



# Disability Rights Iowa

LEGAL PROTECTION AND ADVOCACY

Disability Rights Iowa  
666 Walnut St.,  
Suite 1440  
Des Moines, IA 50309  
www.driowa.org

PHONE: (515) 278-2502 or (800) 779-2502

FAX: (515) 278-0539

TTY: (515) 278-0571 or (866) 483-3342

## APPLICATION FOR THE MENTAL HEALTH ADVISORY COUNCIL

(Please type or print the information requested below and return to  
kvandvorde@driowa.org)

NAME: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(Street) (City) (State)(Zip Code)

BUSINESS NAME: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Please send postal mail to my  Home  Business

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

Please check the area in which you live:

- Rural/outside city limits,       in town, less than 5,000 population,  
 In town, 5,001-15,000,       In town, over 15,000

How did you hear about Disability Rights Iowa?

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(Over)

Check all the categories that apply to you:

- Attorney
- Mental Health Professional
- Individual from the public who is knowledgeable about mental illness, the advocacy needs of persons with mental illness and has demonstrated substantial commitment to improving mental health services
- Provider of mental health services
- Individual who has received or is receiving mental health services
- Family member of an individual who has received or is receiving mental health services
- Family member who is the primary caregiver for an individual who is currently a minor child or youth who is receiving or has received mental health services
- Guardian or authorized representative of an individual who has received or is receiving mental health services
- Advocate on behalf of an individual with mental illness

DRI is committed to diversity, integration and equity in all of DRI's work and the different perspectives of all lowans. Do you identify as a person a color?

Yes  No  Prefer not to answer.

If yes, please specify.

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Background, involvement or reasons for interest in serving individual's with mental illness.

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(Over)

Please list events/areas that you have advocated for yourself or someone else related to mental illness. (Ex: education, employment, housing, abuse or neglect, receiving benefits or adequate services, etc.)

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Please list current or previous organization affiliations, boards, or commissions, including any offices held. Please include your length of service and term expiration date.

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Please list your educational background and/or training received that relates to mental illness, advocacy, or leadership.

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Please list current or previous employment, titles, etc. and if you work with individuals with disabilities or mental illness in any way.

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*ON A SEPARATE SHEET, PLEASE LIST ANY OTHER COMMENTS YOU WISH TO MAKE ABOUT YOURSELF, WHY YOU ARE INTERESTED IN SERVING ON THE DISABILITY RIGHTS IOWA PAIMI ADVISORY COUNCIL AND YOUR PHILOSOPHY ON ADVOCACY SERVICES FOR PEOPLE WITH MENTAL ILLNESSES.*

**Members must make every effort to attend all meetings in person or with accommodation. Mileage and meal reimbursement will be provided by Disability Rights Iowa when attending the meetings. The PAIMI Advisory Council meets three times a year, with meetings held on Saturday mornings. Additional time commitments may include project/ committee work, related meetings, etc.**

Signature \_\_\_\_\_  
Date Completed \_\_\_\_\_

(Applications will be kept on file for two years.)