

**The Division of Behavioral Health
COMMUNITY COALITION APPLICATION UPDATE FORM**

FILING INSTRUCTIONS

In order to properly update the database, you must complete **all** information requested below. Please return this form to Amanda Baker, Division of Behavioral Health, 1706 E. Elm Street, PO Box 687, Jefferson City, MO 65102 or to amanda.baker@dmh.mo.gov.

If you have questions regarding this form, please contact Amanda Baker at (573) 751-9414 or amanda.baker@dmh.mo.gov

DATE:

PREVENTION RESOURCE CENTER (PRC):

PRC CONTACT NAME:

PRC CONTACT EMAIL:

COALITION NAME (what is currently listed on registry):

PLEASE MARK WHICH SECTION IS BEING UPDATED

- COALITION NAME:**
- COALITION LEADER'S NAME:**
- COALITION STREET ADDRESS:**
- COALITION MAILING ADDRESS:**
- COALITION PHONE NUMBER:**
- COALITION FAX NUMBER:**
- COALITION EMAIL:**
- COUNTY:**
- COALITION WEBSITE:**