



AREA H&I SUBCOMMITTEE REPORT TO W.N.I.R.N.A. H&I



NAME OF AREA: \_\_\_\_\_

YOUR NAME & POSITION: \_\_\_\_\_

ADDRESS TO SEND MINUTES TO: \_\_\_\_\_

# OF TREATMENT CENTER MEETINGS: \_\_\_\_\_

# OF CORRECTIONAL CENTER MEETINGS: \_\_\_\_\_

# OF OTHER MEETINGS: \_\_\_\_\_

# OF FACILITIES SUPPORTED WITH LITERATURE ONLY: \_\_\_\_\_

LIST OF FACILITIES SERVED (use back if necessary): \_\_\_\_\_

\_\_\_\_\_

Is literature provided?: Yes \_\_\_ No \_\_\_

How long has each facility been served?: \_\_\_\_\_

How many times per month is each meeting?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AREA H&I OFFICERS: Do you have a?;

Chair: Yes \_\_\_ No \_\_\_ Vice Chair: Yes \_\_\_ No \_\_\_ Rec. Sec.: Yes \_\_\_ No \_\_\_

Number of committee members: \_\_\_\_\_

WHAT IS THE AREA MAILING ADDRESS?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AREA BOUNDARIES:

Have these changed and affected committee responsibility?: Yes \_\_\_ No \_\_\_

LITERATURE REQUEST:

Will you need literature from Regional H&I this quarter?: Yes \_\_\_ No \_\_\_

If so, have you previously requested lit in the past 12 months?: Yes \_\_\_ No \_\_\_

If yes, when?: \_\_\_\_\_

Did you receive it?: Yes \_\_\_ No \_\_\_

What do you need (IE: IP's, White Books, etc?) : \_\_\_\_\_

\_\_\_\_\_

CURRENT PROJECTS OR ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PROBLEMS AND/OR SITUATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOW CAN REGIONAL H&I SUPPORT YOU?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ORIENTATION: Does your committee hold a regularly scheduled orientation?: Yes \_\_\_ No \_\_\_

NEXT MEETING: When is your next subcommittee meeting?: \_\_\_\_\_

GUIDELINES: Does your committee have area H&I guidelines?: Yes \_\_\_ No \_\_\_

QUESTIONS OR COMMENTS? (use back if necessary): \_\_\_\_\_

\_\_\_\_\_