



SPECIAL
TREATMENT
AND
RESEARCH

SUNY Downstate Health Sciences University

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Brooklyn, NY 11203-2012

Phone 718.270.2690

**COMMUNITY ADVISORY GROUP
MEMBERSHIP APPLICATION**

IMPORTANT – PLEASE READ BEFORE COMPLETING THIS APPLICATION

Client feedback about STAR Program services is the best way for us to know how we are doing and how to continue to develop programs that meet our ongoing needs. Based upon this application, STAR Program clients, staff, and community representatives will be selected to represent the STAR Program Community Advisory Group (CAG). The STAR Program CAG members fulfill their commitment by participating in meetings every other month over the course of the year. If you would like to be considered for participation in the STAR Program CAG, please complete and return this application.

PART I

Name: _____ Street Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Cell Phone: _____

Referred By: _____

PART II

1. Please indicate which program(s) you receive services from (check as many as applicable):

- STAR Health Center
- Family Centered Care Program
- Supportive Counseling and Family Stabilization Services
- SAMHSA Integrated Care Program
- SAMHSA Priority Populations Program
- Harm Reduction Services
- BE InTo Health
- MWCCS Research Program (formerly WIHS)
- Adolescent Education Program / THEO
- Other (specify): _____

2. How long have you been receiving services at STAR?

- Less than 1 year
- 1-5 years
- 6-10 years
- Over 10 years

PART III

4. Why are you interested in joining the STAR Program Community Advisory Group?

5. What skills and/or experience do you think will benefit this group as they work to ensure quality services for STAR Health Center consumers?

6. In what way(s) are you currently or previously involved with health issues that affect vulnerable populations such as HIV, hepatitis C, substance use or mental health issues (such as education or outreach)?

7. Have you ever served on any type of Community Advisory Group or Board?

YES

NO

If YES, when? _____

Please describe your experience:

If you have any questions about this application or the development of STAR Program services, please contact:

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THANK YOU!