



Board Name <b>Wayne-Holmes</b>		Date Prepared <b>7/13/11</b>
Board Member <b>Jill Cyrus</b>		Appointment <b>ODMH</b>
Mailing Address (street, city, state, zip)  <b>200 S. Market St. #505 Wooster, OH 44691</b>		Sex <b>F</b>
Telephone (include area code) <b>330-262-8179</b>		Ethnic Group <b>Hispanic or Latino (of any race)</b>
County of Residence <b>Wayne</b>	Officer <b>Secretary</b>	
Occupation	Representation: select all that apply:	
Term <b>Second Full Term</b>	Year Term Expires <b>2012</b>	Mental Health <input checked="" type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		Alcohol Other Drug Addiction <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name <b>Wayne-Holmes</b>		Date Prepared <b>7/13/11</b>
Board Member <b>Robin Troyer</b>		Appointment <b>ODMH</b>
Mailing Address (street, city, state, zip)  <b>3806 Co. Rd. 135 Millersburg, OH 44654</b>		Sex <b>F</b>
Telephone (include area code) <b>330-893-2654</b>		Ethnic Group <b>Hispanic or Latino (of any race)</b>
County of Residence <b>Holmes</b>	Officer <b>Treasurer</b>	
Occupation	Representation: select all that apply:	
Term <b>First Full Term</b>	Year Term Expires <b>2012</b>	Mental Health <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input checked="" type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		Alcohol Other Drug Addiction <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name <b>Wayne-Holmes</b>		Date Prepared <b>7/13/11</b>
Board Member <b>Janet Boyd</b>		Appointment <b>Holmes</b>
Mailing Address (street, city, state, zip)  <b>2520 SR 83 Millersburg, OH 44654</b>		Sex <b>F</b>
Telephone (include area code) <b>740-504-2238</b>		Ethnic Group <b>Hispanic or Latino (of any race)</b>
County of Residence <b>Holmes</b>	Officer	
Occupation	Representation: select all that apply:	
Term <b>Partial Term</b>	Year Term Expires <b>2012</b>	Mental Health <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		Alcohol Other Drug Addiction <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name <b>Wayne-Holmes</b>		Date Prepared <b>7/13/11</b>
Board Member <b>David Drumm</b>		Appointment <b>ODADAS</b>
Mailing Address (street, city, state, zip)  <b>4583 Young Drive Wooster, OH 44691</b>		Sex <b>M</b>
Telephone (include area code) <b>330-264-8298</b>		Ethnic Group <b>Hispanic or Latino (of any race)</b>
County of Residence <b>Wayne</b>	Officer	
Occupation	Representation: select all that apply:	
Term <b>Second Full Term</b>	Year Term Expires <b>2012</b>	Mental Health <input type="checkbox"/> Consumer <input checked="" type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		Alcohol Other Drug Addiction <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate

Board Name <b>Wayne-Holmes</b>		Date Prepared <b>7/13/2011</b>
Board Member <b>Matthew Miller</b>		Appointment <b>ODMH</b> Sex <b>M</b> Ethnic Group
Mailing Address (street, city, state, zip) <b>1619 Brentwood Drive Wooster, OH 44691</b>		Officer _____ <u>Hispanic or Latino (of any race)</u>
Telephone (include area code) <b>330-264-7820</b>	County of Residence <b>Wayne</b>	Representation: select all that apply:
Occupation	Term <b>First Full Term</b>	Year Term Expires <b>2014</b>
		<u>Mental Health</u> <input type="checkbox"/> Consumer <input checked="" type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name <b>Wayne-Holmes</b>		Date Prepared <b>7/13/2011</b>
Board Member <b>Craig Sanders</b>		Appointment <b>County</b> Sex <b>M</b> Ethnic Group
Mailing Address (street, city, state, zip) <b>870 Woods Edge Court Wooster, OH 44691</b>		Officer _____ <u>Hispanic or Latino (of any race)</u>
Telephone (include area code) <b>330-317-4214</b>	County of Residence <b>Wayne</b>	Representation: select all that apply:
Occupation	Term <b>Partial Term</b>	Year Term Expires <b>2012</b>
		<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name <b>Wayne-Holmes</b>		Date Prepared <b>7/13/2011</b>
Board Member <b>Ramona Stoner</b>		Appointment <b>County</b> Sex <b>F</b> Ethnic Group
Mailing Address (street, city, state, zip) <b>12400 TR 504 Big Prairie, OH 44611</b>		Officer _____ <u>Hispanic or Latino (of any race)</u> <b>Vice Chair</b>
Telephone (include area code) <b>330-378-3344</b>	County of Residence <b>Holmes</b>	Representation: select all that apply:
Occupation	Term <b>Second Term</b>	Year Term Expires <b>2015</b>
		<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name <b>Wayne-Holmes</b>		Date Prepared <b>7/13/2011</b>
Board Member <b>Courtney Dannemiller</b>		Appointment <b>County</b> Sex <b>F</b> Ethnic Group
Mailing Address (street, city, state, zip) <b>265 Vineyard Way Doylestown, OH 44230</b>		Officer _____ <u>Hispanic or Latino (of any race)</u>
Telephone (include area code) <b>330-+69-0214</b>	County of Residence <b>Wayne</b>	Representation: select all that apply:
Occupation	Term <b>Partial Term</b>	Year Term Expires <b>2013</b>
		<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate

Board Name <b>Wayne-Holmes</b>		Date Prepared <b>7/13/2011</b>
Board Member <b>Carolyn Mattes</b>		Appointment <b>ODADAS</b> Sex <b>F</b> Ethnic Group
Mailing Address (street, city, state, zip)  <b>979 Oak Hill Rd. Wooster, OH 44691</b>		Officer _____ <b>Hispanic or Latino (of any race)</b>
Telephone (include area code) <b>330-262-6691</b>	County of Residence <b>Wayne</b>	Representation: select all that apply:
Occupation		Mental Health      Alcohol Other Drug Addiction
Term <b>Second Full Term</b>	Year Term Expires <b>2013</b>	<input type="checkbox"/> Consumer <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Advocate <input type="checkbox"/> Other Physician

Board Name <b>Wayne-Holmes</b>		Date Prepared <b>7/13/2011</b>
Board Member <b>Steve Glick</b>		Appointment <b>County</b> Sex <b>M</b> Ethnic Group
Mailing Address (street, city, state, zip)  <b>1275 Kiefer St. Wooster, OH 44691</b>		Officer _____ <b>Hispanic or Latino (of any race)</b> <b>Chairperson</b>
Telephone (include area code) <b>330-263-4048</b>	County of Residence <b>Wayne</b>	Representation: select all that apply:
Occupation		Mental Health      Alcohol Other Drug Addiction
Term <b>First Full Term</b>	Year Term Expires <b>2013</b>	<input type="checkbox"/> Consumer <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Advocate <input type="checkbox"/> Other Physician

Board Name <b>Wayne-Holmes</b>		Date Prepared <b>7/13/2011</b>
Board Member <b>R. Paul Nielsen, M.D.</b>		Appointment <b>ODMH</b> Sex <b>M</b> Ethnic Group
Mailing Address (street, city, state, zip)  <b>3365 Evergreen Drive Wooster, OH 44691</b>		Officer _____ <b>Hispanic or Latino (of any race)</b>
Telephone (include area code) <b>330-601-0182</b>	County of Residence <b>Wayne</b>	Representation: select all that apply:
Occupation		Mental Health      Alcohol Other Drug Addiction
Term <b>First Full Term</b>	Year Term Expires <b>2014</b>	<input type="checkbox"/> Consumer <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Advocate <input checked="" type="checkbox"/> Other Physician

Board Name <b>Wayne-Holmes</b>		Date Prepared <b>7/13/2011</b>
Board Member <b>David Dutton</b>		Appointment <b>County</b> Sex <b>M</b> Ethnic Group
Mailing Address (street, city, state, zip)  <b>7747 TR 103 Millersburg, OH 44654</b>		Officer _____ <b>Hispanic or Latino (of any race)</b>
Telephone (include area code) <b>330-674-7585</b>	County of Residence <b>Holmes</b>	Representation: select all that apply:
Occupation		Mental Health      Alcohol Other Drug Addiction
Term <b>Second Full Term</b>	Year Term Expires <b>2014</b>	<input type="checkbox"/> Consumer <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Advocate <input type="checkbox"/> Other Physician

Board Name <b>Wayne-Holmes</b>		Date Prepared <b>7/13/2011</b>												
Board Member <b>Carole Van Pelt</b>		Appointment <b>County</b>												
Mailing Address (street, city, state, zip)  <b>1493 Oil City Rd., Wooster, OH 44691</b>		Sex <b>F</b>												
Telephone (include area code) <b>330-263-6256</b>		Ethnic Group  Hispanic or Latino (of any race)												
County of Residence <b>Wayne</b>		Officer _____												
Occupation		Representation: select all that apply:												
Term <b>First Full Term</b>	Year Term Expires <b>2013</b>	<table border="0"> <tr> <td><u>Mental Health</u></td> <td><u>Alcohol Other Drug Addiction</u></td> </tr> <tr> <td><input type="checkbox"/> Consumer</td> <td><input type="checkbox"/> Consumer</td> </tr> <tr> <td><input type="checkbox"/> Family Member</td> <td><input type="checkbox"/> Family Member</td> </tr> <tr> <td><input type="checkbox"/> MH Professional</td> <td><input type="checkbox"/> Professional</td> </tr> <tr> <td><input type="checkbox"/> Psychiatrist</td> <td><input type="checkbox"/> Advocate</td> </tr> <tr> <td><input type="checkbox"/> Other Physician</td> <td></td> </tr> </table>	<u>Mental Health</u>	<u>Alcohol Other Drug Addiction</u>	<input type="checkbox"/> Consumer	<input type="checkbox"/> Consumer	<input type="checkbox"/> Family Member	<input type="checkbox"/> Family Member	<input type="checkbox"/> MH Professional	<input type="checkbox"/> Professional	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Advocate	<input type="checkbox"/> Other Physician	
<u>Mental Health</u>	<u>Alcohol Other Drug Addiction</u>													
<input type="checkbox"/> Consumer	<input type="checkbox"/> Consumer													
<input type="checkbox"/> Family Member	<input type="checkbox"/> Family Member													
<input type="checkbox"/> MH Professional	<input type="checkbox"/> Professional													
<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Advocate													
<input type="checkbox"/> Other Physician														