

Dutchess County HIV Health Services Planning Council

Committee Membership Application

(All information is kept confidential according to NY State Confidentiality Law)

Please complete the following pages. Applications may be returned by mail, fax or in person.

Name:	Mr. ()	_____		
	Ms. ()	_____		
	Miss ()	_____		
	Mrs. ()	(First)	(Middle)	(Last)
Home Address:	_____			
	(Street)			

	(City)	(State)	(Zip)	
Contact Info:	_____			
	(Home Phone)	(Other phone)		

	(Work Phone)	(Email)		

	Fax #	(Pager)		
Mailing Address:	_____			
	(Street)			

	(City)	(State)	(Zip)	
Employer (if applicable):	_____			
Occupation/Position/Title:	_____			
What is your ethnicity?	() African American	() Hispanic		
	() White	() Other	_____	
What is your gender:	() Female	() Male	() Transgender	

Planning Council Committee Membership

Committee Membership: Committee members are expected to serve on one committee and to attend scheduled committee meetings. Committee members should plan to devote a minimum of two hours per month to committee activities.

Please check the following categories you feel you can represent. We encourage and welcome participation by people not represented by these categories.

- 1. Health care provider (including Federally Qualified Health Center, treatment, and planners).
- 2. Community based organizations serving affected populations and AIDS-service organizations.
- 3. Social-service providers, including housing and homeless-service providers.
- 4. Mental health providers.
- 5. Substance-abuse providers.
- 6. Local public health agencies.
- 7. Hospital planning agencies or health-care planning agencies.
- 8. Affected Communities, including people living with HIV-disease (PLWH), and historically under-served groups and subpopulations.
- 9. Non-elected community leaders.
- 10. State Medicaid agency.
- 11. State agency administering Ryan White Part B program.
- 12. Ryan White Part C program.
- 13. Organizations representing the needs of children, youth and families living with HIV.
- 14. Grantees under other Federal HIV programs, including HIV-prevention Programs.
- 15. Formerly-incarcerated PLWH or their representatives.
- 16. Dually affected-HIV/Hep.
- Other (Please specify): _____

Please check the committee you would like to join. If you would like additional information about a committee before choosing, please indicate by CIRCLING the appropriate box.

- Planning/Allocation Committee (plans for services, sets priorities, makes allocations)
- Evaluation Committee (evaluates service provision, grantee's administrative mechanism and handles special projects).
- Membership Committee (coordinates membership nominations, provides training and orientation of members).
- PLWH Advisory Committee (All PLWH are invited to attend the PLWH Advisory Committee. This committee is open to infected and affected community members only.)

-----If you prefer not to answer, simply skip this section -----

A person living with HIV does not have to disclose their HIV status.

Are you a person living with HIV disease? **Yes** **No**

Do you mind if this information is shared publicly? **Yes** **No**

Do you have any special needs that we should be aware of? _____
(i.e. access or transportation)

AFFILIATION DISCLOSURE

Whether you have a Conflict of Interest or not, please check the agencies with which you have been personally and/or professionally affiliated in the past six months.

- AIDS Related Community Services
- Catherine Street Community Center
- Dutchess Outreach, Inc
- Families First New York
- Hudson River Healthcare
- Institute for Family Health
- Saint Francis Hospital and its Health Centers
- Other (specify): _____

All members of the Planning Council and its committees are expected to assist in keeping the Planning Council focused on directing funds to meet the needs of individuals affected by the HIV epidemic and to further prevention and education efforts in the most expeditious manner possible without undue regard to the benefit to specific agencies or programs.

Signature _____

Date _____

REFERENCE		
Please provide at least one professional reference.		
Name of Reference	Phone #	Relationship

Please return the completed Committee Membership Application to

Dutchess County HIV Health Services Planning Council
29 N. Hamilton St., Rm. 221
Poughkeepsie, NY 12601
Tel: 845-452-8805
Fax: 845-452-8828
E-Mail: info@hivplanningdutchess.org