



Southwest Iowa MHDS Region Advisory Committee Participant Application

Please select for which representation you are applying:

- Adult individual who utilize services or actively involved relatives of such individual
- Provider of adult mental health and disability services
- Parent of a child who utilizes services or the actively involved relatives of such child
- Education system member
- Early Childhood advocate
- Child welfare advocate
- Children's behavioral health service provider
- Juvenile Court member
- Pediatrician
- Child care provider
- Local law enforcement representative
- Regional Governing Board member
- Other related interest _____

Please share why you would be interested in serving on the Region's Children and/or Adult 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: _____

Daytime phone: _(____)_____ - _____

Signature: _____

Return to:
SWIA MHDS Region
515 5th Ave., Room 113
Council Bluffs, IA 51503
OR
swatson@swiamhds.org

Date: _____