

Nueces Center for Mental Health and Intellectual Disabilities
Application / Request for Appointment
Planning and Network Advisory Committee (PNAC)

Return to: Amalia Bustamante abustamante@ncmhid.org. 1546 S. Brownlee, Corpus Christi, TX 78404
Phone: 361-886-1054

Name: _____

Address: _____

Telephone #: _____ FAX #: _____ E:mail _____

1. Nueces County Resident: Consumer of Services: Family Member of Consumer:
 Yes No Yes No Yes No

2. Are you currently homeless or have you ever been in the past? Yes No

3. Community Member: Yes Agency / organization _____
Current position _____

4. Education: _____

5. Please indicate your ethnic background: (this question is being asked because we are striving for an ethnically balanced committee that will best represent the diversity of the community we serve)

Hispanic African-American White Other _____

6. Indicate your reasons for wanting to serve on this committee:

7. Indicate experience in business, clinical practice, consumer advocacy or other areas which you believe will benefit the committee:

8. Are you currently under contract to provide services for NCMHID? Yes No

If yes, describe: _____

9. Do you plan on entering into a contract with our Center in order to be a provider in the future? Yes No

If yes, describe: _____

10. The committee meets on the second Tuesday of each month from noon to 1:30 p.m. Will you be able to consistently attend? Yes No

11. Length of time available to serve: 1 Year 2 Years 3 Years

12. Please attach a resume (if available) or other information to support your application.

Print Name

Signature

Date