



**Metropolitan Jacksonville Area HIV Health Services
Planning Council
1809 Art Museum Drive, Suite 100
Jacksonville, FL 32207
Phone: (904) 630-3504 Fax: (904) 630-0361**

PLANNING COUNCIL MEMBERSHIP APPLICATION

Name: _____

Age: _____ DOB: _____ Sex: Male ____ Female ____ Transgender _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Ph: _____ Work ☐ Home ☐: _____ Email: _____

EMPLOYMENT (if applicable)

Company: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Position: _____

COMMUNITY INVOLVEMENT (if applicable)

Please list any events you have participated in that were connected to HIV awareness, prevention, or activism. Examples are World AIDS Day events, HIV Testing Day, AIDS Walk, Get Inspired 6K Run, health fairs, counseling at HIV testing sites, etc.

ORGANIZATIONS (if applicable)

Are you a member of any organization or group that promotes HIV awareness, prevention, or activism, such as World AIDS Day Committee, a CAB (i.e., Roses, Thorns), the Quilt Chapter, BCCC's Consumer Advisory Board, etc.?

ORGANIZATIONS/COMMUNITY INVOLVEMENT – OTHER (if applicable)

Are you involved in any community organizations or volunteer work, not specifically connected to HIV/AIDS, such as a food bank, clothing drive, youth program, neighborhood watch, or any other activity in your area?

Are you interested in applying for an open seat on the Jacksonville Planning Council?

☐ Yes ☐ No ☐ Would like more information, first

Each Planning Council member represents a specific, federally mandated category. Please check the Mandated Membership Category you are applying for. **SELECT ONLY ONE.**

<input type="checkbox"/> Affected Communities, including PLWHA (those either Infected or Affected by HIV/AIDS)	<input type="checkbox"/> Other Federal HIV Programs, including HOPWA, CDC, and HIV Prevention
<input type="checkbox"/> Community Based or AIDS Service organizations	<input type="checkbox"/> Local Public Health Agencies
<input type="checkbox"/> Social Service Providers, Housing & Homeless	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Mental Health or Substance Abuse Providers	<input type="checkbox"/> Grantee under Part ‘B’
<input type="checkbox"/> Health Care Providers, FQHC	<input type="checkbox"/> Grantee under Part ‘C’
<input type="checkbox"/> Hospital or Health Care Planning Agencies	<input type="checkbox"/> Grantee under Part ‘D’
<input type="checkbox"/> Representative of, or individual who was formerly a federal, state, or local prisoner	<input type="checkbox"/> Non-Elected Community Leaders

<p><u>Your HIV Status:</u></p> <p><input type="checkbox"/> HIV+ and will publically disclose status</p> <p><input type="checkbox"/> HIV+ and will not publically disclose status</p> <p><input type="checkbox"/> Affected, but not HIV infected</p> <p><input type="checkbox"/> HIV-</p> <p><input type="checkbox"/> HIV status is unknown or will not disclose</p>	<p>Regardless of your HIV status, do you consider yourself Aligned or Unaligned?</p> <p><i>[Aligned is someone who is employed by, or is an officer or director of an agency that receives Ryan White funding, such as Dept. of Health, Lutheran Social Services, NFAN, AHF, UF CARES, etc.]</i></p> <p><input type="checkbox"/> I consider myself Aligned</p> <p><input type="checkbox"/> I consider myself Unaligned</p> <p><input type="checkbox"/> I am a Volunteer OR I am not sure if I would be considered Unaligned</p> <p><input type="checkbox"/> I do not wish to disclose at this time</p>
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Each member brings their unique experience and interest to the Council. Please let us know what three areas of interest or expertise **you can contribute** to the Jacksonville Planning Council.

PLEASE CHECK THREE ITEMS LISTED BELOW:

- | | |
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| <input type="checkbox"/> Gay/bisexual men HIV health needs | <input type="checkbox"/> Mental health issues or services |
| <input type="checkbox"/> Women HIV health needs | <input type="checkbox"/> Public health |
| <input type="checkbox"/> Pediatric/child HIV health needs | <input type="checkbox"/> Health and/or social services planning |
| <input type="checkbox"/> Adolescent HIV health needs | <input type="checkbox"/> Other non-medical support issues or services |
| <input type="checkbox"/> Injecting drug users HIV health needs | <input type="checkbox"/> Substance use/abuse issues or services |

Why do you want to join the Jacksonville Planning Council?

List experience/background in HIV/AIDS (please be brief)

The Jacksonville Planning Council requires its members to:

- Attend all Planning Council meetings (two excused meetings per year is allowed)
- Attend Pre-Orientation and any training sessions conducted for the Planning Council
- Participate on at least one Committee
- Review each Planning Council packet for upcoming meetings, and be prepared to participate during the Council meeting
- Devote five to six hours per month on Planning Council business, including attending committee meetings and reviewing information
- Complete a Conflict of Interest form and adhere to the Council's Rules of Conduct

If appointed, will you be able to follow through on these requirements?

☐ Yes ☐ No

Signature

Date

MEMBERSHIP: COMPOSITION/REPRESENTATION

Affected Communities , including people living with HIV/AIDS (PLWHA) who are aligned and who may or may not publically disclose their status; people who are affected by HIV including partners and family members; and historically underserved sub-populations.
Affected Community: people living with HIV/AIDS (PLWHA) who publically disclose their status and who are Unaligned.
Community-Based Organizations (CBO) serving affected populations and AIDS service organizations (ASO). Members must receive financial remuneration from or serve as an officer of a community-based organization or AIDS service organization that provides services to people living with HIV or AIDS.
Social Service Providers (including housing and homeless). Members must receive financial remuneration from or be an officer of an agency that provides social services.
Mental Health Providers. Members must receive financial remuneration from or be an officer of an agency that provides mental health, or the member must be a direct mental health care provider (i.e., counselor, social worker, etc.).
Substance Abuse Providers. Members must receive financial remuneration from or be an officer of an agency that provides substance abuse services, or the member must be a direct substance abuse health care provider (i.e., counselor, social worker, etc.).
Health Care Providers. Members must receive financial remuneration from or serve as an officer of an agency that provides direct health care, or the member must be a direct health care provider (i.e., physician, dentist, nurse, physician's assistant, etc.).
Hospital or Health Care Planning Agencies. Members must receive financial remuneration from or serve as an officer of an agency that is involved in the hospital or health care planning within the TGA.
Other Federal HIV programs , including but not limited to providers of HIV prevention services.
Representative of or formerly incarcerated person living with HIV (PLWHA) released in preceding three years and had HIV disease as of date of release.
Local Public Health Agencies. Members must be employed by the Health Department in the TGA.
State Medicaid Agency
State Part 'B' Agency
Grantee of Part 'C'
Grantee of Part 'D'
Non-Elected Community Leaders

For Official Use Only:

Application received: _____ Interviewed on: _____ Member of Committee? _____	Attended PC Meeting _____ Attended PC Meeting _____ Attended Pre-Orientation _____
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