



PEOPLE EMPOWERED.
VOICES HEARD.
EQUITY ACHIEVED.
DIFFERENCES CELEBRATED.

Dear Advisory Council Nominee:

Please consider submitting your name to Disability Rights Idaho (DRI) for a position on the DRI Protection and Advocacy for Individuals with Mental Illness (PAIMI) Advisory Council.

DRI is Idaho's Protection and Advocacy System, a non-profit organization that provides legal and advocacy services to people with disabilities to help them protect their rights in a variety of issue areas. DRI is federally funded through nine (9) program grants authorized by various federal statutes, including the PAIMI Act.

The PAIMI program, administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), allows DRI to work on behalf of individuals with mental illness who have experienced abuse, neglect or a denial of legal rights because of their disability.

The PAIMI Advisory Council advises DRI and its Board of Directors on policies, priorities, and activities under the PAIMI Act. The Council is comprised of up to thirteen (13) volunteer members that include current and former recipients of mental health services, mental health professionals, mental health service providers, attorneys and individuals from the public knowledgeable about mental illness. At least sixty percent (60%) of the Council members must be individuals who have received or are receiving mental health services, or family members of such individuals.

The Council participates by telephone and/or Teams Meeting for regular meetings held at a minimum of three (3) times each year. Regular meetings are the third Tuesday of the month at 7:00 p.m. Mountain Time. An annual meeting occurs in Boise once a year in conjunction with the annual meeting of the Board. Expenses associated with meeting participation, including travel, will be paid for by DRI.

Please find the included PAIMI Advisory Council Nomination Form. If an alternative format is required or assistance is needed to complete the form, please contact DRI administrative staff at 1-800-632-5124 or (208) 336-5353. The Council will vote at its next regularly scheduled meeting on received nominations. Please complete as soon as possible and return to DRI to ensure your nomination is considered in a timely manner.

We hope you will consider this opportunity to serve the Idaho mental health community and assist others through representation on the Disability Rights Idaho PAIMI Advisory Council.

EDUCATE, ADVOCATE, INVESTIGATE, AND LITIGATE TO PROTECT AND ADVANCE THE RIGHTS OF IDAHOANS WITH DISABILITIES

9542 W Bethel Ct., Boise, ID 83709 • (208) 336-5353 • (866) 262-3462
www.disabilityrightsidaho.org • info@disabilityrightsidaho.org

If you have any questions about the Council, its duties or services it provides, please contact me by e-mail at therese@disabilityrightsidaho.org or by telephone at (208) 586-2523.

Sincerely,

A handwritten signature in black ink, appearing to read "Therese Varela", written over a light gray rectangular background.

Therese Varela, Director of Grant Services
PAIMI Coordinator



PAIMI Advisory Council Nomination Form

Nominee's Name: _____

Mailing Address: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Category of Membership Nomination: *(Please check all that apply)*

Mental Health Categories

- Recipient/Former Recipient of Mental Health Services
- Family Member of Recipient/Former Recipient of Mental Health Services
- Family Members of Minor Child or Youth who has Received or is Receiving Mental Health Services
- Mental Health Service Providers
- Mental Health Professionals
- Attorneys
- Individual from the Public Knowledgeable about Mental Illness

Racial/Ethnic Background

- Native American or Alaskan Native
- Asian or Pacific Islander
- African American
- Hispanic
- White

Based upon your own special interests, knowledge, and experience, in what ways are you interested in contributing to Disability Rights Idaho PAIMI Advisory Council volunteer activities?

What Boards, Councils, Task Forces, etc., do you currently sit on?

Name: _____ Term Ends: _____ Committee or Office: _____

Name: _____ Term Ends: _____ Committee or Office: _____

List any Boards, Councils, Task Forces, etc., you previously served on.

Name: _____ Term Ends: _____ Committee or Office: _____

Name: _____ Term Ends: _____ Committee or Office: _____

How many hours per month would you be able to commit to PAIMI Advisory Council activities?

1 – 3 hours

4-6 hours

7-9 hours

10 or more hours