**HOMELESS SERVICES NETWORK (HSN)**

**Perks/Networking Form**

**2024**

**Date: \_\_\_\_\_\_\_\_\_\_\_**

# NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ORGANIZATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The HSN Perks Program offers enhanced benefits, including SHNNY updates, access to grant opportunities, Advocacy messaging and support, local and state housing expertise, low-cost or free training and capacity building, and an opportunity to offer scholarships to individuals who are unable to pay for the homeless symposium.**

**HSN PERKS fee IS $20.00 PER YEAR per individual**

**Go to** [**www.letsendhomelessness.org**](http://www.letsendhomelessness.org) **and pay the perks fee via PayPal by hitting the donate button on the HSN “Become a member” page. If you pay by PayPal, please email this form \*email\*.**

**OR**

Checks should be made to the ***Homeless Services Network***.

Would you please attach payment to the registration form and bring it to any HSN meeting or mail it to:

**HSN/Continuum of Care**

**560 West Main Street**

**Rochester NY 14608**

\* *Inability to pay should not be a barrier to your participation. Please note your need for a membership fee waiver somewhere on a form.*

*\*\* This is an annual renewal fee*

We encourage you to participate fully by signing up to join our working focus groups. Please check the focus group(s) you would like to serve on, and the chairperson will contact you.

\_\_\_ Training/Special Needs Populations

\_\_\_ Chronic Homelessness

\_\_\_ Advocacy

\_\_\_ Homeless Symposium Planning

\_\_\_ Emergency Housing for parenting teens (new)