



**North Dakota Mental Health and  
Substance Abuse Planning Council**

*Focused on Wellness and Recovery  
Consumer and Family Driven*

**MEMBERSHIP APPLICATION FORM**

The North Dakota Mental Health and Substance Abuse Planning Council is a thirty member board with membership appointed by the Governor of North Dakota. The Council’s objective is to monitor, review, and evaluate the allocation and adequacy of mental health and substance abuse services in the state. Each board member is appointed to a three-year term. The Council meets quarterly, generally in January, April, July, and October. Meetings are held from 1:00pm to 4:00pm on a Thursday and 9:00am to Noon on the following Friday. Dates for the upcoming year are scheduled at the October meeting.

Individuals interested in serving on the Council are invited to complete and submit an application form. Only fully-completed applications will be considered. The Council will review the application and submit their recommendations to the Governor for final selection.

Completed application should be submitted to: North Dakota Mental Health and Substance Abuse Planning Council, c/o (Mr.) Lauren J. Sauer, Program Administrator, North Dakota Department of Human Services, Division of Mental Health and Substance Abuse Services, 1237 West Divide Avenue, Suite 1C, Bismarck, ND 58501

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street

City

State

Zip

Telephone: \_\_\_\_\_

Home

Work

Email: \_\_\_\_\_

I am interested and eligible to serve on the North Dakota Mental Health and Substance Abuse Planning Council because I am: (please check one)

- An adult diagnosed with a serious mental illness
- An adult diagnosed with a substance use disorder
- A Combat Veteran of the Iraq or Afghanistan Conflicts (receiving mental health or substance use treatment)
- A youth diagnosed with a serious emotional disturbance
- A youth diagnosed with a substance use disorder
- A family member of a child diagnosed with a serious emotional disturbance
- A family member of a youth diagnosed with a substance use disorder
- A family member of an adult diagnosed with a serious mental illness
- A family member of a Combat Veteran of the Iraq or Afghanistan Conflicts
- A representative of an organization involved with returning veterans (please check one):
  - Veterans Affairs
  - North Dakota National Guard
- A representative of a private provider (please check one):
  - Mental Health Treatment Agency
  - Substance Abuse Treatment Agency
- A representative of an advocacy group (please check one):
  - Mental Health America of North Dakota
  - North Dakota Consumer and Family Network
  - ND Federation of Families for Children's Mental Health
  - Protection and Advocacy Project of North Dakota,
- A representative of a Principal State Agency that is designated as a member by virtue of your office (please check one):
  - Mental Health
  - Vocational Rehabilitation
  - Criminal Justice
  - Education
  - Housing
  - Social Services
  - Medicaid
  - Regional Human Service Center
  - One Center
  - Indian Affairs Commission
  - Aging

Please describe any education, volunteer activity, employment, or personal experiences that qualify you to be a member of the Council.

Please describe why you are interested in serving on the Council.

Please explain any special accommodations you may need to participate as a Council member.

If selected to serve on the North Dakota Mental Health and Substance Abuse Planning Council, I will commit myself to active, involved participation on the Council, to promote the human, civil, and legal rights of individuals with mental illness, and to execute my duties in a manner consistent with this pledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date