

4715 South 132nd Street, Omaha, NE 68137-1701 ● Phone: 402-444-6573 ● FAX: 402-444-7722 ● www.regionsix.com

**Application for Appointment to the Consumer Advisory Team (CAT)**

The Consumer Advisory Team (CAT) serves as an advisory committee to the Regional Consumer Specialist (RCS). The CAT member’s role includes providing input and advice in matters regarding service provision or development, system coordination and performance, and specific functions of the RCS. The member engages the RCS in ongoing dialogue focused on his or her experiences, impressions, and expectations of the public behavioral health system.

**Meeting Frequency**: The CAT meets on the first Monday each month. Regular attendance at CAT meetings is required to maintain membership on the team.

**Membership**:

* The CAT will maintain a membership of no more than 12 individuals at any given time.
* CAT members self-identify as current or former consumers of behavioral health services, or a family member of such a consumer (limited to one family member of a consumer).
* The CAT member must currently reside in the Region 6 area.

**Application Process:**

Applications must be complete the *Application Information Form*.

Applicants who, for whatever reason, are unable to complete the Application Information Form write a letter may contact the RCS to discuss alternative methods of meeting this requirement. Application maybe mailed, dropped off or emailed to the below contact:

Jen Hazuka BGS, CPSS

Region 6 Behavioral Healthcare

4715 S. 132nd Street

Omaha, NE 68137

For questions, contact Jacob Hausman at [jhazuka@regionsix.com](mailto:jhazuka@regionsix.com) or (402) 591-5000

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**Applicant Information Form**

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| Name: |
| Telephone: |
| Email Address: |
| Mailing Address:  If your mailing address is different than your home address, what county do you currently live in? |
| Do you self-identify as a current or past consumer of mental health services and/or a family member of such a consumer? YES  NO  (Please note: Disclosure of specific personal health information, including diagnosis or treatment history is *not* required for application or participation in the Consumer Advisory Team) |
| How did you hear about the Consumer Advisory Team? |
| Do you have prior experience serving on boards or committees? YES  NO  If so, please list below: |
| Are you willing and able to commit to attending Consumer Advisory Team functions on a consistent basis, including monthly meetings as well as other miscellaneous support activities such as participation in select projects sponsored by Region 6 (participation in additional projects/activities is recommended, but not required). YES  NO |

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| Why you are interested in serving on the CAT? |
| What assets and strengths would you bring to the work of the CAT (Including experiences, strengths, knowledge, skills, values, etc.)? |