

# Nassau-Suffolk HIV Health Services Planning Council

## COMMITTEE PREFERENCE FORM

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **FAX:** \_\_\_\_\_  
\_\_\_\_\_ **EMAIL:** \_\_\_\_\_

Please use this form to identify the committee(s) that you are willing to serve on. Committee chairs will try to honor all requests however, this form does not guarantee placement on a particular committee. A letter will be sent to you in the mail to confirm your committee appointment. **Please remember to sign and date the bottom of this form.**

COMMITTEE CHOICE (please check your 1 <sup>st</sup> and 2 <sup>nd</sup> choice) refer to the back of this form for committee descriptions		List your qualifications, experience or reasons why you want to join this committee
#1	<input type="checkbox"/> Strategic Assessment and Planning <input type="checkbox"/> Quality Assurance and Membership <input type="checkbox"/> Consumer Involvement <input type="checkbox"/> Finance Sub-Committee	
#2	<input type="checkbox"/> Strategic Assessment and Planning <input type="checkbox"/> Quality Assurance and Membership <input type="checkbox"/> Consumer Involvement <input type="checkbox"/> Finance Sub-Committee	

**I am a Current Council member:**  YES  NO

**I am willing to serve on:**  1 COMMITTEE  2 COMMITTEES

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this form my mail, email or fax to:**

Nassau-Suffolk HIV Health Services Planning Council  
c/o United Way of Long Island  
819 Grand Boulevard  
Deer Park, NY 11729  
*Attn.: JoAnn Henn, Planning Associate*

Email: [joann@unitedwayli.org](mailto:joann@unitedwayli.org)  
Fax: 631-940-2550



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## COMMITTEE DESCRIPTIONS

### **Strategic Assessment & Planning (SAP) Committee**

This committee establishes and reviews statistical data and develops estimates of the HIV/AIDS population and their service needs. The Committee also sets priorities for the region and approves the amount of funding allocated to each priority by the Finance Subcommittee. In addition, this committee assists with the development of the Comprehensive Service Plan for the region.

### **Finance Subcommittee**

This subcommittee reports to the SAP Committee and is responsible for the allocation of funds to the priorities established by the SAP Committee. No member of this subcommittee can work for or be affiliated with an agency that is a recipient of Ryan White Part A funds.

### **Quality Assurance & Membership (QAM) Committee**

This committee is responsible for evaluating how well services meet community needs; identifying, reviewing and recommending members to the Planning Council; managing the established Council grievance process; and conducting an annual assessment of the administrative mechanism in the region. This committee works closely with the Consumer Involvement subcommittee to increase participation and involvement of infected/affected people and communities in Planning Council activities.

### **Consumer Involvement Subcommittee**

This subcommittee reports to the QAM Committee and is a joint committee with the Ryan White Part B Network. The subcommittee addresses issues affecting people living with HIV/AIDS (PLWH/A) from a consumer point of view. Part of the mission of this group is to encourage outreach, education, empowerment and advocacy for PLWH/A. Membership is restricted to consumers only.