

**Broward County HIV Health Services Planning Council  
COMMITTEE MEMBERSHIP APPLICATION**



Please be aware that this application and all the information you provide becomes a public record under Florida's Government in the Sunshine Law, Florida Statute, Chapter 119.01.



Fort Lauderdale / Broward County EMA  
Broward County HIV Health Services Planning Council  
An Advisory Board of the Broward County Board of County Commissioners  
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685



Dear Interested Party,

Please be aware that this application and all the information once provided and submitted becomes a public record under Florida's Government in the Sunshine Law, *Florida Statute, Chapter 119.01*. Any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested. In addition, anything said during a Planning Council or Committee meeting is recorded and becomes public record. This information can also be shared with the public.

If your information is requested by an outside source, you will be notified, however the information is a public record and it may become part of a response to a public records request.

***Note: This application expires six (6) months from date of submission.  
Mail, fax, or email your completed application to:***

*HIVPC Staff  
Broward Regional Health Planning Council  
200 Oakwood Lane, Suite 100  
Hollywood, FL 33020  
FAX: 954-561-9685  
**EMAIL: HIVPC@BRHPC.ORG***

***If you have any questions, please call: 954-561-9681***



## Contact and Demographic Information

*This is the application for membership on the Broward County HIV Health Services Planning Council (HIVPC). If you wish to apply for membership on the HIVPC, please complete the application below:*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer (if applicable): \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Fax: \_\_\_\_\_

Home Email: \_\_\_\_\_ Business Email: \_\_\_\_\_

Year of Birth: \_\_\_\_\_  
(yyyy)

- I prefer to receive phone calls and messages at:     Home             Work             Cell
- I prefer to receive mail at:                     Home             Work
- I prefer to receive email at:                 Home             Work
- What sex were you assigned at birth? (check one):
  - Male             Female             Decline to state
- What is the current gender you identify with? (check all that apply):
  - Male             Female             Transgender (Male to Female)             Transgender (Female to Male)
  - Unknown             Decline to state
- Race (check all that apply):             White             Black             Asian             Native Hawaiian/Pacific Islander
  - American Indian/Alaska Native             Other (Specify) \_\_\_\_\_
- Ethnicity (check one):
  - Hispanic/Latino             Non-Hispanic             Other (Specify) \_\_\_\_\_
- Hispanic Subgroup (check one if any):
  - Mexican             Puerto Rican             Cuban             Other (Specify)
- Asian Subgroup (check one if any):
  - Asian Indian             Chinese             Filipino             Japanese             Korean             Vietnamese             Other (Specify)
- Native Hawaiian/Pacific Islander Subgroup (check one):
  - Native Hawaiian             Guamanian             Samoan             Other (Specify)



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- Are you an employee, consultant, or board member to any Ryan White Part A Program funded agency?  Yes  No
- Do you self-identify as HIV positive?\*  Yes, and I am open about my status  No  I do not wish to disclose  
*\*Disclosure of HIV status is not required for membership. Disclosure of HIV status in this application will become a part of the public record.*
- If you self-identify as HIV positive, do you self-identify with any of the following risk factors?
  - Hemophilia  Heterosexual (Straight)  Intravenous Drug User (IDU)  Perinatal Transmission (Mother to Child)
  - Man who has sex with Men (MSM)  MSM/IDU  Blood Transfusion  I don't know/Unsure
  - I do not wish to disclose
- Do you receive Ryan White Part A services?  Yes  No  I do not wish to disclose
- If you self-identify as HIV positive, how old were you when you were diagnosed?
  - 0-12 years old  13-19 years old  20-29 years old  30-39 years old
  - 40-49 years old  50-59 years old  60 years old or older  I do not wish to disclose

## Committees of the Broward County HIV Health Services Planning Council:

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### Community Empowerment Committee (CEC)

Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Functions as the outreach and education arm of the HIV Planning Council.

### Membership/Council Development Committee (MCDC)

Recruits and screens applications based on objective criteria for appointment to the Council in order to ensure demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act. Presents recommendations to the Council. Institutes orientation and training programs for new and incumbent members.

### Priority Setting & Resource Allocation Committee (PSRA)

Recommends priorities and allocation of Ryan White Part A funds. Facilitates the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). Develops, reviews, and monitors eligibility, service definitions, as well as language on 'how best to meet the need.'

### Quality Management Committee (QMC)

Ensures highest quality HIV medical care and support services for PLWHA by developing client and system based outcomes and indicators. Provides oversight of standards of care, develops scopes of service for program evaluation studies, assesses client satisfaction, and provides QM staff and client training and education.

### System of Care Committee (SOC)

Evaluates the system of care and analyzes the impact of local, state, and federal policy and legislative issues impacting PLWHA in the Broward County EMA. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.

Which committee(s) are you interested in serving on? (See previous page for an explanation of committee responsibilities)

- Community Empowerment Committee (CEC)
- Membership/Council Development Committee (MCDC)
- Quality Management Committee (QMC)
- Priority Setting & Resource Allocation Committee (PSRA)
- System of Care Committee (SOC)



Describe the strengths, skills, and resources you have.

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Provide a brief statement explaining your interest in the HIVPC and the HIV/AIDS planning process, including your background relative to HIV/AIDS (volunteer, professional, personal) and/or other relevant experience and expertise. You may also attach your resume or additional information.

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## Recruitment Information

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➤ How did you hear about the Ryan White Part A HIV Health Services Planning Council (HIVPC)?

- Through a service provider/agency
- Email
- Online/Facebook/Twitter
- Friend/HIVPC member (HIVPC Member name): \_\_\_\_\_

Please review and initial, indicating your acknowledgement of the following:

- \_\_\_\_\_ I have received, read, and understand the HIV Health Services Planning Council Meeting Ground Rules and agree to abide by them at all Committee meetings.
- \_\_\_\_\_ I understand that serving on a Committee will require at least three hours per month, and that excessive absence will result in my removal from a Committee. I acknowledge that I am aware of the Planning Council Attendance Policy: a member is automatically removed from a Committee if he/she misses three (3) consecutive meetings or four (4) meetings in a year in accordance with the County Ordinance.
- \_\_\_\_\_ I understand any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date