbox"/> Healthcare <input type="checkbox"/> Law enforcement <input type="checkbox"/> Other (please describe below)
Populations Served (veterans, families, mentally ill, etc.):

- | | |
|---|---|
| <input type="checkbox"/> Bathing Facilities
<input type="checkbox"/> Birth Certificates/ID
<input type="checkbox"/> Case Management
<input type="checkbox"/> Child Care
<input type="checkbox"/> Clothing
<input type="checkbox"/> Consumer Assistance and Protection
<input type="checkbox"/> Criminal Justice/Legal Services
<input type="checkbox"/> Emergency Shelter <ul style="list-style-type: none"> <input type="checkbox"/> Family <input type="checkbox"/> Individual <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Runaway/Youth <input type="checkbox"/> Hotel/Motel Vouchers <input type="checkbox"/> Employment Training
<input type="checkbox"/> Food Pantry | <input type="checkbox"/> Laundry Facilities
<input type="checkbox"/> Meals
<input type="checkbox"/> Medical/Dental Services
<input type="checkbox"/> Medical Supplies
<input type="checkbox"/> Mental Health Care/Counseling
<input type="checkbox"/> Permanent Housing
<input type="checkbox"/> Prescription Drug Assistance
<input type="checkbox"/> Rental Assistance
<input type="checkbox"/> School Supplies
<input type="checkbox"/> Substance Abuse Counseling
<input type="checkbox"/> Temporary Mailing Address
<input type="checkbox"/> Thrift Shop
<input type="checkbox"/> Transitional Housing
<input type="checkbox"/> Transportation
<input type="checkbox"/> Utility Assistance |
|---|---|

Additional services not listed above:

