HAWAII DISABILITY RIGHTS CENTER

1001 Bishop Street, Suite 1110, Honolulu, Hawaii 96813
Phone/TTY: **(808) 949-2922** *Toll Free V/TTY*: **1-800-882-1057** *Fax*: **(808) 949-2928**
E-mail: **PAIMI@HawaiiDisabilityRights.org** *Website*: **https://hawaiidisabilityrights.org/paimi-advisory-council/**

PAIMI

PROTECTION & ADVOCACY FOR INDIVIDUALS WITH MENTAL ILLNESS

ADVISORY COUNCIL APPLICATION

CONTACT INFORMATION

1. Name:				
2. Home Address:				
3. Telephones:	Home:	Business:	Fax:	Cellular:
4. E-mail Address:				

COMMITMENT

5. Willing to serve a four-year term.	Yes	No
6. Willing to attend most or all of the meetings?	Yes	No
7. Willing to sign Conflict of Interest and Confidentiality Agreements?	Yes	No

EXPERIENCE AND QUALIFICATIONS

8. The PAIMI Act's purposes are to protect and advocate for the rights of individuals with significant mental illness or emotional impairment, and investigate incidents of abuse and neglect.
Will you fully embrace and support the purposes of the PAIMI Act?

9. Individuals with significant mental illness or emotional impairment are the constituents of the PAIMI program.
Please describe your ability to represent this constituency on the PAIMI Advisory Council.

10. Federal regulation 42 C.F.R. § 51.23(b) requires that continuing efforts be made to include members of racial and ethnic minority groups on the Advisory Council. In support of this requirement, we invite you to self-identify your racial/ethnic background below.

This information is voluntary and will be used solely to support our efforts toward inclusive Council representation.

- ☐ **American Indian or Alaska Native**
- ☐ **Asian**
- ☐ **Black or African American**
- ☐ **Hispanic or Latino**
- ☐ **Native Hawaiian or Other Pacific Islander**
- ☐ **White**
- ☐ **Two or more races**
- ☐ **Prefer not to answer**

11. The PAIMI Advisory Council jointly determines PAIMI priorities with HDRC and otherwise provides independent advice and recommendations to HDRC on its activities pursuant to the PAIMI Act.
Describe the skills and expertise you will bring to the PAIMI Advisory Council.

12. PAIMI Advisory Council members must avoid actual or potential conflicts of interest.
Please list current community volunteer activities, including board and other organization memberships.

13. The PAIMI Advisory Council must include members from the following categories. In addition, at least 60% of the PAIMI Advisory Council members must be people who have received mental health services, are receiving mental health services, or are family members of such individuals.

Please indicate which categories you belong to:

_____ Person who has received or is receiving mental health services
_____ Family member of such a person
_____ Family member of such a person who is the primary care giver a minor child or youth
_____ Attorney
_____ Mental Health Provider
_____ Mental Health Professional
_____ Person Who is Knowledgeable about Mental Health

Signature_____**Date**_____

Please return the completed form by email to PAIMI@HawaiiDisabilityRights.org or hard copy to Hawaii Disability Rights Center, Attn: PAIMI Advisory Council, 1001 Bishop Street, Suite 1110, Honolulu, Hawaii 96813