



Renewal Membership Form

Please complete the renewal form below and submit it back to continue your partnership with CATCH.

- I wish to renew my CATCH membership (*Complete All Information below*)
- I do not wish to renew my CATCH membership (*Complete Organization/Agency Demographic & Sign/Date*)

Organization/Agency Demographic

Organization/Agency Name: _____
Street Address: _____
Mailing Address (If Different): _____
Contact Person: _____
Telephone Number: _____ Fax Number: _____
Email Address: _____
Agency Website: _____

Member Type (check one)

- Corporate
- Homeless Service Agency
- Individual/Lived Experience
- Public or Government Agency

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?

- | | |
|---|--|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Mainstream Resources (Government Programs) | <input type="checkbox"/> Education |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Substance Treatment Recovery | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Co-occurring Care | <input type="checkbox"/> Family Services |
| <input type="checkbox"/> Legal Assistance | <input type="checkbox"/> Other _____ |

Do you currently service as a Board member for any agency or organization? Yes or No **(Please circle one)**

If yes, please name: _____

<u>Agency Representatives Who May Be Attending CATCH Meetings</u>	<u>Title/Telephone Number/ Email Address</u>
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_____	_____
_____	_____
_____	_____
_____	_____

Print Signature of Applicant

Signature of Applicant

Title

Date

Please email this form to: Cecilia M. Cole
CATCH/ CoC Program Coordinator
500 West Markham, Suite 120W
Little Rock, AR. 72201
Office 501-371-4439
ccole@littlerock.gov