

White -Center

Distribution:

Yellow - Delegate/DO

Child & Family Services



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Date Revised:	CHILD/FAMILY SERVICES CENTER COMMITTEE DATA			Center:	
				Year:	
CENTER OFFICERS	<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ZIP</u>	PHONE NUMBER
Chair:					
Vice-Chair:					
Secretary/Treasurer:					
CENTER MEETINGS					
CPC Agenda Meeting:	Date:	Time:	Location:		
CPC Meeting:	Date:	Time:			
DELEGATE POLICY COMM	IITTEE REPRESENT	TATIVES			
	<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ZIP</u>	PHONE NUMBER
Representative:					