



San Diego County HIV Planning Group (HPG)

MEMBERSHIP APPLICATION – Optional information

The mission of the HIV Planning Group is to plan for the delivery of HIV services to reduce the impact of HIV. To help us process your membership application to the HIV Planning Group, please provide all the information requested. You may enter N/A (not applicable) where appropriate. ***Please type or print clearly.*** If there is any part of the application you do not understand, please contact the HIV Planning Group Support Staff of the HIV, STD, and Hepatitis Branch (HSHB) of Public Health Services at HPG.HHSA@sdcounty.ca.gov.

Optional Personal Information (will not be filed or forwarded with the remainder of the application.)

Name:

I am a person living with HIV/AIDS: Yes No Decline to Answer

(NOTE: This information will only be available to the HIV Planning Group Membership Chair and Support Staff.)

If "yes," as a member of the HIV Planning Group, I am willing to self-identify as a person living with HIV/AIDS.

Yes No



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Section 1: Contact Information

Name:

Home Address:

City:

State:

ZIP Code:

Home Phone Number:

Current Employer (if applicable):

Work Address:

City:

State:

ZIP Code:

Work Phone Number:

Cell Phone Number:

Accept Text Messages?
 Yes No

Personal Email:

Fax Number (if available):

Work Email:

Please be aware that the HIV Planning Group is a public body. You will receive emails and phone calls from HSHB and members of the HIV Planning Group. How do you prefer to receive communication?

I prefer to receive phone calls and messages at: Personal Cell Work Cell

I prefer to receive emails at: Personal Email Work Email

Section 2: Personal Information

The composition of the HIV Planning Group is required to (1) reflect the demographics of the HIV/AIDS epidemic in San Diego County, (2) include representation from a range of federally mandated categories, and 3) include representation from impacted communities. The gender, race/ethnicity, and HIV status categories on this form are required by our federal funding sources to monitor and measure reflectiveness and representation on the HIV Planning Group. By providing information for the following sections A - H, you will help ensure the HIV Planning Group reflects parity, inclusion, and representation (PIR) of those impacted by HIV/AIDS in San Diego County.

<p>A. I am:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Male</td> <td style="width: 25%;"><input type="checkbox"/> Female</td> <td style="width: 25%;"><input type="checkbox"/> Non-Binary</td> <td style="width: 25%;"><input type="checkbox"/> Decline to answer</td> </tr> <tr> <td><input type="checkbox"/> Transman</td> <td><input type="checkbox"/> Transwoman</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Decline to answer	<input type="checkbox"/> Transman	<input type="checkbox"/> Transwoman	<input type="checkbox"/> Other	
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<input type="checkbox"/> Transman	<input type="checkbox"/> Transwoman	<input type="checkbox"/> Other						
<p>B. Please describe your ethnic origin. (Please check ONLY ONE, the most prominent):</p> <p><input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE: All persons having origins in any of the original peoples of North and South America (including Central America) and who maintain cultural affiliation or community recognition.</p> <p><input type="checkbox"/> ASIAN: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p><input type="checkbox"/> BLACK/AFRICAN AMERICAN: All persons having origins in any of the original Black racial groups of Africa.</p> <p><input type="checkbox"/> HISPANIC/LATINO: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.</p> <p><input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><input type="checkbox"/> WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p>								
<p>C. What is your age:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> 18-24 years old</td> <td style="width: 25%;"><input type="checkbox"/> 25-34 years old</td> <td style="width: 25%;"><input type="checkbox"/> 35-44 years old</td> <td style="width: 25%;"><input type="checkbox"/> 45-54 years old</td> </tr> <tr> <td><input type="checkbox"/> 55-64 years old</td> <td><input type="checkbox"/> 65-74 years old</td> <td><input type="checkbox"/> 75 years or older</td> <td><input type="checkbox"/> Decline to state</td> </tr> </table>	<input type="checkbox"/> 18-24 years old	<input type="checkbox"/> 25-34 years old	<input type="checkbox"/> 35-44 years old	<input type="checkbox"/> 45-54 years old	<input type="checkbox"/> 55-64 years old	<input type="checkbox"/> 65-74 years old	<input type="checkbox"/> 75 years or older	<input type="checkbox"/> Decline to state
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<p>D. I understand the process and procedures of the HIV Planning Group: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>E. Number of HIV Planning Group meetings attended in the last 6 months: _____</p> <p>F. Number of committee meetings attended in the last 6 months: _____</p> <p><i>(It is suggested that you attend at least two (2) meetings prior to becoming a member: one (1) committee meeting and one (1) HIV Planning Group meeting.)</i></p>								
<p>G. I am currently a member of the following community liaison and/or affiliated groups and/or have the following relevant experience:</p>								
<p>H. I understand that it's a requirement to participate in at least one of the committees listed below.</p> <p><input type="checkbox"/> Strategies and Standards Committee – 1st Tuesday of every other month</p> <p><input type="checkbox"/> Steering Committee – Every 3rd Tuesday of the month</p> <p><input type="checkbox"/> Membership Committee – Every 2nd Wednesday of the month</p> <p><input type="checkbox"/> Priority Setting & Resources Allocation Committee – 2nd Thursday of every other month</p> <p><input type="checkbox"/> Community Engagement Group – Every 3rd Wednesday of the month</p> <p><input type="checkbox"/> Medical Standards & Evaluation Committee – 2nd Tuesday (4 times a year)</p>								

I. I qualify to serve as an HIV Planning Group member in one of the following seats (Please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> General member | <input type="checkbox"/> Board of Supervisors designee: Districts 1 - 5 |
| <input type="checkbox"/> Health care providers, including Federally Qualified Health Centers (FQHC) | <input type="checkbox"/> Community-based organization serving affected populations and AIDS service organization |
| <input type="checkbox"/> Recipient of other federal HIV programs – prevention provider | <input type="checkbox"/> Recipient of other federal HIV programs – Part F, AIDS Education and Training Center and/or Ryan White dental provider |
| <input type="checkbox"/> Social service provider, including providers of housing and homeless services | <input type="checkbox"/> Local public health agency: HHSA director or designee |
| <input type="checkbox"/> Recipient of other federal HIV programs – Veterans Administration | <input type="checkbox"/> Local public health agency – PH officer or designee |
| <input type="checkbox"/> Substance use treatment provider | <input type="checkbox"/> Recipient of other federal HIV programs – HOPWA/HUD* |
| <input type="checkbox"/> Mental health provider | <input type="checkbox"/> Non-elected community leader |
| <input type="checkbox"/> Prevention services consumer/advocate | <input type="checkbox"/> HIV testing representative |
| <input type="checkbox"/> Representative of individuals who formerly were federal, state, or local prisoners, were released from custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date of release | <input type="checkbox"/> Prevention services consumer |
| <input type="checkbox"/> Prevention intervention representative | <input type="checkbox"/> Affected communities include people with HIV/AIDS, members of a federally recognized Indian tribe as represented in the population, individuals co-infected with Hepatitis B or C, and historically underserved groups and/or subpopulations |
| <input type="checkbox"/> Recipient of Ryan White Part C | <input type="checkbox"/> Hospital planning agency or health care planning agency |
| <input type="checkbox"/> State government – State Medicaid | <input type="checkbox"/> Recipient of Ryan White Part D |
| | <input type="checkbox"/> State Government – CDPH Office of AIDS (OA) Part B |

**Housing Opportunities for Persons with AIDS (HOPWA) / Housing and Urban Development (HUD)*

Please list any agency affiliations (work and or board membership):

-
-
-

Section 4: Signature and Date

I agree that the information provided in this application (including attachments) is true and correct to the best of my knowledge.

Signature: _____

Date: _____

If any information on your application changes or you wish to withdraw your application from consideration by the HIV Planning Group Membership Committee, please contact the HIV, STD & Hepatitis Branch as soon as possible. Please note that membership interviews will be conducted as needed. If you have any other questions or comments, contact HPG Support Staff at HPG.HHSA@sdcounty.ca.gov.

**COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY
HIV, STD, and Hepatitis Branch
ATTN: HIV PLANNING GROUP SUPPORT
690 Oxford Street, Suite #301, Mail Stop: P-505
Chula Vista, CA 91911**