Canadian Mental Health Association
Halton
Mental health for all

Client and Family Advisory Committee Expression of Interest

Thank you for your interest in joining the CMHA Halton Client and Family Advisory Committee (CFAC). The CFAC is specifically for:

- Individuals who have personally experienced mental health and/or substance use challenges
- Family members or caregivers who have supported a loved one through these experiences

We are committed to meaningfully engaging people with lived or living experience and their supporters. Together, we will work to ensure that the services and programs we deliver are people-centred, high-quality, and accessible.

The CFAC will include up to 12 members. Each member will serve a two-year term, with the option to renew.

Personal Information

- **Full Name:**
- **Preferred Name (if different):**
- **Pronouns:**

Motivation and Experience

1. **Why are you interested in joining the CMHA Halton CFAC?**
   Please describe your motivation and what you hope to contribute.

2. **What experiences, perspectives/interests, or identities do you bring that would enrich the CFAC's work?**
   This may include lived experiences, professional background, volunteer work, or personal insights/interests.

3. If you are comfortable, please share your lived/living experience and the services you or a family member/someone you have supported have accessed.

4. **Have you previously participated in a CFAC?**

   ☐ Yes

   ☐ No

   If yes, please briefly describe your involvement:

5. **What areas related to mental health and/or addictions programs and services are you most passionate about?**
   Examples: Ease of access, how services are delivered, gaps in services in the Halton community, quality of services available

Availability and Commitment

6. **Are you able to commit to attend meetings at least 2-3 times per year?**

   ☐ Yes

   ☐ No

   ☐ Maybe

   Please specify any scheduling constraints or preferences.

Additional Information

7. **Is there anything else you'd like us to know about you or your interest in the CFAC?**
   Optional