

Greater Hampton Roads HIV Health Services Planning Council

Membership Application

We thank you for your interest in serving on the Greater Hampton Roads HIV Health Services Planning Council. With the recent passage of the Ryan White HIV/AIDS Treatment Modernization Act of 2006, the Norfolk area has been designated as a Transitional Grant Area (TGA). Under the new TGA status the Norfolk area has (1) less than 2000 cumulative AIDS cases reported during the past five years and (2) less than 3000 cumulative living cases of AIDS. During the fiscal year of 2006 the Planning Council prioritized over four million dollars for HIV/AIDS services. The Norfolk TGA includes the following jurisdictions; Norfolk, Chesapeake, Portsmouth, Suffolk, Virginia Beach, Hampton, Newport News, Poquoson, Williamsburg, and the counties of Isle of Wight, James City, Gloucester, Mathews, and York and Currituck, North Carolina.

The Planning Council is comprised of a minimum of twenty-eight members with a maximum of thirty-three appointed by the Mayor of Norfolk and is responsible for: (1) assessing the need for services; (2) establishing priorities for the allocation of federal HIV/AIDS service dollars under the Ryan White HIV/AIDS Treatment Modernization Act of 2006; (3) assessing the efficiency of the administrative mechanism; and (4) developing a comprehensive plan for the delivery of HIV services to PLWH/A within the Norfolk TGA. The goal of the Planning Council is to ensure that all persons living with the HIV disease in the Norfolk TGA have access to comprehensive medical care and support services.

The Greater Hampton Roads HIV Health Services Planning Council shall be representative of race, ethnicity, culture, gender, geography consumer and care service categories. Members of the Planning Council are selected for their expertise, knowledge, ability, and willingness to view the entire HIV/AIDS system and its unique characteristics, which form a Council reflective of the epidemic in the Greater Hampton Roads Transitional Grant Area. Council members represent the community, not the agency they are affiliated with.

Individuals who are appointed to the Planning Council agree to adhere to all Planning Council Bylaws and processes as well as federal, state, and local regulations applicable to the HIV planning process. To be considered for an appointment to the Council, all information requested on this application must be provided, and the application form must be signed. Please type or print clearly and return the completed application to:

The Greater Hampton Roads HIV Health Services Planning Council
741 Monticello Avenue, Room 201
Norfolk, VA 23510

Thank you for your interest in serving persons impacted by HIV disease.

**GREATER HAMPTON ROADS HIV HEALTH SERVICES
PLANNING COUNCIL**

MEMBERSHIP APPLICATION FORM

** The information you provide in Parts I, II, III, IV and V of this form is Public Information.

** The information you provide in **Part VI is Confidential**. The Health Resources and Services Administration (HRSA) requires that the HIV status of members of the Planning Council remain confidential.

Part I: Contact Information:

Name: _____

Home address: _____

City: _____ **State:** ____ **Zip Code:** _____

Home Phone Number: () _____

Current Place of Employment (*if applicable*): _____

Length of Employment: _____

Street Address: _____

City: _____ **State:** ____ **Zip Code:** _____

Work Phone Number: () _____

Fax Number (*if available*): () _____

Email Address (*if available*): _____

I prefer to receive phone calls and messages at Home Work

I prefer to receive mail at Home Work

Part II

Personal Information

Race/Ethnicity:

- White
 Black
 Asian

- American Indian
 Hispanic/Latino
 Unknown
-

Please check all of the Membership categories that apply to you and write your role within the organization:

- Health Care Providers, including Federally Qualified Health Centers
- Community-Based Organizations Serving Affected Populations and AIDS Services Organizations
- Social Service Providers, including Housing and Homeless Service Providers
- Mental Health Providers
- Local Public Health Agencies
- Hospital Planning Agencies or Health Care Planning Agencies
- Affected Communities, including people with HIV disease and historically underserved groups and subpopulations
- Non-Elected Community Leader
- State Government (including the State Medicaid Agency and the agency administering the program)
- Grantee
- CARE Act-Title I funded
- CARE Act-Title II funded
- CARE Act-Title IV funded
- CARE Act Part F funded
- Organizations addressing the needs of children, youth and families with HIV
- Housing opportunities for people with AIDS (HOPWA)
- Other federal HIV programs
- Person living with HIV/AIDS and Hepatitis C
- Person living with HIV/AIDS and Hepatitis B
- Other
-

Check three areas of interest or expertise in which you can contribute to the Planning Council:

- | | |
|--|---|
| <input type="checkbox"/> Needs of Men of color who have sex with men | <input type="checkbox"/> Non Medical Support |
| <input type="checkbox"/> Needs of Mental Health Services | <input type="checkbox"/> Health Planning |
| <input type="checkbox"/> Needs of Women, Infants, Children and Youth (WICY) HIV Services | <input type="checkbox"/> Evaluation |
| <input type="checkbox"/> Needs of Substance Abusers | <input type="checkbox"/> Primary Medical Care |
| <input type="checkbox"/> Quality Management | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Community Needs Assessment | <input type="checkbox"/> Prison Services |
| <input type="checkbox"/> Other: _____ | |
-

Volunteer Activities and Community Service (Please list past and present commitments)

- | | Check if Current |
|----------|--------------------------|
| 1. _____ | <input type="checkbox"/> |
| 2. _____ | <input type="checkbox"/> |
| 3. _____ | <input type="checkbox"/> |
| 4. _____ | <input type="checkbox"/> |
| 5. _____ | <input type="checkbox"/> |
| 6. _____ | <input type="checkbox"/> |
-

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

Part III **Conflict of Interest**

Do you, your spouse, your partner, or your child, have a relationship or affiliation with any of the organizations listed below? If the answer is yes, please state how or under what capacity.

- Bayview Plaza Pharmacy, Inc.
- AIDS Care Center for Education and Support Services (ACCESS)
- Center for the Comprehensive Care of Immune Deficiency (C3ID-EVMS)
- Community Psychological Resources
- Hampton, Newport News Community Services Board
- Health and Home Support Services, Inc.
- International Black Women's Congress (IBWC)
- Norfolk Community Health Center
- Norfolk Community Services Board
- Norfolk Department of Public Health
- Peninsula Institute for Community Health (PICH)
- Portsmouth Community Health Center (Healthy Smiles)
- Tidewater AIDS Crisis Taskforce (TACT)
- Urban League of Hampton Roads
- Virginia Beach Department of Health
- Williamsburg AIDS Network

Part IV

Commitment

1. Serving on the Planning Council requires serving on Boards and Committees. Are you committed to attending the regularly scheduled Planning Council meetings and Board Committee(s) meeting?

Yes

No

2. On what Planning Council Standing Committee(s) would you like to serve?

Priority Setting and Resource Allocations Committee

Needs Assessment and Comprehensive Planning Committee

Care Strategy Committee

Community Access Committee

Membership and Nominations Committee

Bylaws, Policies and Procedures Committee

Finance Committee

Part V

Signature and Date

Your application will remain on file for six months and remain active unless otherwise indicated.

Signature: _____

Date: _____

The answers to the following questions will remain CONFIDENTIAL and will NOT BECOME PUBLIC RECORD. These questions are necessary for the Planning Council to determine its compliance with Ryan White HIV/AIDS Treatment Modernization Act of 2006; that not less than 33% of the Membership of the Planning Council is persons living with HIV/AIDS.

Part VI Confidential Personal Information

I am Male Female Transgender

My sexual preference is: Heterosexual Gay/Lesbian
 Bisexual Choose not to disclose

I am a person living with HIV/AIDS Yes No

If yes, are you willing to self-identify as a person living with HIV/AIDS:
 Yes No

Have you been incarcerated in the last three years? Yes
 No
 Choose not to disclose

Please return this application and résumé to:

Greater Hampton Roads HIV Health Services Planning Council
Attention: Membership and Nominations Committee Chair
741 Monticello Avenue, Suite 201
Norfolk, VA 23510

For additional information, please call (757) 823 4401.
(You can also download application form from our website – www.ryanwhitenorfolk.org)