

**2011 Mental Health Subcommittee Membership Form**  
Sullivan Co Dept of Community Services (70170)

Consult the LSP Guidelines for additional guidance on completing this exercise.

Note: The subcommittee shall have no more than nine members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

**Member**  
**Name** Carmen Benitez  
**Represents** Rehabilitation Support Services  
**eMail** cbenitez@libertybiz.rr.com  
**Is CSB Member** No

**Member**  
**Name** Kathy Garlick  
**Represents** SC BOCES  
**eMail** KGarlick@scboces.org  
**Is CSB Member** Yes

**Member**  
**Name** Lori Schneider-Wendt  
**Represents** NAMI  
**eMail** amifamh@aol.com  
**Is CSB Member** Yes

**Member**  
**Name** Susan Miller  
**Represents** Rehabilitation Support Services  
**eMail** skmiller@libertybiz.rr.com  
**Is CSB Member** Yes