



Homeless Coordinated Entry System

Application to Participate

ORGANIZATION INFORMATION						
Organization Name:						
Phone #:	URL:					
Address:						
City:	State:	ZIP Code:				
(Circle One)	Government	Faith Community	Non-Profit	Education	Medical	Other
CONTACT INFORMATION						
Contact Name:						
Title:	Phone:					
E-mail:	Fax:					
ORGANIZATION BACKGROUND						
Mission Statement:						
Briefly explain your organization's relationship to the local homeless population.						

VERIFICATION OF ORGANIZATION

Data collected during the assessment process is highly confidential; therefore only organizations with proven establishment will be authorized to participate.

Please attach one of the following forms to verify your establishment.

- 501(c)3 Documentation
- Formal authorized city or county documentation
- Medical facility credentials
- Faith community authorized documentation

If you do not have any of these documents, contact The Coalition at (831) 883-3080 to discuss if other options are available.

**STAFF/VOLUNTEERS AUTHORIZED TO RECEIVE TRAININGS AND CONDUCT ASSESSMENTS
(ATTACH ANOTHER PAPER IF NECESSARY)**

Printed name	Title	Signature

STAFF VOLUNTEER AUTHORIZED BY:

Printed name	Title	Signature

Please submit supporting documentation and the Application to Participate via email to Janelle Delgado at chspmontry4@aol.com with “PHASE II CARS APPLICATION” in the subject line or via USPS to the mailing address below.



The Coalition of Homeless Services Providers
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