

New Applicant Supplemental Questionnaire

In addition to providing a detailed cover letter indicating your preference to be a representative on the Minnesota Behavioral Health Planning Council (BHPC), please complete this supplemental questionnaire as part of your application process. Completion of this questionnaire **is required** and must be submitted with your cover letter to be considered for the current open positions. Navigate the form using the tab key.

Please upload this questionnaire to the [BHPC Board/Commission site](#), along with your cover letter.

BHPC Membership Composition

The Behavioral Health Planning Council has the following goals to assure membership is comprehensive and meets the federal requirements.

- 51 % or more of the membership will be persons with lived experience of mental health, persons in recovery from substance use disorders, family members, and advocacy organizations
- 49 % or less of the membership will be providers, state agencies and federally recognized tribal representatives
- Equal representation of substance abuse and mental health
- Balanced representation of prevention, treatment and recovery
- Balanced regional representation (urban, rural, and frontier)
- Balanced representation of race, ethnicity, age and gender
- Balanced representation across children, adolescents, young adults and adults



Behavioral Health Planning Council

Person and Demographic Information

Demographics here are to ensure diverse membership composition. Please answer accordingly.

Name:

Home Address:

City:

State:

Zip Code:

County:

Age:

What is your gender identity?

Telephone:

E-mail:

The Behavioral Health Planning Council is seeking to increase representation from Diverse Racial, Ethnic population(s). Which category best describes you or what is your racial background?

White (Eg: German, Irish, English, Italian, Polish, French, etc)

Hispanic, Latino or Spanish origin (Eg: Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian, etc)

Black or African American (Eg: African American, Jamaican, Haitian, Nigerian, Ethiopian, Somalian, etc)

Asian (Eg: Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, etc)

American Indian or Alaska Native (Eg: Navajo nation, Blackfeet tribe, Mayan, Aztec, Native Village or Barrow Inupiat Traditional Government, Nome Eskimo Community, etc)

Middle Eastern or North African (Eg: Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc)

Native Hawaiian or Other Pacific Islander (Eg: Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, etc)

Mixed/multiple ethnic groups (Eg: Black African and White, White and Black Caribbean, Asian and White, Any other mixed/multiple ethnic background, etc) Please specify:

Specific ethnic origin/group:



Behavioral Health Planning Council

I am a

Family Member from a Diverse Racial or Ethnic population(s).

Provider serving a Diverse Racial or Ethnic population(s).

I have no affiliation with Diverse Racial or Ethnic population(s).

I am a(n)

Individual from the LGBTQAI+ Population

Family member of an LGBTQAI+ person.

Provider for the LGBTQAI+ Population.

I have no affiliation with the LGBTQAI+ Population.

Applicant Signature:

Date: