CHANGE AGENT SUBCOMMITTEE
MEMBER PROFILE DATA SHEET

NAME_____

ADDRESS _____

CITY_____ ST_____ ZIP_____

TELEPHONE #_____ EMAIL ADDRESS _____

MEMBERSHIP in ASSOCIATIONS or SERVICE ORGANIZATIONS, etc.

_____

_____

_____

PAST EXPERIENCE (Personal and Professional)

_____

_____

_____

MEMBERSHIP CATEGORY (Please check all applicable categories)

____ I am a current or former recipient of behavioral health services.

____ I am a family member of an individual who is a current/former recipient of behavioral health services.

____ I am a professional, working in the behavioral health system.

____ Other (list) _____

I am a member of the following committee(s) in the Beaver County System of Care:
(Please check all that apply)

- □ Leadership Committee
- □ Steering Committee
- □ Change Agents
- □ Housing
- □ Youth/YAP (BC Scores)
- □ SPA (single point of accountability)
- □ Quality Improvement
- □ Employment (WIN Services)
- □ Forensic (F/ACT)
- □ Other _____