



Initial/Annual Conflict of Interest Disclosure for Board Members

Name: _____ Date: _____

Address: _____ City: _____ ZIP: _____

Occupation: _____

Home phone: _____ Business phone/Cell: _____

E-mail: _____

Social Security Number: _____ Date of Birth: _____

I am an Allegan County resident

The Michigan Mental Health Code 330.1222 requires certain kinds of board representatives. Please select the item(s) that apply to you and describe how you represent that item:

I am a provider of mental health services: _____

I am employed or am in an occupation with working involvement with mental health services: _____

I am a member of the general public" _____

I am a public official (defined as individuals serving in an elected or appointed public office or employed more than 20 hours per week by an agency of federal, state, city, or local government, including public schools or colleges or universities: _____

I am a recipient or primary consumer of mental health services (defined as an individual who has received or is receiving services from a community mental health services program or from the private sector equivalent to those offered by the Department or a community mental health services program.): _____

I am a family member of a recipient/primary consumer of mental health services (defined as a parent, stepparent, spouse, sibling, child, or grandparent of a primary consumer, or an individual upon whom a primary consumer is dependent for at least 50% of his/her financial support.): _____

Please list your membership on other boards or commissions: _____

Initial/Annual Conflict of Interest Disclosure for Board Members (continued)

The Michigan Mental Health Code prohibits a person from serving as a community mental health board member if **(1) he/she is a party to a contract with the community mental health services program or (2) administers or directly benefits financially from a contract with the community mental health services program or (3) serves in a policy-making position with an agency under contract with the community mental health services program.** A list of current OnPoint contractors (<https://mirecovery.org/allegancmh/>) is posted at www.onpointallegan.org under "Board" tab.

Do any of these limitations apply to you? Yes No. If yes, please explain: _____

Initial each of the following:

- _____ I have read the OnPoint's Bylaws and Board Policies (available at www.onpointallegan.org, under the "Board" tab) concerning Conflict of Interest (see: OnPoint Bylaws, Art. VIII, Policy #201, Sec. III).
- _____ I agree to comply fully with these terms and conditions at all times during my service as an OnPoint Board member.
- _____ I will comply with Federal regulations to obtain, maintain, disclose, and furnish required information about ownership and control interests, business transactions, and criminal convictions as specified in 42 CFR 455.104-106.
- _____ Pursuant to CFR language, I give the State permission to review ownership and control disclosures submitted by me.
- _____ If at any time, following the submission of this form, I become aware of any actual or potential conflicts of interest, or if the information I provided becomes inaccurate or incomplete, I will promptly notify the Board Chairperson in writing.

Board Member's Signature / Date

Please print your name