

Coody, Ruth

Diannse Hiltman / DeKalb County
678-468-9430

From: Coody, Ruth
Sent: Tuesday, May 28, 2019 8:10 AM
To: namidiannehiltman@gmail.com
Subject: Application Paperwork for Appointment to the DBHDD Region 3 Advisory Council
Attachments: Application Attestation - R3 FINAL 09.2016.pdf; Standards of Conduct and Ethics in Government- 22-1201.pdf; HB 512 Legislation-2015-2016.pdf; Bylaws - R3 RAC Signed Final 09.29.2016.pdf

Ms. Hiltman,

Thank you so much for expressing your interest in being appointed to the DBHDD Region 3 Advisory Council. I am sending you the forms I will need for you to complete and return to me at your earliest convenience. I am also sending you two other documents (Bylaws and HB 512) for you to read to acquaint yourself with how the Regional Advisory Councils are governed, expectations of members regarding attendance, and the legislation which changed the regional planning boards to regional advisory councils. The legislation also contains a brief summary of the some of the roles of advisory council members.

The following are the items I need for you to complete and return to me:

- Application form
- Attestation form
- Page 11 from the Standards of Conduct and Ethics in Government will need to be signed and dated.
- A resume or brief biography which includes work history, advocacy experience, and why you would like to serve on the DBHDD Region 3 Advisory Council

As soon as I receive the above referenced items, I will review them and contact you about a screening interview. As I stated, we can do the interview by phone or in person depending on schedules.

Always feel free to contact me should you have any questions. Again, thank you so much for your interest in serving on the Region 3 Advisory Council.

Ruth Coody

Ruth Coody
Advisory Council Assistant
DBHDD – Region 3 Field Office
Georgia Regional Hospital at Atlanta
3073 Panthersville Road, Building 10
Decatur, Georgia 30034
Direct Line: 404-244-5072 Fax: 404-244-5176
Office: 404-244-5050
Email: ruth.coody@dbhdd.ga.gov

Coody, Ruth

From: Dianne Hiltman <namidiannehiltman@gmail.com>
Sent: Monday, May 27, 2019 7:42 PM
To: Coody, Ruth
Subject: Appointment to Region 3 Advisory Council

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Ms. Coody,

Thank you for your very prompt answer to my questions about the process of appointment to Regional Advisory Councils. Please do send any paperwork to me that I need to complete. I look forward to speaking with you soon.

Sincerely,

Dianne Hiltman,
NAMIDeKalb Board of Directors, Representative for Families;
Family to Family Teacher and State Trainer

678-468-9430



Mental Health, Developmental Disabilities & Addictive Diseases Advisory Council

APPLICANT INFORMATION

Name: DIANNE WATERS HILTMAN
Current address: 1468 Leafmore Place
Apartment/Suite Number:
City: Decatur State: GA ZIP Code: 30033
Region Number: 3 Race/Ethnicity (optional): C Gender (optional): F
County of Residence: DeKalb
Day Phone: - E-Mail: hiltmans@gmail.com
Evening Phone: - Fax Number:
Cell Phone: 678-468-9430 Best Way to Contact You: cell

ADVOCACY/PROFESSIONAL GROUP EXPERIENCE

Please list any current or past associations with advocacy and/or professional groups working in the area of behavioral health or developmental disabilities including any positions held (attach separate sheet, if necessary):

I have not had much previous experience working in the area of advocacy around behavioral health or developmental disabilities. I have been a nurse (pediatrics and Labor & Delivery), a nurse-midwife and a nurse-midwife clinical instructor at Emory & a drug and alcohol educator. I have been an active volunteer at my children's school & on the Board of two churches. When I care about an issue or organization, I am drawn to lend my energies full-heartedly. One of our sons was diagnosed with depression at age 11. Subsequently, at age 28, he was hospitalized in psychosis and it became apparent that he had Bipolar Disorder with Treatment Resistant Depression. Our second son became ill with Bipolar Disorder at 19, while in college - a much more classic



ATTESTATION OF REGIONAL ADVISORY COUNCIL MEMBER

The purpose of this document is to certify that I am eligible for appointment to the Region 3 Regional Advisory Council.

I Dianne W. Hiltman, do solemnly affirm the following:
Print Name

- Please list all of your employers and boards that you have been a member of in the past two years (to present)
Retired nurse-midwife: Grady &
retired drug and alcohol educator at Lorett School.
Currently, serving second 3 year term on Board of NAMS DEKALB
I am not the spouse, parent, child, or sibling of a council member of the Advisory Council or of any of the members or employees mentioned above on this list
I have no motivations of private or personal interest that would make my appointment improper or appear improper
To my knowledge neither my spouse, parents, children, or siblings are members of the DBHDD Regional Advisory Council for which I am applying, nor are they employees or board members of any entity that contracts with or receives funds from the DBHDD, DHS, OR DPH. To address any concern on this matter, I can call DBHDD Office of Statewide Community Relations at 404-463-7161.

The Advisory Council(s) is created by a law passed by the General Assembly, O.C.G.A. 37-2-5 and operates under the authority of the Department of Behavioral Health and Developmental Disabilities with membership appointed by the County Governing Authorities.

SIGNATURE

I authorize the verification of the information provided and agree to the request of any additional information. I have received a copy of this application.

Signature of Applicant: Dianne W. Hiltman Date: 5-30-2019

IMPORTANT: Please return completed form to local Field Office.

Region 3 Field Office
3073 Panthersville Road, Building 10, Decatur, Georgia 30034
404-244-5050 Office