

**CHILDREN'S BEHAVIORAL HEALTH ADVISORY COMMITTEE**  
*Application for Membership*

**Name/Title:** \_\_\_\_\_

**Agency/Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Political Party:** \_\_\_\_\_

**Please check one:** Consumer/Parent  Provider  Gender: Male  Female

**Race/Ethnicity:** \_\_\_\_\_

**Area of interest related to behavioral health services for children:**

**What activities are you involved with relating to children's behavioral health?**

**Reasons for interest in the Children's Behavioral Health Advisory Committee:**

**How do you think you could contribute to the Advisory Committee?**

**Please identify others you would like to recommend for the Advisory Committee:**

<b>Name:</b>	<b>Agency:</b>	<b>Phone:</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please return completed applications to:** Dr. Marcy Kane  
Wellpath, Inc.; 70 Pine Street  
Waterbury, CT 06710  
[mkane@wellpathct.org](mailto:mkane@wellpathct.org)