

King County Region Continuum of Care

Coordinated Entry Committee Application Form

Please complete the entire form and email to CoC.Questions@kcrha.org

Name:

[Empty text box for Name]

Preferred Contact Information:

Address:	
Phone:	
Email Address:	
Preferred Method of Contact: (Circle One)	Phone / Text / Email

Question 1: Why would you like to be on the Continuum of Care Coordinated Entry (CE) Committee?

[Empty text box for Question 1]

Question 2: What skills and experiences will you bring or draw upon as a member of the CE Committee? Please list any experiences or familiarity you have with homeless housing services/program delivery, funding, the Continuum of Care, Coordinated Entry, or other relevant skills.

[Empty text box for Question 2]

Question 3: Describe your vision or understanding of a successful Continuum of Care CE Committee.

[Empty text box for Question 3]

Question 4: How does systemic racism impact housing and the root causes of homelessness?

Question 5: What does the Theory of Change mean to you? And how will the Theory of Change impact your leadership on the CE Committee? (The Theory of Change is described on page 1.)

Question 6: Is there anything else you would like to share at this time?

Affiliation (please note any that apply):

Lived experience of homelessness (circle)	YES NO (Past)
Public or Private Funder (circle); If yes, please note organization	YES NO Organization:
Intersecting System – i.e. Behavioral Health, Child Welfare, Criminal Justice, etc. (circle); If yes, please note system & organization	YES NO
Faith Based Organization or Partner	YES NO Organization:
Homeless Housing and/or Service Provider (circle; If yes, please note organization)	YES NO Organization:
Any other affiliations you'd like to note:	

Sub-Population Representation (please check any areas in which you have specific experience or expertise):

<input type="checkbox"/> Youth/Young Adults <input type="checkbox"/> Families <input type="checkbox"/> Chronic Homelessness <input type="checkbox"/> Single Adults (Not experiencing chronic homelessness and non-Veteran) <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Veterans <input type="checkbox"/> Immigrant and Refugees <input type="checkbox"/> American Indian/Alaska Native/Indigenous Communities <input type="checkbox"/> Black/African American Communities

Region (please check any areas in which you have specific experience or expertise):

<input type="checkbox"/> Regional (King County – non-specific) <input type="checkbox"/> Seattle <input type="checkbox"/> North King County <input type="checkbox"/> South King County <input type="checkbox"/> East King County <input type="checkbox"/> Other (please list):
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Identity (optional):

How do you identify your race?	
What are your preferred pronouns?	
Sexual Orientation	
Age	
Disability Status	

Agreement and Signature

I affirm that my application responses are true and complete to the best of my knowledge.

Name (typed or signature)	
Date	

When you have completed this form, please submit the final to the KCRHA at CoC.Questions@kcrha.org. Thank you!

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