

**Ohio Community Supports Recovery Planning Council  
Ohio Department of Mental Health and Addiction Services  
Membership Application for:  
Persons in Recovery and Family Members**

<b>Applicant Information</b>	
Name:	
Street Address:	
City, State, Zip Code:	
County of Residence:	
Email:	
Primary Phone:	Other Phone:
<p>Please identify your qualification by checking one or more of the groups you would like to represent on Planning Council:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult Person in Mental Health Recovery</li> <li><input type="checkbox"/> Adult Person in Addiction Recovery</li> <li><input type="checkbox"/> Young Person in Mental Health Recovery</li> <li><input type="checkbox"/> Young Person in Mental Health Recovery who received treatment before age 18</li> <li><input type="checkbox"/> Young Person in Addiction Recovery</li> <li><input type="checkbox"/> Young Person in Addiction Recovery who received treatment in Ohio before age 18</li> <li><input type="checkbox"/> Family or parents of adult with mental health conditions</li> <li><input type="checkbox"/> Family or parents of child or youth with mental health conditions*</li> <li><input type="checkbox"/> Family or parents of adult with addiction conditions</li> <li><input type="checkbox"/> Family or parents of youth or young adult with addiction conditions*</li> </ul>	
*If you are applying as a family member or parent of a child, youth or young adult, what is the age of your family member?	
How did you learn about the Planning Council?	
Please list 2 or 3 reasons you want to serve on Planning Council.	

Please identify all mental health, addiction or recovery organizations for which you serve or have served as a board, staff or volunteer in the past two years.

Organization	Board Member	Staff	Volunteer	Other

Are you currently employed by a provider of mental health and/or addiction treatment, prevention or recovery support services or receiving income for providing these services?  Yes  No

Are you currently employed by state government?  Yes  No

Federal law requires that more than 50% of Planning Council members be advocates who are not employed by state government or mental health and addiction providers. In order to meet this federal requirement, Planning Council’s by-laws require that representatives appointed by advocacy associations meet these requirements.

**Optional:**

To assist us in maintaining a Planning Council that represents the populations served by Ohio’s public mental health system, please indicate which racial, cultural and other groups with which you self-identify. Please check all that apply.

African American		Appalachian	
Asian		Deaf, hard of hearing	
Caucasian		LGBT	
Hispanic		Family member of mental health PIR	
Multi-racial		Family member of addiction PIR	
Native American		Non-native English speaker	
Mental health person in recovery (PIR)		<input type="checkbox"/> Yes <input type="checkbox"/> No Veteran	
Addiction PIR		Person with Disabilities	
Immigrant:		Country of origin?	
Member of religious or ethnic minority; specify:			
Other, please specify:			

**Applicant's Statement:** I have read and completed this application accurately and honestly. I have disclosed any conflicts of interest by responding to the previous questions or by adding an attachment if any members of my household are currently employed by providers or state government, or serving on the Board of a provider or organization receiving SAMHSA Block Grant funds. If any conflicts of interest arise in the future I will advise OhioMHAS Planning Council. If I have a conflict of interest, I will abstain from participating in any discussions and votes regarding the organization with which I have a conflict.

I agree to fulfill Planning Council duties to the best of my ability. I understand that in accordance with the by-laws, 3 missed meetings in a twelve month period may result in removal from the Planning Council. I understand that accepting employment as a state employee or by a provider of mental health and/or addiction services makes me ineligible for Planning Council. I understand and agree that all information contained in this application is a public record and may be released upon receipt of a public information request.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

Please complete and submit this form and any questions to: [Lynette.Cashaw-Davis@mha.ohio.gov](mailto:Lynette.Cashaw-Davis@mha.ohio.gov)  
You may also reach out to Scott Wingenfeld: [Scott.Wingenfeld@mha.ohio.gov](mailto:Scott.Wingenfeld@mha.ohio.gov) with questions.