Bucks County Lived Experience Advisory Board
MEMBER APPLICATION

The Lived Experience Advisory Board (LEAB) is a group that ensures people who have experienced homelessness get to help lead and participate in the decisions made about housing in Bucks County. The LEAB helps people who know what it's like to be homeless have a say in making rules and decisions.

The LEAB's goals are to build trust between people who have experienced homelessness and the services that help them in Bucks County. LEAB members use this group to share their stories and ideas, suggest ways to improve things, and participate in important decisions about housing and homelessness in Bucks County.

Application Process: Those interested in joining should submit this application (scanned or clear photograph) to mlbackenstoss@buckscounty.org. If you're having trouble submitting it, please contact mlbackenstoss@buckscounty.org. **Applications will be accepted on a rolling basis until positions are filled.**

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 text messages or email: _____

Any alternate or preferred contacts: _____

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

_____

_____

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

_____

_____

_____

_____

Please list one personal reference we can contact – Name: _____

Relationship: _____ Phone or other contact: _____

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

If yes, have you experienced homelessness in Bucks County? ☐Yes ☐No

How long did you experience homelessness overall?

_____

When was the last time you experienced homelessness (e.g., 1 year ago, last night, etc.)

_____

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

☐ Age 62 and older ☐ Currently Experiencing Homelessness ☐ Experienced Homelessness as a Youth ☐ Former Foster Care ☐ Housed and Connected to Homeless Services ☐ Immigrant experience ☐ Jail/Prison/Reentry Experience	☐ Lesbian/Gay/Bisexual/Queer ☐ Living with a Disability ☐ Parenting/Family/Caregiver of minor child(ren) ☐ Substance Use Experience ☐ Survivor of Domestic/ Intimate Partner Violence ☐ Transgender/Gender Nonconforming ☐ Use of Housing Subsidies (PSH; RRH; Public Housing/ Sec. 8)	☐ Use of Mental Health Services/NAMI ☐ Use of Emergency Shelter Program ☐ Veteran status ☐ Currently working for a provider in Bucks County ☐ Other (please specify): _____

What housing and shelter services have you utilized in Bucks County? If you can, please provide the names of programs and agencies and include shelters, permanent housing, and services.

_____

_____

Applicant Name: _____

Applicant Signature: _____