



# Lived Experience Committee

*navigating home*

Housing First Solano ~ Vallejo/Solano County Continuum of Care

## MEMBER APPLICATION

The Lived Experience Committee is an advisory body intended to ensure the leadership and inclusion of those with current or past lived experience of homelessness within the Housing First Solano Continuum of Care (HFS CoC). The Committee amplifies the voices of lived expertise in HFS CoC policymaking and provides pathways to develop the leadership skills of members.

The goals of the Committee are to foster a trusting [feedback loop](#) between members with lived expertise and the system of homeless and housing services in Solano, and to engage that expertise in decision-making. To do so, Committee members use this platform to share their experiences and knowledge, make recommendations for improvement, and participate in Housing First Solano CoC Board decision-making processes.

**Application Process:** Those interested in joining should submit this application (scan or clear photograph) to [admin@capsolanojpa.org](mailto:admin@capsolanojpa.org) with the subject line: Lived Experience Committee. If you're having trouble submitting, please contact Reneé Parham at (707) 389-8596.

Due to the limited number of members on the Committee, current members will reach out when space is available.  
Thank you for your interest!

Application – This is your opportunity to share a bit about yourself and your interests.

Name: \_\_\_\_\_

Contact Information – Please fill in all that you can.

Email address: \_\_\_\_\_

Address where you can receive mail: \_\_\_\_\_

Phone where you can receive messages: \_\_\_\_\_

Any alternate or preferred contacts: \_\_\_\_\_

What skills, experiences, or perspectives would you contribute as a member of the Lived Experience Committee?

---

---

---

Why are you interested in becoming a member of the Committee? Are there any specific issues you are interested in working on as part of the Committee?

---

---

---

---

Please list one personal reference we can contact – Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone or other contact: \_\_\_\_\_

The CoC aims to build a diverse and inclusive Lived Experience Committee. The following questions will help us to ensure that Committee membership represents the diversity of experiences of those who have lived experience of homelessness in Solano County.

Have you ever experienced homelessness, either in the past or currently? Yes No

If you have experienced homelessness in the past, was it more than 7 years ago? Yes No

Have you experienced homelessness in Solano County? Yes No

If you'd like, please let us know which, if any, of the following categories you identify with (mark all that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Age 62 and older                    | <input type="checkbox"/> Gang Affiliated, present or former        | <input type="checkbox"/> Jail/Prison/Reentry Experience                 |
| <input type="checkbox"/> Currently Experiencing Homelessness | <input type="checkbox"/> Housed and Connected to Homeless Services | <input type="checkbox"/> Lesbian/Gay/Bisexual/Queer                     |
| <input type="checkbox"/> Experienced Homelessness as a Youth | <input type="checkbox"/> Immigrant experience/ "Dreamer"           | <input type="checkbox"/> Living with a Disability                       |
| <input type="checkbox"/> Former Foster Care                  |  | <input type="checkbox"/> Parenting/Family/Caregiver of minor child(ren) |



- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Project Roomkey Participant                     | <input type="checkbox"/> Use of Emergency Shelter Program (including cold weather /rotating church shelter) | <input type="checkbox"/> Use of Mental Health Services/NAMI |
| <input type="checkbox"/> Substance Use Experience                        | <input type="checkbox"/> Use of Housing Subsidies (PSH; RRH; Public Housing/ Sec. 8)                        | <input type="checkbox"/> Veteran status                     |
| <input type="checkbox"/> Survivor of Domestic/ Intimate Partner Violence |   | <input type="checkbox"/> Other (please specify):<br>_____   |
| <input type="checkbox"/> Transgender/Gender Variant                      |   |   |
| <input type="checkbox"/> Transitional Age Youth (16-24)                  |   |   |

What housing and shelter services have you utilized in Solano County? Please let us know names of programs and agencies if you can do so, and include shelters, permanent housing, and services.

---



---

Demographic Information (optional):

Which of these best describes how you identify your Race and/or Ethnicity (select all that apply):

- American Indian/Native American or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Latinx/o/a
- Middle Eastern/North African
- White
- Some other race, ethnicity, or origin
- Prefer to self-describe (please enter here):  
\_\_\_\_\_.

Prefer not to say

Which of these best describes how you identify your Gender:

- Woman
- Transgender Woman
- Man
- Transgender Man
- Non-binary/Gender Variant
- Prefer to self-describe (please enter here):  
\_\_\_\_\_.

Prefer not to say

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_