Oklahoma Department of Mental Health  
and Substance Abuse Services  
Oklahoma State Planning and Advisory Council (PAC)  

Potential Council Member Application

<table>
<thead>
<tr>
<th>Name:</th>
<th>Application Date:</th>
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<td>Who recommended you for the PAC group?</td>
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PAC Membership Position You Are Applying For:

- [ ] Adult In Recovery – Serious Mental Illness*
- [ ] Adult in Recovery – Substance Use Disorder*
- [ ] Youth in Recovery – Serious Emotional Disturbance*
- [ ] Youth in Recovery – Substance Use Disorder*
- [ ] Family – Serious Mental Illness**
- [ ] Family – Serious Emotional Disturbance**
- [ ] Family – Substance Use Disorder**
- [ ] Provider – Mental Health***
- [ ] Provider – Substance Use***
- [ ] Provider – Co-occurring MH/SU***
- [ ] Provider – Prevention***
- [ ] State Agency Representative
- [ ] Advocacy Organization***

*If the type of membership is either Adult or Youth in Recovery, how long have you been in recovery? ______

**If the type of membership is Family, your family member is an: [ ] Adult  [ ] Youth  [ ] Child

***If the type of membership is either Provider or Advocacy Organization:

What is the name of the provider agency or advocacy organization? ______

How long have you been with that agency/organization? ______

Please Describe Your Experience Related To The PAC Membership Position You Are Applying For:

_____

Have You Participated In Any Community Advocacy Efforts Related Mental Health or Substance Use Disorder?

[ ] Yes  [ ] No  
If yes, please describe your efforts and any community agencies you have worked with:

_____

Please list any mental health or behavioral health groups, agencies or facilities of which you are currently affiliated in any manner:

_____

*Please email completed application to Stephanie Gay at sgay@odmhsas.org.