



Application for Community Advisory Committee Membership

Application
Committee Membership I am applying for: (Please check one) <div style="margin-left: 20px;"> <input type="checkbox"/> IDD (Intellectual and Developmental Disability) <input type="checkbox"/> Youth Behavioral Health (mental health and substance use) <input type="checkbox"/> Homeless Community Advisory <input type="checkbox"/> Adult Behavioral Health (mental health and substance use) </div>
What interests you in this committee?

Experience
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? <div style="display: flex; justify-content: space-around; margin-top: 10px;"> No Yes, I am Patient/Individual Family Member </div>
The following lived experience applies: (Choose one or more) <div style="margin-left: 20px;"> <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) </div>

Information
Name: (Last): _____ (First): _____
Address: _____ City: _____
Phone(s): Home: _____ Work: _____
Pager /Cell #: _____ (Fax): _____
Email Address: _____
Are you bilingual? Yes No Specify language(s): _____

Expertise																								
I could bring the following special expertise as a committee member. (Please check all that apply.)																								
<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 Care/Medicaid</td> <td><input type="checkbox"/> Child Development</td> </tr> <tr> <td><input type="checkbox"/> Medical</td> <td><input type="checkbox"/> RFP</td> <td><input type="checkbox"/> Community Development</td> <td><input type="checkbox"/> Practitioner</td> </tr> <tr> <td><input type="checkbox"/> Research/Program</td> <td><input type="checkbox"/> Process</td> <td><input type="checkbox"/> Business/Financial</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Evaluation</td> <td><input type="checkbox"/> Education</td> <td><input type="checkbox"/> Political/Gov't Process</td> <td></td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Other: _____</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 Care/Medicaid	<input type="checkbox"/> Child Development	<input type="checkbox"/> Medical	<input type="checkbox"/> RFP	<input type="checkbox"/> Community Development	<input type="checkbox"/> Practitioner	<input type="checkbox"/> Research/Program	<input type="checkbox"/> Process	<input type="checkbox"/> Business/Financial		<input type="checkbox"/> Evaluation	<input type="checkbox"/> Education	<input type="checkbox"/> Political/Gov't Process		<input type="checkbox"/> Other: _____			
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Additional Requirement
Please attach a letter stating your interest in becoming a committee member and a current resume if you have one prepared.



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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 th 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
 You also may include a copy of your resume along with the completed application.

Questions? Contact CAC@mhmrhc.org.