



PAIMI

ADVISORY COUNCIL



STATE OF CONNECTICUT
OFFICE OF PROTECTION AND ADVOCACY FOR PERSONS WITH DISABILITIES

PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH MENTAL ILLNESS

Authorized by Federal Law (42 U.S.C.A. 10801-10826) to protect and advocate for the rights of individuals with mental illness

PAIMI Advisory Council Membership Application Form

Section I – General Demographic Information

Name: _____

Address: (Home): _____

Phone No: (H) _____ (W) _____ (C) _____

Email Address: _____

Section II – Requested Demographic Information (used for data reporting purposes only)

The PAIMI Advisory Council (PAC) is required to include members from the following categories. At least 60% of PAC members must be individuals who are receiving mental health services, have received mental health services, or are a family member of an individual of such individuals. The PAC is also required to be ethnically, racially, and gender diverse. Please choose the category that best identifies you.

1. I identify as an individual who has received mental health service(s): -YES -NO

2. I identify as: -Male -Female -Other: _____

3. I identify as (check all that apply):

- I am an attorney.
- I am a parent of a MINOR CHILD who has received mental health service(s).
- I am a family member of an ADULT who has received mental health service(s).
- I am a mental health service provider: Service type: _____
- I am a mental health professional. My title is: _____
- I work for an agency that serves the population PAIMI serves. Agency: _____
- I am knowledgeable about mental illness and the advocacy needs of persons with mental illness.
- I have demonstrated a substantial commitment to improving mental health services.

4. I also identify as: -American Indian or Alaska Native -Native Hawaiian/Other Pacific Islander
-Asian -Black/African-American -Hispanic/Latino -White /Caucasian -Two or More Races

NAME: _____

DATE: _____

Section III – Please share some of your background and tell us why you are interested in becoming a PAIMI Advisory Council Member:

1. Did a council member refer you? If yes, by whom were you referred: _____

2. What interests you in becoming a member of the advisory council? _____

3. Please share some of your background/experience in the mental health system. _____

4. Are you able to commit to attend our council meetings in Hartford? -YES -NO

5. Questions, concerns, or request for accommodations: _____

For more information contact Gretchen Knauff, Assistant Director, at 860-297-4342

**OFFICE OF PROTECTION AND ADVOCACY FOR PERSONS WITH DISABILITIES
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