

(Insert Name of Group) Community Leadership Team

Agency/Provider Involvement Application

Insert Name of Group is looking for agency/provider representatives who have knowledge of children’s mental health needs, services and resources to become members of the Insert Name of Group. The role of the Insert Name of Group is initially to guide the development of a System of Care to address the needs of children and youth who are living with serious emotional disorders and their families, as well as provide governance for SOC building activities. To learn more about SOC values and principles, please see the attached document. If you are interested in working to create a System of Care in Insert Name of County/Community, please fill out the information below and submit it to Insert Name and Email.

Contact Information	Date:	
NAME:		
EMAIL ADDRESS:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
PHONE NUMBER:		

General Information: In just a few sentences tell us about your experiences, if any, in advocacy for children’s mental health.

What experience, if any, have you had working in a large task group?

What do you think that you would need from us to support you in doing this work? For example, are you in school, need a flexible schedule, have limited access to internet, limited cell phone minutes...etc.

Tell us about your reasons for wanting to get involved in our efforts.

Note: Your application will be reviewed by the Leadership Team and you will notified as soon as a decision has been made.