



Application for Planning & Network Advisory Committee (PNAC)

(includes Mental Health, Intellectual and Developmental Disabilities, and Substance Use Disorder Services)

Thank you for your interest in volunteering with LifePath Systems Planning and Network Advisory Committee (PNAC). The following information will assist the Board of Trustees in selecting those individuals for PNAC membership who best represent the interests of the community that we serve. You may attach a resume if you wish. Applicants must be 18 years of age or older. Note that LifePath's Board requires that at least 51% of the advisory committee members be individuals receiving services and/or family members of individuals served.

Name: (Please Print) _____

Address: _____

City: _____ County: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

o Which of the following criteria applies to you? **(Check all that apply):**

- | | | |
|--|---|--------------------------|
| <input type="checkbox"/> Individual receiving BH or SUD Services | <input type="checkbox"/> Individual receiving IDD Services | <input type="checkbox"/> |
| <input type="checkbox"/> Family member of an individual receiving BH or SUD Services | <input type="checkbox"/> Family member of an individual receiving IDD Services | <input type="checkbox"/> |
| <input type="checkbox"/> Community Representative/Stakeholder/Advocacy Group. Please specify organization: _____ | <input type="checkbox"/> Individual who has experienced homelessness or housing instability | <input type="checkbox"/> |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

o Do you have a special interest in any of the following areas? **(Check all that apply):**

- | | | |
|--|---|--------------------------|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Legal | <input type="checkbox"/> |
| <input type="checkbox"/> Programs | <input type="checkbox"/> Medical | <input type="checkbox"/> |
| <input type="checkbox"/> Contracts | <input type="checkbox"/> Marketing | <input type="checkbox"/> |
| <input type="checkbox"/> Request For Proposal or Request For Application Process | <input type="checkbox"/> Government | <input type="checkbox"/> |
| <input type="checkbox"/> Quality Improvement | <input type="checkbox"/> Managed Care | <input type="checkbox"/> |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Business / Financial | <input type="checkbox"/> |

o Have you ever been convicted of a criminal offense or been listed as revoked on the misconduct registry?
 Yes No

o Are you now or have you been employed by a Local Mental Health/Behavioral Health Authority (LMHA/LBHA) or Local Intellectual or Developmental Disabilities Authority (LIDDA), community center or facility?
 Yes No

If yes, list the location, dates and department: _____

- Do you have any relatives currently working for LifePath Systems? Yes No

If yes, list the name and relationship: _____

- Are you, or any immediate relatives, currently under contract with LifePath Systems as a provider of goods or services? Yes No

If yes, please describe: _____

- Are you, or any immediate relatives, currently in an occupation or employed by a company which could conceivably benefit from any decisions made by the LifePath Systems' advisory committees?
 Yes No

If yes, please describe: _____

Please explain why you think your participation on the LifePath Systems Planning and Network Advisory Committee would be beneficial. Include any previous experience that you may have had with Mental Health, Intellectual & Developmental Disabilities, and/or Substance Use Treatment Services; other (special expertise, such as volunteerism, advocacy, etc.).

I understand that any convictions related to any sexual offense, drug related offense, murder, theft, assault, battery, or any other crime involving personal injury or threat to another person may make me ineligible for LifePath Systems PNAC committee membership. I understand that the names of all prospective committee members are to be cleared through the Texas Department of Public Safety to determine the existence of such records. Further, I understand that any real or perceived financial conflict of interest may also make me ineligible to LifePath Systems PNAC committee membership.

I understand that membership on an LifePath Systems PNAC advisory committee will require a commitment on my part to complete required member training, attend quarterly committee meetings, complete work assignments on time and bring the best of my capabilities to studying and understanding the issues presented before the committee. The contributions advisory committee members make have significant implications for the current and future business of LPS PNAC and services to the citizens of Collin County. This is a responsibility I promise to take seriously.

Applicant Signature: _____

Date: _____

Planning & Network Advisory Committee (PNAC)

Background Verification Form

DPS Computerized Criminal History (CCH) Verification

By checking this box, I confirm I understand a criminal history record will be performed. (required)

I, _____ have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services. (This fee may be waived by LifePath Systems.)

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

By checking this box, I confirm I understand that a fingerprint record search will be performed. (required)

APPLICANT EEO DATA FORM The information requested is required for conducting criminal history background checks, as well as for Equal Employment Opportunity purposes. This form will be separated from the application, and this information will not be considered for employment decisions.

Name: (Please Print) _____ Social Security #: _____

Driver's License Number: _____ Expiration Date: _____

State: _____ Date of Birth: _____ Gender: Male Female

***Ethnicity:**

- | | | | |
|---|--------------------------|--------------------------------|--------------------------|
| American Indian or Alaska Native | <input type="checkbox"/> | Asian (Not Hispanic or Latino) | <input type="checkbox"/> |
| Black or African American | <input type="checkbox"/> | Hispanic or Latino | <input type="checkbox"/> |
| Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> | White (Not Hispanic or Latino) | <input type="checkbox"/> |
| Two or More Races | <input type="checkbox"/> | | |

I understand the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment, but will be used solely for the purpose of obtaining criminal history record information.

Applicant Signature: _____

Date: _____