

### Board Appointment Data Sheet

Updated 08-19-11

List all members – use additional pages as needed. This form can be printed and completed, or word processed for electronic transfer via e-mail. If word processed, replace the appropriate checkbox with an "X."

Board Name <b>County of Summit Alcohol, Drug Addiction &amp; Mental Health Services Board</b>			Date Prepared 08/19/11
Board Member <b>Kevin K. Crum</b>		Appointment <input type="checkbox"/> ODMH <input type="checkbox"/> ODADAS <input checked="" type="checkbox"/> County <input type="checkbox"/> Chairperson	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address (street, city, state, zip) Crum, Buchanan, & Associates 3250 W. Market St., Suite 209 Akron, OH 44333		Minority <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other	
Telephone (include area code) 330-867-1222	County of Residence Summit	Representation: "X" only one Mental Health <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician	
Occupation CPA		Alcohol/Drug Addiction <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
"X" One <input type="checkbox"/> Partial Term	<input type="checkbox"/> First Full Term	<input checked="" type="checkbox"/> Second Full Term	Year Term Expires 2012
Board Name <b>County of Summit Alcohol, Drug Addiction &amp; Mental Health Services Board</b>			Date Prepared 08/19/11
Board Member <b>Reneé Greene</b>		Appointment <input type="checkbox"/> ODMH <input type="checkbox"/> ODADAS <input checked="" type="checkbox"/> County <input type="checkbox"/> Chairperson	Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Mailing Address (street, city, state, zip) 477 Mineola Avenue Akron, OH 44320		Minority <input checked="" type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other	
Telephone (include area code) (330) 867-4329	County of Residence Summit	Representation: "X" only one Mental Health <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician	
Occupation Retired		Alcohol/Drug Addiction <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
"X" One <input type="checkbox"/> Partial Term	<input checked="" type="checkbox"/> First Full Term	<input type="checkbox"/> Second Full Term	Year Term Expires 2014
Board Name <b>County of Summit Alcohol, Drug Addiction &amp; Mental Health Services Board</b>			Date Prepared 08/19/11
Board Member <b>Dawn R. Jones</b>		Appointment <input type="checkbox"/> ODMH <input type="checkbox"/> ODADAS <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> Chairperson	Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Mailing Address (street, city, state, zip) 3878 Ira Road Akron, OH 44333		Minority <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other	
Telephone (include area code) 330-252-1559	County of Residence Summit	Representation: "X" only one Mental Health <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician	
Occupation Director of Operations, CANAPI		Alcohol/Drug Addiction <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
"X" One <input type="checkbox"/> Partial Term	<input checked="" type="checkbox"/> First Full Term	<input type="checkbox"/> Second Full Term	Year Term Expires 2011
Board Name <b>County of Summit Alcohol, Drug Addiction &amp; Mental Health Services Board</b>			Date Prepared 08/19/11
Board Member <b>Rose Juriga</b>		Appointment <input type="checkbox"/> DMH <input type="checkbox"/> ODADAS <input checked="" type="checkbox"/> County <input type="checkbox"/> Chairperson	Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Mailing Address (street, city, state, zip) Tri-County Independent Living Center 680 E. Market Street, Suite 205, Akron OH 44304		Minority <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other	
Telephone (include area code) 330-762-0007	County of Residence Summit	Representation: "X" only one Mental Health <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician	
Occupation Executive Director		Alcohol/Drug Addiction <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
"X" One <input type="checkbox"/> Partial Term	<input checked="" type="checkbox"/> First Full Term	<input type="checkbox"/> Second Full Term	Year Term Expires 2011

Board Name <b>County of Summit Alcohol, Drug Addiction &amp; Mental Health Services Board</b>		Date Prepared <b>08/19/11</b>
Board Member <b>Bob Lanier</b>		Appointment <input type="checkbox"/> ODMH <input type="checkbox"/> ODADAS <input checked="" type="checkbox"/> County <input type="checkbox"/> Chairperson
Mailing Address (street, city, state, zip) 652 Castle Blvd. Akron OH 44313		Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Telephone (include area code) (216) 276-3367	County of Residence Summit	Minority <input checked="" type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other
Occupation Publisher/CEO		Representation: "X" only one Mental Health <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician
"X" One <input checked="" type="checkbox"/> Partial Term <input type="checkbox"/> First Full Term <input type="checkbox"/> Second Full Term	Year Term Expires 2014	Alcohol/Drug Addiction <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate

Board Name <b>County of Summit Alcohol, Drug Addiction &amp; Mental Health Services Board</b>		Date Prepared <b>08/19/11</b>
Board Member <b>Linda L. Marcum</b>		Appointment <input checked="" type="checkbox"/> ODMH <input type="checkbox"/> ODADAS <input type="checkbox"/> County <input type="checkbox"/> Chairperson
Mailing Address (street, city, state, zip) 37 Byers Avenue, Apt. 507 Akron, OH 44302		Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Telephone (include area code) (330) 814-0460	County of Residence Summit	Minority <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other
Occupation N/A		Representation: "X" only one Mental Health <input checked="" type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician
"X" One <input type="checkbox"/> Partial Term <input type="checkbox"/> First Full Term <input checked="" type="checkbox"/> Second Full Term	Year Term Expires 2014	Alcohol/Drug Addiction <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate

Board Name <b>County of Summit Alcohol, Drug Addiction &amp; Mental Health Services Board</b>		Date Prepared <b>08/19/11</b>
Board Member <b>David E. Martin</b>		Appointment <input type="checkbox"/> ODMH <input type="checkbox"/> ODADAS <input checked="" type="checkbox"/> County <input type="checkbox"/> Chairperson
Mailing Address (street, city, state, zip) P.O. Box 9023 Akron, OH 44305		Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Telephone (include area code) (330) 472-7895	County of Residence Summit	Minority <input checked="" type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other
Occupation Retired		Representation: "X" only one Mental Health Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician
"X" One <input type="checkbox"/> Partial Term <input type="checkbox"/> First Full Term <input checked="" type="checkbox"/> Second Full Term	Year Term Expires 2012	Alcohol/Drug Addiction Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate

Board Name <b>County of Summit Alcohol, Drug Addiction &amp; Mental Health Services Board</b>		Date Prepared <b>08/19/11</b>
Board Member <b>Patrick A. McGown</b>		Appointment <input type="checkbox"/> ODMH <input checked="" type="checkbox"/> ODADAS <input type="checkbox"/> County <input type="checkbox"/> Chairperson
Mailing Address (street, city, state, zip) 5291 Fairland Road Barberton OH 44203		Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Telephone (include area code) 330-472-6878	County of Residence Summit	Minority <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other
Occupation Retired (School Psychologist)		Representation: "X" only one Mental Health <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician <input checked="" type="checkbox"/> Advocate
"X" One <input type="checkbox"/> Partial Term <input checked="" type="checkbox"/> First Full Term <input type="checkbox"/> Second Full Term	Year Term Expires 2012	Alcohol/Drug Addiction <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate

Board Name <b>County of Summit Alcohol, Drug Addiction &amp; Mental Health Services Board</b>		Date Prepared 08/19/11
Board Member <b>David J. Peter, M.D.</b>		Appointment <input type="checkbox"/> ODMH <input type="checkbox"/> ODADAS <input checked="" type="checkbox"/> County <input type="checkbox"/> Chairperson
Mailing Address (street, city, state, zip) Akron General Medical Center 400 Wabash Ave. Akron OH 44224		Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Telephone (include area code) 330-344-7665	County of Residence Summit	Minority <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other
Occupation Physician		Representation: "X" only one Mental Health <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Advocate
"X" One <input type="checkbox"/> Partial Term <input checked="" type="checkbox"/> First Full Term <input type="checkbox"/> Second Full Term	Year Term Expires 2014	Alcohol/Drug Addiction <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name <b>County of Summit Alcohol, Drug Addiction &amp; Mental Health Services Board</b>		Date Prepared 08/19/11
Board Member <b>Dustin K. Blakeslee, D.O.</b>		Appointment <input checked="" type="checkbox"/> ODMH <input type="checkbox"/> ODADAS <input type="checkbox"/> County <input type="checkbox"/> Chairperson
Mailing Address (street, city, state, zip) 316 Crown Ridge Dr. Cuyahoga Falls, OH 44223		Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Telephone (include area code) 330-344-7738	County of Residence Summit	Minority <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other
Occupation Psychiatrist		Representation: "X" only one Mental Health <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input checked="" type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician <input type="checkbox"/> Advocate
"X" One <input type="checkbox"/> Partial Term <input checked="" type="checkbox"/> First Full Term <input type="checkbox"/> Second Full Term	Year Term Expires 2015	Alcohol/Drug Addiction <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name <b>County of Summit Alcohol, Drug Addiction &amp; Mental Health Services Board</b>		Date Prepared 08/19/11
Board Member <b>Jules F. Sauvageot</b>		Appointment <input type="checkbox"/> ODMH <input checked="" type="checkbox"/> ODADAS <input type="checkbox"/> County <input type="checkbox"/> Chairperson
Mailing Address (street, city, state, zip) 1256 Heather Lane Akron, OH 44313		Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Telephone (include area code) 330-864-4252	County of Residence Summit	Minority <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other
Occupation Retired		Representation: "X" only one Mental Health <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician <input type="checkbox"/> Advocate
"X" One <input type="checkbox"/> Partial Term <input type="checkbox"/> First Full Term <input checked="" type="checkbox"/> Second Full Term	Year Term Expires 2013	Alcohol/Drug Addiction <input type="checkbox"/> Consumer <input checked="" type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name <b>County of Summit Alcohol, Drug Addiction &amp; Mental Health Services Board</b>		Date Prepared 08/19/11
Board Member <b>Robert C. Schwartz, Ph.D.</b>		Appointment <input checked="" type="checkbox"/> ODMH <input type="checkbox"/> ODADAS <input type="checkbox"/> County <input type="checkbox"/> Chairperson
Mailing Address (street, city, state, zip) 1453 Delia Avenue Akron, OH 44313		Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Telephone (include area code) 330-972-8155	County of Residence Summit	Minority <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other
Occupation MH Professional/Educator		Representation: "X" only one Mental Health <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input checked="" type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician <input type="checkbox"/> Advocate
"X" One <input type="checkbox"/> Partial Term <input checked="" type="checkbox"/> First Full Term <input type="checkbox"/> Second Full Term	Year Term Expires 2013	Alcohol/Drug Addiction <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate

Board Name <b>County of Summit Alcohol, Drug Addiction &amp; Mental Health Services Board</b>		Date Prepared 07/27/10
Board Member <b>Christine Chenowith Yuhasz</b>		Appointment <input type="checkbox"/> ODMH <input type="checkbox"/> ODADAS <input checked="" type="checkbox"/> County <input type="checkbox"/> Chairperson
Mailing Address (street, city, state, zip) Akron Metropolitan Housing Authority 100 West Cedar St. Akron, OH 44307		Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Telephone (include area code) 330-376-9466	County of Residence Summit	Minority <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other
Occupation Director, Community Relations		Representation: "X" only one Mental Health <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician <input type="checkbox"/> Advocate
"X" One <input type="checkbox"/> Partial Term <input checked="" type="checkbox"/> First Full Term <input type="checkbox"/> Second Full Term	Year Term Expires 2011	Alcohol/Drug Addiction <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name <b>County of Summit Alcohol, Drug Addiction &amp; Mental Health Services Board</b>		Date Prepared 09/28/10
Board Member <b>Phillip J. Montgomery</b>		Appointment <input type="checkbox"/> ODMH <input type="checkbox"/> DADAS <input checked="" type="checkbox"/> County <input type="checkbox"/> Chairperson
Mailing Address (street, city, state, zip) 530 South Main Street – Suite 1751 Akron, OH 44311		Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Telephone (include area code) 330-633-7954	County of Residence Summit	Minority <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other
Occupation Auditor		Representation: "X" only one Mental Health <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician <input type="checkbox"/> Advocate
"X" One <input checked="" type="checkbox"/> Partial Term <input type="checkbox"/> First Full Term <input type="checkbox"/> Second Full Term	Year Term Expires 2013	Alcohol/Drug Addiction <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name <b>County of Summit Alcohol, Drug Addiction &amp; Mental Health Services Board</b>		Date Prepared 11/17/10
Board Member <b>Susan Baker Ross</b>		Appointment <input checked="" type="checkbox"/> ODMH <input type="checkbox"/> ODADAS <input type="checkbox"/> County <input type="checkbox"/> Chairperson
Mailing Address (street, city, state, zip) 86 S. Cleveland Ave., Suite B Mogadore, OH 44260		Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Telephone (include area code) 330-628-4691	County of Residence Summit	Minority <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other
Occupation Attorney at Law		Representation: "X" only one Mental Health <input type="checkbox"/> Consumer <input checked="" type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician <input type="checkbox"/> Advocate
"X" One <input type="checkbox"/> Partial Term <input checked="" type="checkbox"/> First Full Term <input type="checkbox"/> Second Full Term	Year Term Expires 2014	Alcohol/Drug Addiction <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name <b>County of Summit Alcohol, Drug Addiction &amp; Mental Health Services Board</b>		Date Prepared
Board Member <b>Margaret Halter, Ph.D.</b>		Appointment <input type="checkbox"/> ODMH <input type="checkbox"/> ODADAS <input checked="" type="checkbox"/> County <input type="checkbox"/> Chairperson
Mailing Address (street, city, state, zip) 1090 Carol Lane Tallmadge, OH 44278		Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Telephone (include area code) 419-520-2607	County of Residence Summit	Minority <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other
Occupation Professor/Nursing		Representation: "X" only one Mental Health <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician <input type="checkbox"/> Advocate
"X" One <input checked="" type="checkbox"/> Partial Term <input type="checkbox"/> First Full Term <input type="checkbox"/> Second Full Term	Year Term Expires 2015	Alcohol/Drug Addiction <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate

Board Name <b>County of Summit Alcohol, Drug Addiction &amp; Mental Health Services Board</b>		Date Prepared
Board Member <b>VACANT – Professional position</b>		Appointment <input type="checkbox"/> ODMH <input checked="" type="checkbox"/> ODADAS <input type="checkbox"/> County <input type="checkbox"/> Chairperson
Mailing Address (street, city, state, zip)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Telephone (include area code)	County of Residence <b>Summit</b>	Minority <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other
Occupation		Representation: "X" only one Mental Health <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician <input type="checkbox"/> Advocate
"X" One <input type="checkbox"/> Partial Term	<input type="checkbox"/> First Full Term	<input type="checkbox"/> Second Full Term
Year Term Expires		Alcohol/Drug Addiction <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input checked="" type="checkbox"/> Professional <input type="checkbox"/> Advocate

Board Name <b>County of Summit Alcohol, Drug Addiction &amp; Mental Health Services Board</b>		Date Prepared
Board Member <b>VACANT – Consumer position</b>		Appointment <input type="checkbox"/> ODMH <input checked="" type="checkbox"/> ODADAS <input type="checkbox"/> County <input type="checkbox"/> Chairperson
Mailing Address (street, city, state, zip)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Telephone (include area code)	County of Residence <b>Summit</b>	Minority <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other
Occupation		Representation: "X" only one Mental Health <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician <input type="checkbox"/> Advocate
"X" One <input type="checkbox"/> Partial Term	<input type="checkbox"/> First Full Term	<input type="checkbox"/> Second Full Term
Year Term Expires		Alcohol/Drug Addiction <input checked="" type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate