

## **PAIMI ADVISORY COUNCIL APPLICATION**

Thank you for your interest in the Protection and Advocacy for Individuals with a Mental Illness Council (PAIMI Council). Under Federal Law, Disability Rights Maryland (DRM), as Maryland's Protection and Advocacy System, is required to have a Council that serves to inform DRM on issues of importance to persons diagnosed with a psychiatric disability and to jointly, with the Board, develop and approve DRM's annual mental health unit priorities. The Advisory Council may also choose to undertake other activities, subject to Executive Director approval, such as testifying before the Legislature or writing Letters to the Editor in response to specific issues.

The Advisory Council is required by law to have membership that represents a range of persons having experience with, and/or knowledge about, psychiatric disability. Sixty percent of Advisory Council members must receive, or have previously received, mental health services or be a family member of a person who receives (or received) mental health services. The Advisory Council is also committed to having a membership that is rich in its diversity---including experiential, racial, cultural, geographic, gender, age and disability.

As members rotate off the Advisory Council, we must ensure that the composition of the Advisory Council continues to adhere to legal requirements and that we maintain its diversity. We therefore ask that you fill out this form so that we may better evaluate whether your candidacy meets the current needs of the Advisory Council. If not, we will maintain your application on file and advise you as soon as a slot opens for which the Advisory Council believes would be appropriate for a person with your background and qualifications.

Thank You!

Name \_\_\_\_\_

**Contact info:**

**Address**

**Phone** (mobile)

(home)

(work)

**Email**

How would you prefer that we communicate with you?

1. Category (or categories) which best fits your experience with the mental health system – **Please check ALL that apply and circle the one that you most identify with:**

- \_\_\_\_\_ Current or former recipient of mental health services
- \_\_\_\_\_ Parent or legal guardian of a minor child who is a recipient or former recipient of mental health services
- \_\_\_\_\_ Parent of adult child or other family member of person who is a recipient or former recipient of mental health services
- \_\_\_\_\_ Attorney
- \_\_\_\_\_ Provider of mental health services
- \_\_\_\_\_ Mental health professional
- \_\_\_\_\_ Person knowledgeable about mental health (please briefly describe)

2. Region where you live:

- \_\_\_\_\_ Upper Eastern Shore (Cecil, Kent, Queen Anne's, Caroline, Talbot)
- \_\_\_\_\_ Lower Eastern Shore (Dorchester, Wicomico, Worcester, Somerset)
- \_\_\_\_\_ North Central –Please Specify: \_\_\_\_\_ (Baltimore County, Baltimore City, Carroll, Frederick, Harford, Howard)
- \_\_\_\_\_ Southern (Anne Arundel, Prince George's, Calvert, Charles, St. Mary's)
- \_\_\_\_\_ Western (Washington, Allegany, Garrett)

3. Race/Ethnicity:

- American Indian/Alaska Native
- Asian
- Black/African American
- Hispanic or Latino
- Native Hawaiian/Other Pacific Islander
- White
- Other

4. Age:

- 16-25
- 25-45
- 35-44
- 45-65
- 65+

5. Please list any disabilities you have (other than psychiatric) and/or life experience with disability:

6. Please describe any self-advocacy you have engaged in, and/or advocacy you have done on behalf of people with a disabilities:

7. Please describe why advocacy on behalf of persons with a psychiatric disability is important to you: