



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

NICK LYON
DIRECTOR

APPLICATION FOR RECIPIENT RIGHTS APPEALS COMMITTEE MEMBERSHIP

NAME: _____

MAILING ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____ CELL: _____

EMPLOYER: _____

JOB TITLE: _____

§MHC.330.1756(1) The director shall appoint an appeals committee consisting of 7 individuals, none of whom shall be employed by the department or a community mental health services program, to hear appeals of recipient rights matters.

BY CHECKING THIS BOX, I CERTIFY THAT I AM NOT PRESENTLY EMPLOYED BY THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES OR A COMMUNITY MENTAL HEALTH SERVICE PROVIDER.

PLEASE COMPLETE THE FOLLOWING. USE ADDITIONAL PAGES AS NECESSARY.

1. Explain why you are interested in becoming a member of the State Recipient Rights Appeals 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 related committees:

5. Highest Educational Level:

HIGH SCHOOL/GED COLLEGE GRADUATE DEGREE _____ PROFESSIONAL _____

Signature: _____

Date: _____