



Developmental Disabilities
Mental Health • Substance Recovery

**RECIPIENT RIGHTS ADVISORY COMMITTEE
MEMBERSHIP APPLICATION**

If you require any assistance in completing this application, please contact the Recipient Rights Office @ (877) RIGHTS-U.

NAME: _____

ADDRESS: _____

CITY, STATE ZIP: _____

HOME PHONE : _____

E-MAIL ADDRESS: _____

EMPLOYER: _____

BUSINESS PHONE: _____

(Note: If you are currently employed within the OCHN service system, please explain on a separate attached sheet why you feel your appointment to this committee would not be a conflict of interest)

Which number is best to reach you? Home Business

Please check the following category that you are applying for:
(Note: category definitions are listed on page two of the committee requirements)

Primary Individual Secondary Individual Community Member at Large

PLEASE NOTE: THIS COMMITTEE MEETS ON THE 1ST THURSDAY OF EVERY MONTH @ 4:00PM - 5:30PM (APPROXIMATELY) AT 5505 CORPORATE DR., TROY MI. REGULAR ATTENDANCE OF COMMITTEE MEMBERS IS CRITICAL TO THE EFFECTIVENESS OF THE RECIPIENT RIGHTS PROTECTION SYSTEM.

1) Please explain briefly why you are interested in participation on the Recipient Rights Advisory Committee:

2) Please list any special experiences, resources, and/or knowledge you will bring to the committee:

3) What do you think are the most critical challenges or issues facing persons with disabilities today?

4) Please include any additional information about yourself that you would like the committee to know in considering your application:

I hereby authorize the Executive Director to release this application and/or its contents to the OCHN Board for the purpose of enabling that Board to review information that it deems relevant for their appointment of committee members. I further agree, if appointed, to permit my name to be added to the committee membership list and to a separate list of categories represented on the committee. I understand that these lists are available to any individual upon request.

Signature: _____

Date: _____

Please return your completed form to:

**Oakland Community Health Network
Office of Executive Director
5505 Corporate Dr., Troy MI 48098**

The Oakland Community Health Network Board will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political beliefs. Auxiliary aid and services are available upon request to individuals with disabilities.

Attachment: RECIPIENT RIGHTS ADVISORY COMMITTEE: Committee Requirements