

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?

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

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?

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

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
 400 West Capitol Avenue #1200
 Little Rock, AR 72202
 501-296-1775 V/TTY
 800-482-1174 V/TTY
 FAX (501) 296-1779