



Southwest Iowa MHDS Region Advisory Committee Participant Application

Please select for which representation you are applying:

Child welfare advocate

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

Please share your experience working with persons with behavioral health or disability service needs and/or your service on other community committees.

Contact Information:

Name: _____

Address: _____

Email Address: _____

Daytime phone: (____) _____ - _____

Signature: _____

Return to:

SWIA MHDS Region

227 South 6th Street, Ste 128

Council Bluffs, IA 51501

OR

swatson@swiamhds.org

Due by 8/1/2023

Date: _____