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www.oregon.gov/OHA/HSD

Oregon Health Authority
Children's System Advisory
Council Member Application

Date: _____

Applicant Name: _____

Pronouns: _____

Mailing Address: _____ City: _____ Zip: _____

Telephone: _____

Cell Phone: _____

Email: _____

I am interested and eligible to serve on CSAC as a (if more than one, please indicate your top three choices):

- Young Adult who is receiving (or has received) behavioral health services
Family member of children/youth with a serious emotional disorder who is receiving/or received) mental health services
Foster family
Advocate/natural supports/community partners – Agency Name (if applicable):
Representative of a Federally Recognized Tribe – Name of Tribe:

- Service Provider – Agency Name: _____
- Addiction Program for adolescents or Young Adults
- Addiction Program for families
- Child Welfare (Policy)
- Community-based prevention or early intervention program
- Community Behavioral Health/County Behavioral Health Program
- Coordinated Care Organization (rural)
- Coordinated Care Organization (urban)
- County Juvenile Justice
- Department of Education
- Oregon Department of Educational Services
- Children’s Intellectual/Developmental Disabilities Services
- Early Childhood Services
- Oregon Children’s Alliance
- Oregon Council of Child and Adolescent Psychiatry
- Oregon Youth Authority
- Oregon Family Support Network
- Oregon Consumer Advisory Council
- Portland State University/ Research & Training
- Primary Care
- Residential Treatment Facility/Program (Acute or Long-Term)
- Youth ERA-Oregon

1. Please describe why you would like to become a member of CSAC.

2. Please describe the skills, knowledge and strengths you bring to CSAC:

3. How have you been involved with services and supports for children, youth or young adults and families?

4. CSAC values and seeks to promote equity, diversity and inclusion in order to ensure that the council represents and advocates for all Oregonians. What lived experience, knowledge or perspectives would you bring to CSAC, that could promote equity, diversity and inclusion at CSAC?

5. Are you able to attend regularly scheduled meetings? 10 meetings a year from 9:30-12:30, in Salem or virtually: yes no

6. Will you need assistance with translation, accommodation, or signing? yes no

7. Committee members are expected to be present for the majority of all scheduled CSAC meetings, which includes active participation on subcommittees when needed. Your signature on this application indicates your willingness, desire and ability to serve on the Committee, if appointed.

Signed: _____ Date: _____

We thank you for your interest!

Send completed membership application to: Jula.Krewson@dhsosha.state.or.us

Applications will be reviewed by the executive committee meeting (1st Thursday of the month).