



HOMELESS SERVICES UNITED
307 W. 38TH STREET, 3RD FLOOR
NEW YORK, NY 10018
T 212-367-1589
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 Senate District # _____ NYS Assembly 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): DHS-Tier II DHS-Adult Shelter Aftercare Outreach Prevention Safe Haven
DHS-Drop-in HRA-DV Shelter RHY-Youth
Rental Assistance Supportive/supported housing Other (please explain): _____

Population Served (Senior, Youth, DV, etc): _____

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 Admissions Criteria? _____

Program Capacity (# of shelter beds): _____

Total Number of program staff (approx): _____

Services Provided: _____

Government Funders & Funding Streams (check all that apply): DHS HRA/DSS HomeBase STEHP
CDBG OMH DoHMH (specify): _____ CCoC (TH, RRH, etc): _____

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

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