**MSHN Consumer Representative Application**

Mid-State Health Network (MSHN) desires to facilitate meaningful, region-wide consumer involvement by establishing Consumer Representation on MSHN’s Councils and Committees. The role will be to assist MSHN in strengthening and improving the quality-of-service delivery through review of policies, practices, key metrics related to improved health outcomes, new initiatives, and service availability. Consumer representatives will communicate the greater consumer experience with the aim of advocating for changes which will benefit the needs and interests of all MSHN consumers.

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| **Name and Address** |

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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| *First Name* | *Middle Initial* | *Last Name* |

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| --- | --- | --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  *Street* | *City* | *State* | *ZIP Code* |

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| **Phone Numbers and Email** |

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| Home: | Click or tap here to enter text. |  | Work: | Click or tap here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cell: | Click or tap here to enter text. |  | Fax: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Other: | Click or tap here to enter text. |

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| --- | --- |
| Email Address: | Click or tap here to enter text. |

Preferred Method for Contact (check one):

|  |  |  |
| --- | --- | --- |
|  [ ]  Home Phone |  [ ]  Cell Phone | [ ]  E-Mail |

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| Why would you like to be a MSHN Consumer Representative? |

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| Click or tap here to enter text. |

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| What community involvement, volunteer (past and present), education, and/or employment (if applicable) experience do you have that will help you to be a successful consumer representative? |
| Click or tap here to enter text. |

Have you ever served as a consumer advisor before? [ ] Yes / [ ]  No

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|  If yes, where and what was your role? |
| Click or tap here to enter text. |

How did you hear about the Consumer Representative opportunity for Mid-State Health Network (MSHN)?

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| Click or tap here to enter text. |

Is there anything that would prohibit you from fulfilling the duties of a Consumer Representative?

[ ]  Yes / [ ]  No

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| Click or tap here to enter text. |

Do you have any special accommodation needs? [ ]  Yes / [ ]  No

If yes, what are those?

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| Click or tap here to enter text. |

Do you foresee any obstacles in fulfilling the full two (2) year term commitment?

[ ]  Yes / [ ]  No

If yes, what are those?

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| Click or tap here to enter text. |

Do you have reliable transportation? [ ]  Yes / [ ]  No / [ ]  Sometimes

Do you have access to technology (such as a computer and wifi) to participate in online meetings

(Zoom/MS Teams)? [ ]  Yes / [ ]  No

If yes, do you need assistance to use? [ ]  Yes / [ ]  No

How many years of involvement/experience with Community Mental Health and/or Substance Use Disorder treatment services do you have? Click or tap here to enter text.

Which consumer population best characterizes your experience? (mark all that apply)

[ ]  Adult with a mental illness

[ ]  Adult with a developmental challenge

[ ]  Adult with a substance use disorder

[ ]  Parent/guardian of a child/children with mental illness

[ ]  Parent/guardian of a child/children with developmental challenge

Which MSHN council/committee are you interested in *(mark one)*?

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|[ ]  **MSHN Quality Improvement Council*** The Quality Improvement Council (QIC) seeks to inform the MSHN region and staff regarding quality improvement matters including but not limited to the development, implementation, and monitoring of the critical incident reporting system (deaths, emergency medical treatment and hospitalizations, etc.), assessment of member experiences, and timely access to and engagement with treatment.
 |[ ]  **MSHN Customer Service Committee** * The Customer Services Committee (CSC) seeks to maintain the regional consumer handbook and to support development, implementation, and monitoring of regional Customer Service requirements including but not limited to grievance complaints and local service appeals standards.
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*Compensation/Reimbursement: If you are selected to be a Consumer Representatives on a MSHN council/committee, you will be compensated for your time and reimbursed for mileage.*

**Please save completed application and email the application to:**

**Customerservice@midstatehealthnetwork.org**

**QUESTIONS???**

Contact

Dan Dedloff

MSHN Customer Service and Rights Specialist

dan.dedloff@midstatehealthnetwork.org