

Client Advisory Council Nomination Form

Please complete the following form for each nomination.

Date			
<i>Details of Nominee:</i>			
Nominee Full Name			
Address			
State		Zip Code	
Email		Phone	
Is this a self-nomination?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the nominee had lived homeless experience?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please explain why this individual (or yourself if self-nominating) would be a good candidate for this Council:			
Can this individual make a monthly commitment to attend?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Thank you so much for taking the time to submit a nomination!