SAN MATEO COUNTY CONTINUUM OF CARE
LIVED EXPERIENCE ADVISORY GROUP (LEAG)
POTENTIAL MEMBER INTEREST FORM

The San Mateo County Human Services Agency has been designated as the Lead Agency for coordinating homelessness services for the San Mateo County Continuum of Care (CoC). The San Mateo County Center on Homelessness (COH) also supports the Lived Experience Advisory Group (LEAG).

LEAG was created in 2022 to ensure that the voices and perspectives of individuals with current and/or past lived experience of homelessness are heard and considered in the decision-making process of the San Mateo County homelessness programs and services. LEAG also gives recommendations and feedback to the CoC and its programs and services. LEAG meets monthly and provides input on existing and proposed homelessness services delivered in San Mateo County.

For the purposes of this form, “homelessness” means “a state of residing in a vehicle, on the street, in a shelter, or in any place not meant for human habitation.”

If you are interested in serving as a member of LEAG, please complete the interest form below. Center on Homelessness staff are available to assist in filling out the application form or in answering any questions you may have about what it would be like to serve on LEAG. Please call (650) 802-5177 for assistance.

As there are only a limited number of seats on LEAG, not every person who fills out this interest form will be asked to serve on LEAG.

Name: ____________________________________________________________________________________
City of Residence: ___________________________________________________________________________
How can you be reached?
Phone: ________________________________ Email: ______________________________________________

Are you experiencing, or have you previously experienced homelessness?
☐ Yes  ☐ No

Are you experiencing, or have you previously experienced homelessness in San Mateo County?
☐ Yes  ☐ No

Are you available to attend monthly meetings of 1.5 hours?
☐ Yes  ☐ No  ☐ Maybe

Are you employed by a homeless services provider or Core Service Agency?
☐ Yes  ☐ No  If Yes, name of provider organization _________________________________________________

Are you able to attend online meetings via Zoom?
☐ Yes  ☐ No  If No, what resources would you need in order to attend meetings via Zoom?
_____________________________________________________________________________________________
_____________________________________________________________________________________________
What San Mateo County programs and services have you used? (Select all that apply.)

☐ Core Service Agency (Coastside Hope, Daly City Community Service Center, Fair Oaks Community Center, Pacifica Resource Center, Puente De La Costa Sur, Samaritan House, Samaritan House South, YMCA)
☐ San Mateo County shelters (including non-congregate/motel/hotel-based shelter programs)
☐ Housing Authority (e.g., Permanent Supportive Housing or Moving-to-Work vouchers)
☐ Rapid Rehousing
☐ Safe Parking
☐ Street Outreach
☐ Street Medicine
☐ Vocational and Rehabilitation Services
☐ Behavioral Health and Recovery Services (BHRS)
☐ Other (specify): ______________________________

Please tell us about your experience with homelessness.

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What strengths or skills would you bring to the Lived Experience Advisory Group (LEAG)?

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If you’d like, please let us know which, if any, of the following groups you identify with.

☐ Has experienced homelessness within the *Coastside region* (Pacifica through Pescadero, including unincorporated coast, and including La Honda and surrounding parks).

☐ Has experienced homelessness within the *Central Bayside region* (Redwood City and Emerald Lake Hills through Burlingame).

☐ Has experienced homelessness within the *North Bayside region* (Millbrae and north).


☐ Has experienced homelessness as part of a family (*household with adult(s) and minor child(ren)*).

☐ Has experienced homelessness and served in the U.S. Armed Forces (*veterans*).

☐ Has experienced homelessness and is age 18 to 24 (*Transition-Age Youth*).

☐ Has experienced homelessness and is age 60 or older.

☐ Has experienced homelessness because of *domestic violence*.

☐ Has experienced homelessness and represents the *LGBTQ* community.

☐ Has experienced homelessness and represents the BIPOC (*Black, indigenous, and other people of color*) community.

☐ Has experienced homelessness and represents behavioral health or disabling conditions.