Oklahoma Department of Mental Health and Substance Abuse Services

Planning and Advisory Council (PAC) for the SAMHSA Block Grant

Potential Council Member Application

Name: _____	**Application Date:** _____
Who recommended you for the PAC group? _____	
PAC Membership Position You Are Applying For (please check one below):	
☐ Adult In Recovery – Serious Mental Illness (SMI)* ☐ Adult In Recovery – Co-occurring SMI/SUD* ☐ Adult in Recovery – Substance Use Disorder (SUD)* ☐ Youth in Recovery – Serious Emotional Disturbance (SED)* ☐ Youth in Recovery – Substance Use Disorder (SUD)* ☐ Family – Serious Mental Illness (SMI)** ☐ Family – Serious Emotional Disturbance (SED)** ☐ Family – Co-occurring SMI/SUD**	☐ Provider – Mental Health (SMI/SED)*** ☐ Provider – Substance Use Disorder (SUD)*** ☐ Provider – Co-occurring SMI/SED/SUD*** ☐ Provider – Prevention*** ☐ State Agency Representative ☐ Advocacy Organization***
*If the type of membership is either Adult or Youth in Recovery, how long have you been in recovery? _____	
**If the type of membership is Family, your family member is an: ☐ Adult ☐ Youth ☐ Child	
***If the type of membership is either Provider or Advocacy Organization:	
What is the name of the provider agency or advocacy organization? _____	
How long have you been with that agency/organization? _____	
Please Describe Your Experience Related to the PAC Membership Position You Are Applying For: _____	
Have You Participated In Any Community Advocacy Efforts Related to Mental Health or Substance Use Disorder? ☐ Yes ☐ No If yes, please describe your efforts and any community agencies you have worked with: _____	
Please list any mental health or behavioral health groups, agencies or facilities of which you are currently affiliated in any manner: _____	

*Please email completed application to Penny Sanders at Penny.Sanders@odmhsas.org.