

## Join the Disability Rights New Mexico PAIMI Advisory Council (PAC)

Protection and Advocacy for Individuals with Mental Illness (PAIMI) is a program that has been operated in the state by Disability Rights New Mexico since 1986. The PAC is one of DRNM's initiatives to protect, promote and expand the rights of people with mental illness in New Mexico.

The PAC consists of persons with mental illness or their family members, professionals who work with persons with mental illness, attorneys, and members of the public who are knowledgeable about mental health issues. PAC members are from around the state and meet at least three times a year.

What the PAC does:

- Provide independent advice and recommendations to DRNM;
- Work jointly with DRNM's Board in the development of DRNM's policies and procedures;
- Report annually to the PAIMI governing authority;
- Provide input on DRNM's Priorities and Objectives.

DRNM provides the PAC with fiscal data, DRNM program reports, performance outcomes and policies and procedures. PAC members volunteer their time, but PAC-related travel expenses are reimbursed. We appreciate your interest in the PAC. If you wish to apply, please complete the following form and submit it by mail to:

Disability Rights New Mexico  
3916 Juan Tabo Blvd. NE  
Albuquerque, NM 87111

You may also scan the form and submit it by email to [info@drnm.org](mailto:info@drnm.org) with PAC in the subject line.

### DRNM PAIMI ADVISORY COUNCIL (PAC)

#### Application

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone(s) \_\_\_\_\_

Email: \_\_\_\_\_

Why do you want to be a member of the PAC?

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Have you, or someone you know, been affected by mental illness? \_\_\_\_\_

What activities/groups have you been involved with related to mental health issues?

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Check all that apply:

I am a current/former recipient of mental health services.

I am a parent/family member of a recipient of mental health services.

I am a mental health provider/professional.

Agency and Title \_\_\_\_\_

Attorney

Individual knowledgeable about mental health issues. Please explain:

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Were you referred to DRNM's PAC? If you wish, please identify the person who referred you. \_\_\_\_\_

Signature: \_\_\_\_\_

Thank you. You will hear from us shortly.