

Region 10 PIHP
BOARD MEMBER PROFILE

Name	ADDRESS	CITY	ZIP CODE	TELEPHONE	E-MAIL	COUNTY OF RESIDENCE	AREAS OF REPRESENTATION

AGGREGATION OF BOARD MEMBERS PROFILE INDICATING THEIR AREAS OF REPRESENTATION:

	Self – Individual Served		Intellectual/Developmental Disabilities		Mental Illness
	Family Member / Parent		Severe Emotional Disturbance		Veterans / Active Military
	Substance Use Disorder				