

NORTHPOINTE BEHAVIORAL HEALTH SYSTEM

APPLICATION OF INTEREST
FOR
STAKEHOLDER ADVISORY COMMITTEE (SAC)

Name of Applicant: _____

(Print Name)

Home Address: _____

Work Address: _____

Home/Cell Phone #: _____ Work Phone#: _____

State the reason(s) that you want to serve on the SAC:

Do you have any particular experiences, background, or education which relate to the work of this committee? _____

One of the criteria in receiving an appointment is the ability of the candidate to attend regular meetings as established by the Board. Indicate if your job or activities will interfere with you fulfilling this commitment.

As the current statute provides certain restrictions on appointees, please answer the following;

- a. Where is your primary County of residence? Dickinson Iron Menominee Other
- b. Are you 18 years of age or older? Yes No
- c. Are you an employee of Northpointe (NBHS)? Yes No
- d. Are you a party to a contract with an NBHS program or administering or benefiting financially from a contract with NBHS? Yes No
- e. Are you serving in a policy making position with an agency under contract with NBHS? Yes No

The SAC shall consist of 12 members. The Composition of the SAC shall be current and/or former recipients of mental health services, recipient family members and/or guardians and advocates. All members must be 18 years of age or older. Terms of the SAC are for 2 years. There is no limit to the amount of terms a person can be elected to.

Please check the box that describes your interest in NBHS:

- Recipient/former recipient of Behavioral health services
- Family member of a recipient/former Recipient
- General public with interest in the Behavioral Health system

Signature of applicant: _____

Date: _____