



Board Meeting Agenda

Date: Thursday, April 2, 2026

Time: 3:00 PM – 4:30 PM

Location: **In-Person Meeting Location:**

Winnebago County Health Department

555 North Court, Room 115, Rockford, IL 61103

Virtual option below:

Join Zoom Meeting

<https://us06web.zoom.us/j/86503317054?pwd=82rBEyjJhkvPJ6u6HAkaGP0GiHEDN4.1>

Meeting ID: 865 0331 7054

Passcode: 850728

Agenda Items:

- I. Welcome and Introductions
- II. Review of Mission Statement
- III. Guest(s)/Public Participation
- IV. March Meeting Minutes Approval
 - a. Any corrections or additions
- V. Old Business
 - a. 100 Day Challenge – Shelter Diversion
 - b. Monthly Agency Presentations
 - i. Family Services Agency – February
 - ii. Suggestions for May, etc.
- VI. New Business
 - a. IRIS (Integrated Referral and Intake System)
 - i. Potential Use for NIHC
 - ii. Current agencies on IRIS
 - b. NIHC Social Media ROI
 - i. Comments/Suggestions
 - ii. DO agencies have a ROI?
 - c. [ADA Accessibility Requirement](#)
 - i. Who must comply: State and local governments, public schools, and public universities serving populations of 50,000 or more.
 - ii. What is required: All web content and mobile applications must meet the Web Content Accessibility Guidelines (WCAG) 2.1, Level AA technical standards.



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- iii. Scope of content: This includes websites, mobile apps, social media posts, digital course materials, and electronic documents like PDFs, Word docs, and spreadsheets

- d. Monthly Agency Presentations
 - i. Hope for Veterans – April
 - ii. Suggestions for May, etc.

VII. Reports

- a. Chair / Vice Chair
- b. Treasurer
 - i. Current Balance / Expenditures
 - ii. Update on membership applications received to date
- c. HMIS Lead Agency
 - i. Final January 2026 PIT Count Numbers
- d. Collaborative Applicant
 - i. FY2027 State ESG Updates
 - ii. FY2025 HUD CoC Grant Updates
 - 1. DeKalb Housing Authority
- e. Current shelter capacity
 - i. Hope Haven
 - ii. Rockford Rescue Mission
 - iii. Remedies
 - iv. Safe Passage
 - v. Youth Services Network
 - vi. FSA Youth Shelter
 - vii. Comprehensive Community Solutions
 - viii. Current Unsheltered Count

VIII. Committee Updates – Since Full Membership Meeting

- a. Case Conferencing Workgroups
- b. Built for Zero
- c. Lived Experience Committee
- d. Membership, Ed & Public Relations
- e. JEDI
- f. Where's the Funds?/NOFO (Adhoc)

IX. Public Health Update

- a. Powassan virus – tickborne disease
- b. There is no vaccine for the virus which can lead to serious health complications impacting the heart, skeletal, and nervous systems.



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- c. For more information on tickborne diseases, visit the Illinois Department of Public Health's Illinois Tickborne Disease Dashboard at <https://experience.arcgis.com/experience/26e3d88ec699400ea4324272a43a49cb?org=idph> or visit the WCHD website at publichealth.wincoil.gov

X. Agency Updates/Announcements

XI. Adjournment



NIHC Social Media Release of Information (ROI)

Permission to Share Photos, Videos, and Personal Stories

Resident/Participant Name: _____

Parent/Guardian Name (if under 18): _____

Preferred Contact (optional): _____

Purpose of This Release

NIHC requests your permission to share photos, videos, or personal stories on our **social media pages, website, newsletters, and outreach materials**. These stories help highlight community strengths, celebrate resident achievements, and increase awareness of NIHC programs.

I authorize NIHC to:

- Share my **photo, video, or written/oral story** for outreach and community engagement.
- Use my identifying information as selected below:
 - **First name only**
 - **Initials only**
 - **Anonymous (no identifying information)**

I understand that:

- Participation is **completely voluntary** and will **not affect my housing or services**.
- I may **withdraw this consent at any time** by notifying NIHC staff. NIHC will stop using my information moving forward.
- Once information is posted online, NIHC cannot control how others may share or use it.
- NIHC will **not** share confidential case information or protected health information. Only the story, photo, or video I approve will be used.

Signatures

Resident/Participant Signature: _____ **Date:** _____

_____ **Parent/Guardian Signature (if under 18):** _____ **Date:** _____

Staff Signature: _____ **Date:** _____
