

**DISABILTY RIGHTS LOUISIANA**  
PAIMI Council Member Application

Name:

Address:

Parish:

Phone #:

Alternate Phone #:

Email Address:

The DRLA PAIMI council by federal law has positions allocated by representation status. To help us best match your interest to a position, please answer the following questions:

Are you receiving or have you received mental health services? If yes, what type of services?

Are you a parent or guardian of a minor child who has received or is receiving mental health services? If yes, what type of services?

Are you a family member of a person who is receiving or has received mental health services? If yes, what type of services?

Are you a provider of mental health services? If yes, what type of services and what is the name of your organization?

Are you a mental health care professional? If yes, what type of professional and what is the name of your organization?

Are you an advocate for the needs of individuals with mental illness? If yes, what type of advocate?

Why do you wish to be a member of Disability Rights Louisiana's PAIMI Council?

Can you commit to attending 3-4 meetings per year in person or remotely?

Is there anything else you would like to say in support of your application to be a member of Disability Rights Louisiana's PAIMI Council?

Thank you for taking the time to fill out this questionnaire!