



## Application for Community Advisory Committee Membership

<b>Application</b>
Committee Membership I am applying for: (Please check one)
IDD (Intellectual and Developmental Disability)
Youth Behavioral Health (mental health and substance use)
Homeless Community Advisory
Adult Behavioral Health (mental health and substance use)
Early Childhood Wellness Council
What interests you in this committee?

<b>Experience</b>
<p>The state and MHMR require that a percentage of our membership be comprised of patients and family members. Do you bring lived experience to the community advisory committee?</p> <p style="text-align: center;"> <input type="checkbox"/> No                <input type="checkbox"/> Yes, I am                <input type="checkbox"/> Patient/Individual                <input type="checkbox"/> Family Member         </p>
<p>The following lived experience applies: (Choose one or more)</p> <p> <input type="checkbox"/> Adult Behavioral Health (mental health and substance use disorder)  <input type="checkbox"/> Youth Behavioral Health (mental health and substance use disorder)  <input type="checkbox"/> Homelessness (experienced homelessness and/or not having reliable housing)  <input type="checkbox"/> Intellectual/Developmental Disabilities (IDD)  <input type="checkbox"/> Early Childhood (prenatal through age 5)         </p>

<b>Information</b>	
Name: (Last):	(First):
Address:	City:
Phone(s): Home:	Work:
Pager /Cell #:	(Fax):
Email Address:	
Are you bilingual?	<input type="checkbox"/> Yes <input type="checkbox"/> No              Specify language(s):

<b>Expertise</b>																								
<p>I could bring the following special expertise as a committee member. (Please check all that apply.)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Advocacy</td> <td style="width: 25%;"><input type="checkbox"/> Parent</td> <td style="width: 25%;"><input type="checkbox"/> Patient</td> <td style="width: 25%;"><input type="checkbox"/> Contract Management</td> </tr> <tr> <td><input type="checkbox"/> Administration</td> <td><input type="checkbox"/> Legal</td> <td><input type="checkbox"/> Managed</td> <td><input type="checkbox"/> Child Development</td> </tr> <tr> <td><input type="checkbox"/> Medical</td> <td><input type="checkbox"/> RFP Process</td> <td><input type="checkbox"/> Care/Medicaid</td> <td><input type="checkbox"/> Practitioner</td> </tr> <tr> <td><input type="checkbox"/> Research/Program Evaluation</td> <td><input type="checkbox"/> Education</td> <td><input type="checkbox"/> Community Development</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td></td> <td>Business/Financial</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Political/Gov't Process</td> <td></td> </tr> </table>	<input type="checkbox"/> Advocacy	<input type="checkbox"/> Parent	<input type="checkbox"/> Patient	<input type="checkbox"/> Contract Management	<input type="checkbox"/> Administration	<input type="checkbox"/> Legal	<input type="checkbox"/> Managed	<input type="checkbox"/> Child Development	<input type="checkbox"/> Medical	<input type="checkbox"/> RFP Process	<input type="checkbox"/> Care/Medicaid	<input type="checkbox"/> Practitioner	<input type="checkbox"/> Research/Program Evaluation	<input type="checkbox"/> Education	<input type="checkbox"/> Community Development		<input type="checkbox"/> Other:		Business/Financial				Political/Gov't Process	
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# Application for Community Advisory Committee Membership

**Additional Requirement**  
 Please attach a letter stating your interest in becoming a committee member and a current resume if you have one prepared.

**Background**

I understand that any convictions related to any sexual offense, drug related offense, murder, theft, assault, battery, or any other crime involving personal injury or threat to another person may make me ineligible for MHMR committee membership. I understand that the names of all prospective committee members are to be cleared through the Texas Department of Public Safety to determine the existence of such records. Further, I understand that any real or perceived financial conflict of interest may also make me ineligible for MHMR committee membership.

Have you ever been convicted by federal, state, or any other law enforcement authority for any federal, state, county or municipal law or regulation or ordinance since your 14<sup>th</sup> birthday?  
 No  Yes If yes, please describe:

To the best of your knowledge have you been found to be the perpetrator of a confirmed case of client abuse or neglect in any previous employment?  
 No  Yes If yes, please describe:

Have you ever worked for MHMR?  
 No  Yes If yes, list dates and departments:

Have you ever worked for a Texas Department of State Health Services (DSHS), Department of Aging & Disability Services (DADS), Texas Health and Human Services Commission (THHSC), or the Department of Assistive and Rehabilitative Services (DARS) Facility?  
 No  Yes If yes, what facility?

Do you have any relatives working for MHMR?  
 No  Yes If yes, list names, relationships and departments they are employed in.  
 Explain:

Are you, or any immediate relative, currently (or could conceivably be in the future) under contract with MHMR as a provider of services or goods?  
 No  Yes If yes, please explain:

Are you, or any immediate relative, currently in an occupation or employed by a company that could conceivably benefit financially from any decision made by the MHMRTC advisory committee for which you are seeking membership?  
 No  Yes If yes, please explain:

**Signature**

I understand that membership on a MHMR Community Advisory Committee will require commitment on my part to complete required member training, attend committee meetings, complete committee work assignments on time, and bring the best of my capabilities to studying and understanding the issues presented before the committee. The contributions advisory committee members take will have significant implications for the current and future business of MHMR and services to the citizens within our service area. This is a responsibility I promise to take seriously.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Please ensure the application is complete before submitting to [CAC@mhmrhc.org](mailto:CAC@mhmrhc.org) You also may include a copy of your resume along with the completed application. Questions? Contact [CAC@mhmrhc.org](mailto:CAC@mhmrhc.org).