Nashville-Davidson County Continuum of Care
Membership Form

The Continuum of Care (CoC) is Nashville's planning body responsible for coordinating the funding and delivery of housing and services for people experiencing homelessness.

Mission

The mission of the Continuum of Care is to create a collaborative, inclusive, community-based process for planning and managing effective homeless assistance resources and programs to end homelessness in our community.

Purpose

The Continuum of Care (CoC) Program is designed to:

- Promote community-wide commitment to the goal of ending homelessness;
- Provide funding for nonprofit providers and local government to quickly rehouse individuals and families experiencing homelessness while minimizing trauma and dislocation;
- Promote access to and effect utilization of mainstream programs by individuals and families experiencing homelessness; and
- Optimize self-sufficiency among individuals and families experiencing homelessness.

General Membership

Continuum of Care General Membership is open to any individual or organization committed to preventing and ending homelessness in Nashville/Davidson County. The Continuum of Care strives to have a broad array of membership that represent various perspectives and areas of expertise to effectively address the needs of people experiencing homelessness.

Member Registration

To become an official member, individuals and organizations must complete this membership form. Completed membership applications are utilized by the Nominating and Membership Committee to track and approve membership requests. **Only one member registration is needed per organization.**

Voting Requirements

To retain voting privileges, members must attend 50% of the GM meetings organized by the CoC, during the 12 months prior to an election. Member organizations are expected to designate "primary" and "proxy" representatives who can vote on the organization's behalf at General Membership meetings. Member organizations can update who is designated at "primary" and "proxy" up to 3 days before a vote, by completing a membership update using this form or email the Continuum of Care Manager, Aubrie Hardy at aubrie.hardy@nashville.gov.

For more information about the Continuum of Care General Membership, please visit the Nashville and Davidson County's Continuum of Care Website. If you have any questions, please reach out to the Continuum of Care Manager.

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Registration Type

☐ New Membership Registration

☐ Update Existing Registration

Membership Type

☐ Organization

☐ Individual

NOTE: Please complete either the Organization OR Individual section of this Membership Form depending on which type of membership you selected above. You do not need to complete both sections.

Organization Registration

Organization Name	
Description of Organization	
Type of Organization	☐ Non-profit ☐ Health & Medical ☐ Government ☐ Mental Health ☐ Faith-based ☐ Addiction & Recovery ☐ Private Sector / Business ☐ Disability & Aging ☐ Housing ☐ Education ☐ Shelter ☐ Employment ☐ Outreach ☐ Legal & Justice ☐ Resource Navigation ☐ Survivor Services ☐ Financial Assistance ☐ Advocacy & Policy ☐ Basic Needs / Survival Supplies ☐ Research ☐ Other: _____

Description of Services & Initiatives

Details such as hours of operation, locations, eligibility, etc. can help to strengthen collaboration and coordination.

Target Populations	
Website URL	
Mailing Address	

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Primary Liaison

This is the main contact person for the organization within the Continuum of Care. Once the organization has achieved voting status, the primary liaison is responsible for voting on behalf of the organization. The primary liaison is responsible for helping to coordinate and communicate between the CoC and the member organization.

Primary Liaison Full Name	
Role & Job Title	
Email Address	
Phone Number	

Proxy Liaison

This is an alternate contact who can act on behalf of the primary representative if they are unavailable. The proxy can vote in place of the primary representative when needed.

Proxy Liaison Full Name	
Role & Job Title	
Email Address	
Phone Number	

Additional Contacts

Please list the full names, roles, and emails of any other individuals from your organization who wish to receive Continuum of Care updates.

	Name	**Position**
Contact 1		
Contact 2		
Contact 3		
Contact 4		
Contact 5		

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Individual Registration

Full Name	
Phone Number	
Email	
Mailing Address	
What issues related to homelessness are you most interested in addressing through the Continuum of Care?	
How did you hear about becoming a member of the Nashville-Davidson County Continuum of Care?	

Demographics

These questions are optional but appreciated. Responses will only be reviewed by the CoC Manager and Nominating and Membership Committee to foster diversity and inclusion across the Continuum of Care.

Have you ever experienced homelessness?	☐ Yes, I am currently experiencing homelessness ☐ Yes, I have previously experienced homelessness ☐ No
Race / Ethnicity	
Gender Identity *Please include any preferred pronouns so we can refer to you appropriately.*	
Do you live with any disabilities?	☐ Yes ☐ No
Do you need any accommodations to access and/or participate in the Continuum of Care?	