

Lived Expertise Consultants Application

Contact Information

Name:

Primary Phone Number:

Alternate Phone Number:

Email Address:

Which method of communication do you prefer?

-Email

-Phone

What County do you live in?

Do you anticipate any of the following being a barrier to you participating? This will help us understand any support you may need to fully participate. Circle all that apply:

-Access to a computer

-Access to the internet

-Childcare during the meetings

-Other (please describe)

Are you able to commit to up to 10 meetings per year, 2 hours per meeting?

-Yes

-No

What interests you about being a consultant for the Central MN Continuum of Care?

-Over-

Please share anything you would like about the expertise and perspective you hope to bring to the Continuum of Care planning process.

Do you identify with any of the following groups? (Completely optional)

- American Indian, Alaska Native, or Indigenous
- Asian or Asian American
- Black, African American, or African
- Native Hawaiian or Pacific Islander
- White
- Multiple Races
- Latin(a)(o)(x)
- LGBTQ+
- Veteran
- People with Disabilities
- Refugee
- Youth (age 24 or less)
- Other (please list)

Thank you for considering joining us in the Continuum of Care planning process. We look forward to working with and learning from you.

If you have any questions, feel free to contact:

Tim Poland

Continuum of Care Coordinator

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