

**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):	
<input type="checkbox"/> Adult In Recovery – Serious Mental Illness* <input type="checkbox"/> Adult In Recovery – Co-occurring MH/SU* <input type="checkbox"/> Adult in Recovery – Substance Use Disorder* <input type="checkbox"/> Youth in Recovery – Serious Emotional Disturbance* <input type="checkbox"/> Youth in Recovery – Substance Use Disorder* <input type="checkbox"/> Family – Serious Mental Illness** <input type="checkbox"/> Family – Serious Emotional Disturbance** <input type="checkbox"/> Family – Substance Use Disorder**	<input type="checkbox"/> Provider – Mental Health*** <input type="checkbox"/> Provider – Substance Use*** <input type="checkbox"/> Provider – Co-occurring MH/SU*** <input type="checkbox"/> Provider – Prevention*** <input type="checkbox"/> State Agency Representative <input type="checkbox"/> 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: <input type="checkbox"/> Adult <input type="checkbox"/> Youth <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 Stephanie Gay at sgay@odmhsas.org.