

## **Application for the Ohio PAIMI Advisory Council to Ohio Legal Rights Service**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE:

HOME: ( ) \_\_\_\_\_

CELL: ( ) \_\_\_\_\_

WORK: ( ) \_\_\_\_\_

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

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. 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 Ohio Legal Rights Service  
50 W. Broad St., Ste 1400  
Columbus, OH 43215-5923