



HOMELESS SERVICES UNITED

446 W. 33RD STREET, 6TH FLOOR
NEW YORK, NY 10001-2601
T 212-367-1562
www.HSUnited.org

FY17 MEMBER INFORMATION FORM

Please complete and return, either by mail or email to:

Homeless Services United
446 W. 33rd St., 6th Fl.
New York, NY 10001-2601
Email: elee@hsunited.org

AGENCY INFORMATION (Complete if there were changes to programs or contacts in FY16)

Agency Name: _____

Agency Address: _____

Agency Phone: _____

Agency District Numbers: NYC Council District # _____

NYS Assembly District # _____ NYS Senate District # _____ U.S. Congressional District# _____

Agency Website: _____

Agency Description: _____

Total Number of employees (in full-time equivalents): _____

Executive Director (ED): _____

ED Address (if different from primary address): _____

ED Phone/Fax: (P) _____ (F) _____

ED Email: _____

| | | | |
|-------------------------------|--------------|------------------------------|-----------------------------|
| Add to email list to receive: | Media Alerts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Job Postings | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Trainings | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Primary Agency Contact: _____

Title: _____

Address (if different from primary address): _____

Phone: _____ Fax: _____

Email: _____

| | | | |
|-------------------------------|--------------|------------------------------|-----------------------------|
| Add to email list to receive: | Media Alerts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Job Postings | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Trainings | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



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Policy/Programs Contact: _____

Title: _____

Address (if different from primary address): _____

Phone: _____ **Email:** _____

Add to email list to receive: Policy Committee Notices Yes No
Media Alerts Yes No
Job Postings Yes No
Trainings Yes No

Financial Officer Contact: _____

Title: _____

Address (if different from primary address): _____

Phone: _____ **Email:** _____

Add to email list to receive: Joint HSU-DHS Finance Committee Notices Yes No
Media Alerts Yes No
Job Postings Yes No
Trainings Yes No

Eviction Prevention/ HomeBase/ Aftercare Contact: _____

Title/Program: _____

Address (if different from primary address): _____

Phone: _____ **Email:** _____

Add to email list to receive: Citywide Eviction Prevention Committee Notices Yes No
Media Alerts Yes No
Job Postings Yes No
Trainings Yes No

To which, if any, umbrella organization(s) does your agency belong?

- Coalition of Behavioral Health Agencies
- Federation of Protestant Welfare Agencies
- Human Services Council
- Non-Profit Coordinating Committee
- Supportive Housing Network of New York
- UJA- Federation
- United Neighborhood Houses

Other (specify): _____
