

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

These meetings are open to the public and recorded. Your first and last name will be on the minutes, which will become a public document.

Answers on this application may be shared with the NLD committee, Board members &/or members of the RRAC. Your personal contact details will not be shared.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMPLOYER PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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

The Northern Lakes CMH Authority 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?**

Primary Consumer     Family Member     Community Member-at-Large

Primary consumer - means an individual who has received or is receiving services from the Michigan Department of Health and Human Services (MDHHS) or a community mental health services program or services from the private sector equivalent to those offered by the MDHHS or a community mental health services program.

Family member - means a parent, step-parent, spouse, sibling, child, or grandparent of a primary consumer, or an individual upon whom a primary consumer is dependent for at least 50% of his or her financial support.

Community Member at Large - community stakeholder who is not employed by a Community Mental Health agency or a provider under contract with a CMHSP.

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 Severe Mental Illness

Adults with Intellectual/Developmental Disability

Children with Intellectual/Developmental Disability

Children with Serious Emotional Disturbance

**Explain:**

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

5. **Briefly explain why you are interested in becoming a member of the Recipient Rights Appeals Committee?**

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

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

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

\_\_\_\_\_ NO \_\_\_\_\_ YES (explain)

9. **Will you be able to attend all scheduled meetings?**

\_\_\_\_\_ YES \_\_\_\_\_ NO (explain)

**10. 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 NLCMHA 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: \_\_\_\_\_

**Please return your completed application to:**

**NORTHERN LAKES COMMUNITY MENTAL HEALTH AUTHORITY**  
**Attention CEO's Office**  
**105 Hall St**  
**Traverse City, MI 49684**  
**Or email: [stacy.maiville@nlcmh.org](mailto:stacy.maiville@nlcmh.org)**

**If you have any questions regarding the application or the process, please call 231-409-6065.**

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