

**RECIPIENT RIGHTS ADVISORY COMMITTEE
RECIPIENT RIGHTS APPEALS COMMITTEE
MEMBERSHIP APPLICATION**

If you require assistance in completing this application, please contact the NLCMH Executive Office at 231-935-3677 or Toll Free at 1-800-337-8598.

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____

CELL PHONE: _____

EMPLOYER PHONE: _____

EMAIL: _____

Which number is best to reach you? **Home** **Business** **Cell**
 Email

Please return your completed application to:
**NORTHERN LAKES COMMUNITY MENTAL HEALTH
EXECUTIVE OFFICE
105 HALL STREET
TRAVERSE CITY, MI 49684**

The Northern Lakes CMH Board will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap, or political beliefs. Auxiliary aid and services are available upon request to individuals with disabilities.

1. Which of the following categories best describes you (refer to definitions above):

Primary Consumer Family Member Community Member-at-Large

2. Briefly explain how your experience fits one or more of these categories?

3. Which of the following populations, if any, would you best be able to represent?

Adults with Serious Mental Illness
 Adults with Developmental Disability
 Children with Developmental Disability
 Children with Severe Emotional Disturbance

Explain:

4. Briefly explain why you are interested in becoming a member of the Recipient Rights Advisory Committee and the Recipient Rights Appeals Committee:

5. Please list any special experiences, resources, and/or knowledge you will bring to the committees:

6. What do you think are the most critical challenges and/or issues facing persons with disabilities today?

7. Do you have any conflicts of interest that would prevent you from serving on the committees?

_____ **NO** _____ **YES (explain)**

8. Will you be able to attend all scheduled meetings?

_____ **YES** _____ **NO (explain)**

9. Do you need any special accommodations to assist you in serving on the committees?

NO _____ **YES (explain)**

I understand that this application will be shared with the NLCMH Board of Directors to review information necessary for the appointment of the Recipient Rights Advisory Committee and the Recipient Rights Appeals Committee members. I further agree, if appointed, to permit my name to be added to the committee membership list. I understand that this list is available to any individual upon request but that it will not include any confidential information.

Signature: _____ **Date:** _____