



**TULARE COUNTY
MENTAL HEALTH BOARD (TCMHB) APPLICATION**
5957 South Mooney Boulevard
Visalia CA 93277
(559) 624-7445
TCMHBoard@tularehhsa.org

A. APPLICANT INFORMATION

Applicant Name _____

Home Street Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Work Street Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____

Occupation: _____ F/T ☐ P/T ☐ Student ☐ Retired ☐ Volunteer ☐

Supervisory District: No. 1 ☐ No. 2 ☐ No. 3 ☐ No. 4 ☐ No. 5 ☐ (Visit: <http://tularecounty.ca.gov/board/>)

Languages spoken fluently: _____

B. MEMBERSHIP CATEGORY (Please check all that apply):

- ☐ Public Defined as a member of the general public.
- ☐ Consumer Defined as a person who has received mental health services.
- ☐ Family Defined as the close relative of a person who is receiving or has received mental health services
(Select all that apply):
- ☐ Parent ☐ Spouse ☐ Sibling ☐ Child

C. BACKGROUND AND INTERESTS (Please feel free to use additional sheets.)

1. What specific areas of interest do you have in mental health? (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Adult Services (25+ years) | <input type="checkbox"/> Lesbian, Gay, Bisexual, Transgender, & Questioning (LGBTQ) |
| <input type="checkbox"/> Children and Youth Services (0-15 years) | <input type="checkbox"/> Managed Care |
| <input type="checkbox"/> Transitional Age Youth (TAY) (16-24 years) | <input type="checkbox"/> MHSA |
| <input type="checkbox"/> Deaf and Hearing Impaired Persons | <input type="checkbox"/> Persons of ethnic minorities |
| <input type="checkbox"/> Education | <input type="checkbox"/> Quality Assurance |
| <input type="checkbox"/> Elderly Persons | <input type="checkbox"/> Suicide Prevention |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Legislative Advocacy | |

2. Have you had any involvement with persons who have mental illness? Yes ☐ No ☐

a. If yes, what has been your personal involvement? _____

3. Why do you want to serve on the Mental Health Board? _____

4. Summary of applicable experience (Job, personal, volunteer, community service, etc. Please attach a resume if you have one.) _____

D. AFFIRMATIVE ACTION

Date of Birth: _____

Sex: Female ☐ Male ☐

Person with disabilities: Yes ☐ No ☐

Ethnicity: African American ☐

Asian/Pacific Islander ☐

Hispanic/Latino ☐

Caucasian ☐

Native American ☐

Other _____

E. DESCRIPTION OF MENTAL HEALTH BOARD (MHB)

Mandated responsibilities (as defined by W & I Code § 5604.2):

- Review and evaluate the community's mental health needs, services, facilities, and special problems.
- Review any county agreements entered into pursuant to W & I Code §5650.
- Advise the governing body and the local mental health director as to any aspect of the local mental health program.
- Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
- Submit an annual report to the governing body on the needs and performance of the county's mental health system.
- Review and make recommendations on applicants for the appointment of local Mental Health director.
- Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council.

Members of the Mental Health Board are mental health advocates. They are representatives of their communities, the Tulare County Mental Health Board, and the Tulare County Board of Supervisors. Members are recruited to represent clients of Mental Health Services, family members, and the general public.

Political Reform Act of 1974: To ensure full disclosure to the public, members are required to disclose certain personal financial holdings that could be materially affected by their official actions. This requirement is fulfilled annually by completion of Form 700 of the Fair Political Practices Commission.

F. TIME INVOLVEMENT

Members are expected to attend monthly meetings unless excused by the Chairperson. Meetings are currently held on the 1st Tuesday of the month from 3:00 PM to 4:30 PM. TCMHB members may also expect to spend 2-10 hours per month on committee work. It is expected that members will facilitate an interchange with various interest groups in their respective communities, with the Mental Health Board, and with the Board of Supervisors. Members will also be expected to familiarize themselves with services by visiting programs. Members, as they are able, may also attend and become involved in conventions, conferences, and seminars presented by the department and supporting agencies. Mileage could be considered for reimbursement.

G. APPLICANT SIGNATURE

I understand the responsibilities and time commitment required of members of the Tulare County Mental Health Board. I am willing to serve and I do not have a conflict of interest. (Refer to TCMHB Bylaws at: www.tchhsa.org)

Applicant Signature

Date

When completed, please return to the address on the front of this application or email it to:
TCMHBoard@tularehhsa.org.

H. CONFLICT OF INTEREST

In general, no member of the board or his or her spouse may be a full-time or part-time employee of Tulare County Mental Health, the State Department of Health Care Services, or an employee of, or a paid member of the governing body of, a private entity, which contracts with the County to provide mental health services.

I certify that, except as provided below, neither I, nor my spouse, is an employee or paid board member of one of these entities.

Initials

There is an exception to this rule:

1. Are you an active or former consumer of Tulare County Mental Health?

Yes ☐

No ☐

If yes, continue to question 2.

If no, stop. Your application is complete.

2. Are you employed by Tulare County Mental Health, the State Department of Health Care Services, or a private entity which contracts with the County to provide mental health services?

Yes ☐

No ☐

If yes, continue to question 3.

If no, stop. Your application is complete.

3. What employer do you work for and what is your title?

4. Does your position have any interest, influence, or authority over any financial or contractual matter for your employer?

Yes ☐

No ☐

If yes, STOP. The exception does not apply to you.

If no, continue to question 5.

5. I understand that I need to advise the Mental Health Board of this affiliation.

Initials

6. I understand that if approved as a member, whenever an agenda item involves a financial or contractual matter concerning my employer I am to abstain from any discussion or vote on that item.

Initials

If you answered "Yes" to question 2 above, you must have approval by your employer to apply for membership to the Tulare County Mental Health Board, as it is the preference of the Mental Health Board that the applicant be in good standing with their employer. In addition, attendance to the meetings and committees may affect work schedules causing difficulty in the commitment necessary for membership. This requires completion of the Employer Information Section on the next page. Thank you for your consideration.



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I. EMPLOYER INFORMATION

Applicant Name: _____ Home Phone: _____ Work Phone: _____

FOR EMPLOYER TO COMPLETE *(only pertains to applicants who checked yes for Section H, Question 2)*

Is this applicant in good standing with your organization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Does this applicant hold a position which has any interest, influence, or authority over any financial or contractual matter for your organization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Supervisor Approval:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Applicant's Supervisor Signature

Date