ODMH Consumer and Family Partnership Team (CFPT)

Consumer and Family Member Interest Survey	
Name	
Address	
Phone Number	
Email Address	
Please check all that apply: Mental Health Consumer ☐ Family Member ☐ Youth ☐	
Areas of interest in mental health that you would like to work with (check all that apply): ❑Client Rights ❑Children's Mental Health ❑Community Policy ❑Consumer Operated Services ❑Cultural Competency ❑Employment ❑Forensic Issues ❑Grant Reviews ❑Housing ❑Human Resources ❑Inpatient Services ❑Interview Panels ❑Licensure & Certification ❑Office(s) Staff Meetings ❑Research & Evaluation ❑Suicide Prevention ❑Veterans Issues ❑ Other Interests:	Why do you have interest in these areas? _____ _____ _____ _____ _____ _____ What experience do you have in these areas? _____ _____ _____ _____ _____ _____ _____ _____
In which Mental Health Board Area or County do you reside?	
Are you a member of a Consumer Operated Service/peer support/local NAMI chapter?	❑Yes -- If yes, list organization _____ ❑No
Are you able to drive to Columbus for meetings?	☐Yes ☐ No
If no, can you travel by bus?	☐Yes ☐ No
If no, do you know of someone who can transport you?	☐Yes ☐ No

Please return form to:
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