



Ryan White Planning Council

New Haven & Fairfield Counties

Dear Planning Council Nominee:

Thank you for your application to become a Member of the New Haven and Fairfield Counties Ryan White Planning Council. If your nomination is approved, you will join up to 45 other Planning Council Members who are responsible for deciding how federal funds are spent on emergency care services for persons living with HIV/AIDS.

As the first step of the nomination process, please complete the confidential nomination form. Before you start filling out the nomination form, please check to make certain that you can commit up to **eight (8) hours of your time each month** to prepare for, travel to, and attend meetings. Council Members are required to:

- Attend one Planning Council meeting each month. The meetings are two hours long, typically scheduled from 12:00 pm to 2:00 pm. The meeting locations rotate around New Haven and Fairfield Counties. Lunch is served before the Council meeting and transportation reimbursement is available to Members who are living with HIV/AIDS.
- Attend one Committee meeting each month. The meetings are two hours long, and are typically scheduled from 12:00 pm to 2:00 pm. The meeting locations alternate between Bridgeport and New Haven. Lunch and/or refreshments are served at the Committee meetings and transportation reimbursement is available to Council Members who are living with HIV/AIDS.
- Miss no more than four Planning Council meetings or four primary committee meetings.

If you need help completing the nomination form or have any questions about what it means to be a Council Member, please contact Jeff Daniel at Collaborative Research (877-336-5503 or jeffscraustin@hotmail.com).

Please send your completed nomination form to:

Mailing Address

Ryan White Planning Council Support Office
54 Meadow Street, 9th Floor
New Haven, CT 06519

Fax Number

203-946-5953

Your **CONFIDENTIAL** nomination form will be reviewed by the Membership Committee and discussed by the Planning Council during an Executive Session. The Membership Committee reviews nomination forms every month. As your application moves through the process, our staff will contact you to explain where you are in the nomination process.

If you decide not to complete the nomination form, please feel free to attend Planning Council and Committee meetings and make your voice heard!

Thank you again for your interest in becoming a Planning Council Member.

PART A: BIOGRAPHIC AND DEMOGRAPHIC INFORMATION

A1. Primary Contact Information PLEASE PRINT CLEARLY

Name: _____

Street Address: _____

City, State, Zip: _____

Phone number: _____ E-mail: _____

I would like all Planning Council correspondence to be sent to the address above.

A2. Work / Volunteer Contact Information PLEASE PRINT CLEARLY

Street Address: _____

City, State, Zip: _____

Phone number: _____ E-mail: _____

I would like all Planning Council correspondence to be sent to the address above.

A3. Date of Birth: ____ / ____ / 19__

A4. Ethnicity

- Hispanic
- Non-Hispanic

A5. Race

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Pacific Islander
- Other (*Please identify*): _____

A6. Gender

- Male
- Female
- Transgender

PART B: ATTENDANCE

B1. Will you be able to attend two monthly meetings (one Council and one Committee meeting) that rotate throughout New Haven and Fairfield Counties from 12:00 pm to 2:00 pm?

- Yes
- No
- Transportation problem
- Conflict with work
- Other (*Please explain*): _____

PART C: HIV STATUS INFORMATION (*This information **will be kept confidential***)

C1. HIV Status Positive Negative

C2. Have you been diagnosed with AIDS? Yes No

C3. Do you currently receive HIV-related services? Yes No

If yes, where do you currently receive your services?

PART D: EMPLOYMENT AND VOLUNTEER EXPERIENCE

D1. Where do you work or volunteer? _____

D2. What are your work or volunteer responsibilities? _____

D3. How long have you been working or volunteering at the organization you identified above?

- Less than a year
- 2 - 4 years
- More than 4 years

D4. Are you a member of a Board of Directors or an agency that receives Ryan White Part A funding?

- Yes No

If yes, agency name: _____

D5. Please select the categories with which you most closely identify, even if you do not use identical language in describing yourself. (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> A person with HIV | <input type="checkbox"/> A provider of medical services |
| <input type="checkbox"/> A person at risk of HIV Infection | <input type="checkbox"/> A provider of substance abuse services |
| <input type="checkbox"/> A gay or bisexual man | <input type="checkbox"/> A representative of a local education agency |
| <input type="checkbox"/> A lesbian or bisexual woman | <input type="checkbox"/> A representative of a local health department |
| <input type="checkbox"/> A person with current/previous addictions | <input type="checkbox"/> A representative of community-based providers of HIV prevention services |
| <input type="checkbox"/> A person with hemophilia | <input type="checkbox"/> Other (<i>Please specify</i>) |
| <input type="checkbox"/> A family member/partner of a person with HIV | _____ |
| <input type="checkbox"/> A frontline provider of prevention services such as outreach or community educators and counselors | _____ |
| | _____ |

D6. Please select the categories that you are qualified to represent. (Check all that apply)

- Affected communities, including individuals with HIV disease or AIDS, and historically underserved sub-populations
- Health care providers, including Federally Qualified Health Centers
- Community-based organizations serving affected populations / AIDS service organizations
- Social service providers including housing and homeless services
- Mental health providers
- Substance abuse providers
- Local public health agencies
- Hospital planning agencies or health care planning agencies
- Non-elected community leaders
- State Medicaid Agency
- State agency administering the Part B Program
- CARE Act grantees under Part C
- CARE Act grantees under section 2671 which provide coordinated services and access to research for women, infants, or youth (including Title IV); or representatives of organizations with a history of serving children, youth, and families living with HIV and operating in the EMA
- Grantees under other Federal HIV programs, including HIV Prevention Programs
- Formerly incarcerated PLWH or their representatives
- Person Living with HIV/AIDS and Hepatitis C co-infection

PART F: PLANNING COUNCIL STANDING COMMITTEES

Serving on at least one Standing Committee is a requirement of Planning Council Membership. Please review responsibilities of the Standing Committees listed below.

Responsibilities of the Strategic Planning and Assessment Committee are:

1. Annually determine the EMA's priorities and resource allocation in conjunction with the Membership/Finance Committee and in accordance with the Comprehensive Health Services Plan.
2. Develop a Comprehensive Health Services Plan that includes blueprints for a) council operations and b) HIV/AIDS service delivery in the jurisdiction.
3. Conduct annual needs assessments to determine health care needs of people living with HIV/AIDS in the EMA
4. Review and update bylaws annually.

Responsibilities of the Quality Improvement Committee are:

1. Develop a Quality Management Plan to set forth the Council's expectations for health and service delivery to people living with HIV/AIDS in our EMA. .
2. Establish and review the standards of care.

Responsibilities of the Membership/Finance Committee are:

1. To ensure that Ryan White Office provider contracts are processed expeditiously and payments are made in a timely fashion to assure service continuity.
2. Monitor expenditures by service category.
3. Secure and maintain a list of potential Planning Council members as well as make certain that the membership of the Council is reflective of the epidemic in the EMA and legal mandates.
4. Maintaining membership by: recruiting new members, teambuilding, reviewing attendance and cause warning letters to be sent when necessary, offering orientation, and assigning mentors.
5. Participate in the resource allocation process.
6. Reconcile the EMA's notice of grant awards.

F1: Please indicate the Committee(s) you would be interested in serving on. Please note: Planning Council Committees meet once a month. If you do not select a committee, you will be assigned to a committee.

- Strategic Planning and Assessment Quality Improvement
 Membership/Finance

PART G: SIGNATURES

G1. Information and signature of person completing this form: PLEASE PRINT CLEARLY

Name: _____ Telephone Number: _____

Signature: _____ Date: _____

G2. Signature of nominee:

I understand that I am being nominated to membership in the Ryan White Planning Council. I can commit to a **minimum of eight (8) hours per month** to prepare for, travel to, and attend meetings of the Planning Council and its Committees. I understand the meeting locations rotate throughout New Haven and Fairfield Counties and that **meetings typically begin at 12:00 pm and end at 2:00 pm**. I have completed the information on this form truthfully and to the best of my knowledge.

Signature: _____ Date: _____

(The nominee may attach a brief, optional statement to this application).

Nomination information may be reviewed during "Executive Session" by Council Members at Committee or Council meetings.

Council Members keep HIV status information **CONFIDENTIAL**.