

NASSAU-SUFFOLK HIV HEALTH SERVICES PLANNING COUNCIL 2011 MEMBERSHIP APPLICATION

THE NASSAU-SUFFOLK HIV HEALTH SERVICES PLANNING COUNCIL provides planning for the Long Island region and promotes the development of HIV/AIDS services that meet the needs of people living with HIV/AIDS. The Planning Council is responsible for setting the priorities and allocating funds received under Part A of the Ryan White HIV/AIDS Treatment Modernization Act.

THE SELECTION PROCESS: Anyone who wants to be considered for appointment to the Planning Council must complete this application; submit a resume or employment history form and a letter of reference. All applications are reviewed by the Planning Council's Quality Assurance & Membership (QAM) Committee. Candidates will also be interviewed by the QAM Committee. Using the criteria described below, the Committee selects candidates for appointment and submits the nomination to the full Planning Council and respective county official for approval. Members are appointed for a three year term and may serve for two consecutive terms.

SELECTION CRITERIA: To meet legislative requirements and ensure a diverse and effective planning council, the selection of candidates is guided by the following legislative mandates:

- The Planning Council has at least one member to separately represent each legislatively defined categories of membership (as listed on page 2 of the application).
- In terms of race/ethnicity and gender, the membership of the Planning Council reflects the HIV epidemic in the Long Island region.
- At least 33 percent of members are consumers who are receiving HIV-related services from Part A funded providers, and are not employees, consultants or officers of any provider receiving Part A funds.
- All members have sufficient knowledge of the HIV epidemic in Long Island to allow for active participation in Council proceedings.

TIME COMMITMENT OF MEMBERSHIP: The critical nature of the Planning Council's work requires of all members a significant commitment of time. Members are expected to attend meetings of the full Council, which are held every other month on the 2nd Wednesday, from 9:30am-11:30am. Additionally, much of the work of the Council is accomplished by member participation in committees, which requires at least one additional 2-hour meeting per month. Because active participation is so vital to Planning Council proceedings, any member with excessive unexcused absences is subject to removal.

APPLICATION SUBMISSION: Before submitting the application, please check carefully to ensure that you have provided all the necessary information, including a resume or work history and letter of reference. Submit your application by mail to:

Nassau-Suffolk HIV Health Services Planning Council
Attn: Chair, Quality Assurance & Membership Committee
c/o United Way of Long Island
819 Grand Boulevard ▪ Deer Park, NY 11729

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To help us process your application, please answer all questions.

- If a question does not pertain to you, enter “N/A.”
- Type or print clearly.

CONTACT INFORMATION	
NAME	
ORGANIZATION (IF APPLICABLE)	
MAILING ADDRESS	
WORK OR HOME PHONE	
MAY WE CALL YOU AT HOME OR WORK?	
CELL PHONE	
E-MAIL ADDRESS	

DEMOGRAPHICS			
GENDER	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender
RACE/ETHNICITY	<input type="checkbox"/> African-American	<input type="checkbox"/> Latino/Latina	<input type="checkbox"/> White
<input type="checkbox"/> Asian/Pacific	<input type="checkbox"/> Native American	<input type="checkbox"/> Other_____	<input type="checkbox"/> Decline to answer
COUNTY	<input type="checkbox"/> Nassau	<input type="checkbox"/> Suffolk	
HIV STATUS	<input type="checkbox"/> I am a person living with HIV/AIDS	<input type="checkbox"/> I am <u>NOT</u> a person living with HIV/AIDS	<input type="checkbox"/> Status unknown or decline to answer
PART A CONSUMER	Do you receive—or are you the parent/guardian of a child who receives—HIV-related services from an agency that receives Ryan White Part A funding?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
DATE OF BIRTH	___/___/___ (MM/DD/YY)		

REPRESENTATION
Below are the legislatively defined categories of membership. Please tell us which of the following groups you represent.
<input type="checkbox"/> Health care providers
<input type="checkbox"/> Community based/AIDS service organizations
<input type="checkbox"/> Housing/homeless service provider
<input type="checkbox"/> Social service providers
<input type="checkbox"/> Mental health providers
<input type="checkbox"/> Substance abuse providers
<input type="checkbox"/> Local public health agencies
<input type="checkbox"/> Hospital planning agencies/health care planning agencies
<input type="checkbox"/> Non-elected community leaders
<input type="checkbox"/> Prevention Provider
<input type="checkbox"/> Grantees under other Federal HIV programs (organizational designee)
Affected communities including:
<input type="checkbox"/> Individuals infected with HIV disease
<input type="checkbox"/> Caregiver of HIV infected minor child
<input type="checkbox"/> HIV positive formerly incarcerated/released within past three years or their representative
<input type="checkbox"/> PLWH/A co-infected with Hepatitis C or B
<input type="checkbox"/> HIV positive Federally recognized Indian tribe
Briefly describe why you feel qualified to represent the group(s) you chose above.

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EXPERIENCE & BACKGROUND

Please include a resume or complete the enclosed "Employment History" Form

Do you have an interest or expertise in any of the following? Check all that apply.

Gay/Bisexual Men's HIV Health Needs Interest Expertise

Injection Drug User's HIV Health Needs Interest Expertise

Women's HIV Health Needs Interest Expertise

Pediatric/Adolescent HIV Health Needs Interest Expertise

General Public Health Interest Expertise

Substance Use/Abuse Services Interest Expertise

Mental Health Services Interest Expertise

Other Non-Medical Support Services Interest Expertise

Health Planning Interest Expertise

What experience do you have with HIV/AIDS

How did you learn about the Planning Council?

How would your participation on the Planning Council benefit people living with HIV/AIDS?

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AFFILIATION	
<ul style="list-style-type: none"> • Identify any agency where you serve as employee, consultant, or board member. • Do not include service on consumer advisory boards or as an unpaid volunteer. • Agency affiliation does not disqualify you for appointment, but may require that you not participate in certain voting procedures. 	
AGENCY	CAPACITY (employee, consultant, board member)

Applicant Signature	
<p>I understand that the information on this form will be shared with the Quality Assurance & Membership Committee of the Nassau-Suffolk HIV Health Services Planning Council and the United Way staff to the Planning Council. If I am nominated, this information will be shared with the Planning Council and the Counties of Nassau and Suffolk. If I am appointed as a member, the information on this form may be used for reporting to the Health Resources and Services Administration (HRSA) on the composition of the Planning Council.</p>	
Applicant signature →	
Date	

Application Check List
<p>Before submitting your application, please be sure that:</p>
<ul style="list-style-type: none"> o You have answered all questions on the application
<ul style="list-style-type: none"> o You have attached your resume if you have one or filled out the Employment History form
<ul style="list-style-type: none"> o You have submitted a letter of reference (the letter can be from someone who knows you through your volunteer activities, a member of the clergy, your employer, or a character reference from a person you have known for at least one year.)