

Ryan White Planning Council Membership Application

Directions: Please complete this form and sign the Statement of Member Commitment. Return the completed form to:

Ryan White Part A Program
Planning Council Support
Thomas@CollaborativeResearch.us
Deryk@CollaborativeResearch.us
Fax: 888-894-2674

All information in this application is confidential. It is seen only by the Planning Council Support Staff and as needed, by members of the Community Development Committee (CDC) Committee and/or the Steering Committee during the application review process.

Terms for Planning Council members are for three years. The appointment recommendation also requires the approval of the full Planning Council and the Mayor of the City of Paterson.

The Application Process

- Complete this form and be sure to sign the Statement of Member Commitment on page 7.
- Planning Council Support will review your form to ensure it is complete. We will contact you to confirm we have received it.
- Your application will then be added to the pool of applications for the CDC Committee to review.
- At each CDC Committee meeting, the membership profile of the Planning Council is reviewed. If new members are needed, the committee will review all the current applications.
- If your application is chosen, you will be contacted to confirm you wish to participate. If you agree, you will be recommended to the Mayor of the City of Paterson for appointment to the Planning Council. Generally, it will take about a month for your application to be considered for appointment as a Commissioner. You will also be encouraged to begin taking part in Planning Council activities.
- If we do not choose your application right away, don't worry! New members are appointed as people leave the Council, so sometimes it can take a while. We will keep your application active for future membership reviews, and we will keep you informed of the status of your application. In

the meantime, you are welcome to take part in any of our meetings as a member of the public.

Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Email: _____

Home phone: _____

Cell phone: _____

Preferred way to be contacted between 9:00 am and 5:00 pm?

Email Home Phone Cell Phone

Birthday (month/day): _____ / _____

May we add you to our email list? Yes No

About the Planning Council

The Planning Council was established in 1993 and has always been comprised of Commissioners appointed by the CEO, which is the Chief Elected Office, in this case the Mayor of the City of Paterson. The Planning Council elects a Chairperson and Vice-Chairperson annually.

The Planning Council is required to work together with the Office of the Recipient to assess the service needs of people living with HIV living in Bergen and Passaic Counties (New Jersey) and specify the kinds and amounts of services required to meet those needs. Based on needs assessment, utilization, and epidemiological data—the Planning Council decides what services are most needed by people living with HIV in the TGA (also known as priority setting) and decides how much Ryan White HIV/AIDS Program Part A money should be used for each of these service categories (this is our resource allocations).

The Paterson-Passaic County-Bergen County HIV Health Services Planning Council consists of advocates, community leaders, survivors, healthcare providers, volunteers and people who are affected by HIV/AIDS.

The Planning Council is responsible for making decisions concerning:

- Service Priorities & Resource Allocation of Ryan White Part A grant funds
- HIV Care Continuum Performance
- Integrated HIV Prevention & Care Planning
- Needs Assessment of People Living with HIV/AIDS (PLWH)
- Evaluation of Grant Administration

The Planning Council also provides guidance to the Office of the Recipient on service standards and directives. The Planning Council is responsible for evaluating how rapidly Ryan White Part A funds are allocated and made available for care. This involves ensuring that funds are being contracted quickly and through an open process, and that providers are being paid in a timely manner.

Part A funds are used to meet the health service needs of people living with HIV/AIDS that are not met by any other health care programs.

The Planning Council takes the lead in conducting many of its legislated responsibilities and shares duties with the grantee in some areas. To guarantee that a broad range of ideas are heard, the planning council membership must reflect specific areas of expertise as well as disproportionately affected and historically underserved populations.

Membership on the Planning Council requires about a four-hour time commitment each month. Do you feel you can make this time commitment?

- Yes No

What is your HIV status:

- HIV Positive
 HIV Negative
 Prefer not to specify
 Unknown

If you are not HIV positive, are you directly affected by HIV in some way? (for instance, do you have an HIV positive family member/significant other)?

- Yes No If yes, how? _____

Gender:

- Female
 Male
 Transgender
 Other

Current age:

- 18 - 24 years
 25 - 34 years
 35 - 44 years
 45 - 54 years
 55+ years
 Prefer not to specify

Race/Ethnicity:

- White, not Hispanic
 African American, not Hispanic
 Hispanic
 Asian/Pacific Islander
 American Indian/Alaska Native
 Multi-race (more than one)
 Prefer not to specify
 Other: _____

Can we assist you with any special accommodation (such as transportation assistance, wheelchair accessibility, or translation services) to help you participate fully on the Planning Council?

- No Yes

I need assistance with:

What is/are your preferred speaking language(s)?

- English
 Spanish
 Other: _____

OPTIONAL: Do you identify as belonging to any of the following groups? Check ALL that apply

- Heterosexual persons
 Gay, Lesbian or Bisexual persons
 HIV positive persons co-infected with Hepatitis B or C
 Persons with hemophilia
 Injection drug users
 Recently released from incarceration (within 3-years)
 Parents/guardians of HIV positive children

Have you received Ryan White Part A-funded services within the last six (6) months?

- Yes No I'm not sure

What skills, abilities and/or experience do you have that can be helpful to the Planning Council?

- Life Experience
 Planning Experience
 Rules/Policy Development
 Education/Training Experience
 Budgeting/Financial Planning Experience
 Other (Describe): _____

Are you currently a volunteer at: Check ALL that apply.

- An HIV/AIDS service organization that serves the HIV/AIDS community
 An organization that does not serve the HIV/AIDS community

If yes, what organization(s)?

Please describe your current and/or previous volunteerism and community service experience

I'm an employee or Board member of a Ryan White-funded Service Provider

I'm an employee or Board member of a Non-Ryan White funded Service Provider

I'm a member of the general public

Representation

Check all that apply

Check all that apply

Check all that apply

Representative of individuals living with HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of individuals living with HIV/AIDS who receive Ryan White Part A services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of individuals living with HIV/AIDS who are co-infected with Hepatitis B or C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of affected communities; including populations hard-hit with HIV disease and historically underserved populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of individuals who are former Federal, State, or local prisoners released from the custody of the penal system during the preceding three years, and who had HIV/AIDS as of the date of their release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member of a Federally recognized Indian tribe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-elected community leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elected leader of a local municipality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of health care providers, including Federally Qualified Health Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee or Board member of an HIV/AIDS service organization or community-based organization serving affected populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee or Board member of a social service provider, including providers of housing and homeless services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee or Board member of a mental health provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee or Board member of a substance abuse provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of a Bergen County/Paterson public health agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of a Passaic County public health agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grantees under other Federal HIV programs, including but not limited to HIV prevention programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of state Medicaid agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of Ryan White Part B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of Ryan White Part C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of Ryan White Part D, or representative of an organization with a history of serving children, youth, women and families living with HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of a local medical organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of a hospital planning agency or health care planning agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of a primary or secondary educational institution, or university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE READ AND SIGN THIS SECTION

Statement of Member Commitment

If selected as a member of the Planning Council, I will commit to the following:

Please Initial next to each statement to show your commitment

_____ I confirm that, to the best of my ability, I can attend the regularly scheduled monthly Planning Council or Committee meetings. I will notify Planning Council Support in advance if I am unable to a meeting. **If you are not able to attend the monthly Council meeting on a regular basis, you cannot be considered for Planning Council membership.**

_____ I understand that membership on the Planning Council is a three-year commitment. I have considered my personal and professional commitments and do not foresee them as a barrier to my full participation on the Planning Council.

_____ I agree to abide by the Bylaws, policies and procedures of the Planning Council.

_____ I agree to participate in Planning Council functions from beginning to adjournment.

_____ I understand I will need to prepare for meetings by carefully reading all pre-distributed materials.

_____ I understand when I make recommendations and/or decisions, I agree to consider the HIV community, 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 disclose any arrest and the resulting disposition of that arrest to the Planning Council, while a member of the Planning Council. Failure to promptly disclose the above information can lead to my dismissal from the Planning Council.

_____ I certify that all statements and representations made in this application are true and correct.

Signature

Date



PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL