



HOMELESS SERVICES UNITED

307 W. 38TH STREET, 3RD FLOOR
NEW YORK, NY 10018
T 212-367-1589
www.HSUnited.org

FY19 MEMBER INFORMATION FORM

Please complete and return, either by mail (NOTE NEW ADDRESS) or email to:
Homeless Services United
307 W. 38th St., 3rd Fl.
New York, NY 10018
Email: jalvarez@hsunited.org

AGENCY INFORMATION (Complete if there were changes to programs or contacts in FY18)

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? (Including CCoC)

- 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

CCoC contact: _____

CCoC email: _____

Coalition of Homeless Youth