

Valid from: November 01, 2009- October 31, 2010

Please return to: Barb Razer,

## **Local Interagency Councils 5 & 31**

**Serving Madison St. Clair, Randolph and Monroe Counties**

**Barb Razer, Coordinator**

**Barb-Razer@Newwavecomm.net**

**618-443-9002**

**FAX: 618-443-1019**

### **Memorandum of Understanding**

\_\_\_\_\_ declare(s) my/our  
(Parent(s) or Name of Agency/Organization)  
willingness to participate in the development of a comprehensive plan for service delivery to all eligible children, with or “at Risk” of developing disabling conditions, and their families in Madison, Monroe, Randolph, and St. Clair Counties.

In support of this effort, I/we agree to participate in the following activities:

1. Attend scheduled meetings of the local collaborative group as a qualified representative of this agency/organization, or as a parent representative.
2. Share pertinent information about agency/organization, or/and family needs, for the purpose of clarifying roles, and to assist in the identification of family “needs” that could be addressed collaboratively.
3. Explore potential approaches to cooperative service delivery and resource sharing on behalf of families.

Name of authorized representative: \_\_\_\_\_

Position of representative: \_\_\_\_\_

Alternate voting members: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_@\_\_\_\_\_

Date: \_\_\_\_\_