

APPLICATION
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
COUNTY BOARD MEMBER

Name: _____

Address: _____
(must be a legal resident of the county to which you are making application)

Phone Number: _____ Email address: _____

Please list prior and/or current experience with community organizations/activities including both those involved with human services and those pertaining to other areas:

Why are you making application to serve as a county Department of Health and Human Services Board member?

As a county DHHS board member are you expected to perform the functions listed below. Please check all with which you believe you are able to comply.

LEGAL RESPONSIBILITIES:

_____ Attend monthly scheduled county Department of Health and Human Services Board meetings.

Where appropriate, work to fulfill responsibilities with regard to:

_____ - representing DHHS to my community

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_____ - act as an agent for county commissioners in the development of coordinated approaches to the delivery of social services as needed

_____ - cooperate with state DHHS, and public and private social services agencies within the county as needed

_____ - join in cooperative efforts to ensure programs are administered in total compliance with state and federal laws

- _____ - work to ensure that locally funded programs are administered in compliance with local requirements and are not incompatible with basic state and federal regulations

LOCAL COMMUNICATIONS AND CONTACT:

- _____ Maintain an active and open contact with local citizens in order to reflect the needs and concerns of my community.
- _____ Maintain an active and open communication link with government officials at both county and state levels.
- _____ Act as spokesperson for DHHS to local groups regarding welfare programs and issues.
- _____ Conduct an annual review of social services programs operating in my county.
- _____ Review and submit recommendations on all purchase of service contracts for programs administered by state DHHS that involve contracts from eligible public or private agencies within the county.

INVOLVEMENT WITH MICHIGAN COUNTY SOCIAL SERVICES ASSOCIATION:

(MCSSA is a statewide organization, addressed in statute as the organization to provide advice to the state director of the DHHS, and the professional organization to which you become a member when appointed to the county DHHS board.)

- _____ - participate in district meetings
- _____ - participate in a committee of the association
- _____ - serve on the MCSSA board or as an officer of the association
- _____ - attend MCSSA conferences and training seminars (twice annually)

PERSONAL DEVELOPMENT:

- _____ Read materials concerning board issues and come fully prepared to board meetings
- _____ Act in concert with the full board unless authorized by the board to do otherwise
- _____ Support action of the full board in public, even if I disagree with decisions

DIRECTOR/BOARD RELATIONSHIP:

- _____ Play an active role in the selection of the director
- _____ Evaluate the director at six months and annually thereafter
- _____ Make every effort possible to learn how, in conjunction with fellow board members, to be conscious of county organizational needs in order to assist in resolving conflicts and meeting needs