



## Membership Registration

Member Type (check one):

- Corporate
- Homeless Service Agency
- Individual
- Public or Government Agency
- Student/Formerly Homeless

Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Agency Website: \_\_\_\_\_

**For Service Agencies, check all that apply.**

---

**Homeless Prevention**

- Case Management
- Housing Referral
- Rental Assistance
- Mortgage Assistance
- Utility Assistance

**Homeless Intervention**

- Case Management
- Housing Referral
- Rental Assistance
- Mortgage Assistance
- Utility Assistance

---

**Emergency Shelter**

- Single
- Family
- Unaccompanied

**Transitional Housing**

- Single
- Family
- Unaccompanied

---

**Permanent Supportive Housing**

- Single
- Family

**Basic Needs**

- Food
  - Clothes
  - Furniture
-

---

Please check the services listed below that your agency provides?

---

Housing	Health Care
Mainstream Resources (Government Programs)	Education
Mental Health	Youth Services
Substance Treatment Recovery	Employment
Co-occurring Care	Family Services
Legal Assistance	Other _____

---

Agency Representatives Who May Be  
Attending CATCH Meetings

Title

_____	_____
_____	_____
_____	_____
_____	_____

---

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Please mail this form to: Michelle Spencer-Gardner  
CATCH Program Coordinator  
500 West Markham, Suite 120W  
Little Rock, AR. 72201  
Office 501-371-4439; Cell 501-516-5201  
Email: mspencergardner@littlerock.gov

Created: 9/25/09  
Updated:  
02/01/2018