ACDL PAIMI Advisory Council
Questions for Prospective Members

Name _______________________________________________________________
Address _______________________________________________________________
Phone _______________________________________________________________
Fax _______________________________________________________________
Email _______________________________________________________________

1. Why are you interested in serving on the ACDL PAIMI (Mental Health) Advisory Council?

2. What is your experience with mental health issues in the State of Arizona?

3. Can you make the commitment to attend up to four meetings per year (in person or by conference call)?

4. What other skills or experience would you bring to the Council?

5. For ACDL federal reporting purposes:

   Are you a person who had/or is receiving mental health services?  □ Yes  □ No

   Do you have a family member who had/or is receiving mental health services?  □ Yes  □ No

   Are you employed in a field related to mental health issues?  □ Yes  □ No

   Do you identify yourself as a member of one of the following ethnic/racial groups?  
   ___ African-American       ___ Asian       ___ Native American       ___ Hispanic
   ___ Caucasian            ___ Other

Revised: August 30, 2011