Office of Mental Health (OMH)/FTNYS Family Advisory Board Application

Thank you Parent/Guardian for your interest in becoming part of the Statewide Family Advisory Board. Please complete the questions below.

Personal Information

1. **Parent/Guardian First Name**

   Parent/Guardian Last Name

   Address (Street, Apartment, City, State, Zip) **Phone**

   County of Residence

2. **Gender** **Primary Language Spoken:**

   - ☐ **Woman**
   - ☐ **Man**
   - ☐ **NonBinary**
   - ☐ **Other**
   - ☐ **Prefer not to say**

3. **Which race/ethnic group do you identify with? Choose all that apply**

   - ☐ **Black/African American**
   - ☐ **White/European**
   - ☐ **Asian**
   - ☐ **Hispanic/Latino**
   - ☐ **Native American/Alaskan Native**
   - ☐ **Native Hawaiian / Pacific Islander**
   - ☐ **Middle Eastern or North African**
   - ☐ **Other**
   - ☐ **Prefer not to say**

4 **Are you a Provisional or Credentialed Family Peer Advocate?**

- [ ] Yes
- [ ] No
- [ ] I am not familiar with the Family Peer Advocate Credential

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Family Advisory Board (FAB) Applicant Questions

Your information will be kept confidential and shared only with Families Together in New York State (FTNYS) & the Office of Mental Health (OMH) for the purpose of this application.

5 **Are you a parent or guardian of a child/children/youth with a mental health challenge under the age of 18 ?**

- [ ] Yes
- [ ] No

6 **Please provide the names of your children/youth under the age of 18 who are involved in Children's Mental Health Services:**

7 **Please select the systems that your child/children/youth been involved with? Check all that apply.**

- [ ] Special Education
- [ ] Mental Health
- [ ] Developmental or other Disabilities
- [ ] Juvenile Justice
- [ ] Addiction (Substance Use Disorder)
- [ ] Child Welfare/Foster Care
- [ ] Other

8. **Please provide a brief description of your experience navigating services for your child's/children/youth.**

9. **Please explain why you are interested in becoming a member of the Family Advisory Board?**

10. **What unique perspectives and contributions would you bring as a parent/ caregiver of children/youth who have faced challenges ?**

11. **Based on your own experiences with your children and the services they have received, what ideas or changes would you suggest to help systems and providers better support families seeking help ?**

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12. **If accepted to the Family Advisory Board, the work will involve providing ongoing feedback and holding discussions with system leaders. Are you comfortable working in a team, obtaining knowledge of programs and policies and sharing your perspectives, experience and recommendations?**

- [ ] Yes
- [ ] No

13. **Are there any accommodations needed to support you in this work ? (Hearing impaired, language, vision or other challenges) - please explain below.**

14. **Are you able to commit to attend 6 meetings - 4 virtual and 2 in-person? (Please note In person meetings are held in Albany, NY)**

- [ ] Yes
- [ ] No

15 **Please list any advocacy activities, boards or organizations you are involved with that align with Children's Mental Health or other systems:**

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16 ## Consents

I consent to and authorize use, publication, and reproduction of any and all photographs, digital images, videotapes or recordings made of me, and the right to copyright and/or use, reuse, modify, and/or publish, republish photographic pictures, digital images, videotapes or recordings in conjunction with my name. I also give permission for the photographs, digital images, videotapes or recordings to be used in their entirety and/or edited versions, as deemed necessary, including the use of images on agency-operated websites. Furthermore, permission is also given for the photographs, digital images, videotapes, or recordings to be used at any time in the future without further clearance from me. I understand that choosing not to give permission will not affect the review of my application.

☐ **I have read the release and agreement above.**

Please provide/decline your consent.

☐ **Yes, I consent**

☐ **No**

Parent/Caretaker Signature

I understand that typing my name below serves as my official signature confirming that, to the best of my knowledge, the information I have provided in this application is true and accurate and consenting to the review of my application.

Signature (Type Full Name) **Date:**