



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

APPLICATION FOR RECIPIENT RIGHTS ADVISORY COMMITTEE MEMBERSHIP

NAME: _____

MAILING ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____ CELL: _____

EMPLOYER: _____

JOB TITLE: _____

§MHC.330.1756(1) The director shall appoint a 12-member state recipient rights advisory committee. The membership of the committee shall be broadly based so as to best represent the varied perspectives of department staff, government officials, attorneys, community mental health services program staff, private providers, recipients, and recipient interest groups. At least 1/3 of the membership of the state recipient rights advisory committee shall be primary consumers or family members, and of that 1/3, at least 2 shall be primary consumers.

PLEASE CHECK ALL THAT APPLY

- MDHHS STAFF GOVERNMENT OFFICIAL ATTORNEY CMHSP/LPH-U STAFF
- PRIVATE PROVIDER RECIPIENT FAMILY MEMBER RECIPIENT RIGHTS INTEREST GROUP

PLEASE COMPLETE THE FOLLOWING PAGES (USE EXTRA PAGES, IF NECESSARY)

1. Explain why you are interested in becoming a member of the State Recipient Rights Advisory Committee.

2. Explain the involvement you have had with the recipient rights system in Michigan.

3. What talents, skills, or knowledge do you have that would contribute to the effective working of the committee?

4. List memberships on any other mental health rights committees:

5. Highest Educational Level:

HIGH SCHOOL/GED COLLEGE GRADUATE DEGREE _____ (please specify)

PROFESSIONAL: _____ (please specify)

Signature: _____

Date: _____