**Community Mental Health Services Block Grant 2018 Site Visit**

**Consumer and Family Member Discussion**

**Requests to Participate**

**Date: Wednesday February 28, 2018**

**Time: 10:00am-12:30pm**

**Location: Strawberry Square, Commonwealth Towers 12th Floor, Harrisburg, PA**

The Office of Mental Health and Substance Abuse Services (OMHSAS) is seeking individuals who have received services and family members of individuals who have received services to participate in a Consumer and Family Discussion with a representative of the Substance Abuse and Mental Health Administration (SAMHSA) as a part of the Community Mental Health Services Block Grant 2018 Site Visit. Participants may attend in person at the OMHSAS Office in Strawberry Square, Harrisburg, PA or via tele conference. Please note, a separate meeting is scheduled for the Mental Health Planning Council to provide feedback as a part of this site visit. SAMHSA is requesting that the individuals/families members in the Consumer and Family Group Discussion NOT be Planning Council Members. However, OMHSAS would welcome referrals from Planning Council Members.

SAMHSA has also requested that individuals/family members participating in this discussion represent a broad demographic. In order to ensure this, OMHSAS is requesting all interested individuals complete the attached survey. **Requests to participate may be returned to Jill Stemple at** **jistemple@pa.gov** **no later than Friday February 15, 2018.** Questions may also be addressed to Jill Stemple by calling 717-409-3790.

**Contact Information**

Full Name: Click here to enter text. Title (if applicable): Click here to enter text.

Preferred Name: Click here to enter text. Preferred Pronouns: Click here to enter text.

Phone Number: Click here to enter text.

E-mail Address: Click here to enter text.

**Demographic Information**

*The following information is required to assure that the demographic diversity of individuals receiving public mental health and substance abuse services in Pennsylvania is reflected in this discussion.*

County of Residence: Click here to enter text.

Year in which you were born: Click here to enter text.

I am a/an:

[ ]  Current or former recipient of mental health services

[ ]  Current or former recipient of mental health services and drug and alcohol services

[ ]  Parent of a child who is a current or former recipient of mental health services

[ ]  Family member of an adult who is a current or former recipient of drug and alcohol services

|  |
| --- |
| Please describe your military background: |
| [ ]  Veteran of the Armed Services  | [ ]  Active Duty |
| [ ]  Active Reserves | [ ]  Other Click here to enter text. |
|  |
| With which gender do you most identify? |  |
| [ ]  Female | [ ]  Transgender Female |
| [ ]  Male | [ ]  Transgender Male  |
| [ ]  Non-Conforming | [ ]  Self-Identify Click here to enter text. |
|  |
| With which sexual orientation do you most identify? |
| [ ]  Asexual | [x]  Lesbian |
| [ ]  Bisexual | [ ]  Queer  |
| [ ]  Gay | [ ]  Questioning |
| [ ]  Straight (heterosexual) | [ ]  Intersex |
| [ ]  Prefer not to answer | [ ]  Self-Identify Click here to enter text. |
|  |
| Ethnicity and Race (check all that apply) |
| [ ]  American Indian or Alaska Native | [ ]  Native Hawaiian or Other Pacific Islander  |
| [ ]  Asian | [ ]  Hispanic/Latina/Latino  |
| [ ]  Black or African American | [ ]  White |
| [ ]  Unknown | [ ]  Self-Identify ­Click here to enter text. |