



Membership Application

The Application Process

Complete this application, and be sure to sign the Statement of Member Commitment.

Return the completed form to:

Planning Council Support
976 Lenzen Avenue, Second Floor
San Jose, CA 95126
Fax: 408-792-5041

- Once received, your application will be reviewed to ensure it is complete. We will contact you to confirm we have received it.
- Your application will then be added to the pool of applications for the Council Development Committee to review.
- At each Council Development Committee meeting, the membership profile of the Planning Council is reviewed. If new members are needed, the committee will review all of the current applications.
- If your application is selected, you will be contacted to confirm you wish to participate. If you agree, you will be recommended to the Santa Clara County Board of Supervisors for appointment to the Planning Council. Generally, it will take about a month for the Board to approve your appointment.
- If your application is not selected right away, don't worry! New members are appointed as vacancies occur on the Council, so sometimes it can take a while. We will keep your application active for one year, and will keep you informed of the status of your application. You are welcome to take part in any of our meetings as a member of the public or to join one of the Council's committees.

Contact the HIV Planning Council

Email: HIVPlanningCouncil@phd.sccgov.org
Phone: 408-792-5210 **Fax:** 408-792-5041
Address: HIV Planning Council Support
976 Lenzen Avenue, Second Floor
San Jose, CA 95126

Visit our website: www.SCCHIVPlanningCouncil.org

About the HIV Planning Council

The Santa Clara County HIV Planning Council is a community group appointed by the Santa Clara County Board of Supervisors to serve as the HIV Planning Council For Prevention and Care.

Ryan White HIV/AIDS Program Part A funds go to Transitional Grant Areas (TGAs) that have been hit hardest by the HIV epidemic, and are used to meet the emergency service needs of people living with HIV and AIDS that are not met by any other health care programs.

Our Mission

It is the mission of the Santa Clara County HIV Planning Council for prevention and care to create an effective, compassionate and comprehensive system of health care and other support for people living with HIV/AIDS in Santa Clara County.

HIV Planning Council Committees

Quality and Standards: The role of the Quality & Standards Committee is to perform the monitoring and evaluation, strategy development, standard setting, and other related activities delegated to it by the Executive Committee.

Council Development: Recruits and sustains a diverse Council membership that is reflective of the various communities impacted by HIV/AIDS within the TGA. Insures that the Council be comprised of members experienced in the delivery and receipt of HIV/AIDS health or human services, and in accordance with specific representation requirements of the Ryan White HIV/AIDS Program.

Education and Awareness: The role of the Education and Awareness Committee is to perform the health education, risk reduction, outreach, awareness, resource inventory, and other related activities delegated to it by the Executive Committee.

Planning and Resources: The role of the Planning and Resources Committee is to perform the planning, priority setting and resource allocation process, system assessment, and related activities delegated to it by the Executive Committee.

Funding for the HIV Planning Council is provided by the Department of Health and Human Services— Health Resources and Services Administration, and the Santa Clara County Public Health Department—HIV/AIDS Prevention and Control Program.



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All information in this application is confidential. It is seen only by the Planning Council Support and Board of Supervisors staff during the application review and nomination process.

Contact Information *(please print)*

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Home phone: _____

Alternate phone: _____

Preferred way to be contacted between 9:00 am and 5:00 pm?

Home Phone Alternate Phone Email

May we add you to our email list? Yes No

Agency/Organization Affiliation *(if applicable)*

Job Title: _____

Organization: _____

PLEASE READ AND SIGN THIS SECTION

Statement of Member Commitment

If appointed as a member of the Planning Council, I will commit to the following:

Check off each statement to show your commitment

- I confirm that, to the best of my ability, I am able to attend the regularly scheduled monthly Planning Council meeting (currently the second Tuesday of each month, from 6:00 pm to 8:00 pm). I will notify Planning Council Support in advance if I am unable to a meeting. **If you are not able to attend the monthly Council meeting on a regular basis, you cannot be considered for Planning Council membership.**
- I understand the membership on the Planning Council is a three (3) year commitment. I have considered my personal and professional commitments and do not foresee them as a barrier to my full participation on the Planning Council.
- I agree to abide by the Bylaws, policies and procedures of the Planning Council.
- I agree to participate in Planning Council functions from beginning to adjournment.
- I understand I will need to prepare for meetings by carefully reading all pre-distributed materials.
- When I make recommendations and/or decisions, I agree to consider the HIV community as a whole, rather than just special interests or my personal perspectives.
- I agree to disclose any conflicts of interest I may have relative to issues that come before the Council and/or Committees.
- I certify that all statements and representations made in this application are true and correct.

Signature

Date

Member Demographics

Gender:

- Female
- Male
- Transgender
- Other

Current age:

- 13 to 19 years
- 20 to 44 years
- 45+ years

Race/Ethnicity:

- White, not Hispanic
- Black, not Hispanic
- Asian/Pacific Islander
- Hispanic
- American Indian/Alaska Native
- Multi-race (more than one)
- Prefer not to specify
- Other: _____

To ensure appropriate representation, the HIV Planning Council is required to include consumer members who are publicly living with HIV. Your HIV status is protected health information under state and federal law, and cannot be released without your consent. Your consent is voluntary.

HIV status:

- Positive
- Negative
- Prefer not to specify
- Unknown

I hereby authorize the HIV/AIDS Prevention and Control Program, serving as Grantee and Council Support, to release my HIV status only as required to fulfill the legislative requirements of the Ryan White HIV/AIDS Treatment Modernization Act of 2009.

Printed Name

Signature

Date

Please describe why you wish to become a member of the Ryan White Planning Council:

What skills, abilities and/or experience do you have that can be helpful to the Planning Council?

- Life Experience
- Planning Experience
- Rules/Policy Development
- Education/Training Experience
- Budgeting/Financial Planning Experience
- Other—Describe: _____

How did you learn about the Planning Council?

Can we assist you with any special accommodation (such as transportation assistance, wheelchair accessibility, or translation services) to help you participate fully on the Planning Council?

- No Yes I need assistance with:

What languages do you speak?

- English
- Spanish
- Other: _____

Are you a volunteer for any organization(s)?

- HIV/AIDS organization Board member
- Other organization Board member

List organization(s) and hours per month you volunteer:

Other comments you'd like to share: _____

Representation

Although your health status is confidential, the category you are appointed to represent is public information.

I'm an employee or Board member of a Ryan White-funded Service Provider

I'm an employee or Board member of a Non-Ryan White funded Service Provider

I'm a member of the general public

Check all that apply

Check all that apply

Check all that apply

Member Categories:

Representative of a social services provider, including housing and homeless services providers..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of a health care provider including Federally Qualified Health Centers .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of a mental health provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of a substance abuse provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of a local public health agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of a hospital or other healthcare planning agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-elected community leader.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of the state Medicaid/MediCal agency nominated by the California Department of Health Care Services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of the Ryan White HIV/AIDS Treatment Modernization Act "Part B" grantee nominated by the California Department of Public Health—Office of AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of the Ryan White HIV/AIDS Treatment Modernization Act "Part C" grantee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of a provider having a history of serving children, youth and families living with HIV or AIDS; or the representative of the Ryan White HIV/AIDS Treatment Modernization ACT "Part D" grantee, if one exists.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of a provider receiving funding under other federal HIV programs, including the Special Projects of National Significance (SPNS) program, the AIDS Education and Training Centers (AETC) program, the Dental Reimbursement Program, and/or U.S. Department of Housing and Urban Development—Housing Opportunities for Persons Living with AIDS (HOPWA) program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of, or person formerly incarcerated in a federal, state or local facility, who was released within the preceding three (3) years, and was living with HIV or AIDS as of the date they were released.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of a Community Based Organization or AIDS service organizations serving affected populations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affected community member-at-large, including persons living with HIV or AIDS, partners or other family members of persons living with HIV or AIDS .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer of Ryan White HIV/AIDS Treatment Modernization Act funded services, who has no financial or governing interest in Ryan White HIV/AIDS Treatment Modernization Act "Part A" funded agencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you represent a Service Provider providing: social services; health care; mental health; substance abuse; local public health; hospital or health care planning; Medicaid/MediCal; Part B, Part C, or Part D Grantee; Community Based Organization; or other federally funded HIV program, please provide the name of the agency.

Agency/Organization Affiliation:

Agency Name: _____

Your Job Title: _____

Is this Agency a recipient of Ryan White HIV/AIDS Program funding?

- Yes
 No

If you are a member of the general public, please identify if you are currently receiving any "Part A" funded services:

- Outpatient/Ambulatory Medical Care
 Oral Health Care
 Medical Case Management Services
 Mental Health Services
 Substance Abuse Services—Outpatient
 AIDS Pharmaceutical Assistance (other than ADAP)
 Home Health Care
 Health Insurance Premium and Cost Sharing Assistance
 Early Intervention Services
 Food Bank/Home Delivered Meals
 Emergency Financial Assistance
 Medical Transportation Services
 Outreach Services
 Not receiving any Part A funded services