

# MEMBERSHIP APPLICATION



The HIV Health and Human Services Planning Council of New York is charged with comprehensive planning of HIV services in the metropolitan area and with setting priorities for the allocation of funds received under Title I of the Ryan White Comprehensive AIDS Resources Emergency Act. Anyone who wants to be considered for appointment to the Planning Council must complete this application.

## The Selection Process

All applications for nomination are reviewed by the Rules and Membership Committee of the Planning Council. Using the criteria described below, the Committee selects candidates for appointment and submits a slate of nominees to the mayor. From this slate, the mayor chooses who will be appointed as members of the Planning Council. New members will receive a mayoral letter of appointment and, on September 1, begin a two-year term of service.

## Selection Criteria

To meet legislative requirements and ensure a diverse and effective planning council, the Rules and Membership Committee selects candidates guided by the following standards:

- The Planning Council has at least one member to separately represent each of 16 legislatively defined categories of membership (as listed on page 4 of the application).
- In terms of race/ethnicity, gender and geography, the membership of the Planning Council looks like the HIV epidemic in the New York metropolitan area.
- At least 33 percent of members are consumers who are receiving HIV-related services from Title I funded providers, and are not employees, consultants or officers of any provider receiving Title I funds.
- All members have sufficient knowledge of the HIV epidemic in New York to allow their 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 each monthly meeting of the full Council, which is usually 3 hours. 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. This means a bare minimum of 5 hours monthly; peak planning months may require twice that. 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, signed the Affirmation of Membership Commitment, and, if representing an agency, obtained the written approval of your supervisor or executive director.

To be considered, your application must be received by **Friday, June 11, 2004**. Submit your application by mail or hand delivery to:

PLANNING COUNCIL NOMINATIONS  
OFFICE OF AIDS POLICY COORDINATION  
40 WORTH ST, ROOM 1519, CN-1  
NEW YORK, NY 10013

If you have questions or need help with your application, call the Office of AIDS Policy Coordination at 212-788-2752, or e-mail Sean Dwyer at [sdwyer1@health.nyc.gov](mailto:sdwyer1@health.nyc.gov)



## MEMBERSHIP APPLICATION

To help us process your membership application, please provide the information requested.

- Please type or print clearly.
- Enter N/A (not applicable) where appropriate.
- Help is available by calling 212-788-2752 or by e-mailing [sdwyer1@health.nyc.gov](mailto:sdwyer1@health.nyc.gov)

**APPLICATIONS MUST BE RECEIVED BY FRIDAY JUNE 11**

NAME

HOME ADDRESS

CITY

STATE

ZIP CODE

PHONE

E-MAIL

WORK ADDRESS

CITY

STATE

ZIP CODE

PHONE

E-MAIL

### IF WE NEED TO REACH YOU...

MAY WE CALL YOU AT HOME?  YES  NO AT WORK?  YES  NO

MAY WE E-MAIL YOU AT HOME?  YES  NO AT WORK?  YES  NO

AT WHICH ADDRESS DO YOU PREFER TO RECEIVE MAIL?  HOME  WORK

## SECTION I: DEMOGRAPHICS

Your answers to the questions in this section help to ensure that the members of the Planning Council reflect the full diversity of communities affected by HIV/AIDS.

### 1 MY RACE/ETHNICITY

- White, not Hispanic     Black, not Hispanic  
 Hispanic     Native American/Alaska Native  
 Asian/Pacific Islander     Other     Decline to answer

### 2 MY GENDER

- Female     Male     Transgender

### 3 MY COUNTY OF RESIDENCE

- Bronx     Brooklyn     Manhattan     Queens  
 Staten Island     Westchester, Putnam, or Rockland  
 Other, please specify \_\_\_\_\_

### 4 MY HIV STATUS

I AM A PERSON LIVING WITH HIV/AIDS

- YES, please answer questions 4A & 4B  
 NO, please continue at Question 5  
 UNKNOWN OR Decline to Answer, please continue at Question 5

#### 4A MY AGE AT DIAGNOSIS

- Under 13     13 to 19  
 20 to 44     45 or older

#### 4B ARE YOU WILLING TO PUBLICLY DISCLOSE YOUR HIV STATUS?

- Yes     No     Unsure

### 5

DO YOU RECEIVE HIV-RELATED SERVICES FROM AN AGENCY THAT RECEIVES TITLE-I FUNDS?

-OR-

ARE YOU THE PARENT OR GUARDIAN OF A CHILD WHO RECEIVES HIV-RELATED SERVICES FROM AN AGENCY THAT RECEIVES TITLE-I FUNDS?  
[Please see the end of this application for a list of New York City Title-I funded agencies.]

- Yes     No     Unsure

## SECTION II: REPRESENTATION

- 6 **WHICH OF THE FOLLOWING GROUPS DO YOU REPRESENT?**  
Choose one, or up to three, that you could best represent on the Planning Council. If you choose more than one, number them in priority order (see example below).

**Example:**

- 2 Affected communities, including PLWH and h
- Health care providers, including federally quali
- 1 AIDS service organizations and CBOs servin
- 3 Social service providers
- Housing and homeless services providers

- Affected communities, including PLWH and historically underserved populations
- Health care providers, including federally qualified health centers
- AIDS service organizations and CBOs serving affected populations
- Social service providers
- Housing and homeless services providers
- Mental health providers
- Substance abuse providers
- Local public health agencies
- Hospital planning agencies or other health care planning agencies
- Non-elected community leaders
- State Medicaid agency
- State Title II Agency
- Title III grantees
- Title IV grantees
- Grantees of other Federal HIV programs, including HIV prevention programs
- Formerly incarcerated PLWH or their representatives

- 6A **BRIEFLY DESCRIBE WHY YOU FEEL QUALIFIED TO REPRESENT THE GROUP(S) YOU CHOSE IN QUESTION (6).**

### **SECTION III: EXPERIENCE & BACKGROUND**

PLEASE RESPOND BRIEFLY TO THE FOLLOWING QUESTIONS. IF YOU NEED MORE SPACE, YOU MAY ATTACH ONE SHEET OF PAPER AND CONTINUE YOUR ANSWER(S) THERE. IF YOU HAVE A RESUME, PLEASE ATTACH IT ALSO (THIS IS NOT REQUIRED).

**7 TELL US WHAT ABOUT YOURSELF MAKES YOU A GOOD CANDIDATE FOR THE PLANNING COUNCIL.**

**8 DESCRIBE YOUR REASONS FOR WANTING TO BE A MEMBER OF THE PLANNING COUNCIL.**

**9 HOW WOULD YOUR PARTICIPATION ON THE PLANNING COUNCIL BENEFIT PEOPLE LIVING WITH HIV/AIDS?**

**10 REGULAR AND ACTIVE PARTICIPATION OF ALL MEMBERS IS VITAL TO THE WORK OF THE PLANNING COUNCIL. PLEASE TELL US ABOUT YOUR ABILITY TO ATTEND MONTHLY MEETINGS AND TO BE INVOLVED IN PLANNING COUNCIL ACTIVITIES**

## SECTION IV: AFFILIATION

**IDENTIFY ANY TITLE-I FUNDED AGENCIES FOR WHICH YOU SERVE AS AN EMPLOYEE, CONSULTANT, OR BOARD MEMBER. DO NOT INCLUDE ANY AGENCY FOR WHICH YOU SERVE ON THE CONSUMER ADVISORY BOARD OR AS AN UNPAID VOLUNTEER. AGENCY AFFILIATION DOES NOT DISQUALIFY YOU FOR APPOINTMENT, BUT MAY REQUIRE THAT YOU NOT PARTICIPATE IN CERTAIN VOTING PROCEDURES.**

[Please see the end of this application for a list of New York City Title-I funded agencies.]

I DO NOT SERVE AS AN EMPLOYEE, CONSULTANT OR BOARD MEMBER FOR ANY TITLE-I FUNDED AGENCY.

**I SERVE AS (CHECK WHICH EVER APPLY)...**

EMPLOYEE     CONSULTANT     BOARD MEMBER

**FOR (ENTER AGENCY NAME)...**

FOR ADDITIONAL AGENCY AFFILIATIONS, CONTINUE ON ANOTHER SHEET

## SECTION V: AFFIRMATION OF MEMBERSHIP COMMITMENT

**IF APPOINTED BY THE MAYOR, I WILL COMMIT TO THE FOLLOWING:**

- SERVE ON THE COUNCIL AND ON A COMMITTEE (A MINIMUM 5-HOURS PER MONTH)
- PARTICIPATE IN ALL PLANNING COUNCIL MEETINGS
- PREPARE FOR EACH MEETING BY READING ANY PRE-DISTRIBUTED MATERIALS
- CONSIDER THE NEEDS OF THE COMMUNITY AS A WHOLE AND NOT ALLOW MY CONCERN TO BE LIMITED TO PERSONAL OR SPECIAL INTERESTS.
- DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST BEFORE THE COUNCIL OR ITS CONSTITUENT BODIES.

**I HAVE CONSIDERED MY PERSONAL AND PROFESSIONAL COMMITMENTS AND OBLIGATIONS AND DO NOT FORESEE THEM AS A BARRIER TO MY ACTIVE PARTICIPATION IN PLANNING COUNCIL PROCEEDINGS. I CERTIFY THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE TRUE AND CORRECT.**

APPLICANT SIGNATURE

DATE

APPLICANTS WHO INTEND TO REPRESENT AN AGENCY SHOULD OBTAIN WRITTEN APPROVAL FROM A SUPERVISOR OR THE AGENCY EXECUTIVE DIRECTOR. THEIR SIGNATURE BELOW AFFIRMS AGREEMENT TO ALLOW THE APPLICANT THE NECESSARY TIME TO FULFILL PLANNING COUNCIL OBLIGATIONS AS OUTLINED ABOVE.

**I HAVE READ THE ABOVE COMMITMENTS AND ALLOW THE APPLICANT, IF APPOINTED BY THE MAYOR, THE TIME TO FULFILL OBLIGATIONS AS A MEMBER OF THE HIV HEALTH AND HUMAN SERVICES PLANNING COUNCIL OF NEW YORK.**

SUPERVISOR or E.D. SIGNATURE

DATE