

GREATER HARTFORD RYAN WHITE PART A PLANNING COUNCIL

151 New Park Avenue Suite 14A Hartford, CT 06106

Tel. No. (860) 667-6388 x 5 e-mail RyanWhiteHartford@NCRMHB.ORG



Dear Applicant,

Attached is an application for Membership on the Greater Hartford Ryan White Planning Council. Please complete both pages of the attached application. A few of the questions ask for sensitive and personal information. We thank you in advance for your willingness to respond to these questions. We must ask these questions because federal government mandates require us to fill certain membership categories. The completed application form will be reviewed only by the Membership Committee of the Planning Council. All information will be kept strictly confidential.

Please mail the completed form for submission to the:

Greater Hartford Ryan White Planning Council
151 New Park Avenue Suite 14A
Hartford CT 06106

or you can email the form to: RyanWhiteHartford@NCRMHB.ORG.

If you have any questions please don't hesitate to call the Sou Thammavong, Ryan White Planning Council Support at 860-667-6388 extension 5. You may also give this application to any member of the Membership Committee.

Your willingness to participate in the Ryan White Planning Council is of the utmost importance. The Planning Council makes decisions about HIV related funding and HIV service priorities in Hartford, Tolland and Middlesex counties. The decision-making process is carried out by the people in our communities that reflect the HIV/AIDS epidemic, personally and professionally. The life-experience you bring to the Council is key to our success.

We thank you in advance for your application.

Sincerely,

Ryan White Hartford Planning Council
Membership Committee



**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)*

<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: