Solutions for Today and Tomorrow
HSU

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

Please copy and complete a separate form for *EACH* homeless services program operated by your agency

PROGRAM INFORMATION

Operating Agency: _____

Homeless Services Program Name: _____

Program Address: _____

Program District Numbers: (If different from primary address): **NYC Council District #**_____

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

Program Phone/Fax: (P)_____**(F)**_____

Program Director: _____

Address (If different from primary address): _____

Program Director Phone/Fax: (P)_____**(F)**_____

Email: _____

Add to email list to receive:
Media Alerts ☐ Yes ☐ No
Job Postings ☐ Yes ☐ No
Trainings ☐ Yes ☐ No

Program Type (check all that apply): ☐ Tier II ☐ Adult Shelter ☐ Drop-in ☐ Aftercare ☐ Outreach ☐ Prevention

☐ Rental Assistance ☐ Supportive/supported housing ☐ Other (please explain): _____

Population Served (Age, Sex): _____

Shelter Type (for single adult shelters only): ☐ Assessment ☐ General Population ☐ MICA ☐ TLC ☐ Medical

☐ Mental Health Screen ☐ Mental Health Non-Screen ☐ Employment ☐ Substance Abuse ☐ Next Step ☐ Other (please explain):

_____

Special Target Populations or Admissions Criteria? _____

Program Capacity (# of shelter beds): _____

Total Number of program staff (approx):_____

Services Provided:_____

Government Funders & Funding Streams (check all that apply): ☐ DHS ☐ RAP ☐ HomeBase ☐ STEHP

☐ CDBG ☐ OMH ☐ DHMH (specify):_____ ☐ HUD (specify): _____

☐ HHS (specify): _____ ☐ Substance abuse funding ☐ Other (please explain):

_____

For an electronic fillable pdf form version, please go to http://hsunited.org/membership.html