Joining as: _____ Individual _____ Organization

Contact Information
Name: _____________________________________________________________________________________________
Address: _____________________________________________________________________________________________
Phone: ___________________________ Email: _____________________________________________

Organization Information
Organization: _____________________________________________________________________________________________
Title: _____________________________________________________________________________________________
Website: _____________________________________________________________________________________________
Mission: _____________________________________________________________________________________________

Sector Represented (Check all that apply)
_____ Nonprofit Homeless Provider _____ Social Service Provider
_____ Victim Service Provider _____ Mental Health Agency
_____ Faith-Based Organization _____ University
_____ Government _____ Hospital
_____ Business _____ Affordable Housing Developer
_____ Advocate _____ Public Housing Agency
_____ School District _____ Organization Serving Veterans
_____ Law Enforcement _____ 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)
_____ Marietta _____ Austell _____ Smyrna _____ Powder Springs
_____ Kennesaw _____ Mableton _____ Acworth _____ 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)
_____ Housing
_____ Emergency Shelter
_____ Transitional
_____ Permanent
_____ Rapid Rehousing
_____ Vouchers (Subsidized)

_____ Food
_____ Boxes
_____ Prepared Meals

_____ Financial
_____ Rent
_____ Utilities
_____ Prescriptions
_____ Other

_____ Health Care
_____ Medical
_____ Dental

_____ Education
_____ Tutoring
_____ GED

_____ Other

_____ Employment
_____ Job Readiness
_____ Job Placement

_____ Transportation
_____ Bus (local)
_____ Bus (long distance)

_____ Other

_____ Other Services
_____ Childcare
_____ Assistance with benefits
_____ Clothing
_____ Furniture
_____ IDs
_____ Legal
_____ Counseling
_____ Case Management
_____ Life Skills
_____ Mentoring
_____ Domestic Violence
_____ Substance Abuse
Please submit completed form to:

Nicole Hodge, CoC Coordinator

NicoleHodge@TheCFR.org

770.428.2601