



**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:	Title:
Work Address (if applicable):	Town/City:
Work Telephone (if applicable):	Work Email (if applicable):
Home Address (if applicable):	Town/City:
Home Telephone No. (if applicable):	Personal email (if applicable):

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

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

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

<input type="checkbox"/> African American/Black	<input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Caucasian/White
<input type="checkbox"/> Hispanic/Latino(a)	<input type="checkbox"/> Other (Please indicate):

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

**What is your age:**

**Or age range? (Please check)**    under 21    21- 49    50 - 69    over 70

**Please indicate in what town or city you reside 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 and check all that apply)*

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

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

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: