

MEMBER APPLICATION

Lived Experience Advisory Board

FRESNO MADERA CONTINUUM OF CARE

The Lived Experience Advisory Board is an advisory body intended to ensure the leadership and inclusion of those with current or past lived experience of homelessness within the Fresno Madera Continuum of Care (FMCoC). The Committee amplifies the voices of lived expertise in FMCoC policymaking and decision-making.

Application Process: Those interested in joining should submit this application (scan or clear photograph) to the FMCoC at LEAB@fresnomaderacoc.org or drop off a hardcopy application at any Coordinated Entry Access Site (see a list below).
Due to limited number of members on the Committee, someone will reach out when space is available. Thank you for your interest!

Notes:

- The LEAB is unlikely to consider membership applications from employees of local homeless housing or service providers, even those with lived experience.
- Applications are anonymized before being voted on by the LEAB. Please do not directly reach out to members of the LEAB asking them to vote for you, or you will be disqualified from applying.

Application – This is your opportunity to share a bit about yourself and your interests.

Name: _____

Contact Information – Please fill in all that you can.

Email address: _____

Phone where you can receive messages: _____

Any alternate or preferred contacts: _____

What skills, experiences, or perspectives would you contribute as a member of the Lived Experience Advisory Board? (Optional)

How did you hear about the Board? _____

Access Site Instructions: if this application is received in hardcopy, scan or take a clear photo of both pages of the application and e-mail it to LEAB@fresnomaderacoc.org with the subject line “LEAB Application.”

Why are you interested in becoming a member of the Board? Are there any particular issues you are interested in working on as part of the Board?

The Board meets the first and third Tuesdays of each month from 5-6:30PM. Are you able to attend meetings at this date and time? _____

In the interest of representing a broad range of opinions and proficiencies, and to bring voices to the table that are historically and presently marginalized, the CoC aims to build a diverse and inclusive Lived Experience Advisory Board. The following questions will help us to ensure that Committee membership represents the diversity of experiences of those who have lived experience of homelessness in Fresno and Madera Counties.

Have you ever experienced homelessness, either in the past or currently? Yes No

If yes, have you experienced homelessness in Fresno County? Yes No

If yes, have you experienced homelessness in Madera County? Yes No

How long did you experience homelessness and how many times have you experienced homelessness?

How long ago did you experience homelessness (if past)?

If you'd like, please let us know which, if any, of the following groups you identify with (mark all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Lesbian/Gay/Bisexual/Queer /Transgender/Gender non-conforming | <input type="checkbox"/> Use of emergency shelter program (including cold weather /rotating church shelter) | <input type="checkbox"/> Currently experiencing homelessness |
| <input type="checkbox"/> Parenting/family/caregiver | <input type="checkbox"/> Age: _____ (or identify as youth or elderly) | <input type="checkbox"/> Housed and connected to homeless services |
| <input type="checkbox"/> Substance use experience | <input type="checkbox"/> Use of housing subsidies (PSH; RRH; Public Housing/Sec. 8) | <input type="checkbox"/> Criminal Legal System/Reentry experience |
| <input type="checkbox"/> Living with a disability | <input type="checkbox"/> Survivor of domestic/intimate partner violence | <input type="checkbox"/> Gang affiliated, present or former |
| <input type="checkbox"/> Veteran status | | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Immigrant experience | | |
| <input type="checkbox"/> "Dreamer" | | |
| <input type="checkbox"/> Former Foster Care | | |
| <input type="checkbox"/> Use of mental health services/NAMI | | |

Demographic Information (optional, mark all that apply):

Which of these best describe how you identify your

Race and/or Ethnicity (select all that apply):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Latinx/o/a
- White
- Some other race, ethnicity, or origin
- Prefer to self-describe (please enter here):

- Prefer not to say

Which of these best describe how you identify your Gender:

- Woman
- Transgender Woman
- Man
- Transgender Man
- Non-binary/Gender Variant
- Prefer to self-describe (please enter here):

- Prefer not to say

Access Site locations to drop off hardcopy applications:



WE ARE HERE TO HELP!

FRESNO MADERA CONTINUUM OF CARE (FMCOCC) ACCESS SITES

MAP Point at the Poverello House 412 F Street Fresno, CA 93706 559-512-6777 M-F 8AM-5PM	Golden State Triage Center 1415 W. Olive Ave Fresno, CA 93728 559-442-8075 M-F 8AM-3PM	Marjaree Mason Center/ DV 1600 M Street Fresno, CA 93721 559-233-4357 24-HR 7 DAYS/WEEK
Naomi's House 412 F Street Fresno, CA 93706 559-443-1531 24-HR 7 DAYS/WEEK	Fresno EOC HERO Team 2 MOBILE Fresno/Madera 559-475-8047 M-F 8AM-4PM	Madera CAP 1225 Gill Street Madera, CA 93637 559-416-5690 M-F 8AM-5PM
Poverello House Hope Team 412 F Street Fresno, CA 93706 559-498-6988 M-F 7AM-7PM SA-SU 7AM-4PM	Fresno EOC Safe Place/Youth MOBILE Fresno/Madera 559-825-3049 M-F 8AM-4PM	Selma MAP Point 2045 Grant Street Selma, CA 93662 559-512-6777 ext 2 M-F 8AM-5PM
The Welcome Center 2904 E. Belgravia Ave. Fresno, CA 93721 559-334-6402 M-F 9AM-5PM	Clinica Sierra Vista 302 Fresno Street Suite 106 Fresno, CA 93721 559-457-5960 M-F 10AM-2PM	RHCB CalAim MOBILE Fresno/Madera 559-341-6223 T-Th 9AM-11AM
Fresno Home 2550 W. Clinton Ave. Fresno, CA 93705 559-403-5001 M-F 9AM-2PM	Selma COM 2001 Whitson Street Selma, CA 93662 559-836-8165 M-F 9AM-3PM	WestCare California Inc. 605 E. Belmont Fresno, CA 93701 559-251-4800 ext 20904 M-F 8AM-11AM

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