



## **Continuum of Care Membership Council Application Information**

### **South Alamo Regional Alliance for the Homeless**

The vision of the South Alamo Regional Alliance for the Homeless (SARAH) is to prevent and end homelessness in San Antonio/Bexar County. Our goal is for homelessness to be a rare, brief, and nonrecurring event. SARAH will prioritize the following areas:

- HUD Grant Management and Oversight
- Act as a Community Advocate for Homelessness
- Assess Community Needs
- Expand Appropriate Housing Options
- Increase Collaboration Across Systems
- Reduce Homeless Population
- Prevent Homelessness

### **Membership Council**

The SARAH Membership Council serves as the primary source of expertise and program implementation for the Board of Directors ("Board"). Responsibilities include providing input, expertise, and council-approved recommendations to SARAH staff and the Board regarding all matters relating to Continuum of Care ("COC") responsibilities, policies, and procedures, including but not limited to:

- Strategic planning for the COC
- Coordinated entry
- Homeless Management Information System (HMIS)
- Project compliance
- Data quality
- Training
- Community planning
- Resource planning and allocation
- Housing Inventory count
- Point-In-Time count
- Coordination of COC with other community resources
- Establishing workgroups as needed to perform COC functions

### **Active Membership**

Any Agency, composed of one or more employees, which commits resources or whose activities encompass the spectrum of services directed at the San Antonio/Bexar County homeless population may be considered for Active Membership. Each Agency must submit an application for membership to SARAH's Executive Director and will be approved for membership by a majority vote by the SARAH Board of Directors. Each approved agency will have one vote on the Membership Council. Members shall be designated as either an 'Active' or 'Associate' member.



## Continuum of Care Membership Council Application

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

**Please identify up to four agency representatives who have permission to vote on Membership Council action items.**

Name/Title 1: \_\_\_\_\_ Email: \_\_\_\_\_

Name/Title 2: \_\_\_\_\_ Email: \_\_\_\_\_

Name/Title 3: \_\_\_\_\_ Email: \_\_\_\_\_

Name/Title 4: \_\_\_\_\_ Email: \_\_\_\_\_

**Please Select the Category that best defines your agency type. Refer to page 4 of this application for a description of categories. (Please select all that apply)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CoC/ESG             | <input type="checkbox"/> Domestic Violence      | <input type="checkbox"/> Elderly/Aging                   |
| <input type="checkbox"/> Healthcare Services | <input type="checkbox"/> Legal Assistance       | <input type="checkbox"/> Community Partner               |
| <input type="checkbox"/> Mental Health       | <input type="checkbox"/> Government Agency      | <input type="checkbox"/> Other (please specify)<br>_____ |
| <input type="checkbox"/> Veterans            | <input type="checkbox"/> Child and Family       |  |
| <input type="checkbox"/> Education           | <input type="checkbox"/> Substance Use Recovery |  |
| <input type="checkbox"/> Youth               | <input type="checkbox"/> Faith Based            |  |

**Please provide the mission statement of the agency/organization:**

\_\_\_\_\_  
\_\_\_\_\_

**Describe the agency's/organization's experience working to end homelessness:**

\_\_\_\_\_  
\_\_\_\_\_

**What does the agency/organization hope to contribute and gain by being a members of the Continuum of Care (CoC)?:**

\_\_\_\_\_  
\_\_\_\_\_



**This agency wishes to be a member of the South Alamo Regional Alliance for the Homeless (SARAH) Membership Council, the Continuum of Care for San Antonio/Bexar County, and agrees to send at least one representative to Membership Council meetings as well as participate in at least one special community initiative (such as workgroups, committees and/or Point-in-Time Count).**

\_\_\_\_\_  
Printed Name of Agency Representative

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

*After filling out this form, please print, sign and scan this form to [contactsarah@sarahomeless.org](mailto:contactsarah@sarahomeless.org). Please note that active membership may take up to two months for approval and organizations may participate as associate members while pending approval.*

*The below is for use by SARAH and SARAH Board only.*

**I approve this agency as an active member of the SARAH Membership Council.**

\_\_\_\_\_  
Name of SARAH Executive Director

\_\_\_\_\_  
Signature of SARAH Executive Director

\_\_\_\_\_  
Name of SARAH Board Representative

\_\_\_\_\_  
Signature of SARAH Board Representative

\_\_\_\_\_  
Date of Approval

### **Agency Types/Focus**

1. **CoC/ ESG:** Agencies who receive HUD Continuum of Care or Emergency Solutions Grant funding.
2. **Healthcare:** Agencies that provide medicine, medical or surgical treatment, nursing, hospital service, dental service, optometrical service, complementary health services and other services and goods for preventing, alleviating, curing or healing human illness, physical disability or injury.
3. **Mental Health:** Agencies providing assessment, diagnosis, treatment or counseling in a professional relationship to assist an individual or group in alleviating mental or emotional illness, symptoms, conditions or disorders.
4. **Veterans:** Agencies providing patient care, veterans' benefits, and other services to veterans of the U.S. armed forces and their families.
5. **Education:** Agencies that represent educational facilities such as universities, schools, McKinney Vento liaisons, preschool, day care, charter schools, public schools, primary and secondary education.
6. **Youth:** Agencies who primarily serve people experiencing homelessness under the age of 24 who are without family support and are living in shelters, on the streets, in cars or vacant building or who are couch surfing or living in other unstable conditions.
7. **Domestic Violence:** Agencies that primarily serve persons who have experienced, are currently experiencing or are perpetrators of domestic violence.
8. **Legal Assistance:** Agencies who represent clients in legal matters, could include ID recovery, immigration, divorce, disputes, arrests, human rights etc.
9. **Government:** Agencies who are under state or local government direction or a permanent or semi-permanent organization that is responsible for the oversight and administration of specific functions relating to homeless services.
10. **Child and Family:** Agencies who represent child or family services for people experiencing homelessness.
11. **Substance Use Recovery:** Agencies who primarily serve persons with alcohol use disorder or substance use disorders to aid and facilitate their recovery.
12. **Faith Based:** Agencies whose values are based on faith and/or beliefs, which has a mission based on social values of the faith, and which most often draws its activists (leaders, staff, volunteers) from a faith group.
13. **Elderly:** Agencies who work with those who are elderly or aging who are primarily over the age of 65.
14. **Community Partner:** Agencies who serve persons experiencing homelessness or who have previously experienced homelessness in a capacity not mentioned.