

**GA-506 Marietta/Cobb Continuum of Care
Membership Form**

Joining as: _____ Individual _____ Organization

Contact Information

Name: _____

Address: _____

Phone: _____ Email: _____

Organization Information

Organization: _____

Title: _____ Website: _____

Mission: _____

Sector Represented (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Nonprofit Homeless Provider | <input type="checkbox"/> Social Service Provider |
| <input type="checkbox"/> Victim Service Provider | <input type="checkbox"/> Mental Health Agency |
| <input type="checkbox"/> Faith-Based Organization | <input type="checkbox"/> University |
| <input type="checkbox"/> Government | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Business | <input type="checkbox"/> Affordable Housing Developer |
| <input type="checkbox"/> Advocate | <input type="checkbox"/> Public Housing Agency |
| <input type="checkbox"/> School District | <input type="checkbox"/> Organization Serving Veterans |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Homeless/Formerly Homeless Individual |

Population Served

- Single males 18 years & older
- Single females 18 years & older
- Single males & females 18 years & older with no children
- Couples only, no children
- Households with children
- Single males and households with children
- Single females and households with children
- Single males and females plus households with children
- Unaccompanied males (24 years & younger)
- Unaccompanied females (24 years & younger)
- Unaccompanied males & females (24 years & younger)

Geographic Area Served (Check all that apply)

- | | | | |
|-----------------------------------|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Marietta | <input type="checkbox"/> Austell | <input type="checkbox"/> Smyrna | <input type="checkbox"/> Powder Springs |
| <input type="checkbox"/> Kennesaw | <input type="checkbox"/> Mableton | <input type="checkbox"/> Acworth | <input type="checkbox"/> Clarkdale |

If you serve by zip code, please list: _____

Any areas outside of Cobb, please list: _____

Services Provided to Homeless Persons (Check all that apply)

- | | | |
|--|--|---|
| <u>Housing</u> | <u>Health Care</u> | <u>Other Services</u> |
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Medical | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Transitional | <input type="checkbox"/> Dental | <input type="checkbox"/> Assistance with benefits |
| <input type="checkbox"/> Permanent | <u>Education</u> | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Rapid Rehousing | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Furniture |
| <input type="checkbox"/> Vouchers (Subsidized) | <input type="checkbox"/> GED | <input type="checkbox"/> IDs |
| <u>Food</u> | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Boxes | <u>Employment</u> | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Prepared Meals | <input type="checkbox"/> Job Readiness | <input type="checkbox"/> Case Management |
| <u>Financial</u> | <input type="checkbox"/> Job Placement | <input type="checkbox"/> Life Skills |
| <input type="checkbox"/> Rent | <u>Transportation</u> | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Bus (local) | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Prescriptions | <input type="checkbox"/> Bus (long distance) | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Gas Cards | |

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Please submit completed form to:

Lee Smith, CoC Planner
leesmith@thecfr.org
770.428.2601