

LOCAL SYSTEM OF CARE
“W.H.I.N.C.”
AUTISM FAMILY SUPPORT GROUP
LETTER OF MEMBERSHIP

This letter serves as a letter of agreement between the undersigned and the other members of the Local System of Care Collaborative who serve children and adolescents with serious emotional/behavioral disorders, and their families, in the community. In signing this letter of agreement, the undersigned becomes a voting member of the Local System of Care and is entitled to participate on the CRC. As a member of the Local System of Care, agencies and individuals agree to provide reciprocal service in the interest of good care and the utilization of community resources as detailed below.

1. _____, agree to the following:

- A. To support the Local System of Care, Care Coordinator
- B. Endorse and agree to adhere to the values for the system of care
- C. Respect the privacy, confidentiality, dignity and rights of people whom we serve
- D. Participate in case conferences and treatment planning efforts as appropriate (Child Specific Team)
- E. Participate in the Local System of Care and other systems efforts
- F. Participate on the CRC and subcommittees

This letter of agreement remains in effect from this date for an indefinite period, or until rescinded in writing.

(Signature of Parent)

(Date)