

**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.



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
- ❖ **I prefer to receive HIVPC documents:** Electronically (via email) Hard copy (via mail)
- ❖ **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) _____



- ❖ **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 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) Blood Transfusion
 - Perinatal Transmission (mother-to-child) Man who has sex with Men (MSM) 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:

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



Describe the strengths, skills, and resources you have.

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.

Recruitment Information

❖ **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