



MENTAL HEALTH: PAIMI Advisory Council Application

Name

Address

City

State

ZIP code

Email address

Home phone:

Cell phone:

Work phone:



1. Please check which of the following apply to you (check all that apply):

Attorney

Mental health professional

Provider of mental health services

Individual who has received or is receiving services

Family member

Knowledgeable individual about people who are labeled mentally ill

Parent of a minor child who has received or is receiving mental health services

2. Of the above categories checked, please specify what you consider to be your primary category (choose one):

Attorney

Mental health professional

Provider of mental health services

Individual who has received or is receiving services

Family member

Knowledgeable individual about people who are labeled mentally ill

Parent of a minor child who has received or is receiving mental health services

3. Do you identify as having a disability(ies) or a mental health label?

Yes

I would like to disclose more info below*

No

Prefer not to answer

*4. If you would like to disclose more, you can do so here:

5. List practical and/or personal experience with the mental health system that you have:

6. What is your current occupation/employer?:

7. List volunteer positions/experience:

8. Are you a current board member of advisory council for a provider of mental health services?

Yes - If yes, what organization?

No

9. List board, council, or other task group experience and your role or accomplishments in the groups

10. List organizational memberships and/or associations, especially those in the mental health field:

11. List education and training, both formal and informal in the mental health, legal and advocacy areas:

12. If necessary, would you be able to travel to PAIMI Council meetings? Eligible travel expenses will be reimbursed, but we encourage you to notify Disability Rights Ohio if pre-paying your expenses is a barrier to your participation.

Yes

No

13. What opportunities have you already had to help improve mental health-related services?

14. What are your top 3 reasons you want to serve on the Ohio PAIMI Advisory Council?

15. What skills, talents, experiences or education do you have that would help the Council in their activities?

16. Please describe any self-advocacy you have engaged in, and/or advocacy you have done related to mental health and/or people receiving mental health supports:

17. Priorities for the PAC program includes advancing the rights of people with mental illness and supporting empowerment and recovery. Please describe why advocacy specific to persons with a psychiatric disability is important to you.

18. Currently the PAC meets 4 times a year either virtually or at the Disability Rights Ohio office in Columbus. Would you be able to participate in our PAC meetings in person or virtually?

In person

Virtually

19. Participation in the Council's committees is primary to ensure that the work of the Council continues. Would you be able to participate in 1 or 2 committees each month? Meetings usually last 1 hour and take place over Zoom. Committees set their own meeting times and all meet after 5 p.m.

Yes

No

By submitting this application, you understand and approve that all the information in the application and your 3 recommendations letters will be shared with the Nominating Committee and PAIMI Advisory Council to determine if you would be a good match for currently open seats on the PAIMI Advisory Council. Before a candidate is selected for appointment to the PAC, they will go through an interview with the PAC. After interview, the PAC interview team will then make a recommendation regarding appointment.