



## Consumer and Family Advisory Committee (CFAC) Application

### Save time, submit online!

Instead of completing this PDF, you can now submit this information online at [AllianceHealthPlan.org/forms/2](https://AllianceHealthPlan.org/forms/2).

Alliance CFAC promotes a community-based support system that seeks to have each person reach his or her full potential. This committee of individuals and family members gives voice to the interests and opinions of persons with needs related to mental health, intellectual and developmental disabilities, traumatic brain injury, and substance use. It embraces the dignity of all residents in our communities so that each person may achieve his or her highest level of responsibility in the community. It promotes the empowerment of individuals and the active involvement of family members.

Adult individuals are qualified to be advisory members of the committee if they or a member of their family is a consumer of mental health, intellectual and developmental disabilities, substance use disorder, or traumatic brain injury services.

You can learn more about CFAC or apply online at [AllianceHealthPlan.org/about/governance/consumer-and-family-advisory-committee-cfac/](https://AllianceHealthPlan.org/about/governance/consumer-and-family-advisory-committee-cfac/). Alternatively, you can complete and submit this paper form via email or snail mail.

### General information

Full name \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

Address line 1 \_\_\_\_\_ Address line 2 \_\_\_\_\_  
Street, P.O. Box, etc. Suite, Building, etc.

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Postal code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

What disability/disabilities do you represent?

☐ Mental Health ☐ Substance Use ☐ Intellectual/Developmental ☐ Traumatic Brain Injury

Are you a Person with Lived Experience ☐ or a Family Member? ☐

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Briefly explain why you are interested in participating on the Alliance Health CFAC:

### Submission instructions

**Online:** If you completed your application online, you should receive a confirmation to the email provided, and no additional steps are required.

**Email:** If you completed the paper form, please scan your CFAC application and email to [CHWBReferrals@alliancehealthplan.org](mailto:CHWBReferrals@alliancehealthplan.org).

**Mail:** You may also mail your application to Alliance Health, c/o CFAC, 5200 West Paramount Parkway, Suite 200, Morrisville, NC 27560.

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Thank you for your interest!

After we receive your submission, someone from Alliance Health will contact you regarding next steps.