

UTAH BALANCE OF STATE HOMELESS COORDINATING COUNCIL

Membership Application

Annual

Member Category: Organization Individual Student Homeless/Formerly Homeless

Organization/Individual Name: _____

Org Department (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

1. Voting Member: _____

Phone Number: (____) _____ E-mail: _____

2. Alternate Voting Member: _____

Phone Number:(____) _____ E-mail: _____

Organization	\$25.00
Individual	\$10.00
Student	\$5.00
Homeless/Formerly Homeless Person	Free

Organization Type (check one)	Geographic Area Served (check all applicable)
<input type="checkbox"/> State/Federal Agency <input type="checkbox"/> Local Government <input type="checkbox"/> Public Housing Authority <input type="checkbox"/> School Systems/University <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Faith-Based Organization <input type="checkbox"/> Funders/Advocacy Groups <input type="checkbox"/> Business/Business Association <input type="checkbox"/> Law Enforcement/Corrections <input type="checkbox"/> Hospital/Medical <input type="checkbox"/> Homeless Service Funding Source <input type="checkbox"/> Other _____	<input type="checkbox"/> Bear River AOG <input type="checkbox"/> Weber County AOG <input type="checkbox"/> Davis County AOG <input type="checkbox"/> Uintah County AOG <input type="checkbox"/> Five County AOG <input type="checkbox"/> Six County AOG <input type="checkbox"/> Carbon/Emery <input type="checkbox"/> Grand <input type="checkbox"/> San Juan <input type="checkbox"/> Statewide <input type="checkbox"/> Other _____ <p style="text-align: center;">Sub-Populations Served (check all applicable)</p> <input type="checkbox"/> Seriously Mentally Ill <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Youth <input type="checkbox"/> Veterans <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Domestic Violence

(Over)

Services Inventory Chart
(check all applicable)

Prevention	Outreach	Supportive Services
<input type="checkbox"/> Mortgage Assistance <input type="checkbox"/> Rental Assistance <input type="checkbox"/> Utilities Assistance <input type="checkbox"/> Counseling/Advocacy <input type="checkbox"/> Legal Assistance <input type="checkbox"/> Other _____	<input type="checkbox"/> Street Outreach <input type="checkbox"/> Mobile Clinic <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Other _____	<input type="checkbox"/> Case Management <input type="checkbox"/> Life Skills <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Mental Health Counseling <input type="checkbox"/> Healthcare <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Child Care <input type="checkbox"/> Transportation <input type="checkbox"/> Food Distribution <input type="checkbox"/> Other _____

Please send check or money order to:
Utah Balance of State Homeless Coordinating Council
c/o Debbie Stark
4216 West 4000 North
Plain City, UT 84404
Ph. 801-643-0099