Reset Form

APPLICATION FOR THE MENTAL ILLNESS ADVISORY COUNCIL

State Form 54271 (R3 / 9-17)

INDIANA DISABILITY RIGHTS

4701 North Keystone Avenue, Suite 222
Indianapolis, IN 46205
Telephone: (317) 722-5555 or (800) 622-4845
TTY number: (800) 838-1131
Fax number: (317) 722-5564
E-mail address:
executivedirector@indianadisabilityrights.org

Please type or print and complete this questionnaire to the best of your ability. Mail, fax, drop-off or e-mail the completed application to the above address. In accordance with state law, any information you provide will become a matter of public record. Applications will be kept on file for six (6) months.

Federal regulations [42 CFR Part 51.23(b)] contain requirements prescribing the background of those who serve on the Mental Illness Advisory Council.

Name	Telephone number ( )
Home address *(number and street, city, state and ZIP code)*	
Occupation	Name of employer
Business address *(number and street, city, state and ZIP code)*	
Please send postal mail to my: ☐ Home ☐ Business	E-mail address
What is the best way to contact you? *(Check one.)* ☐ Mail ☐ Telephone ☐ E-mail	
How did you learn of this opportunity?	

*Please check **all** of the categories that apply to you.*	
☐	Individual who receives or has received mental health services
☐	Family member of a person who receives or has received mental health services
☐	Mental Health Service Provider
☐	Attorney
☐	Mental Health Professional
☐	Person who is interested in and knowledgeable about mental health services

Optional: To acquire the best possible understanding of your background and interests, we encourage you to include a copy of your resume and/or a cover letter. Should you choose to submit a cover letter, please describe why you are interested in serving on the Indiana Disability Rights Mental Illness Advisory Council and your philosophy on advocacy services for people with mental illness.

Please note: If you would like assistance completing this application, please contact Indiana Disability Rights at 800-622-4845.

In order to achieve diversity and comprehensive representation of the Indiana Disability Rights Mental Illness Advisory Council, we would appreciate your response to the following:

Are you a member of a minority group or represent diversity within the mental health community?

☐ Yes ☐ No ☐ Prefer not to answer

If yes, please specify.

Please identify all languages in which you are proficient.

☐ English ☐ Spanish ☐ American Sign Language (ASL) ☐ Burmese ☐ Other *(specify)*: _____

Do you have experience as a member of or working with other cultures (ex: Deaf culture, Hispanic culture, etc.)?

☐ Yes ☐ No ☐ Prefer not to answer

If yes, please specify.

Please identify areas in which you have advocacy experience. *(Please check all that apply.)*

- ☐ Abuse / Neglect / Exploitation
- ☐ Access to Services / Programs
- ☐ Advocacy
- ☐ Assistive Technology
- ☐ Autism
- ☐ Centers for Independent Living
- ☐ Community Relations Programs
- ☐ Corrections Programs
- ☐ Dual Diagnoses – MI / Intellectual Disability
- ☐ Dual Diagnoses – MI / Substance Abuse
- ☐ Employment
- ☐ Higher Education
- ☐ Housing
- ☐ Pharmacology
- ☐ Residential Care Facilities
- ☐ Restraint / Seclusion
- ☐ Self-Advocacy
- ☐ Special Education
- ☐ State Institutions
- ☐ Veterans Affairs
- ☐ Vocational Rehabilitation
- ☐ Other: _____

What are you currently doing in your community to promote mental health awareness?

Members must make every effort to attend all meetings in person or with accommodation. Mileage reimbursement will be provided by Indiana Disability Rights when attending the meetings. The Mental Illness Advisory Council meets four times a year, with meetings held on Monday afternoons. (Date and location of meetings are subject to change.) Additional time commitments may include project/committee work, related meetings, public education initiatives, etc.

Signature	Date completed *(month, day, year)*