



**GREATER HARTFORD RYAN WHITE PART A 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) 18-24 25- 49 50 - 64 65+

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)*

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|--|
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> 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. |
| <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: