

PLEASE USE BLACK INK

KALAMAZOO COMMUNITY MENTAL HEALTH & SERVICES BOARD

**APPLICATION FOR APPOINTMENT TO:
KALAMAZOO COMMUNITY MENTAL HEALTH & SUBSTANCE ABUSE SERVICES BOARD**

1. _____
Name
2. _____
Occupation
3. _____
Home Address
4. _____
Employer
5. _____
Home Telephone
6. _____
Business Telephone
7. _____
E-mail Address
8. Length of residency in Kalamazoo County _____
9. List membership on other boards or commissions:

10. Certain categories need to be represented on the Community Mental Health Authority Board. Please check the categories which you believe apply to you:

- a. Mental health services provider_ b. General Public_____
- c. Agencies/occupations having a working involvement with mental health services_
- d. Primary consumer (defined as an individual who has received or is receiving services from the private sector equivalent to those offered by the Department or a community mental health services program).___
- e. Recipient (defined as an individual who is currently directly receiving mental health services from the Department of Community Mental Health, a community mental health services program, or a facility or from a provider that is under contract with the Department or a community mental health services program)._____
- f. Family member (defined as a parent, stepparent, spouse, sibling, child, or grandparent of a primary consumer, or and individual upon whom a primary consumer is dependent for at least 50% of his/her financial support)._____

If you check category a., c., d., e. or f. above, please explain how you represent that category. If you check a or c, please include your job description.

- _____
11. What personal or professional experiences have you had with the target populations served by the Community Mental Health Authority Board?

- _____
- _____
12. Why do you desire to serve on the Community Mental Health Authority Board?

13. How many hours could you commit to the Board per week/month? _____

14. State law prohibits an individual from being appointed to a community mental health board if he/she is a party to a contract with the community mental health services program or administers or benefits financially from such a contract; or (2) serves in a policy-making position with an agency under contract with the community mental health services program. Listed below is a list of agencies that contract with the Kalamazoo County Community Mental Health Authority Board. This list is not all-inclusive. Do any of these restrictions apply to you? YES___
NO___

15. There is a limit of six "public officials" who can serve on the Community Mental Health Authority Board. "Public officials" are those persons serving in an elected or appointed public office or employed more than 20 hours per week by an agency of federal, state, city or local government. This includes public schools/colleges/universities. Are you a public official? YES___ NO___

If YES, explain: _____

Date of Application

Signature

PLEASE RETURN THIS APPLICATION TO: JOAN KEILEN
Kalamazoo Community Mental Health & Substance Abuse Services
3299 Gull Road
Nazareth, MI 49074
Jkeilen@kazooemh.org

COMMUNITY MENTAL HEALTH CONTRACT AGENCIES
(not all-inclusive list)

1. InterAct of Kalamazoo
2. The ARK
3. WMU/Center for Disability Services
4. Douglass Community Association
5. Family & Children's Services
6. Gryphon Place
7. HomeLife
8. Horizons of Michigan
9. Senior Services
10. Keystone
11. MRC Industries, Inc.
12. Residential Opportunities, Inc.