

## Partnership Interest Form for the City of Asheville's Homeless Initiative:

\_\_\_\_\_  
*(Your Organization's Name)*

Partnering organizations are committed to ending homelessness and many provide direct services to people who experience homelessness and/or support people who are at imminent risk of homelessness.

By completing this form your organization is indicating an interest in becoming a partner with the Homeless Initiative. You will be contacted by a staff member to discuss the agency partnership process.

The *Homeless Initiative* implements the 10-Year Plan to End Homelessness by sharing, applying, and tracking groundbreaking strategies to make a permanent and measureable difference in homelessness in Asheville and Buncombe County.

Please check the area(s) of service your agency provides services in:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Emergency/Transitional Housing | <input type="checkbox"/> Disability Services     | <input type="checkbox"/> Job Training/Employment |
| <input type="checkbox"/> Permanent Housing              | <input type="checkbox"/> Food Assistance         | <input type="checkbox"/> Legal Services          |
| <input type="checkbox"/> Addictive Treatment            | <input type="checkbox"/> Health Care Assistance  | <input type="checkbox"/> Medical Treatment       |
| <input type="checkbox"/> Child Care Assistance          | <input type="checkbox"/> Identification Services | <input type="checkbox"/> Mental Health Services  |

Other services not listed: \_\_\_\_\_

Benefits for agencies that partners with the Homeless Initiative

- Networking and partnership opportunities
- Reliable data and regular updates about the homeless service system
- Access to best practices and technical assistance to apply those practices
- Invitations to participate in special events

Benefits for clients of agencies that partner with the Homeless Initiative:

- Housing tailored to specific needs
- Improved services
- Seamless service across the system

### CONTACT information:

\_\_\_\_\_  
*(Your Name & Title)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(phone)* \_\_\_\_\_  
*(fax)*

\_\_\_\_\_  
*(e-mail)*

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_