

Oklahoma Disability Law Center, Inc.
APPLICATION FOR THE ODLG PAIMI ADVISORY COUNCIL

(Please type or print the information requested below.)

NAME: _____ PHONE (____) _____

HOME ADDRESS: _____
(Street) (City) (State) (Zip Code)

BUSINESS NAME: _____ PHONE (____) _____

BUSINESS ADDRESS: _____
(Street) (City) (State) (Zip Code)

Please send postal mail to my Home Business

Email Address for sending correspondence: _____

Please check the area in which you live: Rural/outside city limits, in town, less than 5,000 population, In town, 5,001-15,000, In town, over 15,000

How did you hear about Oklahoma Disability Law Center, Inc?

Check all the categories that apply to you:

- Individual who receives or has received mental health services
- Attorney
- Mental Health Professional
- Person who is interested in and knowledgeable about mental services
- Family member of a person who receives or has received mental health services
- Mental Health Service Provider

Are you a member of a minority group or represent diversity? Yes No

Prefer not to answer. If yes, please specify:

Background, involvement or reasons for interest in serving individuals with mental illness. :

Please list events/areas that you have advocated for yourself or someone else related to mental illness: (i.e. education, employment, housing, abuse or neglect, receiving benefits or adequate services, etc.)

Please list current or previous organization affiliations, boards, or commissions, including any offices held. Please include your length of service and term expiration date:

Please list your educational background and/or training received that relates to mental illness, advocacy, or leadership:

Please list current or previous employment, titles, etc. and if you work with individuals with disabilities or mental illness in any way:

Please list whether you are related, by blood or marriage, to any employee of the ODLC; to any employee or board member of any agency or entity with which ODLC contracts; or hold a membership on the board of any agency or entity with which ODLC contracts:

ON A SEPARATE SHEET, PLEASE LIST ANY OTHER COMMENTS YOU WISH TO MAKE ABOUT YOURSELF, WHY YOU ARE INTERESTED IN SERVING ON THE PAIMI ADVISORY COUNCIL AND YOUR PHILOSOPHY ON ADVOCACY SERVICES FOR PEOPLE WITH MENTAL ILLNESSES.

Members must make every effort to attend all meetings in person (accommodations may be made for persons with disabilities). Mileage and meal reimbursement will be provided by Oklahoma Disability Law Center, Inc. when attending the meetings. The PAIMI Advisory Council meets three times a year. Additional time commitments may include project/ committee work, related meetings, etc.

Signature _____ Date Completed _____
(Applications will be kept on file for two years)

Please submit this application to one of the following:

Directly to an ODLC PAIMI Advisory Council Member or ODLC Board Member.
By mail: Oklahoma Disability Law Center, Inc. C/O PAIMI Advisory Council
2828 East 51st Street, 302 Interim Plaza, Tulsa, OK 74105.

By email: melissa@okdlc.org

If you have any questions, please call 800-226-5883.