



Protection and Advocacy for Individuals with Mental Illness (PAIMI) Advisory Council

Name _____ Date _____

Address _____

City _____ State _____ Zip _____ County _____

Phone (home) _____ (cell) _____

Occupation _____

Phone (work) _____ Fax _____

Agency/Company _____

Address _____

Email Address _____

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

Gender: Male Female

How would you describe yourself: Choose all that apply.

Asian

Black of African American

Hispanic or Latino

American Indian or Alaska Native

Native Hawaiian or Pacific Islander

White

Two or more races

Do you consider yourself of Hispanic/Latino origin? Yes No

Do you have a disability? Yes No

1. What experience have you had with people with disabilities and/or 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 (mileage will be paid)?

Yes

No

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

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

6. Federal law requires the PAIMI Advisory Council to be comprised of individuals from different backgrounds. We are required to ask the following information to ensure federal compliance. Of the following, please check all that currently apply to you.

I am currently receiving or have previously received mental health services.

I am the family member of an individual who currently receives or has previously received mental health services.

I am a family member and primary care giver for a minor child or youth (under 18 years old) who has received or is receiving mental health services.

I am a licensed mental health professional.

I am a licensed attorney.

I am an individual from the public who is knowledgeable about mental illness, the advocacy needs of persons with mental illness and who has demonstrated a substantial commitment to improving mental health services.

Please return to:

Disability Rights Arkansas

PAIMI/AC Applications

400 West Capitol Avenue #1200

Little Rock, AR 72201

501-296-1775 V/TTY

800-482-1174 V/TTY

501-296-1779 FAX

Email info@disabilityrightsAR.org