

Do *you* want to join the Recipient Rights Advisory & Appeals Committee?



No experience needed. Anyone can join (other than CMH staff).

***You will get paid for your attendance and mileage**
(\$45.00 per meeting and mileage reimbursed at the standard IRS rate)

***Not a huge time commitment**
(meet 3-4 times a year; usually for less than an hour at the CMH office)

What you will do at a meeting:



- *Listen to updates** from the Recipient Rights Officer
- *Give ideas** and protect the Rights Office from pressures that could interfere with the impartial, evenhanded, and thorough performance of its functions
- *Review CMH rights policies and budget/resources** for the Rights office
- *Review Rights complaint data** sent to the state and provide recommendations
- *Serve as the Rights Appeals committee** as needed
- *Share input with the CEO** before the hiring or dismissal of any Rights staff

How to apply for membership?

Complete the Recipient Rights Advisory Committee/Appeals Committee Membership Application and fax, mail, email, or drop off at CMH for the Recipient Rights Officer.

OR

Call or email Kristina Potesta
at **906-229-6104**

or

kpotesta@gccmh.org



GOGEBIC
Community Mental Health

Recipient Rights Advisory / Appeals Committee

MEMBERSHIP APPLICATION

FULL NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PRIMARY PHONE NUMBER(S): _____

EMAIL: _____

PLEASE RETURN YOUR COMPLETED APPLICATION BY FAX, MAIL, OR EMAIL TO:

Gogebic Community Mental Health

Office of Recipient Rights

103 W US 2

Wakefield, MI 49968

Fax: 906-229-6191

Email: kpotesta@gccmh.org

APPLICATIONS MAY ALSO BE DROPPED OFF AT THE GOGEBIC CMH OFFICE

Applications will be forwarded to the Recipient Rights Advisory Committee for consideration and may be forwarded to the GCCMH Board of Directors for consideration and appointment.

The GCCMH Board will not discriminate against any individual or group because of race, sex, religion, national origin, color, marital status, handicap, or political beliefs. Auxiliary aid and services are available upon request to individuals with disabilities.



1. Which of the following categories *best* describes you?

"Primary Consumer" An individual who has received or is receiving services from the department (MDHHS) or a community mental health services program or services from the private sector equivalent to those offered by the department or a community mental health services program.

"Family Member" A parent, stepparent, spouse, sibling, child, or grandparent of a primary consumer, or an individual upon whom a primary consumer is dependent for at least 50% of his or her financial support.

"Member at Large" An individual who demonstrates an interest and a commitment to promoting and protecting the rights of individuals with disabilities who receive services from Gogebic Community Mental Health Authority.

2. Briefly explain your category choice:

3. Which of the following populations, if any, would you best be able to represent? (Choose all that apply)

- Adults with Serious Mental Illness
- Adults with Developmental/Intellectual Disability
- Children with Developmental Disability
- Children with Severe Emotional Disturbance
- N/A

4. Briefly explain why you are interested in becoming a member of the Recipient Rights Advisory/ Appeals Committee:

5. Please list any special experience, resources, and/or knowledge you will bring to the committee:

6. Do you have any conflicts of interest that would prevent you from serving on the committee?

Yes No (Please explain)

7. Will you be able to attend all scheduled meetings?

Yes No (Please explain)

8. Do you need any special accommodation to assist you in serving on the committee?

Yes No (Please explain)

I understand that this application will be shared with the Gogebic CMH Recipient Rights Advisory Committee and the Gogebic CMH Board of Directors to review information necessary for the appointment of the Recipient Rights Advisory/ Appeals Committee. The information will not be made public. I further agree, if appointed, to permit my name to be added to the committee membership list. I understand that this list is available to any individual upon request but that it will not include any confidential information.

Signature: _____ Date: _____

Printed Name: _____

Thank you for your interest in serving on the Recipient Rights Advisory/Appeals Committee!