

Prince George's County Homeless Services Partnership Membership Form

Name _____

Title _____

Name of Agency/Organization _____

Address _____

City _____ State _____ Zip Code _____

Service Location(s) _____ Census Tract # _____

Telephone Number _____ Fax _____

Type of Organization:

- _____ National Organization
- _____ Federal Agency
- _____ State Agency/Organization
- _____ City/County Government
- _____ Local Service Provider
- _____ Religious/Faith Organization

- _____ Civil/Cultural/Public Affairs
- _____ Advocacy/Lobbying
- _____ Health/Human Services
- _____ Homeless Consumer
- _____ General Public
- _____ Other, (Please specify)

Primary focus: (check as many as apply)

- _____ Emergency Shelter
- _____ Transitional Housing
- _____ Employment
- _____ Mental Health
- _____ Substance Abuse

- _____ Housing
- _____ Youth Services
- _____ Education
- _____ Other, (Please Specify)

Service(s) offered:

Target population served:

How to access service(s):

Eligibility criteria(s):

Special exceptions/exclusions:

Fees for services:

Target service area:

Mission of Organization:

Special interest/or skills to share:

Recommendations/Suggestions:

(Please attach agency brochure if available)