NEWARK EMA HIV HEALTH SERVICES PLANNING COUNCIL MEMBERSHIP APPLICATION

Answers are required for all questions

SECTION 1: CONTACT INFORMATION

Name:
(Please provide name as you would like it to appear in communications)

Current Place of Employment (if applicable):

Mailing Address:

City: | **State:** | **County:** | **Zip Code:**

Cell Phone Number: | **Business Phone Number:**

Home Phone Number: | **Fax Number:**

Work Email: | **Personal Email:**

**Phone and email addresses shared in this section will be shared with other Planning Council members should your application for membership be approved.*

County of Residence: | **Zip code of Residence**:

SECTION 2: GENERAL INFORMATION

1. **Have you ever served in the Planning Council?**
   - ☐ Yes ☐ No If Yes, in what years?
   - ☐ Yes ☐ No If Yes, in what committee?
2. **This application is requesting membership of the: (Note: All Planning Council Applicants are required to join at least one other committee)**
   - ☐ Research & Evaluation Committee
   - ☐ Comprehensive Planning Committee
   - ☐ Continuum of Care Committee
   - ☐ Community Involvement Activities Committee
   - ☐ Planning Council
3. **Are you willing and able to commit to the minimum standards expected for Planning Council participation?**
   - ☐ Yes ☐ No
4. **If you are applying to be a member of the Comprehensive Planning Committee, please check the membership categories you can represent:**
   - ☐ Person Living with HIV/AIDS from what county?
   - ☐ Provider from what county?
5. **If we are unable to seat you at this time, would you like to:**
   - Be considered for subsequent seat as vacancies become available? ☑ Yes ☑ No
   - Continue receiving updates about Planning Council activities? ☑ Yes ☐ No

SECTION 3: DEMOGRAPHICS

1. For each question below, please check the box beside the category with which you most closely identify.

**Date of birth is requested to match the composition of the Planning Council to the HIV epidemic in the EMA, which is tracked by age, gender, and age groups.*

A. Gender:

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Other

C. Date of Birth (mm/dd/yyyy):

_____

B. Race/Ethnicity (Choose all that apply):

- ☐ Caucasian/White, not Hipsanic
- ☐ Black/ African American, not Hispanic
- ☐ Latino/Hispanic
- ☐ Asian/Pacific Islander
- ☐ American Indian/ Alaska Native
- ☐ Multi-Race
- ☐ Other (Specify)

SECTION 4: EXPERIENCE, SKILLS AND BACKGROUND

1. By federal mandate, the Planning Council is required to include individuals in its membership of individuals who represent the following groups. Please select <u>all</u> that apply.

- ☐ Healthcare providers, including Federally Qualified Health Centers
- ☐ CBOs serving affected populations/ AIDS service organizations
- ☐ Social Service providers, including housing and homeless service providers
- ☐ Mental Health Provider
- ☐ Substance abuse provider
- ☐ Local Public Health Agencies
- ☐ Hospital planning agencies or other healthcare planning agencies
- ☐ Affected communities, including Persons Living With HIV/AIDS, individuals co-infected with Hepatitis B or C, and historically underserved populations
- ☐ Non-elected community leaders
- ☐ State Medicaid Agency
- ☐ State Part B Agency
- ☐ Part C grantees
- ☐ Part D grantees or representatives of rganizations addressing the needs of children, youth, women, and families living with HIV
- ☐ Other federal HIV programs, including HIV Prevention programs, Ryan White Part F Programs and (HOPWA) grantees
- ☐ Representative of/ or formerly incarcerated PLWHA
- ☐ I am not affiliated as an employee or board member with any of the types of agencies listed

2. Please identify the skills and/or experience you would bring to the Planning Council.

- ☐ LGBTQ health needs
- ☐ Pediatric HIV health needs
- ☐ General public health
- ☐ Women's/Men's health
- ☐ Needs Assessment
- ☐ Substance use services

- ☐ Injection drug users' health needs
- ☐ Needs of incarcerated or formerly incarcerated
- ☐ Health planning
- ☐ Primary medical care: Ambulatory/Outpatient
- ☐ Personal experience with health issues related to HIV
- ☐ Behavioral and social research related to HIV
- ☐ Other (please specify):
- ☐ Mental health services
- ☐ Adolescent health
- ☐ Other non-medical support services
- ☐ Specialty HIV care
- ☐ Legal Services
- ☐ STD and TB prevention

SECTION 5: CONFLICT OF INTEREST

The Planning Council defines conflict of interest as:
A Council member has a real or perceived conflict of interest if they or their immediate family, (to include domestic partners) during the past twelve months:

- ☐ Are or have been employed by, own, or have an ownership interest in;
- ☐ Are or have been a board member of;
- ☐ Are or have been a consultant to; or have been personally involved in a contractual relationship with any entity doing business with Ryan White Part A.

Please indicate if you are an employee or board member of any Ryan White funded agency:

SECTION 6: COMMUNICATION

Email is used extensively to share information with Planning Council members and perform various other tasks. Do you have access to a computer?

☐ Yes ☐ No

If you do not have a computer, are you willing to work with PC Support Staff to determine the best way for you get information normally sent out by email (this could mean you receive information via U.S. Mail or meet Support Staff at the Office of Planning Council Support or in the community to pick up information)

☐ Yes ☐ No

SECTION 7: SHORT ANSWERS

Please respond briefly to the questions below. Use a separate sheet of paper and attach it to this application, if needed.

1. The ability to work as a team member of a large and diverse group is crucial to the work of the Council. Teamwork allows the Council to conduct business efficiently and to fulfill its mission successfully. Please tell us about your ability to work as a member of a team.

2. What special skills, knowledge, qualities, or life experiences would you bring to the Planning Council? Please include a list of educational and professional degrees, certifications, credentials, or other experiences. You may attach a current resume if you wish.

3. Is there anything else you would like us to know about you?

SECTION 8: ATTACHMENTS

RESUME –Please be sure to include your resume or CV with your application. A resume is not required for consumer applicants.

SECTION 9: STATEMENT OF COMMITMENT, SIGNATURE & DATE

If appointed as a member of the Planning Council, I am able to commit to the following:

- ☐ A full membership term of (1), (2) or (3) years
- ☐ To the best of my ability, I will attend regularly scheduled committee meetings for my assigned committee
- ☐ When I make recommendations and/ or decisions, I agree to consider the HIV/AIDS community as a whole, rather than just special interests or my personal perspectives
- ☐ I agree to disclose any conflicts of interest I may have relative to issues that come before the Council and/ or Committees
- ☐ I agree to keep sensitive information obtained about other Council members, including HIV status, confidential, unless otherwise given permission.

I acknowledge all the information provided in this application is true and correct to the best of my knowledge. I have considered my other personal and professional obligations and do not foresee them as a barrier to my full participation on the Planning Council.

Signature: **Date:**

Please Amend your membership application whenever your information changes.

Administrative Use Only

Application received on: _____ by ☐ Email ☐ U.S. Mail ☐ Hand delivered ☐ Fax

Executive Committee Approved on: _____

Last Updated on: 12/3/2020 2:05 PM