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**Mission Statement**Consumer Advisory Coalition plays a vital role in our community by enabling voices of consumers to be heard, creating outreach, and supporting relationships between consumers, professionals, caregivers, and families.

**Purpose Statement**The Consumer Advisory Coalition’s purpose is to provide a voice and strong influence in the community to bring awareness and address stigma in behavioral health and substance abuse. By working directly with Region 1 Behavioral Health Authority to create support for those receiving care and their loved ones. The Consumer Advisory Coalition focuses on the well-being of those receiving care and advocates for better services for them. Made up of individuals dedicated to using their lived experience and voice with behavioral health and substance abuse services, they provide insight and direction to improve community awareness, access to services, and quality of care.

Email: djones@region1bhs.net

Mail: Region I Behavioral Health Authority

 Attn: David Jones

 4110 Avenue D

 Scottsbluff, NE 69361 **Region I Behavioral Health Authority**

**Consumer Advisory Coalition**

**Membership Application**

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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Address (include city, state & zip code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Present Employer & Occupation (Optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_List any organizations you are a member of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**Are you a consumer of Behavioral Health services?**

**Yes No**

\*\**A consumer is defined as "an individual or family member who has utilized substance abuse, mental health, gambling, or other addiction services from licensed professionals."*

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| **Please respond to the following:*** How did you learn about this coalition?
* What is your primary interest in serving on this coalition?
* What do you believe you can contribute to this coalition?
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**Return your application one of two ways: email:** djones@region1bhs.net **or** **U.S.P.S.:** Region I Behavioral Authority, Attn: David Jones, 4110 Ave D, Scottsbluff, NE, 69361