

**Tuscola Behavioral Health Systems (TBHS)  
Consumer Council Member Application**

Council membership gives you the opportunity for input into TBHS functions, including advocacy, protection of rights, design, delivery and evaluation of supports and services, as well as quality assurance at the local and regional levels. The Council meets at least four times a year and primary members receive reimbursement with a stipend.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_

Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

1) Preferred Method for Quick Contact (check one):

Home Phone       Cell Phone       E-Mail

2) I am interested in serving on (completed applications go to the coordinator of whichever box is checked below):

Peers for Peers Advisory Council       Recipient Rights Advisory Comm.

3) The council is made up of persons who receive public mental health services, including their family, friends and advocates. I am a part of one or more of the following groups:

- Adult with a mental illness
- Adult with a developmental challenge
- Adult with a co-occurring disorder (mental health and substance use problem)
- Older Adults
- Older Adults with Dementia
- Secondary consumers (check below)
  - Parent of child(ren) with a severe emotional disturbance
  - Parent of child(ren) with a developmental challenge
  - Spouse of person with a mental illness
  - Sibling to person with a mental illness or developmental challenge
  - Friend of person with a mental illness or developmental challenge
  - Advocate for person with a mental illness or developmental challenge

4) Why are you interested in joining this Council?

5) What do you hope to accomplish while on this council?

Thank you for your interest in our councils, advocacy helps better TBHS and our community!

\*Please note: these questions help determine how vacancies can be filled on our councils. Your information is confidential except for what you choose to share at council meetings.