



Ryan White Planning Council

New Haven & Fairfield Counties

Dear Planning Council Applicant:

Thank you for your application to become a Member of the New Haven and Fairfield Counties Ryan White Planning Council. If your application 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 **CONFIDENTIAL** application process, please complete the application form. Before you start filling out the application 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 or 2:00 pm to 4:00 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 and four committee meetings.

If you need help completing the application form, have any questions about what it means to be a Council Member or need alternative methods for submitting an application, please contact Jeff Daniel at Collaborative Research (877-336-5503 or jeff@collaborativeresearch.us).

Please send your completed application form to:

Mailing Address

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

Fax Number

(866) 607-3942 (toll free)

Your **CONFIDENTIAL** application form will be reviewed by the Membership/Finance Committee and evaluated to determine if you: a) satisfy Membership guidelines as outlined in the 2009 Ryan White Treatment Extension Act; b) match reflectiveness as determined by the Council; and, c) acknowledged the time requirements for Council membership.

The Membership/Finance Committee reviews applications every month. As your application moves through the process, our staff and or Council leadership will contact you to explain where you are in the application process.

If you decide not to complete the application, 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: TELL US ABOUT YOURSELF

THIS INFORMATION IS USED TO ENSURE THAT ALL MEMBERS ARE IN COMPLIANCE WITH THE GUIDELINES OF PLANNING COUNCIL COMPOSITIONS ENFORCED BY THE FEDERAL GOVERNMENT.

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 emailed.
- I would like all Planning Council correspondence to be sent to the address above.
- I would like all Planning Council correspondence to be sent to a different address (please choose one)

Street Address: _____

City, State, Zip: _____

A2. Date of Birth: ____ / ____ / 19____**A3. Ethnicity**

- Hispanic
- Non-Hispanic

A4. Race

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

A5. Gender

- Male Female Transgender

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

B1. HIV Status Positive Negative

PART C: CONFLICTS OF INTEREST

C1. Are you employed by or are you a member of a Board of Directors of an agency that receives Ryan White Part A funding?

Yes No I don't know

If yes, agency name: _____

C2. Does your role in the community reflect any of the following areas: (*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
- Ryan White grantees under Part C
- Ryan White grantees under Ryan White Part D Grantees under other Federal HIV programs, including HIV Prevention Programs
- Formerly incarcerated PLWHA or their representatives
- Person Living with HIV/AIDS and Hepatitis C co-infection

PART D: ATTENDANCE

PLANNING COUNCIL TYPICALLY MEETS THE 2ND FRIDAY OF EACH MONTH FROM NOON TO 2 P.M.

COMMITTEE MEETINGS TYPICALLY MEET THE 1ST THURSDAY AND FRIDAY OF EACH MONTH.

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.

PART G: SIGNATURE

G1. Signature of applicant:

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 applicant may attach a brief, optional statement to this application).

Telephone Number: _____

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