

FEBRUARY 5, 2019

TAMPA/HILLSBOROUGH COUNTY COC
MEMBERSHIP



WWW.THHI.ORG
PO Box 1110, TAMPA, FL 33601-1110



Tampa Hillsborough County CoC Membership Form
UNITY "Community Point" Directory

Please complete this form for each program within your organization:

AGENCY NAME: _____

OFFICE ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL ADDRESS: _____ WEBSITE: _____

GENERAL HOURS: _____

AGENCY CONTACT: _____

CONTACT FOR PROGRAM INTAKE/ADMISSION: _____

SOCIAL MEDIA:

FACEBOOK: _____

TWITTER: _____

INSTAGRAM: _____

SNAPCHAT: _____

BILINGUAL SERVICES: YES
 NO

LANGUAGES _____

PROGRAM NAME: _____

PROGRAM PERIOD: _____

FUNDING SOURCE(S): City County CoC
 State Federal Private Other: _____

PROGRAM SUMMARY: *Summarize scope of program.*

ELIGIBILITY REQUIREMENTS: *Check all that apply.*

- Category 1 – Literally Homeless
- Category 2 – Imminent Risk of Homeless
- Category 3 – Homeless Under Other Federal Statues
- Category 4 – Fleeing/Attempting to Flee Domestic Violence



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AGENCY NAME: _____

PROGRAM NAME: _____

OF BEDS IN PROGRAM: _____

DOES AGENCY PRACTICE HOUSING FIRST? (Based on Housing First Questionnaire): Yes No

PROGRAM TARGET POPULATION: Check all that apply.

- Youth Pregnant women Single Men Single Women
- Families Domestic violence Veterans Elderly
- Other: _____

LIST GEOGRAPHICAL SERVICE AREA(S): _____

HOUSING SERVICE(S) PROVIDED BY THIS PROGRAM? Check all that apply.

- Permanent Supportive Housing Rapid Re-housing Transitional Housing
- Emergency Bridge Housing Emergency Shelter Safe Haven
- Other Permanent Housing (List): _____

SUPPORTIVE SERVICE(S) PROVIDED BY ORGANIZATION? Check all that apply.

- Case Management Clothing Counseling: _____
- Daycare Assistance Dental Care Education Assistance
- Food Bank Food Stamps Furniture
- Health Care Health Insurance Household Items
- Mental Health Mortgage Assistance Rent Assistance
- SOAR Substance Abuse Toiletries
- Transportation Utilities Assistance Veterans Assistance
- Vision Care Workforce Development

Other(s):

- _____ _____ _____

What specific services do you feel are needed in our community (i.e. more beds, more transportation)
