Phoenix EMA
Ryan White Title I HIV Planning Council

Application for Membership

The Planning Council is a federally mandated community group appointed by the Maricopa County Board of Supervisors to plan the organization and delivery of Ryan White CARE Act, Title I HIV services in the Phoenix Eligible Metropolitan Area (EMA). The Phoenix EMA is comprised of Maricopa and Pinal Counties.

Only Planning Council members have voting privileges, but Planning Council meetings are open to the public and everyone is encouraged to attend and participate. The Planning Council meets every month on Thursdays (usually the second Thursday of the month) from 4:00 p.m. to 6:00 p.m.

PLANNING COUNCIL COMPOSITION

Ryan White CARE Act legislation and Planning Council Bylaws require that certain categories of representation be present on the Planning Council, and that at least 33% of Council members be persons living with HIV. Also, it is required that the demographic composition of the Planning Council reflects the demographics of persons living with HIV in the Phoenix EMA.

COUNCIL AND COMMITTEE MEMBERS DUTIES AND RESPONSIBILITIES

- Obtain a working knowledge of the Ryan White CARE Act
- Understand and abide by the Bylaws and policies and procedures of the Planning Council
- Attend scheduled Council and/or committee meetings. Committee and Council members are subject to the attendance standards established by the Council
- Attend required orientation and training sessions
- Submit a completed Conflict of Interest form every six months

HOW TO APPLY FOR MEMBERSHIP

- Complete this Application for Membership, including the Statement of Member Commitment.
- Send the completed application to Planning Council Support, 1845 E. Roosevelt Street, Phoenix, AZ 85006, or fax your completed application to (602) 506-6885. If you have any questions, contact Planning Council Support at (602) 506-5002.

CONFIDENTIALITY STATEMENT

All information in this application is kept confidential and is seen only by Planning Council Support staff, the Membership Committee, and/or the Executive Committee during the nomination process. Names are masked during the nominee selection process. Applications are kept on file for six months.

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Name: _____ Today's Date: _____
(Please Print)

Address: _____
(Street Address) (City) (Zip)

Telephone (home): _____ Email: _____

Telephone (work): _____ Fax: _____

- Can we contact you at work? ❒ no ❒ yes
- Can we fax you HIV/AIDS related material at the above fax number? ❒ no ❒ yes
- Can we email you HIV/AIDS related material at the above email address? ❒ no ❒ yes

Please initial to verify contact authorization: _____

Gender:

❒ Male
❒ Female
❒ Other

HIV Status:

❒ Negative
❒ Positive
❒ Decline to State
❒ Unknown

If HIV Positive, Age at Diagnosis:

❒ Younger than 13 years
❒ 13-24 years
❒ 25-44 years
❒ 45-64 years
❒ 65 years or older

Ethnicity:

❒ Hispanic or Latino/a
❒ Non-Hispanic or Non-Latino/a
❒ Unknown

Race:

❒ White
❒ Black or African American
❒ Asian
❒ Native Hawaiian/Pacific Islander
❒ American Indian or Alaskan Native
❒ More than one race
❒ Unknown

Have you used <u>any</u> Ryan White Title I service during the past six (6) months?
❒ no ❒ yes ❒ don't know

Does HIV directly affect you (HIV positive family member/significant other, care giver of someone living with HIV)? ❒ no ❒ yes

Have you been released from jail or prison within the last three years? ❒ no ❒ yes

If yes, were you HIV positive when you were released? ❒ no ❒ yes

Are you currently a paid employee, consultant (full or part time), or on the Board of Directors of an AIDS service organization, community based organization, or other organization where you work directly to serve the HIV/AIDS community? ❒ no ❒ yes

If yes, where? _____

Are you a volunteer at an AIDS service organization, community based organization, or other organization where you work directly to serve the HIV/AIDS community? ❒ no ❒ yes

If yes, where? _____

Which of the following categories of Planning Council representation do you represent? Check all that apply.

- ❒ Health care providers, including Federally qualified health centers
- ❒ AIDS service organizations, community based organizations serving affected populations
- ❒ Social service providers, including providers of housing and homeless services
- ❒ Mental health providers
- ❒ Substance abuse providers
- ❒ Local public health agencies
- ❒ Hospital planning agencies or health care planning agencies
- ❒ Affected communities, including persons living with HIV and historically underserved populations
- ❒ Non-elected community leaders
- ❒ State Medicaid agency/AHCCCS
- ❒ CARE Act Title II
- ❒ CARE Act Title III (and an employee of Maricopa Integrated Health System)
- ❒ CARE Act Title IV, or organizations operating in the area with a history of serving children, youth and families with HIV
- ❒ Previously incarcerated infected communities
- ❒ Grantees under other Federal HIV programs, including providers of HIV prevention services

Briefly, why do you want to become a member of the Planning Council?

_____

_____

_____

Is there any special accommodation you require in order to fully participate in Council activities (i.e., transportation assistance, wheelchair accessibility, translation services, etc.)? ❒ no ❒ yes

If yes, what accommodation do you require? _____

How did you hear about the Planning Council?

- ❒ Word of mouth
- ❒ Newspaper
- ❒ Magazine
- ❒ AIDS service organization or community based organization
- ❒ Planning Council website
- ❒ Other: _____

STATEMENT OF MEMBER COMMITTMENT

I have reviewed the information regarding Planning Council members' duties and responsibilities. If selected as a member of the Planning Council, I commit to the following:

- **To serve on the Council**
- **To participate in Planning Council and/or Committee meetings from beginning to adjournment**
- **To prepare for meetings by carefully reading all pre-distributed materials**
- **To provide information regarding needs and priorities to the Council for planning and resource allocation**
- **To make recommendations considering the HIV community as a whole, rather than just special interests or personal perspectives**
- **To disclose any conflicts of interest I may have relative to issues that come before the Council and/or Committees**

I understand that Planning Council Support staff will review the above information, and during the nomination process, the Membership Committee and/or Executive Committee will review this application with my name masked.

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 certify that all statements and representations made in this application are true and correct.

Name: _____ Date: _____
(Please Print)

Signature: _____