

**Chapter 39 Local Planning Team Request for Participation Form**  
**Adoption Promotion and Prevention of Abuse, Abandonment and Neglect**

**Circuit/County:** \_\_\_\_\_

**Person Completing the Form:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Instructions:** Please note that all meetings of the Local Planning Team in your circuit are open to the public. You are encouraged to attend and participate in these meetings. As you see from the list below, the membership on these teams are already quite large. If you would like to request to serve as a voting member on your local team, complete this form and send it to the convener. The convener and the contact information for each of the Local Planning Teams are provided on the Governor's Web site with the Local Planning Team resources. Thank you for your interest in this effort.

**Please check the area(s) of representation for this local planning team member.**

**Agency Representation**

- Agency for Persons with Disabilities (APD)
- Agency for Workforce Innovation (AWI)
- Department of Children and Families (DCF)
- Department of Corrections (DOC)
- Department of Education (DOE)
- Department of Health (DOH)
- Department of Juvenile Justice (DJJ)
- Department of Law Enforcement (DLE)

**Parent Representative**

- Parent who has adopted a child from within the child welfare system

**Other Representative**

- Please Specify: \_\_\_\_\_

**Appropriate Local Organizational Representation**

- Child day care center
- Circuit court
- Community mental health center
- Community-based care lead agency
- Guardian ad litem program
- Law enforcement agency
- Local advocacy council
- Multi-disciplinary child protection team
- Private/public program with expertise in child abuse prevention program
- Private/public program with expertise in maternal and infant health care
- Private/public program with expertise in working with children/families of children who are sexually, physically or emotionally abused, abandoned or neglected
- School board

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Agency/Organization:** \_\_\_\_\_

Please describe the work of the Agency/Organization if it is not apparent from the name:

\_\_\_\_\_

**Mailing Address (include city & zip):** \_\_\_\_\_

\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_