

**RECIPIENT RIGHTS ADVISORY COMMITTEE**

**MEMBERSHIP APPLICATION**

*If you require any assistance in completing this application, please contact the
Recipient Rights Office at 231-689-7330*

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE/CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which number is best to reach you? Home/Cell \_\_\_\_\_ Business \_\_\_\_\_\_\_

Please check the following category that you are applying for:

*(Note: Category definitions are listed on the RRAC Committee Requirements)*

Primary Recipient \_\_\_\_\_ Secondary Recipient \_\_\_\_\_ Community Member \_\_\_\_\_

**PLEASE NOTE:** *THIS COMMITTEE MEETS ON THE 2ND TUESDAY OF FEBRUARY, MAY, AUGUST, AND NOVEMBER AT 10AM AT NCMH 1049 E. NEWELL, WHITE CLOUD, MI 49349*

Regular attendance of Committee members is critical to the effectiveness of the Recipient Rights protection system. Members of the RRAC are expected to attend meetings regularly.

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:

I hereby authorize the Executive Director to release this application and/its contents to the NCMH Board for the purpose of enabling that Board 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:***

**Newaygo County Mental Health
Office of Executive Director
1049 E Newell, PO Box 867
White Cloud, MI 49349**

*The Newaygo County Mental Health Board will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap, or political beliefs.*

**PLEASE NOTE:** Recipient Rights Advisory Committee (RRAC) meets on the 2ND Tuesday of February, May, August, and November at 10:00 a.m. at Newaygo County Mental Health 1049 E. Newell, White Cloud, MI 49349.

**Newaygo County Mental Health
RECIPIENT RIGHTS ADVISORY COMMITTEE
Committee Requirements**

The Newaygo County Mental Health Recipient Rights Advisory Committee shall:

1. Consist of at least 7 members appointed by the Newaygo County Mental Health Board who represent the various perspectives of the Newaygo County Mental Health Center’s geographic area; at least 1/3 of the membership will be primary recipients or family members; at least 1/2 of the aforementioned 1/3 are primary recipients. None of the members shall be employed by the CMHSP or MDHHS.
2. Have the following rules and duties:
3. meets periodically with a minimum of four (4) times a year to review complaints with the Rights Officer, for in-service training, to develop policy, or when necessary, as determined by the Recipient Rights Officer and/or Chairperson of the Committee;
4. assure that a current list of members names is maintained and available to individuals upon request;
5. assure that the Executive Director has selected a Recipient Rights Officer who has the education, training, and experience necessary to fulfill the responsibilities of the Recipient Rights Office;

d. reviews annually the funding for the Recipient Rights Office;

e. assure that the Executive Director does not select, replace, or dismiss the Recipient

 Rights Officer without first consulting the Recipient Rights Advisory Committee;

f. serves in an advisory capacity to the Executive Director and the Recipient Rights Officer;

1. The Recipient Rights Advisor Committee is an official committee of Newaygo County Mental Health and conducts Recipient Rights Advisory Committee Meetings in compliance with the Open Meetings Act, Act No. 267 of the Public Acts of 1976, MCL 15.261 to 15.275. Minutes shall be maintained and made available to individuals upon request.

**Primary Recipient** – A resident of Newaygo County who has a diagnosis of a developmental disability

and/or severe and persistent mental illness, and is currently receiving, or has previously received,

services supported by NCMH.

**Secondary Recipient** – A resident of Newaygo County who is a parent, guardian, sibling, spouse, or

significant other of an individual with a diagnosis of a severe emotional disturbance, developmental

disability and/or severe and persistent mental illness, and due to this diagnosis is the individual is

currently receiving, or has previously received services supported by NCMH.

**Community Member** – A resident of Newaygo County who demonstrates an interest and a commitment

to promoting and protecting the rights of individuals with disabilities who receive services supported by

NCMH.