

Region VII Behavioral Health Board
Application for Appointment to Board



Applicant's Name: Katie Dodge
Mailing Address: 649 N. 2450 E St. Anthony, Id 83445
Home Phone: 208-520-3204 Work Phone: 208-624-3416 ext 9005
E-mail Address: Katied@sd215.net

Category of Membership Nomination for Region VII: (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> County Commissioner (3) | <input checked="" type="checkbox"/> Elementary or Secondary Public Education System |
| <input type="checkbox"/> IDHW Representative of Behavioral Health System (2) | <input type="checkbox"/> Parent of a Child with Serious Emotional Disturbance |
| <input type="checkbox"/> Hospital Representative within Region | <input type="checkbox"/> Parent of child with SUD |
| <input type="checkbox"/> Licensed Physician/Health Practitioner | <input type="checkbox"/> Family Member of a MH consumer |
| <input type="checkbox"/> Mental Health Provider within Region | <input type="checkbox"/> Family Member of a SUDS consumer |
| <input type="checkbox"/> SUDS Provider within Region | <input type="checkbox"/> Adult Mental Health consumer representative |
| <input type="checkbox"/> Juvenile Justice System | <input type="checkbox"/> Adult SUD services consumer representative |
| <input type="checkbox"/> Adult Corrections | <input type="checkbox"/> MH Advocate |
| <input type="checkbox"/> Judiciary | <input type="checkbox"/> SUD Advocate |
| <input type="checkbox"/> Law Enforcement Officer | <input type="checkbox"/> Prevention Specialist |

Please indicate briefly why you are interested in serving on the Region VII Behavioral Health Board and how you will use your participation to take this information back to your organization/community:

Interested so I can help bridge the gap between the education system & mental health needs. I will use my participation to increase knowledge base, share information with leadership teams, & implement action w/in^{the} school system

Please provide two references (name and contact information) for the Appointing Authority to contact:

Name: Cindi Webster Email: Cindi.w@sd215.net Phone #: 208-313-0438
Name: Kristen Wardell Email: Kristin.w@sd215.net Phone #: 208-705-7291

Board members who miss three consecutive meetings without good cause are deemed to have terminated their membership.

[Signature]
Signature

8/29/23
Date

Please email your application to mjohnson@eiph.idaho.gov or mail it to Eastern Idaho Public Health, Attn: Mallory Johnson, 1250 Hollipark Drive, Idaho Falls, ID 83401
Thank you for your interest in the Region VII Behavioral Health Board.