CT BOS CoC

2019 CT BOS Renewal Evaluation

Provider Agency Info Form

**Please submit this document no later than 12/3/18**

**E-mail: ctboscoc@gmail.com**

**Please complete the entire form and complete only one per agency. Please send documents electronically. Contact Housing Innovations at** [**ctboscoc@gmail.com**](mailto:ctboscoc@gmail.com) **with any questions. The answers to these questions are not scored as part of the renewal evaluation process. Your responses will help the CoC answer questions in the 2019 NOFA.**

**Section 1. Agency Information – Please include two contacts for your agency**

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| **Agency Name:** |
| **Primary Contact Person:** |
| **Primary Contact Phone:** |
| **Primary Contact Email:** |
| **Secondary Contact Person:** |
| **Secondary Contact Phone:** |
| **Secondary Contact Email:** |

**Section 2: Agencies Serving Families and/or Youth Under 25 Only**

**A. Educational Services**

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| 1. Describe how your organization collaborates with the McKinney-Vento local educational authorities and school districts. Give examples of how your organization collaborates with local liaisons, state coordinators, school districts, early childhood programs, and other educational partners to assure the provision of homelessness and educational services**.** |
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| 2. Please list the name and contact information for the designated staff person at your agency who is responsible for ensuring that participants understand their educational rights, assist children/youth in enrolling in school, and make connections to services. |
| **Name:**  **Phone:**  **E-mail:** |

**B. Childhood Services**

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| List each childhood service with which your agency has a written agreement, (e.g., MOU/MOA) that serves infants, toddlers, and children, including:  Head Start, Early Head Start, Child Care and Development Fund, Federal Home Visiting Program,  Healthy Start, Public Pre-K, Birth to 3, Tribal Home Visting Program |
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**Section 3: Mainstream Employment Organizations**

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| 1. Please list the names of the mainstream employment organizations where you refer your tenants. These are organizations that provide job readiness, job training, and/or employment opportunities for all individuals and not exclusively for homeless individuals (e.g. Labor Ready). |
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| 2. Please provide the name of your local Workforce Investment Board (WIB). |
| 3. Describe how you coordinate services with your local Workforce Investment Board. |

**Thank you!**