



County of Cumberland
Consumer and Family Advisory Committee

711 Executive Place Fayetteville, NC 28302-3069
Telephone (910) 222-6111 E-mail cfac@mail.ccmentalhealth.org

Welcome to the Consumer and Family Advisory Committee!

We really appreciate your interest in applying for CFAC membership, but in order to establish a common association, we need for you to know about us and we need to know about you.

We, the CFAC, act as an intermediary between consumers and the Cumberland County LME in suggesting and advising the LME for the best possible and person-centered way to serve the community in the areas of Mental Health, Developmental Disabilities, and Substance Abuse (MH/DD/SA). As stated in Session Law 2006-142, House Bill 2077 § **122C-170** third paragraph: “The [Cumberland County] CFAC shall reflect as closely as possible the racial and ethnic composition of the catchment area.”

“Person-centered planning supports mutually respectful and partnering relationships between providers/professional and individual/families, acknowledging the legitimate contributions of all parties.”

We appreciate the completion of the enclosed application as much as possible, since we value your much desired skills and we also value the participation and committee involvement of those individuals who are familiar with Mental Health, Developmental Disabilities, or Substance Abuse needs to promote our service to the community.

State Division’s Website

<http://www.ncdhhs.gov/mhddsas>

State Advocacy and Customer Service:

<http://www.dhhs.state.nc.us/mhddsas/consumeradvocacy/index.htm>

State Plan 2007-2010 web address

<http://www.dhhs.state.nc.us/mhddsas/stateplanimplementation/index.htm>

Rosemary Weaver, State CFAC Chair

kittycat308@aol.com

Cumberland County

Consumer and Family Advisory Committee (CFAC)

<http://www.mentalhealth.org>

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Sincerely,

CFAC Chair

CFAC Co-Chair



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Consumer and Family Advisory Committee membership application

Please complete all questions. **If not applicable, please write N/A** in the corresponding space
All responses may be subject to verification.

		Today's date:		20		
<i>Personal Information:</i>						
Last Name	Initial	First Name			Birth Date	
Street Address	City	State	Zip Code	Telephone Number		
				Cellular Number		
e-mail address						
<i>Requested Representation:</i>		Consumer <input type="checkbox"/>		Consumer's Family <input type="checkbox"/>		
Adult Consumer Section			Consumer's Family Section			
Mental Health <input type="checkbox"/>	Developmental Disabilities <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Developmental Disabilities <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>	
Do you have any affiliations with any organizations that may relate to or benefit the committee, the community, and your organization? If yes, please list. Yes <input type="checkbox"/> No <input type="checkbox"/>						
1.						
2.						
Do you have any experience in the advisement, counseling, or advocacy in the areas of Mental Health, Developmental Disabilities, or Substance Abuse? Yes <input type="checkbox"/> No <input type="checkbox"/>						
1.						
2.						
Foreign Language Fluency:		Read	Write	Speak		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
I, _____, an applicant to the Consumer and Family Advisory Committee, authorize the Cumberland County LME to conduct any verification(s) of the information provided in this application. I understand that if there is no membership available at this time, I will be notified and I will be encouraged to attend scheduled meetings as a non-voting member.						
I understand that I will participate and be member to the committee on a voluntary basis						
Signature			Date			