

NASSAU-SUFFOLK HIV HEALTH SERVICES PLANNING COUNCIL MEMBERSHIP APPLICATION

THE NASSAU-SUFFOLK HIV HEALTH SERVICES PLANNING COUNCIL provides planning for the Long Island region and promotes the development of HIV/AIDS services that meet the needs of people living with HIV/AIDS. The Planning Council is responsible for setting the priorities and allocating funds received under Part A of the Ryan White HIV/AIDS Treatment Modernization Act.

THE SELECTION PROCESS: Anyone who wants to be considered for appointment to the Planning Council must complete this application; submit a resume or employment history form and a letter of reference. All applications are reviewed by the Planning Council's Membership Sub-Committee. Candidates will also be interviewed by the Membership Sub-Committee. Using the criteria described below, the Committee selects candidates for appointment and submits the nomination to the full Planning Council and respective county official for approval. Members are appointed for a three year term and may serve for two consecutive terms.

SELECTION CRITERIA: To meet legislative requirements and ensure a diverse and effective planning council, the selection of candidates is guided by the following legislative mandates:

- The Planning Council has at least one member to separately represent each legislatively defined categories of membership (as listed on page 2 of the application).
- In terms of race/ethnicity and gender, the membership of the Planning Council reflects the HIV epidemic in the Long Island region.
- At least 33 percent of members are consumers who are receiving HIV-related services from Part A funded providers, and are not employees, consultants or officers of any provider receiving Part A funds.
- All members have sufficient knowledge of the HIV epidemic in Long Island to allow for active participation in Council proceedings.

TIME COMMITMENT OF MEMBERSHIP: The critical nature of the Planning Council's work requires of all members a significant commitment of time. Members are expected to attend meetings of the full Council, which are held every other month on the 2nd Wednesday, from 9:30am-11:30am. Additionally, much of the work of the Council is accomplished by member participation in committees, which requires at least one additional 2-hour meeting per month. Because active participation is so vital to Planning Council proceedings, any member with excessive unexcused absences is subject to removal.

APPLICATION SUBMISSION: Before submitting the application, please check carefully to ensure that you have provided all the necessary information, including a resume or work history and letter of reference. Submit your application by mail to:

Nassau-Suffolk HIV Health Services Planning Council
Attn: Membership Sub-Committee
c/o United Way of Long Island
819 Grand Boulevard ▪ Deer Park, NY 11729

NASSAU-SUFFOLK PLANNING COUNCIL

MEMBERSHIP APPLICATION

To help us process your application, please answer all questions.

- If a question does not pertain to you, enter “N/A.”
- Type or print clearly.

Date Completed:

CONTACT INFORMATION	
NAME	
ORGANIZATION (IF APPLICABLE)	
MAILING ADDRESS	
WORK OR HOME PHONE	
MAY WE CALL YOU AT HOME OR WORK?	
CELL PHONE	
E-MAIL ADDRESS	

DEMOGRAPHICS			
GENDER	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender/non-binary
RACE/ETHNICITY	<input type="checkbox"/> African-American	<input type="checkbox"/> Latino/Latina	<input type="checkbox"/> White
<input type="checkbox"/> Asian/Pacific	<input type="checkbox"/> Native American	<input type="checkbox"/> Other _____	<input type="checkbox"/> Decline to answer
COUNTY	<input type="checkbox"/> Nassau	<input type="checkbox"/> Suffolk	
HIV STATUS	<input type="checkbox"/> I am a person living with HIV/AIDS	<input type="checkbox"/> I am <u>NOT</u> a person living with HIV/AIDS	<input type="checkbox"/> Status unknown or decline to answer
PART A CONSUMER	Do you receive—or are you the parent/guardian of a child who receives—HIV-related services from an agency that receives Ryan White Part A funding?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
DATE OF BIRTH	___/___/___ (MM/DD/YY)		

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REPRESENTATION
Below are the legislatively defined categories of membership. Please tell us which of the following groups you represent.
<input type="checkbox"/> Health care providers
<input type="checkbox"/> Community based/AIDS service organizations
<input type="checkbox"/> Housing/homeless service provider
<input type="checkbox"/> Social service providers
<input type="checkbox"/> Mental health providers
<input type="checkbox"/> Substance abuse providers
<input type="checkbox"/> Local public health agencies
<input type="checkbox"/> Hospital planning agencies/health care planning agencies
<input type="checkbox"/> Non-elected community leaders
<input type="checkbox"/> Prevention Provider
<input type="checkbox"/> Grantees under other Federal HIV programs (organizational designee)
Affected communities including:
<input type="checkbox"/> Individuals infected with HIV disease
<input type="checkbox"/> Caregiver of HIV infected minor child
<input type="checkbox"/> HIV positive formerly incarcerated/released within past three years or their representative
<input type="checkbox"/> PLWH/A co-infected with Hepatitis C or B
<input type="checkbox"/> HIV positive Federally recognized Indian tribe
Briefly describe why you feel qualified to represent the group(s) you chose above.

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EXPERIENCE & BACKGROUND		
Please include a resume or complete the enclosed "Employment History" Form		
Do you have an interest or expertise in any of the following? Check all that apply.		
Gay/Bisexual Men's HIV Health Needs	<input type="checkbox"/> Interest	<input type="checkbox"/> Expertise
Injection Drug User's HIV Health Needs	<input type="checkbox"/> Interest	<input type="checkbox"/> Expertise
Women's HIV Health Needs	<input type="checkbox"/> Interest	<input type="checkbox"/> Expertise
Pediatric/Adolescent HIV Health Needs	<input type="checkbox"/> Interest	<input type="checkbox"/> Expertise
General Public Health	<input type="checkbox"/> Interest	<input type="checkbox"/> Expertise
Substance Use/Abuse Services	<input type="checkbox"/> Interest	<input type="checkbox"/> Expertise
Mental Health Services	<input type="checkbox"/> Interest	<input type="checkbox"/> Expertise
Other Non-Medical Support Services	<input type="checkbox"/> Interest	<input type="checkbox"/> Expertise
Health Planning	<input type="checkbox"/> Interest	<input type="checkbox"/> Expertise
What experience do you have with HIV/AIDS		
How did you learn about the Planning Council?		
How would your participation on the Planning Council benefit people living with HIV/AIDS?		

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AFFILIATION	
<ul style="list-style-type: none"> • Identify any agency where you serve as employee, consultant, or board member. • Do not include service on consumer advisory boards or as an unpaid volunteer. • Agency affiliation does not disqualify you for appointment, but may require that you not participate in certain voting procedures. 	
AGENCY	CAPACITY (employee, consultant, board member)

Applicant Signature	
<p>I understand that the information on this form will be shared with the Membership Sub-Committee of the Nassau-Suffolk HIV Health Services Planning Council and the United Way staff to the Planning Council. If I am nominated, this information will be shared with the Planning Council and the Counties of Nassau and Suffolk. If I am appointed as a member, the information on this form may be used for reporting to the Health Resources and Services Administration (HRSA) on the composition of the Planning Council.</p>	
Applicant signature →	
Date	

Application Check List
<p>Before submitting your application, please be sure that:</p>
<ul style="list-style-type: none"> o You have answered all questions on the application
<ul style="list-style-type: none"> o You have attached your resume if you have one or filled out the Employment History form
<ul style="list-style-type: none"> o You have submitted a letter of reference (the letter can be from someone who knows you through your volunteer activities, a member of the clergy, your employer, or a character reference from a person you have known for at least one year.)