



COUNTY RURAL OFFICES OF SOCIAL SERVICES

Children's Behavioral Health Advisory Committee Participant Application

Print Name: _____

Please select which criteria you are applying through:

- Parents/Actively Involved Relatives of a Child who Utilizes Children's Behavioral Health Services
- The Education System
- Early Childhood Advocates
- Child Welfare Advocates
- Children's Behavioral Health Service Providers
- The Juvenile Court System
- Pediatricians
- Child Care Providers
- Local Law Enforcement
- Regional Governing Board

Please share why you would be interested in serving on the Children's Behavioral Health Advisory Committee?

Please share your experience working with persons with mental disabilities and/or service on other community committees.

Contact Information:

Address: _____

Daytime phone: _____

Signature: _____

Date: _____