

MECKLENBURG'S PROMISE

Promoting Recovery and Opportunity through Mentoring, Insight, Support and Education

Best Practices Committee Membership Information

Check one box only:

- I am a professional representative of an agency that receives IPRS funds from Mecklenburg LME to server persons with severe and persistent mental illness. (A CORE AGENCY).
- I am a professional representative of an agency that serves persons with severe and persistent mental illness but does not receive IPRS funds from Mecklenburg LME (AN AFFILIATE AGENCY).
- I am a consumer/family member/community contact who is representing an agency.
- I am a consumer/family member/community contact who is not representing an agency.

NAME OF AGENCY YOU REPRESENT:
(If applicable)
Address:

Telephone:
Fax:
Web address:

YOUR NAME :

YOUR TITLE (If Applicable):

Address:

Telephone:

Fax:

Email address:

Check one if applicable:

- I am a designated professional training representative for my agency.
- I am a designated consumer training representative for my agency.

Signature

Date

Mecklenburg County Mental Health Recovery Best Practices Committee

www.meckpromise.com

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