

Application for Private Provider Membership
Campbell County Community Policy and Management Team (CPMT) and
Campbell County Family Assessment and Planning Team (FAPT)

Agency Information:

Agency Name: _____

Address: _____ Phone: _____

Main Contact (Proposed primary member) Information:

Name: _____ Title: _____

Phone: _____ Email: _____

Alternate Contact Information:

Name: _____ Title: _____

Phone: _____ Email: _____

Please describe your agency's approach to service planning for clients:

Please describe how your agency achieves the CSA mission of child centered, family focused, and community based care for clients:

Please list any training in wraparound approaches to service planning that has been provided to your staff:
