



Rick Stubblefield Chair	Kesha Chatman Vice-Chair
Julie Poplstein Secretary	Christina Anderson Coordinator

**Membership Application**

**Membership type** *(Please select only one):*  
**Organization Membership:**

Organization

Individual

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Director: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Web address: \_\_\_\_\_

Representative: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Tax ID # \_\_\_\_\_

*Please complete service information on back of application for organizational membership.*

**Individual membership:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate each committee you would be interested in *(Committee descriptions start on Page 3):*

- Coord.Entry     Planning     Community Resource     HMIS     Ranking

.....  
*The mission of the Homeless Action Council of St. Clair County (HAC) is to serve as the principal planning entity for the St. Clair County Continuum of Care system for homelessness. HAC serves in an advisory capacity to the St. Clair County Intergovernmental Grants Department and the East St. Louis CDBG Operations Corporation. The purpose of (HAC) is to work toward the elimination of homelessness in St. Clair County, Illinois. The objectives of HAC are to identify and prioritize needs related to homelessness; to promote the coordination of services and sharing of information; to foster community awareness of homelessness; and to seek resources to combat the problems of homelessness.*

*Active membership of HAC requires attendance at least 75% of monthly Council meetings in a calendar year, participation on at least one committee with attendance at at least 75% of those meetings in a calendar year, and participation in special events, such as the annual count.*

.....  
**The above described organization/individual hereby requests membership in the Homeless Action Council of St. Clair County. I understand the commitment involved and agree to all of its terms.**

Date: \_\_\_\_\_

(Director or individual applying)

**Homeless Action Council  
Of St. Clair County  
Service Information for Organization**

1. Please select all that applies to your organization:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Law enforcement/corrections | <input type="checkbox"/> Local government agency  | <input type="checkbox"/> Local workforce investment |
| <input type="checkbox"/> Public housing agency       | <input type="checkbox"/> School system/university | <input type="checkbox"/> State government           |
| <input type="checkbox"/> Social service agency       | <input type="checkbox"/> Other: _____             |   |

2. Please select all that applies to your organization:

- |   |                                      |                                       |  |
|---|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Business         | <input type="checkbox"/> Faith-based | <input type="checkbox"/> Education    | <input type="checkbox"/> Funder advocacy |
| <input type="checkbox"/> Hospital/medical | <input type="checkbox"/> Non-profit  | <input type="checkbox"/> Other: _____ |  |

3. Please indicate all populations your organization serve:

- |                                       |  |  |  |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Homeless     | <input type="checkbox"/> Chronic Homeless  | <input type="checkbox"/> Mental Illness      | <input type="checkbox"/> Substance Abuse     |
| <input type="checkbox"/> Low-Income   | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> HIV/AIDS            | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Individuals  | <input type="checkbox"/> Families          | <input type="checkbox"/> Men                 | <input type="checkbox"/> Women               |
| <input type="checkbox"/> Older Adults | <input type="checkbox"/> Veterans          | <input type="checkbox"/> Unaccompanied Youth | <input type="checkbox"/> Other: _____        |

4. Please select only one:       Public Organization                       Private Organization

5. Please list site address if it differs from the mailing addresses. \_\_\_\_\_  
\_\_\_\_\_

6. Please list services your organization provides:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Does your organization complete reporting on homeless individuals and/or families?    Yes    No

8. Does your organization currently use the St. Clair County HMIS?    Yes  No

*Please return to Christina Anderson, St. Clair County IGD, 19 Public Square Suite 200, Belleville, IL 62220  
Christina.Anderson@co.st-clair.il.us*

**Homeless Action Council  
Of St. Clair County  
Service Information for Individual**

Please provide information on organizations you are affiliated with:

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Please provide a written statement on why you wish to serve on the Homeless Action Council for St. Clair County:

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Do you currently work with the homeless?

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What do you wish to accomplish in serving on the Homeless Action Council for St. Clair County?

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# **Homeless Action Council Of St. Clair County Committee Descriptions**

## **Strategic Planning Committee**

### Policies/Protocols:

- Create and implement a HAC 5-year Strategic Plan:
  - Set written goals, strategies and timelines for the four goals of Opening Doors:
    1. Finish the job of ending chronic homelessness
    2. Prevent and end homelessness among Veterans
    3. Prevent and end homelessness for families, youth, and children
    4. Set a path to ending all types of homelessness
  - Plan to conduct street outreach/Identify barriers to entry in CoC and ESG projects

### Tasks:

- Annually assess actual progress toward each goal in the Strategic Plan
- Modify Strategic Plan as needed
- Create plan to obtain other resources to fund coordinated assessment and supportive services
  - Identify gaps: Assess housing needs, resources, and utilization
  - Assess service needs and resources
- Analyze and interpret PIT and HIC data (annually in February/March)
- Set project priorities based on above assessment (annually in Spring)

## **Point In Time (PIT) Committee**

### Tasks:

- Plan PIT and HIC (annually in December/January)
- Conduct annual PIT and HIC (annually in last week of January)
  - Assure compliance with UD requirements
  - Recruit staff/volunteers
  - Coordinate count
  - Use HMIS for sheltered count and HIC
- Submit results to Strategic Planning Committee (annually in February)
- Rate participation of funded agencies and sent to Ranking and Review Committee (annually in February).

## **Review and Ranking Tasks:**

- Monitor and review CoC funded projects:
  - Collect and assess audits (annually in February)
  - Collect and assess APR's (90 days after end of each project operating year)
  - Track attendance at HAC meetings, including committees/subcommittees
  - Collect all other needed documents (e.g., Housing First checklist)
- Provide feedback throughout year (ongoing)
- Conduct project rankings (annually)
- Implement similar system for ESG-funded projects
- Adjust ranking criteria as appropriate

## **Community Resource Committee**

### **Policies/Protocols:**

- Permanent housing placement priorities.
- Involuntary separation/denial of families in shelters, TH and PH due to youth and/or family makeup.
- Promote safety, security, and privacy for domestic violence victims.
- Rapid Re-Housing protocols:
  - Screening and selection (related to housing placement priorities)
  - How to determine amount, type, and duration of assistance
- Mainstream benefits: protocol to provide for:
  - Assistance in filling out applications
  - Transportation to sources of assistance (e.g., public aid, general assistance, social security)
  - Use of single application form for multiple programs
  - Follow-up for applications that re denied

### **Tasks:**

- Compliance with Fair Housing
- Discharge Planning: See how HAC can directly influence discharge processes.
- Coordinated with each of these: HOPWA; TANF; Runaway and Homeless Youth (RHY); Head Start; philanthropic organizations and foundations; and other housing and services programs funded by federal, state, and local government.

## **HMIS Committee**

### **Policies/Protocols:**

- To ensure that participating HMIS organizations are processing information consistent with both HUD regulations and Continuum of Care procedures.

### **Tasks:**

- Oversee Implementation and Maintain HMIS Policies and Procedures.
- Monitor participating agency data usage and data quality.
- Monitor performance of HMIS vendor/product.
- Monitor performance of HMIS Lead agency.

## **Coordinated Assessment /Central Intake**

### **Policies/Protocols:**

- Develop operating protocols for Coordinated Assessment

### **Tasks:**

- Provide guidance and advice to Coordinated Assessment Center.
- Monitor progress toward goals; assess performance of grantee.

## **Nominating Committee**

### **Tasks:**

- Nomination of Board (annually in September/October)
- Election of Board (annually in December)
- Maintain balance and representation of all key sectors
- Monitor adherence to bylaws.

## **Homeless Connect Committee**

### **Tasks:**

Plan and implement annual Homeless Connect Event

Organization Information: