Tucson Planning Council for the Homeless Membership Request

Mission Statement: The Tucson Planning Council for the Homeless (TPCH) is a coalition of community and faith-based organizations, government entities, businesses, and individuals committed to the mission of reducing homelessness and addressing the issues related to homelessness and our community

Membership Requirements: TPCH is a volunteer-driven organization with no annual dues. Voting rights are given to members in good standing who attend regularly and actively participate in at least one Council committee. Agencies and individuals or business may join and will receive voting privileges upon attendance of three consecutive general meetings and confirmed participation in a standing committee (*see Operating Policies*).

Name: _____
(Organization, Agency, or Individual) *Date of Application*

Non-Profit: ☐ Yes ☐ No **Active 501 (c) 3 : Status**?: ☐ Yes ☐ No **Tax ID#**: _____
Agency/Organization/Individual Scope of Services or Business: _____

Populations Served: _____

_____

_____

_____

Do you offer shelter or housing services? ☐ Yes ☐ No **How many facilities?** ____ **How many beds?** _____

Housing Shelter Populations: (Check all that apply): ☐ Male (>17yrs.) ☐ Female (>17yrs.) ☐ Unaccompanied minors (<18yrs.) ☐ Families (parent >17 yrs.)

Does your housing/program(s) require state licensure or other licensure by an authorized entity?
☐ Yes ☐ No **If yes, are your licenses current?** ☐ Yes ☐ No

All voting members are required to work on a subcommittee. Which one(s) would you like to work on?

☐ Continuum of Services	☐ Discharge Planning	☐ Education	☐ Emergency Services
☐ Homeless Youth	☐ HMIS (required for HUD-funded housing providers)		☐ Plan to End Homelessness
☐ Tucson Homeless Connect	☐ Homeless Street Count Work Group		

Has your agency been a member of TPCH in the past? ☐ Yes ☐ No
If yes, why did you stop attending or lose membership? _____

_____

Agency Representative(s):

Name	***Title/Position***	***Email***	***Phone***
Name	***Title/Position***	***Email***	***Phone***
Executive Director's Name	***Title/Position***	***Email***	***Phone***

_____
Signature of Applicant/Representative & Title/Position ***Date***

Received by Council: ___/___/___ : Executive Committee Member: _____ Revised:10/14/08