

**Disability Rights Wisconsin - PAIMI Advisory Council (rev 2/2021)**

Disability Rights Wisconsin is Wisconsin’s Protection and Advocacy agency, part of a nationwide network of disability rights agencies mandated by Congress to provide advocacy services and legal representation on behalf of all persons with disabilities. DRW services include information and referral, short-term assistance, selected individual and legal representation, systemic advocacy, monitoring, and training. DRW has offices in Madison, Milwaukee, and Rice Lake.

**What Is the PAIMI Advisory Council?**

Since 1986, DRW and other Protection and Advocacy agencies have worked through the PAIMI program (Protection and Advocacy for Individuals with Mental Illness) to protect the human and civil rights of children and adults with serious mental health conditions. This work is supported by a PAIMI Advisory Council. The Council helps staff and board of directors of DRW set priorities for the PAIMI program and advises the board on policies and issues that affect people with mental illness. The Council also serves as a liaison to the communities its members represent.

**Who Can Serve on the PAIMI Advisory Council?**

The Council is committed to maintaining a strong consumer voice and requires that at least 50% of its members be people with the lived experience of mental illness, who are receiving or have received mental health services. The Council must include the parent of a minor child or youth who has received or is receiving mental health services, an attorney; a mental health professional; a provider of mental health services; and a member of the public who is knowledgeable about mental illness; advocacy needs of persons with mental illness; and has demonstrated a substantial commitment to improving mental health services. Individuals who are currently in a management position in a governmental entity responsible for providing direct mental health services; or in a management position at an agency that is under contract with any governmental entity to provide direct mental health services are prohibited from becoming members of the Council.

**What Are Council Member Expectations?**

The PAIMI Advisory Council meets at least three times per year. Members may also meet periodically to fulfill committee assignments. Council terms are for two years; members may be re-appointed for a second term. Council bylaws require us to recruit members from each region of the state so that the Council can have a statewide voice, and to have membership that reflects the racial and ethnic composition of the state. Travel, meals, hotel and other meeting expenses are reimbursed for Council members. At this time, meetings are virtual due to the pandemic.

The PAIMI Advisory Council does not currently have any open positions. We welcome applications and will consider them as the Council has open positions. We will prioritize the following:

- Person who has received or is receiving mental health services or the family member of a person who has received or is receiving mental health services.
- Candidates who reflect Wisconsin’s racial and ethnic diversity.
- Candidates from Fox Valley, Racine/Kenosha area or other areas not currently represented.

Interested candidates should complete and submit the application to [barbara.beckert@drwi.org](mailto:barbara.beckert@drwi.org).

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MADISON	MILWAUKEE	RICE LAKE	
131 W. Wilson St. Suite 700 Madison, WI 53703	6737 West Washington St. Suite 3230 Milwaukee, WI 53214	217 West Knapp St. Rice Lake, WI 54868	<a href="http://disabilityrightswi.org">disabilityrightswi.org</a>
608 267-0214 608 267-0368 FAX	414 773-4646 414 773-4647 FAX	715 736-1232 715 736-1252 FAX	800 928-8778 consumers & family

**Application Form** (rev 11/2020)  
**Disability Rights Wisconsin PAIMI Advisory Council**  
**Protection and Advocacy for Persons with Mental Illness**

**If you have questions, or wish to request an alternative format, please contact Barbara Beckert at [Barbara.beckert@drwi.org](mailto:Barbara.beckert@drwi.org). Disability Rights Wisconsin or call 414-292-2724.**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SEX:             MALE    FEMALE

AGE RANGE:     18 – 39             40 – 59             60 and over

I am a Wisconsin resident and live in \_\_\_\_\_ County. (mandatory)

**Please check all categories below that apply to you:**

I am a person who has received or is receiving mental health services.

I am a family member of a person who has received or is receiving mental health services.

If a family member, please state your relationship: \_\_\_\_\_

Note: If you are a parent of a minor child or youth receiving mental health services, note the child's age: \_\_\_\_

I am an attorney.

I am a mental health professional \_\_\_\_\_

I am a provider of mental health services \_\_\_\_\_

I am a person from the public who is knowledgeable about mental illness, the advocacy needs of people with mental illness and have demonstrated a substantial commitment to improving mental health services.

**My race/ethnicity is:**

Asian

Black, not of Hispanic/Latino origin

Hispanic/Latino

Pacific Islander

North American Indian or Alaskan Native

White, not of Hispanic/Latino origin

## **PAIMI Advisory Council Application Form – page 2**

Please answer the following:

1. Why do you want to participate on the PAIMI Advisory Council?
2. Describe your advocacy experience (advocating for oneself, a family member or others).
3. Priorities for the PAIMI program include advancing the rights of people with mental illness and supporting empowerment and recovery. What are your views about the rights of people with mental illness, empowerment, and recovery?
4. Describe your involvement on committees, organizations, conferences/trainings, etc. that address mental health issues. Please include the names of committees, organizations, etc.

5. Describe your educational/work experience or other lived experience that may be relevant to the work of the PAIMI Advisory Council.
  
6. Provide the name and phone number and or email address of two references who are knowledgeable about your advocacy efforts/involvement regarding mental health issues.
  
7. Do you bring other lived experience that would enhance the PAIMI Advisory Council such as service as a veteran, racial, ethnic or cultural diversity, gender or sexual orientation, etc?

**PLEASE READ AND SIGN:**

The PAIMI Advisory Council may request an interview which can be conducted either by phone or in person. If selected to serve on the PAIMI Advisory Council, I agree to participate in the PAIMI Advisory Council meetings and my participation may be by teleconference calls. I understand that if I am unable to attend official PAIMI Advisory Council meetings on a regular basis, that I may be removed. I also understand that I will be reimbursed for my travel costs in order to participate in the PAIMI Advisory Council activities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

You may submit this application by mail, fax, or email. **Email is preferred:**

Disability Rights Wisconsin  
 Attn: Barbara Beckert  
 6737 W. Washington St., Suite 3230  
 Milwaukee, WI 53214

Fax: 414-773-4647, attention Barbara Beckert Email: [Barbara.beckert@drwi.org](mailto:Barbara.beckert@drwi.org)