NY-501 Regional CoC Enrollment Form

Directions: Complete either Section A as an Individual, or Section B as an Agency

Section A: INDIVIDUAL ENROLLMENT  Date Completed: ______________

Are you currently homeless, or have you previously been homeless?  ___Yes  ___No
Which county are you from?  ___ Allegany  ___ Chemung  ___ Livingston
  ___ Steuben  ___ Schuyler

Name: ___________________________________

Please complete any of the following that will allow us to contact you regarding CoC efforts:

Address:  ____________________________________________________
Phone:  ______________________________________________________
E-mail:  ______________________________________________________

Section B: AGENCY ENROLLMENT  Date Completed: ______________

Agency:  ______________________________________________________
Address:  ____________________________________________________

County(ies) served:  ___ Allegany  ___ Chemung  ___ Livingston
  ___ Steuben  ___ Schuyler

Contact:  _____________________________
Phone:  ______________________________________________________
E-mail:  ______________________________________________________

In which of the following areas does your agency provide services in which a homeless individual or family would be able to participate:
  ___ Shelter  ___ Housing Assistance  ___ Transportation
  ___ Education/Job Training  ___ Health Care  ___ Alcohol/Drug Treatment
  ___ Mental Health Treatment  ___ Food or Meals  ___ Veterans’ Services
  ___ Clothing  ___ Day Care  ___ Legal Services
  ___ Drop in Center (shower, rest rooms, mailing address, storage, phone, etc.)
  ___ Financial Assistance (please explain):  __________________________________
  ___ Other: (please explain):  ____________________________________________

Return completed form to 6666 County Road 11, Bath, NY 14810; or email to coc@ihsnet.org