



**Homeless Solutions Policy  
Board Chairpersons**

**Dr. Victor McCarley, Behavioral Health Consultant  
Rev. John Paddock, Community Leader**

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NAME:

ORGANIZATION:

ADDRESS:

PHONE NUMBER:

EMAIL:

Please indicate the best way

to communicate with you:

Email

Mail

Check if      home      work      mobile

**Please indicate the type of membership:**

- Individual
- Organizational - please indicate type of organization(check all that apply):
  - Non-profit homeless assistance
  - Victim services
  - Faith-based
  - Government
  - Business
  - Advocates
  - Public housing
  - School districts
  - Social services
  - Mental health
  - Hospitals
  - Universities
  - Affordable housing
  - Law enforcement
  - Veterans
  - Philanthropy
  - Housing industry
  - Other: \_\_\_\_\_

**Please indicate involvement in the  
Continuum of Care (check all that apply):**

- Provider of CoC funded programs
- Homeless Solutions Policy Board member
- Homeless Solutions Committee member
- Client of CoC program    current    former
- Community member
- Other: \_\_\_\_\_

SIGNATURE:

DATE: