

HOMELESS ADVISORY BOARD (HAB) NOMINATION FORM

The HAB is the working board that acts on behalf of the Allegheny County Continuum of Care (CoC). It is comprised of representatives of relevant organizations and projects serving homeless subpopulations, at least one homeless or formerly homeless individual, and other stakeholders and local funders of the CoC. [Hearth Act §578.5(b)]

HAB Member Responsibilities: Represent the HAB as it acts as the primary planning body for the CoC by setting the vision for service implementation and by monitoring implementation. HAB members are responsible for all duties assigned to the CoC in the Hearth Act CoC Interim Final Rule §578.7.

HAB Member Expectations: The following are minimum expectations for HAB members:

1. Attend 75% of HAB meetings annually. HAB meetings are bi-monthly: January, March, May, July, September and November.
2. Participate regularly in at least one monthly HAB Committee and serve in a leadership role if able.
3. Participate in the monthly HAB Executive Committee if the member is also a committee chair.

Please Check one: Self-Nomination Nominating a Candidate

NAME OF NOMINEE

Nominee Information:

Address	_____		
City	_____	Zip Code	_____
Email	_____	Phone	_____
Current Employer	_____		
Preferred Method of Contact	<input type="checkbox"/> Email	<input type="checkbox"/> Phone	

Contact Information for person completing this form (please skip if self-nominating):

Name	_____		
Agency/Office (if applicable)	_____		
Address	_____		
City	_____	Zip Code	_____
Email	_____	Phone	_____

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Please check the following group(s) the nominee represents. (Check all that apply):

<input type="checkbox"/> Affordable Housing Developer / Landlord	<input type="checkbox"/> Education
<input type="checkbox"/> Allegheny County	<input type="checkbox"/> Health/Hospital
<input type="checkbox"/> Behavioral Health Provider	<input type="checkbox"/> Housing Authority
<input type="checkbox"/> Chamber of Commerce/Business Community	<input type="checkbox"/> Local Funder/Foundation Community
<input type="checkbox"/> City of McKeesport	<input type="checkbox"/> Municipality of Penn Hills
<input type="checkbox"/> City of Pittsburgh	<input type="checkbox"/> Training and Employment
<input type="checkbox"/> Consumer of Homeless Services	<input type="checkbox"/> Homeless Service Provider
<input type="checkbox"/> Other	
Detail "Other": _____	

If applicable, please check the following populations the nominee specializes in serving. (Check all that apply):

<input type="checkbox"/> Chronically homeless
<input type="checkbox"/> Veterans
<input type="checkbox"/> Youth
<input type="checkbox"/> Families
<input type="checkbox"/> Persons fleeing Domestic Violence
<input type="checkbox"/> Other
Detail "Other": _____

Please check the following HAB committees and affiliate groups the nominee currently attends. (Check all that apply):

<input type="checkbox"/> Communication and Education Committee	<input type="checkbox"/> Local Housing Options Team (LHOT)
<input type="checkbox"/> Continuum of Care (CoC) Program Committee	<input type="checkbox"/> Veterans' Boot Camp
<input type="checkbox"/> Data and Planning Committee	<input type="checkbox"/> Homeless Education Network (HEN)
<input type="checkbox"/> Homeless Outreach and Coordinating Committee (HOCC)	<input type="checkbox"/> Unaccompanied Youth Task Force
<input type="checkbox"/> Employment and Training Advisory Board (ETAB)	<input type="checkbox"/> Health and Housing (H2)

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OPTIONAL – Demographic Background:

Please note that there are no demographic requirements to be chosen as a member of the advisory board. However, the HAB is interested in ensuring that a variety of diverse perspectives are represented. Therefore, we invite you to complete the following optional information if you would like, in addition to the information above.

Gender: Female Intersex Male Transgender Other

Age: 18-21 22-35 36-55 56-65 66+

Race / Ethnicity: Asian Latino/Hispanic
 Bi/Multiracial Native American
 Black/African American White/Caucasian

Other Groups Represented: Disability Community LGBTQ
 Domestic Violence Community People in Recovery
 Former Foster Youth Veterans

Additional Information:

The following items are optional and will be used for planning purpose only. This information will not be used to choose members of the advisory board.

Are you interested in co-chairing a committee? Yes No Maybe

Do you need other supports in order to participate?
(for example interpreter, etc.) Yes No

If yes, please detail: _____

SUBMISSION OF NOMINATION FORM:

Applications can be submitted electronically. If you have any questions regarding this process, or need assistance to complete this form, please contact John Lovelace by phone or email. When submitted this form, please mark your email with the subject line **2016 HAB Nomination**.

Please submit this form **by 5:00 p.m. on November 29, 2016** to:

John Lovelace
Chair, Allegheny County Homeless Advisory Board
LovelaceJG@UPMC.EDU
412-454-5269