Loudoun County Continuum of Care
Membership Form

A Membership Form must be submitted annually for each participating organization.

Please complete this form if you would like to be a member of the Loudoun County Continuum of Care (CoC).

Organization Type – check all that apply

☐ Adult & Aging Services	☐ Faith-Based Organizations	☐ Medical/Healthcare Provider
☐ Affordable Housing Developer	☐ Formerly Homeless Person(s)	☐ Public School System
☐ Business	☐ Homeless Services Provider	☐ Mental/Behavioral Health Provider
☐ Child(ren) Services	☐ Medical/Healthcare Services	☐ Young Adult Services (ages 18 to 24)
☐ College/University	☐ Law Enforcement/Local Jail	☐ Workforce Development/ Employment Services
☐ Disability Services	☐ Local Government	☐ Other: _____
☐ Domestic Violence Services	☐ Nonprofit Organization	

Organization Information

Organization Name: _____

Address: _____

Phone Number: _____

Website: _____

Fax Number: _____

Number of years providing services in Loudoun County: _____

Please provide a brief description of your organization.

_____

_____

_____

_____

_____

_____

Does your organization accept referrals from Coordinated Entry? ☐ Yes ☐ No

If no, please describe how households are referred for services. _____

_____

_____

_____

_____

_____

Describe your organizations data collection methods to tracks program outcomes.

_____

_____

_____

_____

_____

_____

Programs and Services – please check all programs and/or services provided by your organization

☐ Case Management	☐ Homeless Prevention	☐ Permanent Supportive Housing
☐ Childcare/Child Development	☐ Housing Location Assistance	☐ Rapid Re-Housing
☐ Disability Services	☐ Information & Referral	☐ Substance Abuse Treatment
☐ Domestic Violence Services	☐ Jail/Re-Entry Services	☐ Transitional Housing
☐ Emergency Shelter	☐ Legal Aide/Immigration Services	☐ Transportation Assistance
☐ Employment Services	☐ Outreach	☐ Veteran Services
☐ Homeless Diversion		☐ Other: _____

Please return completed form to the CoC Lead, Jennifer Hope by emailing jennifer.hope@loudoun.gov or mail at:
Department of Family Services c/o Continuum of Care 102 Heritage Way, NE, Ste 103 P.O. Box 7400 Leesburg, VA 20177

Loudoun County Continuum of Care

Membership Form

Population(s) Served – check all that apply		
☐ At-risk homelessness	☐ Persons w/ disabilities	☐ Older Adults (age 62+)
☐ Children (ages 0-12)	☐ Persons w/ HIV/AIDS	☐ Other: _____
☐ Chronically Homeless	☐ Literally Homeless households	☐ Non-U.S. Citizens
☐ Domestic Violence Survivors	☐ Single Adult households	☐ Veterans
☐ EMT/Crisis Response Team	☐ Mental/Behavioral Health	☐ Youth Services (ages 13 to 17)
☐ Families (households w/ adults+children)	☐ Newly Released Citizens	☐ Young Adults (ages 18 – 24)

Staff Contact(s) – staff will be added to the CoC Listserv

Name: _____
Title/Position: _____
Phone Number: _____ Ext. _____
Email Address: _____

Name: _____
Title/Position: _____
Phone Number: _____ Ext. _____
Email Address: _____

Name: _____
Title/Position: _____
Phone Number: _____ Ext. _____
Email Address: _____

Name: _____
Title/Position: _____
Phone Number: _____ Ext. _____
Email Address: _____

Name: _____
Title/Position: _____
Phone Number: _____ Ext. _____
Email Address: _____

The Continuum of Care (CoC) Program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

By signing below, I understand that the organization listed above will be a participating member in the Loudoun County Continuum of Care.

Signature of Executive Director/CEO: _____ Date: _____

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