



Bexar CARES System of Care Community or Family Participant's Application

Bexar CARES (Coordinated Access to Resources Equals Success) is looking for community partners who care about mental health and mental wellness to be involved in a group with the purpose of making decisions and/or contributing ideas to shaping a System of Care (SOC) for children and youth who are experiencing or at risk of behavioral/mental health concerns, and their families.

If you are interested in working to guide the development, enhancement and implementation of the Bexar CARES System of Care (SOC) in Bexar County, you can participate as a:

Governance Council Member: Individuals and organization representatives who are community leaders nominated from the Stakeholders group. Council members are required to uphold the mission of the Council; commit to developing and implementing action plans; serve on at least one subcommittee to support this work; participate in required training; attend at least 75% of the Governance Council meetings in person or on-line; and invest time in preparing for the meetings and responding to timelines.

Stakeholder: Community or Family Member who has an interest or is invested in promoting the behavioral/mental wellness of children, youth, and their families; and has the opportunity to participate in quarterly meetings.

Parent/Family Network Member: Individuals and Family Members who have lived experience in utilizing the mental health system and are interested in becoming involved in the SOC work sharing their experiences, giving testimonies, supporting social marketing efforts, getting training to help other families, and meeting with other parents and caregivers to support each other.

Application Date:

Area(s) of Interest: Governance Council Member Stakeholder Parent/Family Network

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Type of Participation: <input type="checkbox"/> Individual or Family | |
| Name: | |
| E-Mail: | Phone #s: Work: Cell: Fax #: |
| Address: | |
| City: | Zip: |
| Type of Participation: <input type="checkbox"/> Organization | |
| Organization name: | Web Page Address: |
| Type of organization: <input type="checkbox"/> Non-profit organization <input type="checkbox"/> For-profit organization <input type="checkbox"/> Child Serving Agency | |
| Do you provide services related to children's behavioral or mental health? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| If yes, please list or attach list: | |
| | |

Primary Organizational Contact (this person will be designated as a participating member and will be authorized to vote on behalf of the organization if serving as a Governance Council member):

Name:

Title:

E-Mail:

Phone #s: Work:

Cell:

Fax #:

Company Address:

City:

Zip:

Please complete the application below and attach additional pages as necessary.

1) In just a few sentences tell us about your experiences and involvement on children's behavioral or mental health.

2) How do you feel you can contribute to this work?

3) What strengths do you bring?

4) Tell us about any other reasons for wanting to get involved with Bexar CARES.

5) Do you have family members who are affected by behavioral health needs or mental illness? Yes No

Thank you for your interest!

Please submit your completed application by:

Electronic Mail at: bexarcares@gmail.com

Regular Mail to: Bexar CARES System of Care Project
Attention: Leanne Lindsey, MA, LPC-S
104 Story Lane
San Antonio, Texas 78223