

State Consumer and Family Advisory Committee Nomination Form

Note: All completed forms should be sent to:

Suzanne B. Thompson, Team Leader
Community Engagement and Empowerment
3001 Mail Service Center
Raleigh, NC 27699-3001
suzanne.thompson@dhhs.nc.gov
(919) 268-7386 – State Cell

Customer Service and Community Engagement & Empowerment Teams
(919) 715-3197 – *Phone* (919) 733-4962 – *Fax*

NOMINEE INFORMATION:

Name: _____
Self nomination _____ or Nominated by _____
Has nominee consented to serve if selected? ____ Yes ____ No

Address: _____
City: _____ **Zip:** _____ **County:** _____
Phone: _____ **E-Mail:** _____

Gender: Male ____ Female ____

Ethnic Background: African-American ____ Hispanic ____ Native American ____ Asian ____
Caucasian ____ Other (Please Indicate) _____

Nominee is a: ____ Consumer ____ Family Member of Consumer (i.e.: parent, spouse, etc.)

Nominee represents which of the following disability groups:
____ mental health ____ developmental disabilities ____ substance abuse

Relationship to Consumer (if a Family Member) _____

PLEASE LIST ALL OF THE NOMINEE'S INVOLVEMENTS IN MH/DD/SA IN THE COMMUNITY (**Check everything that applies**)

____ Member of local Consumer and Family Advisory Committee (name) _____
____ Local advocacy group(s) (list) _____

Do you work directly or contract with any of the following:
____ local LME/AP ____ provider agency ____ advocacy group ____ other
(give details of work) _____

Other involvement with your local LME or Providers (explain) _____

**Applicants with disabilities and needs requiring special accommodations may
contact our office. Appropriate arrangements can be made to ensure successful
participation on the State CFAC.**

NOMINEE'S INTEREST AND QUALIFICATIONS

Please check all areas that apply to applicant:

- | | |
|---|--|
| <input type="checkbox"/> Ability to Influence Policy | <input type="checkbox"/> Recruitment Skills |
| <input type="checkbox"/> Served on other Boards/Committees | <input type="checkbox"/> Email Use |
| <input type="checkbox"/> Telephone Skills
(Research/Collection of Information) | <input type="checkbox"/> Writing/Summarizing Reports |
| <input type="checkbox"/> Statistics/Survey Development/
Evaluation of Surveys | <input type="checkbox"/> Editing Documents |
| | <input type="checkbox"/> Calculator |
| | <input type="checkbox"/> Disability Specific Knowledge |

Computer abilities:

- | | |
|---|---|
| <input type="checkbox"/> MS Word Processing | <input type="checkbox"/> Excel Spreadsheets |
| <input type="checkbox"/> Access Database | <input type="checkbox"/> PowerPoint |
| <input type="checkbox"/> Publisher | <input type="checkbox"/> Internet Research |

Please describe the nominee's qualifications to serve on the State Consumer and Family Advisory Committee. Make sure that you include all relevant experience that relates to advocacy, productive team – building, and problem – solving skills:

Please include a brief bios.

*(Office use only)*****

Date Received _____ Reviewed By _____

Disposition _____
