



GREATER HARTFORD RYAN WHITE PLANNING COUNCIL

CONFIDENTIAL NOMINATION FORM

Please Note: The completed nomination form will be reviewed only by the Membership Committee of the Planning Council. All information will be kept strictly confidential.

Name:
Work Address (if applicable):
Work Telephone (if applicable): Title:
Work Fax No. (if applicable): Work email (if applicable):
Home Address (if applicable):
Home Telephone No. (if applicable):
Home email (if applicable):

PLEASE IDENTIFY THE PRINCIPAL AREAS OF INTEREST OR EXPERTISE WHICH YOU CAN BRING TO THE PLANNING COUNCIL. (Check all that apply)

- Adolescent HIV Health Issues
Evaluation
Gay/Bisexual HIV Health Issues
HIV Prevention Issues
Non-medical Support Services
Primary Medical Care
Other (please specify):
Antiretroviral Therapies
Ex-offender/Prison Issues
General Public Health Issues
Mental Health Issues & Services
Pediatric HIV Health Issues
Substance Use/Abuse Issues and/or Services

In order to make sure that the Planning Council reflects the community of people living with HIV/AIDS, please indicate your race/ethnicity:

- African American/Black
Asian/Pacific Islander
Hispanic/Latino(a)
American Indian/Alaska Native
Caucasian/White
Other (Please indicate):

What is your gender (please check)? Male Female Transgender Age:

Exposure Category: MSM MSM/IDU IDU Heterosexual
Perinatal Other/Unknown/Not Reported

Please indicate in what town or city you reside in (please fill in):

Briefly describe why you are interested in becoming a member of the Ryan White Planning Council:

What categories can you fill on the Planning Council? (These are federally mandated) (*Check all that apply*)

- I am a person living with HIV/AIDS (PLWHA) who **IS NOT** employed by, on the Board of, or consultant to any agency receiving Ryan White Part A funds.
- I am a person living with HIV/AIDS who **IS** employed by, on the Board of, or consultant to any agency receiving Ryan White Part A funds.
- I am affected by HIV/AIDS as I know some one, love some one, live with someone, etc., who is HIV positive or living with AIDS.
- I am a formerly incarcerated individual or a person familiar with the need(s) of former prison inmates.
- I am a Health Care Provider, or work in a federally qualified health center.
- I work in an AIDS Service Organization or Community-Based Organization (serving PLWHA).
- I am a provider of HIV Prevention Services.
- I am a Mental Health Provider.
- I am a Substance Abuse Provider.
- I work in a local Public Health Agency.
- I work in a Hospital or Health Care Planning Agency.
- I am a non-elected Community Leader.
- I work with a State Medicaid Agency (DSS).
- I am a Ryan White *Part B* CARE Act Grantee (DPH).
- I work in a health center that receives *Part C* funding.
- I work with a Ryan White *Part D* CARE Act Grantee (care and services for women, infants, children and youth).
- I work with a Grantee Under Other Federally Funded HIV Programs *Part F* (Dental Reimbursement, AETC, *Special Project of National Significance*, etc.).
- I provide services to the homeless.
- I am a Faith-Based Service provider.

Please list any additional experience(s) you have related to HIV/AIDS (professional, community or personal):

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I understand that I am being considered for membership on the **Greater Hartford Ryan White Planning Council**. I am willing and able to attend monthly Planning Council meetings the first Wednesday of every month from 12:00 – 2:30 pm, and **to serve on at least one Council committee**.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_