State Consumer and Family Advisory Committee
Nomination Form

Note: All completed forms should be sent to:
Suzanne B. Thompson, Team Leader
Consumer Empowerment Team
Advocacy and Customer Service
3009 Mail Service Center
Raleigh, NC 27699-3009
suzanne.thompson@dhhs.nc.gov
(919) 268-7386 - State Cell

Advocacy & Customer Service Section  (919) 715-3197 - Phone  (919) 733-4962 - Fax

NOMINEE INFORMATION

Name: ____________________________________________________________
Self nomination___ or Nominated by __________________________
Has nominee consented to serve if selected? ____Yes___ No

Address: __________________________________________________________
City: __________________ Zip: __________ County: __________________
Phone: __________________ E-Mail: __________________

Gender:  Male_____ Female_____

Ethnic Background: African-American_____ Hispanic____ Native American _____Asian____
Caucasian______ Other (Please Indicate) __________________________________________

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

Nominee represents which of the following disability groups:
_____ mental health  _____ developmental disabilities  _____ substance abuse

Relationship to Consumer (if a Family Member)________________________________________

PLEASE LIST ALL OF THE NOMINEE’S INVOLVEMENTS IN MH/DD/SA IN THE COMMUNITY (Check everything that applies)

_____ Member of local Consumer and Family Advisory Committee (name) ________________
_____ Local advocacy group(s) (list) ________________________________________________

Do you work directly or contract with any of the following:
_____ local LME/MCO _____ provider agency _____ advocacy group _____ other
(give 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
___ Recruitment Skills
___ Email Use
___ Writing/Summarizing Reports
___ Editing Documents
___ Calculator
___ Disability Specific Knowledge

Computer abilities:
___ MS Word Processing
___ Access Database
___ Publisher
___ Excel Spreadsheets
___ PowerPoint
___ 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 include a brief bio.