

North Carolina Balance of State Continuum of Care

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www.ncceh.org/BoS

Balance of State Continuum of Care – Participant Contact Sheet 2011

Name of Organization _____

Counties Served by Your Agency _____

Contact Person _____ Title _____

Mailing Address _____ City _____ State _____ Zip _____

Phone Number _____ Agency Website _____

Email Address _____

Type of Membership (choose 1): Public Sector Private Sector Individual Person

Type of Organization: (choices depend on answer above; choose only 1):

Public:

- | | |
|---|---|
| <input type="checkbox"/> Law Enforcement/Corrections | <input type="checkbox"/> Local Government Agency |
| <input type="checkbox"/> Local Workforce/Investment Board | <input type="checkbox"/> School System/University |
| <input type="checkbox"/> Public Housing Agency | <input type="checkbox"/> Other |
| <input type="checkbox"/> State Government Agency | |

Private:

- | | |
|--|--|
| <input type="checkbox"/> Business | <input type="checkbox"/> Faith-based Organization |
| <input type="checkbox"/> Funder Advocacy Group | <input type="checkbox"/> Hospital/Medical Representative |
| <input type="checkbox"/> Non-profit Organization | <input type="checkbox"/> Other |

Individual:

- | | |
|--|---|
| <input type="checkbox"/> Homeless Person | <input type="checkbox"/> Formerly Homeless Person |
|--|---|

Role in Balance of State CoC (check off all that apply):

- Participate in Regional Committee (local CoC) or any other Balance of State committee (Transitional Housing, Permanent Housing, Families, Scorecard, Ranking)
- Participate in primary decision-making group (only check this if you participate in Balance of State Steering Committee meetings)
- Authoring agency for Consolidated Plan
- Attended Consolidated Plan planning meetings during past 12 months
- Attended Consolidated Plan focus groups/public forums during past 12 months
- Attended 10-Year Plan planning meetings during past 12 months
- Lead agency for 10-Year Plan
- None of the above

Subpopulations represented or served by the organization (check NO MORE THAN 2):

- | | |
|---|--|
| <input type="checkbox"/> Seriously Mentally Ill | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Veterans | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> HIV/AIDS | |

If the organization provides services to homeless individuals/families, please check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Alcohol/Drug Abuse Treatment | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Legal Assistance |
| <input type="checkbox"/> Counseling/Advocacy | <input type="checkbox"/> Life Skills |
| <input type="checkbox"/> Education | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Mental Health Treatment |
| <input type="checkbox"/> Mobile Clinic | <input type="checkbox"/> Rental Assistance |
| <input type="checkbox"/> Mortgage Assistance | <input type="checkbox"/> Street Outreach |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Utilities Assistance |
| <input type="checkbox"/> Prescription Assistance | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Soup Kitchen/Food Pantry | |

Do your agency's case managers systematically assist clients in completing applications for mainstream benefits (such as Medicaid, SSI/SSDI, TANF/Work First, SNAP [Food Stamps], etc)?

- Yes No Not Applicable

If you are an agency that provides mainstream benefits (such as DSS), do you use a single application for four or more mainstream benefit programs?

- Yes No Not Applicable

If "Yes", please list the mainstream benefit programs included on this single application:

Does your program use HMIS as a way to screen for mainstream benefit eligibility (such as Medicaid, SSI/SSDI, Work First/TANF, etc.)?

- Yes No Not Applicable

If "Yes", indicate which mainstream benefit program eligibility screenings are completed using HMIS:

- Medicaid
 SNAP (Food Stamps) Other _____
 TANF/Work First
 SSI/SSDI

Does your agency supply transportation assistance to clients to attend mainstream benefits appointments, employment training, or jobs?

- Yes No Not Applicable

Does your agency systematically follow up to ensure mainstream benefits are received?

- Yes No Not Applicable

Fill this form out online: www.ncceh.org/forms/25/BoSParticipants/