

**Application Form for 2008
Local Child Abuse Prevention Councils**

County:

Official Name of Council:

Chairperson's Name:

Chairperson's Address:

Chairperson's Home Phone:

Work Phone:

Fax:

Email:

Will the Chairperson be the recipient of all official correspondence?

Yes:

No:

If No, please list the name, address and title of the person who is to receive official correspondence on the line below:

Enter the name of the representative from each agency sitting on your Council & indicate status: *New or Same*

1. Dept. of Human Services:

New Representative, letter attached or Same Rep as last year, letter on file:

2. Dept. of Health:

New Representative, letter attached or Same Rep as last year, letter on file:

3. Schools/Education:

New Representative, letter attached or Same Rep as last year, letter on file:

4. Law Enforcement:

New Representative, letter attached or Same Rep as last year, letter on file:

5. Citizen At Large:

New Representative, letter attached or Same Rep as last year, letter on file:

Mark which one applies to this Local Council:

New Certification:

Re-certification:

A complete list of current Council members and their addresses & phone numbers is attached as required by the instructions:

Mark an X to indicate Yes

We would like additional copies of the local council handbook :

Number of copies:

We understand and have met the requirements for a Local Council. We have also received and read a copy of the Powers and Duties of Local Councils. We pledge to be advocates for the prevention of child abuse and to review all grant applications proposing to offer services in our county.

Form Completed By:

Phone:

**RETURN TO: STATE CHILD ABUSE AND NEGLECT PREVENTION BOARD
415 NORTH MCKINLEY, SUITE 462, LITTLE ROCK, AR 72205
Phone: 501-664-2227 Fax 501-255-1572
OR EMAIL TO: support@arkansasctf.org**