

**DISABILITY RIGHTS ARKANSAS**  
**Protection and Advocacy for Individuals with Mental Illness Advisory Council**  
**(PAIMI AC)**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (h) \_\_\_\_\_ (cell) \_\_\_\_\_

Occupation \_\_\_\_\_

Phone (w) \_\_\_\_\_ Fax \_\_\_\_\_

Agency/Company \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

In order to achieve diversity and comprehensive representation of the Disability Rights Arkansas PAIMI Advisory Council, we would appreciate your response to the following:

Sex:            Male \_\_\_\_\_            Female \_\_\_\_\_

How would you describe yourself?

- \_\_\_\_\_ Asian
- \_\_\_\_\_ Black, not of Hispanic/Latino origin
- \_\_\_\_\_ Hispanic
- \_\_\_\_\_ North American Indian or Alaskan Native
- \_\_\_\_\_ Pacific Islander
- \_\_\_\_\_ White, not of Hispanic/Latino origin
- \_\_\_\_\_ Multicultural (Identified with more than one of the above)
- \_\_\_\_\_ Other than above:

\_\_\_\_\_

Do you have a disability? \_\_\_\_\_ yes    \_\_\_\_\_ no

If yes, please specify disability \_\_\_\_\_

Are you a parent of a person/child with a disability? \_\_\_\_\_ yes    \_\_\_\_\_ no

If yes, please specify disability and age

1. What experience have you had with people with disabilities and/or with families of people with disabilities?

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2. What experiences have you had serving on community boards, advisory councils or committees?

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3. Would you commit to attend quarterly Disability Rights Arkansas PAIMI Advisory Council meetings approximately four hours each on Saturdays in Little Rock with one being a two-day retreat? (mileage will be paid) \_\_\_\_\_

4. What is your major interest in serving on the Advisory Council of Disability Rights Arkansas?

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5. Why do you think you are a good candidate for this advisory council?

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Which of the following categories do you fit in? (Check as many as applicable)

- Consumer of Mental Health Services \_\_\_\_\_
- Family Member/Parent of Consumer of Mental Health Services \_\_\_\_\_
  - Under 21 years of age \_\_\_\_\_
  - Over 21 years of age \_\_\_\_\_
- Service Provider of Mental Health Services \_\_\_\_\_
  - (NAMI, DMHS, etc.) \_\_\_\_\_
  - Mental Health Professional \_\_\_\_\_
    - (Psychiatrist, Therapist, etc.) \_\_\_\_\_
    - Attorney \_\_\_\_\_
  - Member of the Community Knowledgeable in Mental Health \_\_\_\_\_

Which of the following areas do have experience in advocating for? (Check as many as applicable)

- Self-Advocacy \_\_\_\_\_
- Advocate \_\_\_\_\_
- Assistive Technology \_\_\_\_\_
- Vocational Rehabilitation \_\_\_\_\_
- Centers for Independent Living \_\_\_\_\_
- Community Rehabilitation Programs \_\_\_\_\_
- Employment \_\_\_\_\_
- Housing \_\_\_\_\_
- Architectural Access \_\_\_\_\_
- Special Education \_\_\_\_\_
- Higher Education \_\_\_\_\_
- Access to Services/Programs \_\_\_\_\_
- Group Home \_\_\_\_\_
- Human Development Centers (HDCs) \_\_\_\_\_
- Abuse/Neglect in HDCs \_\_\_\_\_
- Restraint/Seclusion in HDCs \_\_\_\_\_
- Division of Youth Services/Juvenile Justice \_\_\_\_\_
- Arkansas State Hospital \_\_\_\_\_
- Independent Living Centers (residential) \_\_\_\_\_
- Residential Care Facilities \_\_\_\_\_
- Dual Diagnosis \_\_\_\_\_
  - Mental Illness/Mental Retardation \_\_\_\_\_
  - Mental Illness/Substance Abuse \_\_\_\_\_
- Department of Corrections \_\_\_\_\_
- Nursing Homes \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

- Which region of the state do you live in?
- NW \_\_\_\_\_
  - NE \_\_\_\_\_
  - Central \_\_\_\_\_
  - SW \_\_\_\_\_
  - SE \_\_\_\_\_

Please return to:

Disability Rights Arkansas  
PAIMI AC Applications  
1100 N. University, Suite 201  
Little Rock, AR 72207  
501-296-1775 V/TTY  
800-482-1174 V/TTY  
FAX (501) 296-1779