



# MO CIT Council Contact Form

Name of CIT Council:

Expansion Council ☐

Established Council ☐

Counties Represented:

## Chair's Information:

Name(including rank):

Phone number:

Email address:

## Co-Chair's Information:

Name:

Phone Number:

Email address:

## Secretary's Information:

Name:

Phone number:

Email address:

## Training Committee Chair's Information:

Name:

Phone number:

Email address:

## Course Registration Contact's Information:

Name:

Phone number:

Email address:

## Community Mental Health Liaison (CMHL) Contact:

Name:

Phone number:

Email address:

**CIT Meetings/Activities Schedules:**

How often does your council meet (monthly, quarterly, etc.)?

Please list the dates of your CIT Council meetings for the past year:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Council meetings location:

Training committee meetings dates/times/location:

Other meetings dates/times/location:

Where are you receiving your CIT training? (e.g., providing your own, sending people to Mid MO, KC, St. Louis)

Please list all Law Enforcement Agencies by jurisdiction that are members of your council. (e.g., Boone County Sheriff's department, Columbia PD, Fulton PD, MUPD, etc.)

Please list all Community Partner Agencies that are members of your council (e.g., Burrell, Behavioral Health, Arthur Center, Compass Health/Pathways, Truman VA, DHSS, etc.)