



**DISABILITY RIGHTS
CONNECTICUT**
Justice. Community. Inclusion.

Disability Rights Connecticut

"Connecticut's protection and advocacy system"

846 Wethersfield Avenue
Hartford, CT 06114

PAIMI Advisory Council Membership Application Form

Section I – General Demographic Information

Name of Applicant: _____

Address (Home): _____

(Work): _____

Telephone: (H) _____ (W) _____ (C) _____

Email Address: _____

Section II – Requested Demographic Information –

The PAIMI Advisory Council (PAC) should include members from the following categories listed below. At least 60% of PAC members must be individuals who receive mental health services, have received mental health services, or are a family member of an individual of such individuals.

1. Please check all categories that apply to you:

____ Person who has received or is receiving mental health services

____ Family member of a person receiving mental health services

____ Family member of a minor who is receiving or has received mental health Services

____ Attorney

- ____ Mental health service provider
- ____ Mental health professional
- ____ Individual from the public who is knowledgeable about mental illness
- ____ Other _____

The PAC is also required to be ethnically, racially and gender diverse. Please choose the category that best identifies you.

2. Race/Ethnicity – I identify as: (Please choose one)

- ____ American Indian or Alaska Native
- ____ Asian
- ____ Black or African American (Not of Hispanic/Latino Origin)
- ____ Hispanic/Latino
- ____ Native Hawaiian/Other Pacific Islander
- ____ White (Not of Hispanic/Latino Origin)
- ____ Two or More Races

3. Gender- I identify as:

Section III – Please share some of your background and tell us why you are interested in becoming a PAIMI Advisory Council Member:

1. I was referred by: _____
2. Why are you interested in becoming a member of the PAIMI Advisory Council?

3. Please share some of your background/experience in the mental health system including the names of the organizations, committees, trainings where you were involved.

4. Are you able to commit to attending bi-monthly meetings?

5. Questions?

For more information contact, Deborah Dorfman at Deborah.Dorfman@DisRightsCT.org or by phone at 860-469-4463 or toll-free at 1-800-842-7303.
