

Western Service Area Authority – Local Advisory Council

This form is to be used to request the annual LAC stipend OR to provide the end of year report.

Date:

County:

Mailing Address:

Current Officers:

Chair:

Co-Chair:

Secretary:

Treasurer:

WSAA-LAC Representative:

WSAA-LAC Alternate:

When do you hold your meeting and where?

When was your last LAC meeting?

Please indicate which one:

Stipend Request: How will the stipend be used to make an impact in your community in one or more of the areas below?

End of Year Report: How has your LAC impacted your community in one or more of the areas below?

- Evidence based mental health services, trauma informed care, recovery principles, peer support, substance abuse services, suicide prevention, and other mental health or co-occurring services:
- Mental health training, education, and outreach services:
- Meeting the needs of identified gaps in mental health services:
- Means to monitor, evaluate effectiveness, and sustain effective activities:

Please submit to:

WSAA Chair Stacey Wheeler

725 W. Central Ave, Missoula, MT 59801

Email: asd Wheeler@gmail.com

Revised August 2020