



**THE CENTER**  
**FOR HEALTH CARE SERVICES**  
*Mental Health & Substance Use Solutions*

Where hope and healing begin.

**APPLICATION FOR THE CENTER ADVISORY COMMITTEE (“CAC”)**

6800 Park Ten Blvd. Suite 200-S, San Antonio, Texas 78213  
 Phone: (210) 261- 2427

TITLE (OPTIONAL): MR. MRS. MS. DR. REV. Today's Date: \_\_\_\_\_

LASTNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER (OPTIONAL): MALE FEMALE

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Please choose one of the following categories to describe yourself (as required by contract with TX Department of State Health Services):**

- MH consumer                      Family member, not consumer                      Legally Authorized Representative (LAR)
- IDD consumer                      A Advocate, not family/consumer

**How do you identify ethnically/racially (optional)?**

Latin/Hispanic    Anglo    Black    Asian Pacific Islander    Native American    Alaskan Native

Meetings conducted in English, but do you speak other languages (optional)?

Spanish    American    Sign    other    \_\_\_\_\_

**Briefly describe why you want to serve on the CAC and how the Center, its consumers, family members, and stakeholders would benefit from your appointment (e.g. experience with mental health treatment and issues, treatment and issues concerning intellectual and developmental disorders, substance abuse treatment and issues, healthcare planning or public health policy, financial planning, contracts and procurement, serving on strategic/advisory councils or boards, etc.).**

---

---

---

---

---

---

---

---

---

---

---

---

**I understand that CAC membership will require a commitment on my part to complete required member training, attend committee meetings, complete committee work assignments on time, and bring the best of my capabilities to studying and understanding the issues presented before the Committee. CAC members will provide advice that will have significant implications for the current and future business of The Center for Health Care Services and the services it provides to the citizens of Bexar County. This is a responsibility I promise to uphold.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_