

# CENTRAL SERVICE AREA AUTHORITY (CSAA) BOARD

## Recommendation to the CSAA Board of Directors

### For the person making this recommendation

Name \_\_\_\_\_

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

I recommend the following person as a candidate to fill a regional or an "at large" Board vacancy.

Candidates Name: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

City \_\_\_\_\_, or County (rural): \_\_\_\_\_

Which of the following categories qualify the candidate to serve on the Board? Check all which apply:

1. Consumer \_\_\_\_\_
2. Family Member \_\_\_\_\_
3. Native American Tribal Member \_\_\_\_\_
4. Advocacy Groups \_\_\_\_\_
5. Peer Support \_\_\_\_\_
6. Mental Health Provider \_\_\_\_\_  
Hospital, Medical Centers or Clinics \_\_\_\_\_
7. Criminal Justice System including Sheriff Department, Detention Officers, County Attorney, Court Services \_\_\_\_\_
8. County Commissioner \_\_\_\_\_
9. Mental Health Center \_\_\_\_\_
10. Crisis Services \_\_\_\_\_
11. Children's Mental Health Service Providers \_\_\_\_\_
12. Veterans \_\_\_\_\_
13. Private Providers including Psychologists and Therapists; \_\_\_\_\_
14. Substance Abuse Treatment Providers \_\_\_\_\_
15. Education \_\_\_\_\_
16. Vocational Rehabilitation \_\_\_\_\_
17. Housing \_\_\_\_\_;
18. Children's Mental Health Advocates \_\_\_\_\_
19. Children's Mental Health Providers \_\_\_\_\_
20. Member of a **LOCAL ADVISORY COUNCIL** specify location \_\_\_\_\_
21. Other Stake Holder, please specify \_\_\_\_\_

Why do you recommend this person as a candidate for the CSAA Board (Use Reverse side if necessary)

---

Please return to Thomas A. Peluso before March 27, 2015 (745 Mary Road, Bozeman, MT 59718) or [tompeluso@msn.com](mailto:tompeluso@msn.com) If you have any question, feel free to email or call me (406) 585-8959