



SAN DIEGO JOINT CITY / COUNTY HIV HOUSING COMMITTEE Membership Application

What is the HIV Housing Committee?

The HIV Housing Committee serves as an advisory body to the Director of the County of San Diego's Housing and Community Development Services (HCDS). It is the primary means of community participation in the planning and policy making process for Housing Opportunities for Persons With AIDS (HOPWA) funds allocated by the U.S. Department of Housing and Urban Development (HUD) each year for HIV/AIDS housing. It also provides guidance on unmet needs and recommendations for improving the efficiency of service delivery. Committee business is conducted every other month at public meetings held in central San Diego.

Who serves on the Committee?

The Committee currently consists of 15 persons representing diverse professional, community and consumer interests in HIV housing. It includes as a goal minimum of four HIV+ persons. Other interests represented on the Committee include housing finance, non-profit housing development, public housing agencies, housing for the homeless, post-incarcerated persons, communities of color, gays and lesbians, women, families and children, hemophilia, tuberculosis, alcohol and drug abuse, developmentally and physically disabled, and others.

How do I apply to serve on the Committee?

Complete both sides of this form and return it to:

**County of San Diego, Attn: HOPWA Program Analyst.
Housing and Community Development Services
3989 Ruffin Road, San Diego, CA 92123**

Applicant's Name _____ Date _____

Mailing Address _____
Address City Zip Code

Agency Name _____ Phone # _____

Fax # _____ E-mail Address _____

Demographic Data (check appropriate descriptions that apply to you)

HIV Status (you are not required to self-disclose): HIV+ HIV-

Gender: Male Female Transgender

Ethnicity: Anglo/White Latino/Hispanic
 African-American Native-American/Alaskan Native
 Asian/Asian-Pacific Islander

PLEASE ANSWER THE QUESTIONS ON THE REVERSE SIDE

Membership Categories (please check all appropriate categories that apply to you)

- | | | |
|---|---|---|
| <input type="checkbox"/> Families and children | <input type="checkbox"/> Physically disabled | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Communities of color | <input type="checkbox"/> Post-incarcerated | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Gay, lesbian, bisexual & transgender | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Alcohol and drug abuse | <input type="checkbox"/> Homeless/formally homeless | <input type="checkbox"/> Women |
| <input type="checkbox"/> Mentally ill | <input type="checkbox"/> Developmentally disabled | <input type="checkbox"/> Visually or hearing impaired |
| <input type="checkbox"/> Subsidized housing participant | <input type="checkbox"/> Advocate for new immigrants and undocumented persons | |

If you are not a consumer, please indicate your role:

- Caregiver
 Family member
 Other: please explain: _____

Please respond to the following:

Qualifications and/or experience regarding HIV and/or housing issues:

Why you are interested in serving on the Committee:

Signature: _____ **Date:** _____