



SACRAMENTO  
STEPS FORWARD  
Ending Homelessness. Starting Fresh.

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# Sacramento Continuum of Care **Housing Families First Collaborative**

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Collaborative Membership Application Packet

# APPLICATION FOR APPOINTMENT TO THE SACRAMENTO CONTINUUM OF CARE HOUSING FAMILIES FIRST COLLABORATIVE

*Reducing and ending family homelessness in Sacramento, making it preventable, brief, and rare, through systems-level change, a focus on enhancing access to services and housing, prioritizing racial equity, and using and improving data analytics to inform strategies per the Built for Zero model.*

## PLEASE PRINT OR TYPE

**PLEASE NOTE: COLLABORATIVE MEMBERS MUST LIVE AND/OR WORK IN SACRAMENTO COUNTY.**

Name (First, Last, Middle):

Mailing Address:

Work phone number:

Cell phone number:

E-mail address:

Are you applying as a representative of an organization? If yes, please indicate the name of the organization.

Work Address:

### Please check the Collaborative sector you are applying for:

- Housing Advocacy and Policy
- Homelessness Resource Providers
- County Health and Human Services
- Workforce and Employment Development
- Domestic Violence and Child Abuse Prevention
- Community-based Mental Health Services
- Family Resource Centers
- Families with Lived Experiences
- Sacramento Housing and Redevelopment Agency
- Youth Representatives, including Transitional Aged Youth
- Crisis Intervention and Prevention
- Teen Parenting Services
- Health Care Systems/Providers
- Faith-Based Organizations
- Education
- First 5
- City and County
- Black Child Legacy Campaign
- Philanthropy

Answer the following questions as best as possible, providing any specific experience you may have related to reducing family homelessness, if applicable. Attach additional pages if needed. A resume may be attached containing any other information that would help in reviewing your application.

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HOUSING FAMILIES FIRST COLLABORATIVE**

**Describe your interest in serving as a member of the Housing Families First Collaborative. What contributions do you believe you could offer to the collaborative:**

**Employment Experience (if applicable):**

**Community Experience or Affiliations:**

**County Boards/Commissions/Committees which you have or currently serve on:**

**Any other information that you would like to share that you feel would be helpful to the review committee in making this appointment:**

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**REFERENCES**

<b>References: Please list three references with telephone numbers or email addresses that we may contact.</b>	
<b>Name (First, Last):</b>	<b>Telephone Number or Email Address:</b>
1.	
2.	
3.	

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**Send completed application to:**

**Kaylin Jones at [kjones@sacstepsforward.org](mailto:kjones@sacstepsforward.org) and  
Rachel Bereza at [rbereza@sacstepsforward.org](mailto:rbereza@sacstepsforward.org)**

**Sacramento Steps Forward  
2150 River Plaza Dr., Suite 385  
Sacramento, CA 95833**

**Questions? Please e-mail Rachel Bereza at  
[rbereza@sacstepsforward.org](mailto:rbereza@sacstepsforward.org)**



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**For more information on the Housing Families First Collaborative:**

[rbereza@sacstepsforward.org](mailto:rbereza@sacstepsforward.org)