Tuscola Behavioral Health Systems (TBHS) Recipient Rights Advisory Committee Application

Becoming a Recipient Rights Advisory Committee member 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 Metho	d for Quick Contact (check one):	
	Home Phone	e Cell Phone E-Mail	
2)	persons who rece	serving on the Recipient Rights Advisory Committee. This committee is made up of eive public mental health services, including their family, friends and advocates as of the general public who reside in Tuscola County.	
	I am a part of one	e or more of the following groups:	
	Adult with Adult with Older Adult Older Adult Member of Secondary Parent Parent Spouse Sibling Friend	 □ Adult with a co-occurring disorder (mental health and substance use problem) □ Older Adults □ Older Adults with Dementia □ Member of the general public □ 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 	
3)	Why are you inte	rested in joining the Recipient Rights Advisory Committee?	
4)	What do you hop	e to accomplish while on the Recipient Rights Advisory Committee?	

Thank you for your interest in the Recipient Rights Advisory Committee. 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.