

OnPoint
Conflict of Interest Disclosure for Board Members

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Occupation: _____

Home phone: _____ Business phone/Cell: _____

E-mail: _____

Are you 18 or older? ☐ Yes ☐ No Are you an Allegan County resident? ☐ Yes ☐ No

Per the Michigan Mental Health Code 330.1222, certain categories need to be represented on the Community Mental Health Board. Please check the categories which you believe apply to you and please explain how you represent that category.

☐ Provider of mental health services _____

☐ Agency/occupation having a working involvement with mental health services _____

☐ General public (brief job description) _____

☐ 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.) _____

☐ 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.) _____

☐ Family 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: _____

The Michigan Mental Health Code prohibits a person from serving as a community mental health board member if **(1) employed by the MDHHS or the community mental health services program, (2) he/she is a party to a contract with the community mental health services program or (3) administers or directly benefits financially from a contract with the community mental health services program or (4) serves in a policy-making position with an agency under contract with the community mental health services program.** Links to rosters of current contractors are available on the OnPoint website at www.onpointallegan.org/board-center/

- Do any of these situations apply to you?

[] No.

[] Yes. If yes, please explain: _____

I have read the OnPoint's Bylaws and Board Policies (available on website www.onpointallegan.org, under "Board" tab) concerning Conflict of Interest (OnPoint Bylaws, Art. VIII, Policy #201, Sec. III), and agree to comply fully with these terms and conditions at all times during my service as an OnPoint Board member. 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