

Application for Membership
Consumer and Family Advisory Committee (CFAC)
Western Highlands Network

Please complete and return to:

*Donna Tatnall, CFAC
c/o Heidi Sears
Western Highlands Network
356 Biltmore Avenue
Asheville, NC 28801*

NAME _____

ADDRESS _____

AREA CODE AND TELEPHONE NUMBER _____

EMAIL _____

DISABILITY REPRESENTED:

___ MENTAL ILLNESS

___ CONSUMER

___ DEVELOPMENTAL DISABILITY

___ REPRESENTATIVE FOR ADULT

___ SUBSTANCE ABUSE

___ REPRESENTATIVE FOR CHILD

REASON FOR INTEREST IN SERVING ON THE COUNCIL: _____

DO YOU OR YOUR FAMILY MEMBER CURRENTLY RECEIVE SERVICES? _____

IF SO, FROM WHICH AREA PROGRAM? _____

ORGANIZATIONS WITH WHICH YOU ARE AFFILIATED:

PLEASE CHECK THE ITEMS BELOW THAT WOULD PRESENT A PROBLEM FOR YOU:

___ Transportation

___ Child Care or Care of a Family Member

___ Schedule including working hours, etc.

___ Other: (please list)

DO YOU HAVE EXPERIENCE REPRESENTING THE INTEREST AND NEEDS OF CONSUMERS AND THEIR FAMILIES?

Yes _____

No _____

PLEASE EXPLAIN IF "YES"

OTHER INFORMATION YOU WISH TO BE CONSIDERED:
