



# HIV Health Services Planning Council Membership Application Form 2009

The HIV Health Services Planning Council is mandated by the Ryan White CARE Act to prioritize and allocate federal funds distributed to the San Francisco Eligible Metropolitan Area (EMA) for the care of persons living with HIV and AIDS. The San Francisco EMA includes the counties of San Francisco, San Mateo and Marin.

The Council allocates funds for a variety of services including Health Care, Housing, Food, Mental Health and Substance Use Services, Case Management, Day/Respite Care, Client Advocacy, Direct Emergency Financial Assistance, and Transportation.

The primary responsibilities of Council members include:

- establishing priorities for the allocation of funds within the eligible area, including how best to meet each such priority;
- developing a comprehensive plan compatible with existing state and local plans for HIV health services;
- assessing the efficiency of the administrative mechanism in rapidly allocating funds to areas of greatest need;
- participating in the development of a statewide coordinated statement of need; and
- establishing methods for obtaining input on community needs and priorities.

Members of the Council are required to attend a Council Orientation, as well as one Council meeting and one Committee meeting each month. To facilitate the participation of persons living with HIV/AIDS, the attendance requirement is flexible for those individuals.

The CARE Act mandates that the Council reflect the community it serves, and the Council is particularly committed to increasing the participation of consumers of CARE-funded services. Demonstrating that commitment, the Council has included in its bylaws a requirement that at least 33% of its members be consumers of CARE-funded services and unaffiliated with any CARE-funded agency. The Council also has set a requirement of having at least 51% of its membership be people living with HIV disease (PLWH).

The Council's Membership Committee meets monthly to review applications and make recommendations to the Council for nominations as vacancies occur on the 40-member Council. The Council forwards nominations to the Mayor, who officially appoints individuals as members of the Council.

Anyone interested in becoming involved in the work of the Council should attend at least one monthly meeting of the full Council *within three (3) months prior to submitting an application* to become familiar with what the Council is all about. **This is a prerequisite to membership consideration.**

The completed application and any supporting materials may be mailed to:  
**Membership Committee - HIV Health Services Planning Council**  
**c/o Shanti • 730 Polk Street, 3<sup>rd</sup> Floor • San Francisco CA 94109.**

You may also FAX the application to the **Membership Committee** at **415.674.0373**  
FAX APPLICATION ONLY (LAST THREE PAGES) AND RETAIN THE COVER PAGE,  
COUNCIL MEMBER JOB DESCRIPTION  
AND A COPY OF THE COMPLETED APPLICATION FOR YOUR RECORDS.

***If you need more information or assistance in completing the application, please contact  
Planning Council Offices at 415.674.4768.***

## SAN FRANCISCO EMA JOB DESCRIPTION

*Title: Council Member, the Position*

Per HRSA requirements, certain mandated seats may serve on the Council where the expectation would be knowledge of the needs of the population/category of representation.

- *Individuals living with HIV disease or AIDS, and care-giving family member(s)(see HRSA)*
- *Includes affected and infected communities; including populations hard-hit with HIV disease and historically underserved groups*
- *Health care providers; including federally qualified health centers*
- *Community based organizations and AIDS service organizations*
- *Social Service providers*
- *Mental Health providers*
- *Substance Use/Abuse service providers*
- *Housing and Homeless Services providers*
- *HIV Prevention Service providers*
- *Local public health agencies; San Francisco, San Mateo or Marin*
- *Hospital planning agencies or health care planning agencies*
- *HIV+ former prisoners and/or their representatives*
- *State Medicaid agency (or Medi-Cal)*
- *State agency administering the programs under Part B*
- *Title III grantees*
- *Title IV grantees or organizations serving youth, children and/or families dealing with HIV disease*
- *Grantees of other federal HIV programs such as AETC, Dental, SPNS, and HOPWA*
- *Non-elected community leaders*
- *Native American representatives*
- *Dually diagnosed with HIV and Hepatitis C*

### Qualifications

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1. Inclusion/membership in a specified category per legislation and HRSA guidelines-
2. Ability to communicate opinions freely, honestly and respectfully
3. Commitment to adhere to rules and regulations of Council
4. Ability to operate/function at a level adequate to contribute and participate in Council activities

### Responsibilities

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1. Attend all regular Planning Council and assigned Committee meetings
2. Attend all Orientation and training events (where mandated)
3. Remain educated on policy pertaining to Subject Matter Jurisdiction of the Planning Council
4. Be able/willing to participate in discussions relevant to the needs of the EMA as opposed to interest group/category of representation.
5. Willingness to participate in Council events in order to further Council goals (e.g. attending community forums etc.)



CONSUMER STATUS

- Consumer of HIV-related services
- Not a Consumer/Not eligible for services

- For Committee Use Only**
- Non-Aligned Consumer

If you have used any HIV services in the past year, please tell us what those services were:

DEMOGRAPHICS (PLEASE CHECK ALL THAT APPLY TO YOU.)

**Date of Birth:** \_\_\_\_\_ **Age :** \_\_\_\_\_  Decline to state

**Gender:**  Male  Female  Transgender  Other: \_\_\_\_\_  
 MtF  FtM

**\*HIV status:**  HIV+ (HIV positive)  HIV- (HIV negative)  Don't know  Decline to state

**Age at HIV diagnosis:** \_\_\_\_\_

**Sexual Orientation:**  Heterosexual  Gay  Bisexual  Lesbian  
 Decline to state  Other: \_\_\_\_\_

**Race/ Ethnicity:**  African American/Black  Asian  Caucasian/White  
 Pacific Islander/Native Hawaiian  Latino/a  Native Am./Alaska Native  
 Other: \_\_\_\_\_

*\* Please note that disclosure is not required.  
 If you would like to discuss this issue or anything related to confidentiality,  
 please feel free to raise it with the Planning Council's Membership Committee.*

CHECKLIST OF EXPERIENCE AND SKILLS RELEVANT TO COUNCIL WORK

- Using, providing or evaluating services for persons living with HIV disease. Describe:
  
- Participation in community planning or health planning processes. Describe:
  
- Life experience. Describe:

Other skills and expertise. Describe:

Please describe any activities you are currently engaged in related to HIV/AIDS service providers or organizations (Boards of Directors, Advisory Boards, consultant, staff, or volunteer work).

What additional information would you like the Membership Committee to consider when reviewing your application?

Please provide 3 references we may contact regarding your application to participate on the CARE Council.

<b>1</b> _____	<b>2</b> _____	<b>3</b> _____
<i>Name</i>	<i>Name</i>	<i>Name</i>
_____	_____	_____
<i>Title</i>	<i>Title</i>	<i>Title</i>
_____	_____	_____
<i>Agency</i>	<i>Agency</i>	<i>Agency</i>
_____	_____	_____
<i>Phone</i>	<i>Phone</i>	<i>Phone</i>
_____	_____	_____
<i>Email</i>	<i>Email</i>	<i>Email</i>
_____	_____	_____

**Signature**

By signing this Membership Application Form I certify that all information contained herein is true and accurate to the best of my understanding. I also certify that I have read and understand the membership requirements outlined on Page 1 of this form and, if accepted for membership, will fulfill all membership requirements as put forth in the HIV Health Services Planning Council's bylaws.

Date submitted: \_\_\_\_\_

\_\_\_\_\_  
Signature required

**Additional pages, including a current resume, may also be submitted for consideration.**