

**Disability Rights Vermont
PAIMI Advisory Council Membership Application**

The PAIMI Council is comprised of individuals with mental illness, their family members and others who have experience advocating for or serving people with mental illness. The PAIMI Advisory Council (PAC) is required to include members from the following categories:

- 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

The PAIMI Advisory Council is looking for new members!

The PAIMI Council has several vacancies that need to be filled. Do you fit into one or more of these categories? Are you looking for an opportunity to support a new organization?

If interested, please complete the following and send to:

Disability Rights Vermont
141 Main Street, Suite 7
Montpelier, VT 05602
info@disabilityrightsvt.org

Do you need any support or accommodation to complete this application?

If yes, please contact our office 1-800-834-7890 or email info@disabilityrightsvt.org

Name: _____ Phone Number: _____

Address: _____

_____ Email: _____

Please tell us a bit about yourself:

May 2023



DISABILITY RIGHTS VERMONT

1. Why are you interested in serving on the DRVT PAIMI Advisory Council?

2. What experience or skills do you have that would be valuable to DRVT with regards to serving individuals with mental health conditions?

3. How did you learn about DRVT's PAIMI Advisory Council recruitment?

4. Federal grants require that we have certain individuals represented on the PAC and they encourage diversity. Please complete any of the options below that apply to you and that you are comfortable sharing:

A. How do you identify yourself?

- | | |
|---|--|
| <input type="checkbox"/> Consumer | <input type="checkbox"/> Attorney |
| <input type="checkbox"/> Psychiatric Survivor | <input type="checkbox"/> Family Member |
| <input type="checkbox"/> Service Provider | <input type="checkbox"/> Advocate |
| <input type="checkbox"/> Professional | |

B. Race: _____

C. Gender Identity: _____

D. Sexual Orientation: _____

E. Other important Identity: _____

We thank you on behalf of Disability Rights Vermont and the people we serve!

May 2023

141 Main Street, Suite 7 Montpelier, VT 05602
(Toll-Free) 1-800-834-7890 | (Voice) 1-802-229-1355
(Fax) 802-229-1359 | info@disabilityrightsvt.org