



PAIMI Advisory Council Application

Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Perspectives you bring to the council (check all that apply):

- Attorney
- Person receiving, or who has received, mental health services
- Family member of a person who is receiving, or has received, mental health services
- Mental health professional or provider of mental health services
- Member of the public who is knowledgeable about mental health disabilities
- I have demonstrated a substantial commitment to improving mental health services
- Family member who is the primary caregiver of a minor child or youth who is receiving, or has received, mental health services
- Guardian or authorized representative of a person who has received, or is receiving, mental health services

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More about your path to the advisory council

Please answer/complete all of the following questions briefly (in one paragraph/about 5 sentences/etc.). Feel free to respond in ways that are accessible to you, such as bullet points or phrases. We look forward to meeting you and hearing about your experiences in mental health advocacy!

- 1. What is your personal, educational and/or work experience with Maine’s mental health system?**
- 2. I want to be considered for appointment to Disability Rights Maine’s PAIMI Advisory Council because...**
- 3. Please list some areas related to mental health and disability rights where you’ve advocated for yourself or others (e.g. employment, education, housing, abuse or neglect, healthcare, community-based services, benefits).**
- 4. What do you hope to change or improve the most when it comes to the rights of people with mental health disabilities?**
- 5. Please list any organizations that you’re currently affiliated with and your role(s) there, either as a volunteer or employee.**

Optional Reference Information

If you would like to provide a reference, please share the contact information for someone who is familiar with your work or experience related to disability rights, mental health services, or advocacy. Providing this information is voluntary. We will not contact the person listed without your permission.

Contact's Name: _____

Contact's Email: _____

Contact's Phone Number: _____

How do you know this person? _____

You may contact this person as part of my application.

How did you hear about DRM's PAC?

(Disability Rights Maine's PAIMI Advisory Council)

Signature: _____ **Date:** _____

(you can type your name as a signature if you are filling this out electronically)