



PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

Nomination for Membership - Application Form

1. Name _____
2. Home address _____

3. County of residence _____
4. Home phone _____
5. Home fax _____
6. Home E-mail address _____

If you are working, please complete items 7-14; otherwise go to item 15.

7. Name of organization _____
8. Address _____

9. Phone _____
10. Fax _____
11. E-mail address _____
12. Position in organization _____
13. Name and signature of person giving you the authority to make the time commitment necessary to participate in the Planning Council and at least one Council Committee _____

14. At which of the above addresses/phone numbers would you prefer us to contact you?
Circle: HOME or WORK

15. The Ryan White CARE Act requires that the Planning Council has representation from the following, please check the one category that best describes your nomination:
- Health care provider (i.e. CBO, Clinic, hospital, etc.) including federally qualified health center
 - Provider in a community based AIDS Service Organization
 - Social service provider
 - Mental health provider
 - Substance abuse provider
 - Local or County Public Health Agency
 - Hospital Planning or Health Care Planning Agency
 - A person with HIV or affected by HIV or someone from a historically under-served group or sub-population
 - Non-elected community leader (specify: _____)
 - New Jersey State Medicaid Agency
 - New Jersey Part B agency
 - Special Projects of National Significance Projects
 - Part C Health services organization such as Community and Migrant Health Center to support early intervention services
 - Organization funded by Part D or if none are operating in the area, a representative of organization with a history of servicing children, youth and families with HIV
 - AIDS Education & Training Center (AETC)
 - Dental Reimbursement Program
 - Other Federal HIV program (specify: _____)
 - Housing Opportunities for People With AIDS (HOPWA)
 - Centers for Disease Control & Prevention projects. Please specify type of project: _____
 - National Institutes of Health and/or NMH project. Please specify type of project: _____
 - HIV/AIDS Consortia and/or County HIV Task Forces (specify: _____)
 - Recently Incarcerated (or able to represent)
 - Other: Please specify: _____
16. Which of the following would you consider your areas of principal interest/expertise (please check \checkmark no more than three):
- Gay/bisexual men's HIV health needs
 - Women's HIV health needs
 - Pediatric HIV health needs
 - Adolescent HIV health needs
 - General public health
 - Substance use/abuse services, including injecting drug users' health needs
 - Mental health services
 - Other non-medical support services
 - Evaluation
 - Health planning
 - Primary care (Ambulatory/Outpatient)
 - Primary care (Anti-retroviral Therapies)
 - Other (e.g. Incarcerated) (specify: _____)
17. Please check any of the following skills where you have at least one year of experience (please check \checkmark all that apply):
- | | |
|--|--|
| <input type="checkbox"/> Community-based needs assessments/impact analysis | <input type="checkbox"/> Program development and/or evaluation |
| <input type="checkbox"/> Applied research in outcomes measurements | <input type="checkbox"/> Community-level interventions |
| <input type="checkbox"/> Community health planning | <input type="checkbox"/> Social and other strategic marketing |
| <input type="checkbox"/> Biostatistics including data collection & analysis | <input type="checkbox"/> Economic evaluation |
| <input type="checkbox"/> Epidemiological research | <input type="checkbox"/> Public health or corporate law |
| <input type="checkbox"/> Strategic planning | <input type="checkbox"/> HIV/AIDS support services |
| <input type="checkbox"/> Negotiations, mediations & arbitration | <input type="checkbox"/> Executive leadership & management |
| <input type="checkbox"/> Law (including contract law and criminal law) | <input type="checkbox"/> Academia (i.e. faculty, administrators, etc.) |
| <input type="checkbox"/> Behavioral science | <input type="checkbox"/> Entrepreneurial community developments |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Ministering religious services (i.e. AIDS Ministries) |
| <input type="checkbox"/> Quality improvement | <input type="checkbox"/> Care & treatment services |
| <input type="checkbox"/> Pharmaceutical research & development | <input type="checkbox"/> Clinical research & trials in HIV/AIDS |
| <input type="checkbox"/> Ryan White Parts A, B, C, D, E. Specify the type of activity _____ & Part _____ | |
| <input type="checkbox"/> Other: please specify: _____ | |

18. Please check all of the following at-risk populations to which you have access (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Gay/bisexual men | <input type="checkbox"/> Asian/Pacific Islanders |
| <input type="checkbox"/> Lesbian/bisexual women | <input type="checkbox"/> Native Americans |
| <input type="checkbox"/> Injecting drug users | <input type="checkbox"/> Out-of-school youths |
| <input type="checkbox"/> Sex partners of IDUs | <input type="checkbox"/> Sex industry workers |
| <input type="checkbox"/> Women | <input type="checkbox"/> Migrant workers |
| <input type="checkbox"/> Adolescents/young adults | <input type="checkbox"/> Immigrants |
| <input type="checkbox"/> Inmates & recently released | <input type="checkbox"/> Persons living with HIV |
| <input type="checkbox"/> African Americans | <input type="checkbox"/> Other? Please specify: _____ |
| <input type="checkbox"/> Latinos | |

19. Please summarize the number of years experience you have with HIV (personally and/or professionally), the range of related skills you possess, and how you feel these experiences and skills will benefits the Council in meeting care needs of the HIV/AIDS community in the Paterson-Passaic County - Bergen County HIV Health Services Planning Council. Feel free to attach your resume.

20. Applicant demographics: the Paterson-Passaic County - Bergen County HIV Health Services Planning Council and all of its committees strive for parity, inclusiveness and representation in the planning for HIV/AIDS services. Completing this portion of the form is optional, but it will greatly assist in meeting this important goal. Please check all that apply to you

- | | | |
|---|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Living with HIV/AIDS | <input type="checkbox"/> Female |
| <input type="checkbox"/> Latino | <input type="checkbox"/> Current/former injected drug user | <input type="checkbox"/> Male |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Gay/lesbian/bisexual/transsexual | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Sex industry worker | <input type="checkbox"/> Under 20 years old |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Partner/care giver to PLWHA | |
| <input type="checkbox"/> Immigrant | <input type="checkbox"/> Ryan White Part A funded service provider | |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | |

21. I hereby consent to have information about me as contained in this application form become available to the entire Council, members of the Committee(s) that I serve on, Council staff, staff at the City of Paterson, and HRSA (the federal funding source of the Ryan White grant). I also understand that I will be required to attend monthly Council meetings (usually lasting 2-3 hours) and will also require regular attendance (committee meetings are usually held monthly or bimonthly and last up to two hours; but could be more frequent and longer during periods of heavy activity).

Signature Date

Once completed, please return this form to:

Paterson-Passaic County-Bergen County HIV Health Services Planning Council
City of Paterson, Department of Health & Human Services
125 Ellison Street, 1st Floor
Paterson, NJ 07505
Attention: Sandra Gonzalez, Admin
Ryan White Grant Division