**2020 HEALTH & HUMAN SERVICES COLLABORATIVE MEMBERSHIP FORM**

The Eastern Panhandle Health & Human Services Collaborative (HHSC) serves Berkeley, Jefferson and Morgan Counties, West Virginia by bringing together a broad cross-section of our tri-county area to identify needs, develop solutions, and mobilize resource groups to enhance the well-being of children and families. The highest priority needs are addressed by work groups during the following year. Together, the work plans of each work group comprise the HHSC Work Plan to create sustained change.

Members of the HHSC are expected to serve on at least one work group of their choice throughout the year. Diversity in work groups is encouraged to maintain a variety of viewpoints and strategies to best serve the community. Work groups are encouraged to collaborate with local entities in the community to coordinate services, share resources more effectively, and solve local problems.

The HHSC Steering Committee is the planning and mobilization arm of the Family Resource Network of the Panhandle. Comprised of work group chairs, partner agencies, and community representatives, this group convenes the quarterly meetings, facilitates development of work plans, reviews progress on work plans, helps identify and secure resources, and gathers data and information to assist the Collaborative in defining and addressing community needs.

Please affirm your membership in the Health & Human Services Collaborative by completing and returning this form to the Executive Director, Family Resource Network of the Panhandle, at director@frnotp.org.

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**HHSC MEMBERSHIP FORM 2020**

Organization Name (or Your Name if Not Representing an Agency):

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Preferred Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If Several are from one Organization*, Please Provide Organizational Information Above and Individual Names and Email Address(es) Below:
(PLEASE PRINT CLEARLY)**

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Work Group(s) Please check all you do or will participate in: \_\_\_ Strong and Stable Families

 \_\_\_\_ Behavioral Health \_\_\_ Kids in Transition (KIT) \_\_\_ Housing \_\_\_Health

If you don’t participate in these, is there another focus area needed? Please make a suggestion:

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