**APPLICATION FOR MENTAL HEALTH SERVICES ACT**

**CONSOLIDATED PLANNING ADVISORY WORK GROUP**

**NAME: **

**CONTACT INFORMATION**

**ADDRESS:CITY:  ZIP: **

**PHONE:  FAX: **

**EMAIL: **



**THANK YOU VERY MUCH FOR YOUR INTEREST!**

**NAME:**

**Please check all characteristics or affiliations that apply to you:**

1. **I live in:** West County  Central County  East County
2. **I work in:** West County  Central County  East County
3. **I am:** A current consumer of: Contra Costa Mental Health Services

Another County’s Mental Health Services

Other Mental Health Services (Please describe):

A past consumer of: Contra Costa Mental Health Services

Another County’s Mental Health Services

Other Mental Health Services (Please describe):

A family member of a child or transition age youth:

currently receiving services from Contra Costa Mental Health

currently receiving services from another county

who received services in the past from Contra Costa Mental Health

who received services in the past from another county

other (please describe):

A family member of an adult consumer:

currently receiving services from Contra Costa Mental Health

currently receiving services from another county

who received services in the past from Contra Costa Mental Health

who received services in the past from another county

other (please describe):

A member of an underserved cultural community (please identify):

1. **I have paid or volunteer experience in:**

Education  Peer or Family Support Services

Public Health/Healthcare  Mental Health

Substance Abuse Services  Homeless Services

Law Enforcement  Social Services

Military Service

Social Justice Advocacy Organization (specify):



Community Based or Non-profit Organization (specify):

Other (specify):



1. **I am affiliated with or representing**:

Contra Costa County Mental Health Commission

NAMI or other family member organization

An elected or appointed body (specify):



A faith-based community (specify):



A disability rights organization (specify):



Other community organization (specify)

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1. **OPTIONAL: With what racial, ethnic or cultural group(s) do you identify? (Check all that apply):**

Caucasian

Native American

African American

Latino

Asian/Pacific Islander

Multi-racial

Youth

Older Adult

LGBTQQI2-S

Socioeconomically disadvantaged

Other (specify):

1. **a. After reviewing all of the above characteristics and/or affiliations that may apply to you, which is the primary perspective or viewpoint that you feel you represent?**

**b. Which would be the secondary perspective or viewpoint that you feel you represent?**

**c. With which part(s) of the county do you mostly identify?**

West  Central  East

1. **Why are you interested in participating in the Consolidated Planning Advisory Workgroup?**

1. **Please describe the knowledge and/or experience that you have providing or receiving mental health services that you could bring to the Consolidated Planning Advisory Workgroup.**

1. **Please describe the knowledge and expertise that you could bring in the area of the needs and resources of the diverse cultures that comprise Contra Costa County.**
2. **Please describe any other knowledge or expertise that you could bring to this process.**

1. **Can you commit to attending monthly meetings on the first Thursday of each month from 3:00 P.M. to 6:00 P.M.?**

Yes  No

1. **Can you commit to participating in at least one additional Contra Costa Mental Health sub-committee, such as Children’s, Transition Age Youth, Adult, Aging and Older Adult, Innovation, Housing, Social Inclusion, Membership or Steering?**

Yes  No

1. **Is there anything else that you feel want to share?**

1. **Do you have any special needs or require reasonable accommodation in order to participate?**

**\**NOTE: IF YOU ARE SELECTED, YOUR AGENCY AFFILIATION AND/OR SELECTED CHARACTERISTICS MAY BECOME PUBLIC INFORMATION.***

**\*I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT. THIS ACKNOWLEDGEMENT IS ADVISORY ONLY, AND IS NOT A CONSENT TO RELEASE INFORMATION.**

**Electronic Signature **

**Date** Click here to enter a date.