

LOCAL SYSTEM OF CARE
“W.H.I.N.C.”

LETTER OF MEMBERSHIP

This letter serves as a letter of agreement between the undersigned Agency 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. _____ on behalf of the agency which I represent I agree to the following:

- A. Endorse and agree to adhere to the values for the system of care
- B. Respect the privacy, confidentiality, dignity and rights of people whom we serve
- C. Refer and provide information as requested
- D. Participate in case conferences and treatment planning efforts as appropriate (Child and Family Team)
- E. Participate in the Local System of Care and other systems efforts
- F. Commit available resources to furthering these efforts (Child & Family Team)
- G. Actively foster consumer participation in community and treatment processes

This letter of agreement remains in effect from this date for an indefinite period, or until rescinded in writing.

(Signature of Executive Director or Individual
If non-agency applicant)

(Date)

(Name of Agency if Applicable)

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.

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. _____

