

MEMBER APPLICATION

Lived Experience Advisory Board

FRESNO MADERA CONTINUUM OF CARE

The Lived Experience Advisory Board is an advisory body intended to ensure the leadership and inclusion of those with current or past lived experience of homelessness within the Fresno Madera Continuum of Care (FMCoC). The Committee amplifies the voices of lived expertise in FMCoC policymaking and decision-making.

Application Process: Those interested in joining should submit this application (scan or clear photograph) to the FMCoC at info@fresnomaderahomeless.org or drop off a hardcopy application at any Coordinated Entry Access Site (see a list below). Due to limited number of members on the Committee, someone will reach out when space is available. Thank you for your interest!

Commented [MS1]: EOC is creating a membership application jotform to link to on the FMCoC Website and fillable PDF form.

Commented [MS2]: Misty will forward applications to Homebase until a membership is established, then they will designate a contact.

Commented [MS3]: CES Access Sites will be briefed to send all applications to the CoC email address.

Application – This is your opportunity to share a bit about yourself and your interests.

Name: _____

Contact Information – Please fill in all that you can.

Email address: _____

Phone where you can receive messages: _____

Any alternate or preferred contacts: _____

What skills, experiences, or perspectives would you contribute as a member of the Lived Experience Advisory Board? (Optional)

Why are you interested in becoming a member of the Board? Are there any particular issues you are interested in working on as part of the Board?

Access Site Instructions: if this application is received in hardcopy, scan or take a clear photo of both pages of the application and e-mail it to info@fresnomaderahomeless.org with the subject line "LEAB Application."

In the interest of representing a broad range of opinions and proficiencies, and to bring voices to the table that are historically and presently marginalized, the CoC aims to build a diverse and inclusive Lived Experience Advisory Board. The following questions will help us to ensure that Committee membership represents the diversity of experiences of those who have lived experience of homelessness in Fresno and Madera Counties.

Have you ever experienced homelessness, either in the past or currently? Yes No

If yes, have you experienced homelessness in Fresno or Madera Counties? Yes No

Approximately what length of time did you experience homelessness overall and how long ago (if past)?

If you'd like, please let us know which, if any, of the following groups you identify with (mark all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Lesbian/Gay/Bisexual/Queer | <input type="checkbox"/> Use of emergency shelter program (including cold weather /rotating church shelter) | <input type="checkbox"/> Currently experiencing homelessness |
| <input type="checkbox"/> Transgender/Gender non-conforming | <input type="checkbox"/> Age: _____ (or identify as youth or elderly) | <input type="checkbox"/> Housed and connected to homeless services |
| <input type="checkbox"/> Parenting/family/caregiver | <input type="checkbox"/> Use of housing subsidies (PSH; RRH; Public Housing/Sec. 8) | <input type="checkbox"/> Jail/Prison/Reentry experience |
| <input type="checkbox"/> Substance use experience | <input type="checkbox"/> Survivor of domestic/intimate partner violence | <input type="checkbox"/> Gang affiliated, present or former |
| <input type="checkbox"/> Living with a disability | | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Veteran status | | |
| <input type="checkbox"/> Immigrant experience | | |
| <input type="checkbox"/> "Dreamer" | | |
| <input type="checkbox"/> Former Foster Care | | |
| <input type="checkbox"/> Use of mental health services/NAMI | | |

Demographic Information (optional, mark all that apply):

Which of these best describe how you identify yourself? Prefer not to say

Race and/or Ethnicity (select all that apply):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Latinx/o/a
- White
- Some other race, ethnicity, or origin
- Prefer to self-describe (please enter here): _____

Which of these best describe how you identify your Gender:

- Woman
- Transgender Woman
- Man
- Transgender Man
- Non-binary/Gender Variant
- Prefer to self-describe (please enter here): _____

Prefer not to say

Access Site locations to drop off hardcopy applications:



WE ARE HERE TO HELP!
FRESNO MADERA CONTINUUM OF CARE (FMCOCC) ACCESS SITES

POVERELLO HOUSE 412 F Street Fresno, CA 93706 (559) 498-6988 24 HR 7 DAYS/WEEK	SELMA MAP POINT 2045 Grant Street Selma CA, 93662 559-512-6777 ext. 2 MON-FRI 9AM-5PM	CLINICA SIERRA VISTA 1305 E. Divisadero Street Fresno, CA 93721 559-457-5960 MON-FRI 9AM-5PM
GOLDEN STATE TRIAGE 1415 W. Olive Avenue Fresno, CA 93728 559-368-8831 24 HR 7 DAYS/WEEK	MARJAREE MASON CENTER 1600 M Street Fresno, CA 93721 559-233-4357 (HELP) FLEEING DOMESTIC VIOLENCE 24 HR 7 DAYS/WEEK	FRESNO HOME 2550 W. Clinton Avenue Unit 213 Fresno, CA 93705 559-403-5001 MON-FRI 9AM-2PM
THE WELCOME CENTER 2904 E. Belgravia Avenue Fresno CA, 93721 559-334-6402 24 HR 7 DAYS/WEEK	FRESNO EOC 1046 T Street Fresno, CA 93721 559-475-8047 Youth: Ages 18 to 24 MON-FRI 9AM-3PM	HELP CENTER at COMMUNITY ACTION PARTNERSHIP OF MADERA COUNTY 1225 Gill Avenue Madera, CA 93637 559-673-9173 MON-FRI 9AM-5PM

LEGEND: 📞 PHONE 🕒 SERVICE 24 HOURS A DAY 🕒 SERVICE SPECIFIC TIMES/DAYS

YOU CAN ALSO GET HELP ON THE WEB AT: fresnomaderahomeless.org

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