

Metropolitan Washington Regional HIV Health Services Planning Council

Application for Membership

For information or assistance please contact:

Planning Council Coordinator
District of Columbia HIV/AIDS Administration
899 North Capitol Street, NE Fourth Floor
Washington, DC 20002
202.671-4900
Revised: 03/2009

SECTION A: Application Instructions

The Membership Committee is accepting applications for appointment of members to the **Metropolitan Washington Regional HIV Health Services Planning Council**.

Please type or print responses to all questions below. Attach additional sheets of paper if more space is required for answers. If you have questions concerning this form, please contact Planning Council Coordinator, HIV/AIDS Administration, DC Department of Health, 899 North Capitol Street, NE, Fourth Floor, Washington, DC 20002, 202.671.4900

SECTION B: Personal Information

1. Contact Information

Name: _____

Street Address: _____

City: _____ St: _____ Zip _____ Ward/County: _____

Home Phone: (_____) _____ Business Phone: (_____) _____

Cell Phone: (_____) _____ Fax Number: (_____) _____

Email Address: _____

2. Gender: Male Female Transgender
3. Age Group: 13-19 20-44 45-64 65+
4. Race/Ethnicity: African-American White Latino(a)
- Asian/Pacific Islander Native American
- Other (Please specify) _____
5. Sexual Orientation: Homosexual Bisexual Heterosexual
6. Are you open about your sexual orientation? Yes No Don't know
7. Are you a person living with HIV/AIDS? Yes No Don't know
8. If yes, are you open about your status? Yes No Don't know

SECTION C: Employment Information

Employer: _____ Position: _____

Is your employer:

- a. A government agency or department? Yes No Don't know
- b. A community (non-government) organization Yes No Don't know
- c. A "non-profit" organization? Yes No Don't know
- d. A recipient of Ryan White Part A funds? Yes No Don't know

If YES to question "d," what service categories are funded by Ryan White Part A?

Please answer the following questions:

- a. Do you receive services at a Ryan White Part A funded agency? Yes No Don't know
- b. Are you a board member of a Ryan White Part A funded organization? Yes No Don't know
- c. Do you volunteer 20hrs/wk at a Ryan White Part A funded organization? Yes No Don't know
- d. Have you done contracting or consultant work for any Ryan White Part A funded organization in the past year? Yes No Don't know
- e. Do you plan to do any contracting or consulting work for any Ryan White Part A funded organization in the future? Yes No Don't know

If YES to any questions "a, b, c, d, or e" what service categories are funded by Ryan White Part A?

SECTION D: Representations

- I. Affected Communities:** The Planning Council is required to include members who represent the groups below. “Represent” means **you are** or **you provide HIV services to** people in these groups. Please check up to three (3) that apply.

NOTE: AA = African American

API = Asian/Pacific Islander

- | | |
|---|--|
| <input type="checkbox"/> IDU/Substance abusers | <input type="checkbox"/> AA Heterosexual Men |
| <input type="checkbox"/> Adolescents/Youth Adults | <input type="checkbox"/> Latino Heterosexual Men |
| <input type="checkbox"/> Commercial Sex Workers | <input type="checkbox"/> Latina Females |
| <input type="checkbox"/> AA Gay/Bisexual Men | <input type="checkbox"/> Ex-Offenders |
| <input type="checkbox"/> AA Heterosexual Women | <input type="checkbox"/> White Gay/Bisexual Men |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Pediatric Caregivers |
| <input type="checkbox"/> Chronically/Mentally Ill | <input type="checkbox"/> Deaf/Hard of Hearing |
| <input type="checkbox"/> Latino Gay/Bisexual Men | <input type="checkbox"/> Disabled (Blind/Physical) |
| <input type="checkbox"/> API Gay/Bisexual Men | <input type="checkbox"/> Seniors (65+ years) |
| <input type="checkbox"/> Incarcerated | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> People Living with HIV | <input type="checkbox"/> Other |

- II. Federally Mandated Categories:** The Planning Council is federally mandated to include individuals in its membership who represent the following groups. “Represent” means **you are** or **you provide HIV services to people** in these groups. Please check up to three (3) that apply.

- Health-Care Providers, including FQ Health Centers
- Community based organizations (CBOs) serving affected populations/AIDS service organization (ASOs)
- Social Service Providers, including housing and homeless services providers
- Mental Health Providers
- Substance-Abuse Providers
- Local Public Health Agencies
- Hospital/Health-Care planning agencies
- Affected communities, including PLWH and historically underserved subpopulations
- Non-elected community leaders
- State Medicaid Agency
- State Part A Agency
- Part C Agency
- Part D Provider
- Other Federal HIV Programs, including Prevention and Education
- Representatives of/or formerly (within 6 years) incarcerated PLWH

SECTION E: Organizational Affiliations

1. List the organizations, associations, or groups with which you are currently working

<u>Organization Name</u>	<u>Your Role or Title</u>	<u>For How Long</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION F: Other Relevant Experience

Describe your experience and work in HIV/AIDS prevention, education or service (street outreach, counseling, policy, media/campaign development, risk education group, behavioral research, etc.) This may include paid employment or volunteer experience. Attach an additional sheet if additional space is needed.

Position: _____ Years of Experience: _____

Duties: _____

Position: _____ Years of Experience: _____

Duties: _____

Position: _____ Years of Experience: _____

Duties: _____

SECTION G: Assets & Specialized Skills

Please list your specialized skills or experience, whether related to HIV or not, that would benefit the work of the Planning Council.

SECTION H: Service Interests

The major work of the Planning Council is done in its committees that meet for two hours once a month during the day. Each Planning Council member is required to serve on at least one committee. Please select committees of interest to you.

- Bylaws, Policies & Procedures
- Membership and Training
- Needs Assessment & Comprehensive Planning
- Care Strategy, Coordination & Standards
- Financial Oversight & Allocations
- EMA-wide Consumer Access (PLWH/PWA members only)
 - DC Consumer Access (PLWH/PWA members only)
 - VA Consumer Access (PLWH/PWA members only)
 - MD Consumer Access (PLWH/PWA members only)
- DC Delegation (Jurisdictional Planning group)
- NOVA Consortium (Jurisdictional Planning group)
- MD Regional Advisory Committee (Jurisdictional Planning group)

SECTION K: Applicant Affirmation

I certify that the answers given herein are true and complete to the best of my ability. In the event of appointment to the Metropolitan Washington Regional HIV Health Services Planning Council, I understand that false or misleading information given in my application or interview(s) may result in discharge from the Planning Council. In addition, I understand that I am required to abide by all rules and bylaws of the Planning Council upon appointment.

Further, I understand that, prior to final appointment and annually during my term of service, I will be required to complete disclosure forms and make my tax records available for review by the governmental agency that screens and monitors members of public boards and commissions. I agree to comply fully and in a timely manner with any and all such requests.

Signature of Applicant

Date

Please submit completed Membership Application along with current resume to:

Planning Council Coordinator

HIV/AIDS Administration

District of Columbia Department of Health

899 North Capitol Street, NE, Fourth Floor

Washington, DC 20002

Telephone: 202.671.4900

NOTE: Applications may be faxed if necessary to meet the application closing date. However, an application with an original signature is required for formal review and consideration.