



Robert P. Astorino
County Executive

Department of Community Mental Health

Grant Mitchell., M. D.
Commissioner

Dear Community Member,

Later this year the Westchester County Department of Community Mental Health - Office of Recipient Affairs will initiate meetings of the **DCMH Recipient Advisory Board (RAB)**. The RAB will be made up of 8-15 Westchester recipients and will work to ensure that recipients' viewpoints are represented in DCMH's programming and planning. The RAB will meet quarterly and will have a rotating membership. We will strive to maintain a membership that is as representative as possible of the entire recipient community.

The RAB will develop an annual written statement of its recommendations to DCMH, which will be available to all members of the community. In addition to drawing on members' personal experiences, it is expected that the RAB will conduct community outreach and needs assessments to inform our recommendations. All RAB members must be committed to working collaboratively, and to focusing on efforts appropriate for a body of this type.

If you are interested in participating as a Board member please see the attached application, **which must be submitted by April 30, 2011** for consideration to be among our first group of Board members. ***If you are interested but cannot meet the requirements of the application for any reason (including the deadline), please reach me per my contact information below and we can make arrangements that will allow you to be considered for membership.***

Best regards,

Adam Black
Recipient Affairs Specialist
Tel. (914) 995-5132; email: asb1@westchestergov.com

WESTCHESTER COUNTY DEPT. OF COMMUNITY MENTAL
HEALTH (DCMH) RECIPIENT ADVISORY BOARD
Application For Membership

Please provide the information requested below and mail to: Adam Black, Recipient Affairs Specialist, Westchester County DCMH, 112 East Post Road, White Plains, NY 10601; or email to: asb1@westchestergov.com. The total length of your response should be the equivalent of approximately 1- 3 double-spaced pages. *If it is not possible for you to complete this application in written form or otherwise meet the stated guidelines for any reason, including meeting the deadline, please contact Adam at (914) 995-5132 to discuss other arrangements.*

Applications must be submitted by April 30, 2011.

1. Your name, mailing address, telephone no., and email address. Please indicate the best way to reach you during business hours.
2. Why do you want to be on the Board? (Please discuss what you would like to see the Board accomplish; any particular topic(s) or issue(s) in which you're interested; any other reasons you wish to serve on the Board)
3. In which of the following areas do you have skills or experience? Please provide brief details. (Note: Not having the skills/experience listed below will not disqualify you from being on the Board. We prefer to have such skills represented among Board members, but none of them is necessary to be a member.)
 - Serving on boards/committees
 - Policy work
 - Advocacy work
 - Web design
 - Writing
 - Administrative
 - Accounting, financial mgmt.
 - Event planning
 - Publicity, public relations

Questions 4-6 are optional

4. The Board will be made up of individuals who receive/have received mental health services and who identify as recipients. If you wish, please describe your experience as a recipient and how you feel this would inform your perspective while serving on the Board.
5. The Board will strive for a diverse membership in order to reflect the entire Westchester community. If you wish, please describe how your membership on the Board might help fulfill this mission.
6. Please include any other information that you would like to share as part of your application.