

Disability Rights South Dakota

MENTAL HEALTH: PAIMI ADVISORY COUNCIL APPLICATION

Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone _____ Email _____

Cell Phone: _____ Work Phone: _____

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

Disability Rights South Dakota
2520 E. Franklin Street, Suite 2
Pierre, SD 57501

(605) 224-8294 or 1-800-658-4782
FAX (605) 224-5125
drsdlaw@drsdlaw.org
www.drsdlaw.org

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.

- _____ Attorneys
- _____ Mental Health Professionals
- _____ Provider of mental health services
- _____ Individuals who have received or are receiving mental health services
- _____ Family Members of individuals who have or are receiving mental health services
- _____ Individuals from the public who are knowledgeable about mental illness, the advocacy needs of persons with mental illness, and committed to improving mental health services

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. Please notify Disability Rights South Dakota if pre-paying your expenses is a barrier to your participation. Would you be able to attend?

- _____ Yes
- _____ No

7. Please answer the following: I want to be considered for appointment to the Disability Rights South Dakota 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:

Disability Rights South Dakota, PAIMI Advisory Council, 2520 E. Franklin St., Suite2, Pierre, SD 57501