

The HIV Health Services Planning Council is mandated by the Ryan White legislation 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 (but not limited to) 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 Ryan White Program mandates that the Council reflect the community it serves, and the Council is particularly committed to increasing the participation of consumers of Ryan White-funded services. Demonstrating that commitment, the Council has included in its bylaws a requirement that at least 33% of its members be consumers of Ryan White-funded services and unaffiliated with any Ryan White-funded agency. The Council also has set a requirement of having at least 51% of its membership be people living with HIV (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 of San Francisco, 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, 3rd Floor • San Francisco CA 94109

You may also FAX the application to the **Membership Committee** at **415.674.0373**
FAX APPLICATION ONLY (LAST FIVE 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*
- 1. *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 BI*
 - *Part C grantees*
 - *Part 4 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*

Qualifications

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

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.)

NAME: _____
FIRST MIDDLE LAST

ADDRESS:

City: _____ State: CA ZIP: _____

Job Title (if any): _____

Agency or Affiliation (if any): _____

CONTACT INFORMATION:

Home phone: _____

Work phone: _____

Cell phone: _____

Fax number: _____

Email address: _____

Category(s) of Representation	Providers (check all that apply to you)	Consumers (check all that apply to you)
Individuals living with HIV disease or AIDS		
Affected 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		

Category(s) of Representation (continued)	Providers (check all that apply to you)	Consumers (check all that apply to you)
Social Services		
Mental Health Services		
Substance Use/Abuse Services		
Housing and Homeless Services		
HIV Prevention Services		
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		
State agency administering programs under Part B		
Part C grantees		
Part D grantees or organizations serving youth, children and/or families affected by HIV disease		
Grantees of other federal HIV programs such as AETC, Dental, SPNS, and HOPWA		
Non-elected community leaders		
Native American Indian		
Dually Diagnosed – HIV/Hepatitis C		
Other:		

CONSUMER STATUS:

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

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

DEMOGRAPHICS (PLEASE CHECK ALL THAT APPLY):

Date of Birth: _____ Decline to state

Gender: Male Female Transgender
 M to F F to M
 Other: _____ Decline to state

***HIV Status:** HIV+ (HIV Positive) HIV- (HIV negative) Don't know Decline to state

Year of HIV Diagnosis: _____

Sexual Orientation: Gay Lesbian Bisexual Heterosexual
 Other: _____ Decline to state

Race/Ethnicity: African American/Black Asian Caucasian/White
 Pacific Islander/ Native Hawaiian Latino/a Native American/ Alaska Native
 Other: _____ Decline to state

* 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 or Council Support.

CONSUMER STATUS & CHECKLIST OF EXPERIENCE AND SKILLS RELEVANT TO COUNCIL WORK

Using, providing or evaluating services for persons living with HIV - Please describe:

Participation in community planning or health planning processes - Please describe:

Life experience - Please describe:

Other skills and expertise - Please 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 Planning Council.

1 _____	2 _____	3 _____
<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 Pages 1 and 2 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 and Policies and Procedures.

Date submitted: _____

_____ **Signature required**

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