

State Consumer and Family Advisory Committee Nomination Form

Note: All completed forms should be sent to:

Kate Barrow, Community Engagement Specialist

Community Engagement and Empowerment Team

3001 Mail Service Center

Raleigh, NC 27699-3001

katherine.barrow@dhhs.nc.gov

(919) 621-1116 - State Cell

Customer Service and Community Engagement & Empowerment Teams

(919) 715-3197 - Phone (919) 733-4962 - Fax

NOMINEE INFORMATION

NAME: _____ DATE: _____

SELF-NOMINATED OR NOMINATED BY _____

HAS THE NOMINEE CONSENTED TO SERVE IF SELECTED? Yes No

ADDRESS: _____ ZIP _____

COUNTY: _____ (STAFF ONLY) REGION: _____

CURRENT EMPLOYER (if applicable): _____

POSITION: _____

DAY TELEPHONE: _____ CELL: _____

EMAIL: _____

GENDER: Male Female Other
African-American Asian Hispanic Caucasian

RACE: Native American Other _____

Nominee is a: Consumer Family Member of a Consumer (i.e. parent, spouse, etc.)

Nominee represents which of the following disability groups:

Mental Health Developmental Disabilities Substance Abuse

Relationship to Consumer Self Family/Caregiver

If Family/Caregiver, specify _____

Please list all the nominee's involvements in MH/DD/SA in the Community.

Check all that apply.

Member of Local Consumer and Family Advisory Committee (please provide the name below)

Name of Local CFAC:

Local Advocacy Groups

Do you work directly for or contract with any of the following?

Local LME/MCO

Provider Agency

Advocacy Group

Other (please provide details of work)

Other Involvement with your Local LME or Providers (explain)

Applicants with disabilities and needs requiring special accommodations may contact our office. Appropriate arrangements can be made to ensure successful participation on the State CFAC.

NOMINEE'S INTEREST AND QUALIFICATIONS

Please check all areas that apply to applicant:

Ability to Influence Policy

Served on other Boards/Committees

Telephone skills (Research/Collection of Information)

Statistics/Survey Development/Evaluation of Surveys

Calculator

Recruitment Skills

Email use

Writing/Summarizing Reports

Editing Documents

Disability Specific Knowledge

Computer Abilities

MS Word Processing

Access Database

Publisher

Excel Spreadsheets

Power Point

Internet Research

Please describe the nominee's qualifications to serve on the State Consumer and Family Advisory Committee. Make sure that you include all relevant experience that relates to advocacy, productive team – building, and problem – solving skills:

Please attach a brief bio.

OFFICE USE ONLY

Received Date _____ Processed Date _____ Bio Received _____ Staff Initials _____