



**Disability
Rights** OHIO

We have the legal right of way.

MENTAL HEALTH: PAIMI Advisory Council Application

Name

Address

City

State

ZIP code

Email address

Home phone:

Cell phone:

Work phone:

1. List practical and/or personal experience with the mental health system.



Disability Rights Ohio
200 Civic Center Drive
Suite 300
Columbus, Ohio 43215-4234

614-466-7264 or 800-282-9181
FAX 614-644-1888
TTY 614-728-2553 or 800-858-3542
disabilityrightsohio.org

**Ohio Disability Rights Law
and Policy Center, Inc.**

2. List present and last employment. Also include volunteer positions.

3. List organizational memberships and/or associations, especially those in the mental health field.

4. List education and training, both formal and informal, in the mental health, legal and advocacy areas.

5. The federal PAIMI Act mandate requires that the PAIMI Advisory Council consist of individuals representing different constituency groups. These six categories are listed below.

Put a number "1" next to the category you are best qualified to represent and the letter "x" next to all other categories you are qualified to represent.

_____ Attorney

_____ Mental Health Professional

_____ Provider of mental health services

_____ Individual who has received or is receiving services

_____ Family Member

_____ Knowledgeable individual about people who are labeled mentally ill

6. During the selection process the Nominating Committee may invite you to be interviewed. You may also be asked to attend a council meeting, which usually occurs on Saturdays. Travel expenses will be reimbursed. Please notify Disability Rights Ohio if pre-paying your expenses is a barrier to your participation. Would you be able to attend?

_____ Yes

_____ No

7. Please answer the following: I want to be considered for appointment to the Ohio PAIMI Advisory Council because:

Please submit two letters of reference/recommendation from persons of your choice. These letters can accompany the application form or be sent directly to the address below.

Please have all information sent to the following address:

Ohio PAIMI Advisory Council, c/o Disability Rights Ohio, 200 Civic Center Drive, Suite 300, Columbus, OH 43215