

Dear Planning Council Applicant,

Attached is an application for membership to the New Haven/Fairfield Counties Ryan White Planning Council. Please complete pages 2 and 3. A few of the questions ask for sensitive and personal information. We thank you in advance for your willingness to respond to these questions candidly. We have to ask these questions because federal government mandates require us to fill certain membership categories. The completed application form will be reviewed only by the Membership/Finance Committee of the Planning Council. All information will be kept strictly confidential.

If your application is accepted into the process, you will have 90 days (3 months) to complete your attendance requirement which is to attend 1 committee and 1 Planning Council meeting. If you have not met your attendance requirements within this 90 day period, you will need to re-apply for Planning Council Membership at a later time.

Directions for Submission:

Please send this completed form to:

Ryan White Planning Council Support Office
54 Meadow Street, 9th Floor
New Haven, CT 06519

Or e-mail to:

seaburg@collaborativeresearch.us

Your Importance:

Your willingness to participate in the Ryan White Planning Council is greatly appreciated. The Planning Council makes important decisions about HIV related funding and HIV service priorities in New Haven and Fairfield Counties. The decision making process is carried out by the people in our communities that reflect the HIV/AIDS epidemic, personally and professionally. The life experience you bring to the Council is key to our success. We thank you!

Sincerely,

The Membership/Finance Committee
Ryan White Planning Council of New Haven and Fairfield Counties

PART A: TELL US ABOUT YOURSELF

THIS INFORMATION IS USED TO ENSURE THAT ALL MEMBERS ARE IN COMPLIANCE WITH THE GUIDELINES OF PLANNING COUNCIL COMPOSITIONS ENFORCED BY THE FEDERAL GOVERNMENT.

A1. Primary Contact Information PLEASE PRINT CLEARLY

Name: _____

Street Address: _____

City, State, Zip: _____

Phone number: _____ E-mail: _____

A2. Date of Birth: ____ / ____ / ____

A3. Gender: Male Transgender Prefer to keep private
 Female M F

A3. Ethnicity
 Hispanic Non-Hispanic

A4. Race
 White American Indian or Alaska Native
 Black or African American Native Hawaiian or Pacific Islander
 Asian
 Other (*Please identify*): _____

A5. Sexual Orientation
 Gay Heterosexual
 Lesbian Other: _____
 Bisexual Prefer to keep private

PART B: HIV STATUS INFORMATION (*This information will be kept confidential*)

B1. HIV Status Positive Negative
Year of HIV Diagnosis: _____

B2. Mode of Transmission
 MSM Blood Transfusion Other _____
 IDU Maternal-Child
 Unknown Heterosexual Sex

PART C: CONFLICTS OF INTEREST

C1. Are you employed by or are you a member of a Board of Directors of an agency that receives Ryan White Part A funding?

- Yes No

If yes, agency name: _____

C2. Does your role in the community reflect any of the following areas: (Check all that apply)

- Affected communities, including individuals with HIV disease or AIDS, and historically underserved sub-populations
- Health care providers, including Federally Qualified Health Centers
- Community-based organizations serving affected populations / AIDS service organizations
- Social service providers including housing and homeless services
- Mental health providers
- Substance abuse providers
- Local public health agencies
- Hospital planning agencies or health care planning agencies
- Non-elected community leaders
- State Medicaid Agency
- State agency administering the Part B Program
- Ryan White grantees under Part C
- Ryan White grantees under Ryan White Part D Grantees under other Federal HIV programs, including HIV Prevention Programs
- Formerly incarcerated PLWHA or their representatives
- Person Living with HIV/AIDS and Hepatitis C co-infection

PART D: ATTENDANCE

Planning Council typically meets the 2nd Friday of each month from 12:00pm – 2:00pm

Committee Meetings typically meet the 1st Thursday and 2nd Friday of each month.

D1. Will you be able to attend two monthly meetings? (one Council and one Committee meeting)

- Yes

No, Please Explain _____

D2. If you were a Planning Council member within the last year, and are reapplying, please describe the change in circumstances that would now allow you to fulfill membership requirements.

PART E: PERSONAL STATEMENT

Please provide a brief statement supporting your interest in becoming a Planning Council member. Include details on qualifications such as commitment to helping PLWH/A, work or volunteer experience relevant to HIV/AIDS or health planning, leadership skills, and ability to work with a culturally diverse team. You may attach a separate page if necessary.

PART F: PLANNING COUNCIL STANDING COMMITTEES

Serving on at least one Standing Committee is a requirement of Planning Council Membership. Please review responsibilities of the Standing Committees listed below.

Responsibilities of the Strategic Planning and Assessment Committee are:

1. Annually determine the EMA's priorities and resource allocation in conjunction with the Membership/Finance Committee and in accordance with the Comprehensive Health Services Plan.
2. Develop a Comprehensive Health Services Plan that includes blueprints for a) council operations and b) HIV/AIDS service delivery in the jurisdiction.
3. Conduct annual needs assessments to determine health care needs of people living with HIV/AIDS in the EMA.
4. Review and update bylaws annually.
5. Review Service Category Definitions
6. Develop Directives for the Ryan White Office

Responsibilities of the Quality Improvement Committee are:

1. Develop a Quality Management Plan to set forth the Council's expectations for health and service delivery to people living with HIV/AIDS in our EMA.
2. Establish and review the standards of care.

Responsibilities of the Membership/Finance Committee are:

1. Monitor expenditures by service category via Grantee expenditure reporting
2. Maintaining membership by recruiting new members based on the EMA's epidemiological profile
3. Reconcile the EMA's notice of grant awards.
4. Monitor Planning Council members attendance, term limits, and subsequent actions (if necessary— ie: warning letters, etc)
5. Monitor Planning Council reflectiveness to ensure HRSA mandates
6. Review Planning Council meeting feedback and subsequent actions (if necessary)
7. Develop Carry Over Request in conjunction with the Ryan White Office recommendations
8. Reviews and recommends a process to the Executive Committee for the annual assessment of the administrative mechanism

TRANSPORTATION IS AVAILABLE FOR CONSUMERS (HIV+ INDIVIDUALS)—APPLICANTS AND MEMBERS, PLEASE SEE TRANSPORTATION POLICY BELOW

This transportation policy pertains to all consumers who have either submitted a Planning Council member application or have been approved as a Planning Council member after meeting attendance requirements by the Planning Council.

1. Mileage Reimbursement – If a consumer is driving their own car to and from meetings, they will receive the federally mandated mileage reimbursement per mile driven. The total amount of the reimbursement will then be distributed to the consumer in the form of a Mobil Gas Card.
2. Bus Tokens – If a consumer is taking the bus to and from meetings, bus tokens from the Greater Bridgeport Transit Authority will be given.
3. Train Tickets – If a consumer is taking Metro North to and from meetings, they will be issued an 11-trip bus pass from Metro North that will be mailed directly to their residence.

**New Haven/Fairfield Counties Ryan White Planning Council
PLANNING COUNCIL MEMBER CODE OF CONDUCT**

- a. Every member will treat every other member with courtesy and respect their legitimate right to be part of discussions and decision-making. This means that all members/participants in meetings will have the opportunity to speak and be listened to without interruptions.
- b. Every member will be truthful and honest.
- c. Every member will honor commitments and be prepared for all Planning Council work. All Planning Council members are expected to reply to email requests in a timely manner.
- d. A member who is a potential Part A Provider shall identify themselves as such when participating in Council discussion relevant to their service.
- e. There will be no personal attacks on anyone; disagreements will focus on issues, not upon individuals.
- f. Once decisions are made, every member of the group will support the decision, regardless of their personal position.
- g. Information presented in confidence will be held in confidence and not discussed outside the meeting.
- h. Every member will honor their responsibility to present and consider the concerns of specific communities or population groups, but shall also consider the overall needs of people living with HIV disease and balance the interests of both in discussion and decision making.
- i. Every member will speak positively about the Planning Council in public; problems will be addressed within the group.
- j. Any member, who feels they cannot support the mission goals, strategies, programs, and/or leadership of the Planning Council as agreed upon by the members, should resign from the Planning Council.
- k. Every member will take responsibility not only for abiding by these rules of conduct personally, but also for speaking out to ensure all members abide by them.
- l. No member may speak or publish materials, or provide endorsements on behalf of or represent the Planning Council without express permission of the Planning Council.
- m. Every member will participate and allow the participation of every other member without discrimination with respect to gender, gender identity, sex, age, race, ethnicity, religious belief, sexual orientation, political belief, or physical, mental, or social impairment.

PART G: SIGNATURE

G1. Signature of applicant:

I have read and understand the above Code of Conduct and that I can commit to a **minimum of eight (8) hours per month** to prepare for, travel to, and attend meetings of the Planning Council and its Committees. I understand the meetings are held in **Bridgeport and typically are scheduled from 10:00 am to 12:00 pm or 12:00 pm to 2:00 pm**. I have completed the information on this form truthfully and to the best of my knowledge.

Signature _____

Date _____

Telephone Number: _____