

**Oregon Health Authority  
Children's System Advisory Council (CSAC)  
Member Application**

Date:

Applicant name:

Pronouns (optional):

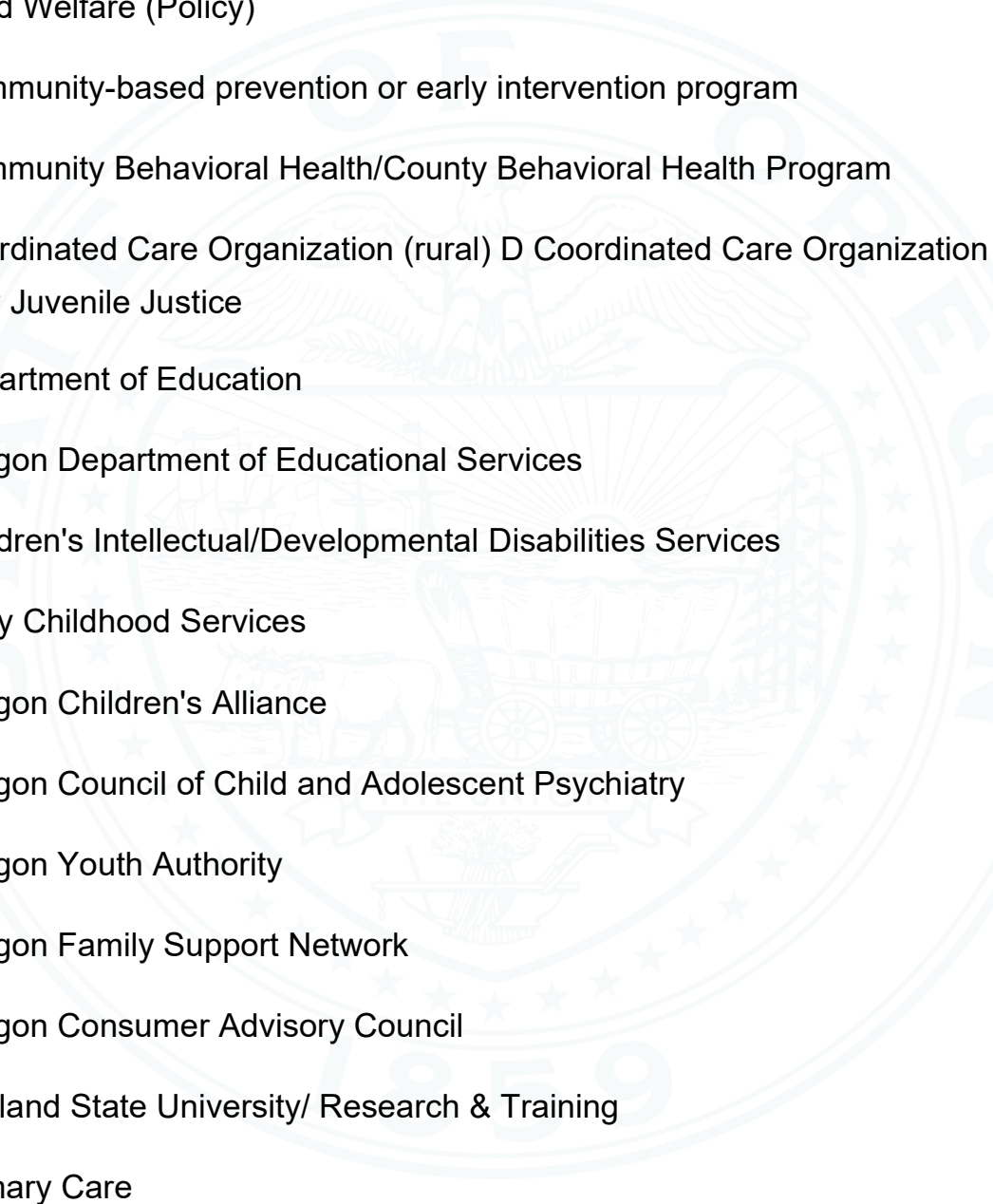
Mailing address:

Phone:

Email:

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

- ☐ Young adult who is receiving (or has received) 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
- ☐ Representative of a Federally Recognized Tribe
- ☐ Service Provider

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- ☐ 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) D Coordinated Care Organization (urban) D  
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

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

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

Have you been involved with services and supports for children, youth, or young adults and their families?

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?

Are you able to attend regularly scheduled virtual quarterly meetings?

Will you need assistance with translation, accommodation, or signing?

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 questions and completed membership application to:  
[Tamara.Bavaro2@oha.oregon.gov](mailto:Tamara.Bavaro2@oha.oregon.gov)

Applications will be reviewed within one month