

LETTER OF PARTICIPATION

As a member of the West Haven Interagency network for Children (West Haven Collaborative),  
\_\_\_\_\_ can provide, when appropriate,

(name of agency or individual)

the following services or other resources, to families of children and youth with serious  
emotional disorders.

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The following person(s) has been designated to represent our agency at monthly meetings or  
other appropriate committees as necessary to further the mission of the Collaborative.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_