



San Diego County HIV Planning Group (HPG)

MEMBERSHIP APPLICATION

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 of 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 that you do not understand, please contact HIV planning group support staff at the HIV, STD and Hepatitis Branch (HSHB) of Public Health Services at: 619-293-4700.

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

E-mail Address:

(personal)

(work)

Fax Number (if available): ()

Please be aware that the HIV Planning Group is a public body. You will receive mail and phone calls from the HIV, STD and Hepatitis Branch and members of the HIV Planning Group. Would you prefer to receive phone calls, messages, and/or e-mail at home or at work?

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

I prefer to receive email at: ☐ Personal ☐ Work

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 those 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-J, you will help ensure the HIV Planning Group reflects parity, inclusion and representation (PIR) of those impacted by HIV/AIDS in San Diego County.

A. I am: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div><input type="checkbox"/> Male</div> <div><input type="checkbox"/> Transman</div> <div><input type="checkbox"/> Non-Binary</div> <div><input type="checkbox"/> Decline to Answer</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div><input type="checkbox"/> Female</div> <div><input type="checkbox"/> Transwoman</div> <div><input type="checkbox"/> Gender Non-Conforming</div> <div><input type="checkbox"/> Other: _____</div> </div>				
B. I am a person living with HIV/AIDS: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer </div> <p>(NOTE: This information will only be available to the HIV Planning Group Membership Committee and support staff.)</p> <p>If "yes," as a member of the HIV Planning Group, I am willing to self-identify as a person living with HIV/AIDS?</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>				
C. My race is (please check most prominent): <div style="display: flex; flex-wrap: wrap; margin-top: 10px;"> <div style="width: 20%;"><input type="checkbox"/> American Indian or Alaskan Native</div> <div style="width: 20%;"><input type="checkbox"/> Black / African American</div> <div style="width: 20%;"><input type="checkbox"/> Hispanic / Latino / Chicano</div> <div style="width: 20%;"><input type="checkbox"/> More than one race</div> <div style="width: 20%;"><input type="checkbox"/> Decline to Answer</div> <div style="width: 20%;"><input type="checkbox"/> Asian</div> <div style="width: 20%;"><input type="checkbox"/> Native Hawaiian / Other Pacific Islander</div> <div style="width: 20%;"><input type="checkbox"/> White / Caucasian</div> <div style="width: 20%;"><input type="checkbox"/> Unknown/Other</div> </div>				
D. My ethnicity is: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown/Other <input type="checkbox"/> Decline to Answer </div>				
E. My date of birth is: ____/____/____				
F. I have an understanding of the process and procedures of the HPG: <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>				
G. Number of HPG meetings attended in the last 6 months: _____				
H. Number of subcommittee meetings attended in the last 6 months: _____ <small>(It is suggested that you attend at least two(2) meetings prior to becoming a member)</small>				
I. I am a currently a member of the following community liaison and/or affiliated groups, and/or have the following relevant experience: _____				
J. I am interested in becoming a voting member on the following committees (participation in at least one of the committees is required): <div style="display: flex; flex-wrap: wrap; margin-top: 10px;"> <div style="width: 50%;"><input type="checkbox"/> HIV Consumer Group</div> <div style="width: 50%;"><input type="checkbox"/> Membership Committee</div> <div style="width: 50%;"><input type="checkbox"/> Strategies & Standards Committee</div> <div style="width: 50%;"><input type="checkbox"/> Priority Setting & Resource Allocation Committee</div> </div>				

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

<input type="checkbox"/> Unaffiliated Consumer <ul style="list-style-type: none"> are receiving HIV-related services” from Ryan White Part A funded providers are not officers, employees, or consultants to any providers receiving Ryan White Part A funds, and “do not represent any such entity;” 	<input type="checkbox"/> Rep of individuals who formerly were federal, state, or local prisoners who were released from custody of the penal system during the preceding 3 yrs. and had HIV/AIDS as of date of release.
<input type="checkbox"/> Healthcare Provider, including Federally Qualified Health Center (FQHC)	<input type="checkbox"/> Board of Supervisors Designee: Districts 1 - 5
<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"/> Social Service 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"/> Mental Health Provider	<input type="checkbox"/> Recipient of other Federal HIV Programs – HOPWA / HUD
<input type="checkbox"/> Substance Abuse Treatment Provider	<input type="checkbox"/> Recipient of other Federal HIV Programs – Veterans Administration
<input type="checkbox"/> Local Public Health Agency: HHSA Director or Designee	<input type="checkbox"/> HIV Testing Representative
<input type="checkbox"/> Local Public Health Agency: Public Health Officer or Designee	<input type="checkbox"/> Prevention Intervention Representative
<input type="checkbox"/> Hospital Planning Agency or Health Care Planning Agency	<input type="checkbox"/> Affected community including people with HIV/AIDS, member of a federally recognized Indian tribe as represented in the population, individual co-infected with Hep B or C, and historically underserved group and/or subpopulation
<input type="checkbox"/> Non-elected Community Leader	<input type="checkbox"/> Prevention Services Consumer/Advocate
<input type="checkbox"/> Prevention Services Consumer	<input type="checkbox"/> State Government – State Medicaid
<input type="checkbox"/> State Government – CDPH Office of AIDS (OA) Part B	<input type="checkbox"/> Recipient of RW Part C
<input type="checkbox"/> Recipient of RW Part D	

Please list any agency affiliations (work and/or board member). If you need more space than provided, please attach a separate sheet of paper.

Section 3: Short Answer

Please respond briefly to the questions below. If you need more space than provided, please attach a separate sheet of paper.

1. The ability to work as a team member of a large and diverse group is crucial to the work of the HIV Planning Group. Teamwork allows the planning group to conduct business efficiently and to fulfill its mission successfully. **Please tell us about your ability to work as a member of a team.**

2. What special skills, knowledge, qualities, or life experience would you bring to the HIV Planning Group?

Please include a list of educational and professional degrees, certifications, credentials, or other experiences. You may attach a current resume and/or other documentation that you wish to provide.

3. Active member participation is vital to the work of the HIV Planning Group (HPG). The full board typically meets one time per month for two to three hours. HIV Planning Group members are also required to participate in at least one subcommittee which typically meets once per month, for two hours. **Please tell us about your ability to attend monthly planning group meetings and one committee meeting each month.**

4. Is there anything else you would like us to know about you?

Section 4: Attachments

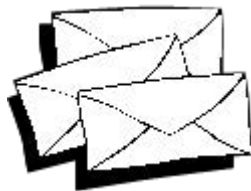
1. **Brief Biography**: Please write a brief biography (2-5 sentences) that describes your interests, accomplishments and experience related to the field of HIV/AIDS.
2. **Letter of Recommendation (optional)**: Please ask someone who knows you well (may be a colleague or personal) to write a letter of recommendation for you explaining how he/she knows you and describing your work in the area of HIV/AIDS and other issues, your community participations, your meeting skills, and any other personal qualities or experiences that you have.
3. **Were you referred by someone? If so, list the name of the individual (optional):**
4. **Do you have any limitations? (transportation, childcare, etc.):**

Section 5: 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 if 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, membership interviews will be conducted as needed. If you have any other questions or comments, call Support Staff at 619-293-4700.



Mail, FAX or email your completed application to:

**SAN DIEGO COUNTY HEALTH & HUMAN SERVICES AGENCY HIV,
STD and Hepatitis Branch
ATTN: HIV PLANNING GROUP SUPPORT
3851 Rosecrans Street, Suite #207, MS: P-505
San Diego, CA 92110-3115
FAX: (619)-296-2688
Email: HPG.HHSA@sdcounty.ca.gov**