



**5TH ANNUAL
NORTH CENTRAL
NEBRASKA**

**PROJECT
HOMELESS
CONNECT**

October 27, 2016

10 am—3 pm

Evangelical Free Church

2609 S. Blaine St.

Grand Island, NE 68801

REGISTRATION DEADLINE IS October 1, 2016

Send to: Beth@buildingblocksforkids.org and Kelly.arends@va.gov

PLEASE PROVIDE 2 AGENCY CONTACTS WITH NUMBER AND EMAIL

Individual/Organization _____ Phone _____

Contact Name _____ Email 1 _____

Contact Name (2) _____ Email 2 _____

Address _____ City _____ Zip _____

Please check the boxes below that best fit the services your agency is willing to provide the day of the event:

- | | |
|--|---|
| <input type="checkbox"/> Bicycle/Wheelchair repair | <input type="checkbox"/> Identification |
| <input type="checkbox"/> Case Management/Triage | <input type="checkbox"/> Legal Counsel/Therapeutic Courts |
| <input type="checkbox"/> Credit Counseling | <input type="checkbox"/> Medical Care |
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Drug/Alcohol Treatment | <input type="checkbox"/> Needle Exchange |
| <input type="checkbox"/> Elder Services | <input type="checkbox"/> Public Benefits |
| <input type="checkbox"/> Employment/Job Readiness | <input type="checkbox"/> Refugee Services |
| <input type="checkbox"/> Eye Exams/Eyeglasses | <input type="checkbox"/> Substance Abuse/Addiction |
| <input type="checkbox"/> Family/Childcare Services | <input type="checkbox"/> Teen and Youth Services |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Translation Services |
| <input type="checkbox"/> Food and Beverage | <input type="checkbox"/> Veterans' Benefits |
| <input type="checkbox"/> Haircuts | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Housing/Shelter Stabilization | <input type="checkbox"/> Other _____ |

Will you need access to electrical outlets?

- Yes (how many?) _____ No

Will you need a private room to deliver your services?

- Yes No

Will you need an internet connection?

- Yes No

Will you require any additional accommodations?

- Yes No

If yes explain: _____

Your agency will provide:

- Actual service delivery at the event from **10 am to 3 pm. Set up at 8:30 am.**
- Information about your services.
- Number of individuals that will staff your booth the day of the event _____

Please describe the service you will provide in as much detail as possible below.

Each booth will be provided with one 6' or one 8' table. **If you need specific equipment or additional space, and would like to request information about options from the Project Homeless Connect Committee please indicate that below. Please be as specific as possible in your request.**

* Project Homeless Connect (PHC), Evangelical Free Church, and/or sponsors assume no responsibility for the safety of participants in this event. All participants recognize and agree by their participation that safety shall be their responsibility and hereby waive any right to seek recovery for an injury or damage which may be incurred, either to person or property as a result of or in connection with this event or participation therein. I also give permission for my name and/or picture to appear in any media, including but not limited to, brochures, posters, newsletters, flyers and broadcast media.

Printed Name _____

Signature _____