PLANNING AND NETWORK ADVISORY COMMITTEE

Membership Application Form

If you would like to participate in the Border Region Behavioral Health Center Planning and Network Advisory Committee, please complete the requested information below. We will use this information to contact you in the future as well as to determine if we have the required membership constituency.

Name _____ Address _____

City _____ State _____ Zip Code _____

Phone (Home) _____ (Work) _____ (Cell) _____

E-mail address _____ Occupation _____

Please check the one that describes you the best :

_____ Person receiving Mental Health (MH) services

_____ Person receiving Intellectual and Developmental Disabilities services (IDD)

_____ Person receiving Substance Use Disorder Services (SUD)

_____ from Border Region BHC

_____ from Other

_____ Not receiving services now but received services in the past:

(please specify) ____MH services _____IDD services _____SUD services

_____ from Border Region BHC

_____ from Other

_____ Family member of person receiving MH services (please specify relationship)
_____

_____ Family member of person receiving IDD services (please specify relationship)
_____

_____ Family member of person receiving SUD services (please specify relationship)
_____

_____ my relative receiving services is 18 years or older

_____ my relative receiving services is under 18 years old

_____ Primary caregiver or legal representative

_____ of person 18 years or older

_____ of person under 18 years old

_____ Family member received services in the past

(please specify) ___ MH services or ____ IDD services, relationship _____and

how long ago _____; if family member who received services is currently under 18

years old, -please state how many years ago services were received _____

_____ Community member

_____ Public official

_____ Provider of mental health services (please specify) _____

_____ Other health provider (please specify) _____

_____ Other interested party

Please describe why you would like to serve on this committee _____
_____
_____
_____
_____
_____
_____
_____