CAPIT/CBCAP/PS	SF Contact and Signature Sheet
Period of Plan:	May 21, 2012 - May 20, 2017
Date Submitted:	May 18, 2012
Submitted by:	Board of Supervisor Designated Public Agency to Administer CAPIT/CBCAP/PSSF Programs
Name & title:	Daniel Nielson, M.P.A. Director El Dorado County Health and Human Services Agency
Signature:	Daniel Dito
Address:	3057 Briw Road, Suite A Placerville, CA 95667
Fax:	(530) 626-7734
Phone & E-mail:	(530) 642-7300
Submitted by:	Child Abuse Prevention Council (CAPC) Representative
Name & title:	Elizabeth Blakemore, CAPC Coordinator
Signature:	BUL
Address:	6767 Green Valley Road, Building I Placerville, CA 95667
Fax:	(530) 295-1506
Phone & E-mail:	(530) 295-2312 eblakemore@edcoe.org
Submitted by:	Parent Consumer/Former Consumer (Required if the parent is not a member of the CAPC)
Name & title:	Parent consumers are members of the CAPC
Signature:	
Address:	
Fax:	
Phone & E-mail:	

Submitted by:	<b>PSSF Collaborative Representative, if appropriate</b>
Name & title:	Angela Wilson, Program Manager I - Protective Services
Signature:	Je W-
Address:	3957 Briw Road, Suite A Placerville, CA 95667
Fax:	(530) 626-7734
Phone & E-mail:	(530) 642-7358 angela.wilson@edcgov.us
Submitted by:	CAPIT Lialson
Name & title:	Angela Wilson, Program Manager I - Protective Services
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Submitted by:	CBCAP Lialson
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Submitted by:	PSSF Liaison
Name & title:	Angela Wilson, Program Manager I - Protective Services
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Board of Supervisors	(BOS) Approval
BOS Approval Date:	
Name:	John R. Knight, Chair
Signature:	