

# Region VI Behavioral Health Board

## Application for appointment to Region VI Behavioral Health Board

NAME:

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MAILING ADDRESS:

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PHONE:

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EMAIL ADDRESS:

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### CATEGORY OF MEMBERSHIP NOMINATION FOR REGION VI: (CHECK ALL THAT APPLY)

- COUNTY COMMISSIONER (3)
- IDHW EMPLOYEE REPRESENTING BEHAVIORAL HEALTH SYSTEM (2)
- PARENT OF A CHILD WITH SERIOUS EMOTIONAL DISTURBANCE (SED)
- LAW ENFORCEMENT OFFICER
- PARENT OF A CHILD WITH SUBSTANCE USE DISORDER (SUD)
- MENTAL HEALTH ADVOCATE
- SUBSTANCE USE DISORDER ADVOCATE
- ADULT SUD SERVICES CONSUMER REPRESENTATIVE
- ADULT METAL HEALTH (AMH) CONSUMER REPRESENTATIVE
- FAMILY MEMBER OF AMH CONSUMER
- FAMILY MEMBER OF SUD CONSUMER
- MENTAL HEALTH PROVIDER WITHIN REGION VI
- SUDS PROVIDER WITHIN REGION VI
- LICENSED PHYSICIAN/HEALTH PRACTITIONER
- HOSPITAL REPRESENTATIVE WITHIN REGION VI
- ELEMENTARY OR SECONDARY PUBLIC EDUCATION SYSTEM REPRESENTATIVE
- JUVENILE JUSTICE SYSTEM
- REPRESENTATIVE OF ADULT CORRECTIONS
- JUDICIARY SYSTEM REPRESENTATIVE

Please indicate briefly why you are interested in serving on the Region VI behavioral Health Board and how you will use your participation to take information back to your organization/community:

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Board Members who miss three consecutive meetings without good cause, and/or without prior notice, are deemed to have terminated their membership.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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Signature

PLEASE SUBMIT YOUR COMPLETED APPLICATION TO: LAURIE BRENCHLEY AT [LBRENCHLEY@SIPH.IDAHO.GOV](mailto:LBRENCHLEY@SIPH.IDAHO.GOV) OR MAIL TO: LAURIE BRENCHLEY  
1901 ALVIN RICKEN DR. POCATELLO, ID 83201. THANK YOU FOR YOUR INTEREST IN THE REGION VI BEHAVIORAL HEALTH BOARD.