

**The Division of Alcohol and Drug Abuse
COALITION/COMMUNITY 2000 TEAM
DATA 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 Alcohol and Drug Abuse, 1706 E. Elm Street, PO Box 687, Jefferson City, MO 65102 or 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:

YOUR NAME:

YOUR PHONE NUMBER:

YOUR EMAIL:

TEAM NAME:

FORMER TEAM NAME (*if applicable*):

TEAM LEADER'S NAME:

TEAM MAILING ADDRESS:

TEAM PHONE NUMBER:

TEAM FAX NUMBER:

TEAM EMAIL:

WEBSITE:

COMMUNITY/COUNTY:

REGIONAL SUPPORT CENTER: