

Behavioral Health Advisory Council (BHAC)

Application for Membership

Partners in Planning for Stable Families And A Recovery Based Mental Health System

First Name:

Last Name:

Address:

City:

Zip:

Telephone:

Email:

State law requires that half of the membership of the council be consumers of mental health services, or family members. Other members may include advocates for mental health consumers and their families, members of the public at large, providers of mental health services, legislators, and department representatives. Please choose all categories that you wish to represent:

Consumer - Individual w/Lived Experience Mental Health Provider

Parent of Child Under 18

Legislator

Youth (18-24)

Family of Consumer

Licensed Addition Provider

Veteran

Service Area Authority Member

Provider Agency

Public At Large

Consumer Advocate

American Indian

Please tell us why you would like to serve on the BHAC.

What is your experience with persons with mental illness and/or mental illness and substance abuse (co-occurring) system in Montana?

Are you a member of any Behavioral Health Advisory Council? Yes No

If you answered yes, please provide your Behavioral Health Advisory Council Chairperson's

Name:

Email:

Phone:

Please provide us with information on your Current Employment or Volunteer Involvement you have held that will support the Council's work:

Please provide us with information on your current associations with other advocacy groups in your community:

Additional Comments you would like to offer us:

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