



GAVIN NEWSOM
GOVERNOR

State of California—Health and Human Services Agency
Department of Health Care Services



WILL LIGHTBOURNE
DIRECTOR

**PROPOSITION 64 ADVISORY GROUP
MEMBERSHIP APPLICATION REQUEST FORM**

Please submit the following information to DHCSProp64@dhcs.ca.gov by **August 27, 2021** if you wish to be considered for participation in DHCS' Proposition 64 Stakeholder Advisory Group.

The Proposition 64 Advisory Group membership will be limited to ensure a productive discussion environment; however, all meetings will be open to the public. DHCS will reply to all submissions to confirm that an application is received. Once decisions are accepted, applicants will be notified by e-mail by **September 30, 2021**.

Applicant's Name:

Phone Number:

Email Address:

Applicant's Organization Affiliation:

DHCS seeks representation from individuals with youth substance use disorder (SUD) prevention and treatment experience from the following entities.

Select entity type (check all that apply):

- Parent association and/or parents advocating for youth
- Organization representing youth disproportionately affected by the War on Drugs
- County or provider organization
- Family therapy and counseling provider
- Foster youth organization
- Health foundation
- Physician who treats SUD
- Professional education association
- SUD treatment researcher
- Tribal provider, association or advocate

- Youth and/or transitional age youth (TAY) leaders
- Volunteer health organization
- Organization working with youth with disabilities experiencing SUD/MH issues
- Other: Please specify _____

Describe your background and interest in youth SUD prevention and treatment, and how you would inform us as a potential member of this advisory group (150 words or less):

Disqualification from Receipt of Proposition 64 Grants

By checking this box, I assure DHCS that I understand that participating as a member of the Proposition 64 Advisory Group precludes me from applying for any grant funding related to this effort.

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