

OUR PARTNERS

GRANTS WE MANAGE

Challenge Grant

Continuum of Care (CoC)

The Emergency Food and Shelter Program (EFSP)

The Emergency Solutions Grant (ESG)

Supportive Services for Veteran Families Program (SSVF)



A NEW DIRECTION TO
END HOMELESSNESS

WWW.CHANGINGHOMELESSNESS.ORG

660 Park St.

Jacksonville, FL 32204

Phone: (904) 354-1100

Fax: (888) 291-4646

info@changinghomelessness.org

www.changinghomelessness.org



WHAT WE DO:

MEMBERSHIP AND BENEFITS

MISSION

CHANGING homelessness (CH) guides the community effort to prevent and end homelessness by providing leadership, advocacy, support, standards, and funding

VISION

An end to homelessness.

HISTORY

- 1978—The Coalition was formed by a group of concerned and engaged social services agencies and downtown religious leaders
- 2000—Given Lead Agency designation for Duval, Clay and Nassau Counties and incorporated as a 501(c)(3) non-profit

RESPONSIBILITIES AS A LEAD AGENCY

- Assist member organizations applying for and receiving federal and state grant money
- Develop the local homeless Continuum of Care plan
- Coordinate the delivery of services for the homeless and those with extremely low incomes

MEMBERSHIP LEVELS

1. **Neighbor** - someone who is currently homeless and/or is utilizing emergency services
2. **Community Member** - someone who has utilized emergency services and/or formerly homeless
3. **Student/Senior** - individuals in school or 55 and up
4. **Friends of CH** - individual supporter
5. **Advocate** - concerned and aware of the issues surrounding homelessness and will actively share them with others
6. **Investor**—investing in ending homelessness
7. **Agency**—Qualifying member organizations receive assistance applying for federal and state grant funds, as well as technical assistance and training

BENEFITS

- **Being a part of the solution by shaping the direction of service delivery and public policy for emergency and homeless services in our community**
- **Receive quarterly e-newsletters**
- **Receive updates about local and state advocacy issues**
- **Invitations to monthly meetings/events**
- **Voting privileges regarding priorities and strategic planning**
- **Participation on local task force groups and committees**
- **HMIS (Homeless Management Information System)**

JOIN TODAY!

Membership Levels

- Neighbor**
- Community Member
- Student/Senior**
- Friends of CH
- Advocate**
- Investor
- Donation**
- Agency: Fee varies—see Agency levels (attached) for applicable amount

Fee	Total
\$0	
Discretionary	
\$25	
\$75	
\$100	
\$500	
\$	
\$	
TOTAL	

Name _____

Address _____

Organization/School _____

Phone _____

Email _____

Method of Payment

- Check
- Cash
- Credit Card - online through Paypal at changinghomelessness.org

Please mail completed application and payment (if applicable) to:

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How did you hear about us?

- Facebook Page
- Website
- Current Member Referral- Name: _____
- Other: _____