**Region 5 Systems**

**Consumer/Family Advisory Committee**

**Membership Application**

Region 5 Systems’ Consumer/Family Advisory Committee (CFAC) is seeking applications from individuals who are interested in helping to improve the quality of life for consumers and family members affected by mental health, substance use, or other addictive disorders. We are interested in filling vacancies with those who have lived experience as a consumer or a family member of a behavioral health consumer. (A term of service is 3 years.)

If you are interested in serving on the CFAC, please complete and return this membership application.

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| --- |
| **Name:**      **Street Address:**      **City:**       **State:**       **Zip:**       **County:**      **Phone:**       **E-mail:**       **Fax:**       **Present Employer and Occupation**:        **Education and/or Training:**        **What, if any, is your experience in serving on a committee or board?**       |

**Please check all applicable categories below in which you have experience:**

[ ]  Consumer of Addiction Services [ ]  Consumer of Mental Health Services

 [ ]  Family member of Behavioral Health Consumer (Mental Health or Addiction)

 Languages other than English:

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| --- |
| **Please respond to the following:**Describe any relevant experience and knowledge you have in the behavioral health field:     Which committee would be of interest to you?[ ]  Funding [ ]  Special Projects [ ]  Membership & Communications [ ]  Bylaws, Policies & ProceduresWhat will you be contributing to this committee?      The Consumer/Family Advisory Committee meets the second Tuesday of every month, 9:00 a.m. to 12:00 p.m. This hybrid meeting is held in-person at Region 5 Systems’ office, 3600 Union Drive, Lincoln, NE and offered via Zoom. **See website below for updated information.**What is your availability to commit to the CFAC’s meeting schedule?      Who referred you to the CFAC:       |

CFAC Votes:

\_\_\_\_ yes \_\_\_\_ no

Region 5 Administrator approval:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return application to:** **CFAC@region5systems.net**

 **Subject Line: Membership**

 <https://region5systems.net/how-we-help/consumer-family-advisory-committee/>