



NEW HAMPSHIRE HIV COMMUNITY PLANNING GROUP

To help us process your membership application, please complete *ALL* of the following information. Enter N/A (not applicable) where appropriate.
 We will be unable to process your application without the following information.
Please Print Clearly.

Part I - Information

Name:			
Home Address:			
City:	State:	Zip Code:	
County of Residence: (circle one)	Belnap Carroll Cheshire	Coos Grafton Hillsborough	Merrimack Rockingham Strafford Sullivan
How did you hear about the HIV Community Planning Group?			
Home Phone Number: ()			
Current Place of Employment (if applicable):			
Work Address:			
City:	State:	Zip Code:	
Work Phone Number: ()			
E-mail Address (if applicable):		Fax Number (if applicable):	

Please be aware that the HIV Community Planning Group (CPG) is a public body. The information contained in your application will be kept confidential; membership on the Community Planning Group (CPG) is public information. Mail and phone calls may come from the CPG. Would you prefer to receive these phone calls, messages and/or mailings at your home or at work?

Phone Messages (circle one)	Home	Work
Mail (circle one)	Home	Work

Conflict of Interest Statement
 The Community Planning Group is not directly involved in the administration of HIV Cooperative Agreement Funds. However, because decisions made by the CPG impact the priority given to various care and prevention activities, it is very important to avoid conflict of interest. Members of CPG who have a financial interest in any decision being discussed must reveal their interest to the group and abstain from voting on the specific issue. A person has a financial interest when they are an employee or board member of an organization that could receive grant funds as a result of a decision made by the CPG.

Part II - Follow-up, Signature and Date

Please mail-completed application to: **Jean M. Adie**
C/O The Task Force
12 Amherst Street Nashua NH 03064
603-595-8464, ext. 14

Mission

The New Hampshire HIV Community Planning Group seeks to promote effective HIV care and prevention programs in the State of New Hampshire. Through an ongoing and informed participatory process we seek to improve the quality of life for individuals living with HIV/AIDS infection and to reduce the further spread of HIV/AIDS infection.

As a planning group we strive to reflect in our composition the characteristics of the current HIV epidemic. The group is comprised of HIV/AIDS service providers and community representatives from across the state, and includes persons at risk for and living with HIV. In partnership with the New Hampshire Department of Health and Human Services' Office of Community and Public Health (OCPH), Ryan White, HUD/HOPWA and Tittles 1-4 including part F grantees we will:

1. Assess the present and future extent, distribution, and impact of HIV/AIDS in defined populations throughout New Hampshire.
2. Assess existing community resources for HIV/AIDS services to determine communities' capability to respond to the epidemic in a culturally competent manner.
3. Identify unmet HIV/AIDS service needs within defined populations.
4. Examine the potential impact of specific strategies and interventions to prevent new HIV infections in defined populations.
5. Foster the organization, coordination and delivery of services in New Hampshire.
6. Prioritize HIV/AIDS care and prevention needs by defined at-risk populations and by specific strategies and interventions.
7. Develop and update a comprehensive HIV/AIDS services plan for the organization and delivery of HIV/AIDS services that is in concert with existing state and local plans/ policies. The priorities set forth in this plan will be prioritized based on the states epidemiological profile and persons living with HIV/AIDS will be ranked as the number one population to be served.
8. Evaluate the effectiveness of the planning process.

I have read the mission of the New Hampshire HIV Community Planning Group and I feel I can contribute to its mission.

Signature: _____ DATE: _____

* Please Note The Information contained in the following sections (Parts III and IV) of the application is separated from Parts I & II and a corresponding number is attached to each section the information on the following pages ARE NOT ATTACHED TO A NAME. The Membership Charter and Mission Committee are the only individuals who have access to these applications

Part III - Selection Criteria

The CPG is required to: (1) reflect in its composition the demographics of the current and projected HIV/AIDS epidemic within New Hampshire and (2) ensure representation from scientific experts, HIV care and prevention service providers, and organizational representatives.

Please help us ensure that the CPG reflects the diversity of communities impacted from HIV/AIDS by providing the following information. The information you provide on this form will be kept CONFIDENTIAL. It will be available ONLY to the members and staff of the CPG Membership Charter Mission Committee to ensure that the CPG reflects the demographics of the epidemic within New Hampshire. This information will then be ANONYMOUSLY combined with that of other people across our community.

****PLEASE NOTE**** The gender, race/ethnicity and HIV status categories on this form are used to monitor and measure reflective ness and representation on the CPG. We ask that you check the box (X) for the categories with which you most closely identify, even if you do not use identical language in describing yourself. Please feel free to include any additional information that you may use to describe yourself (e.g., transgender, Cape Verdean, etc.) on the "Other" lines provided.

County Of Residence _____ (From Page 1)

- A. Gender: Male Female Other _____
- B. Age: _____ (years)
- C. My sexual orientation is: Heterosexual Bisexual Homosexual
- D. I am a person living with HIV/AIDS I am not a person living with HIV/AIDS
- E. My race/ethnicity (based on defined categories) is:
- White (non-Hispanic) Black/African American Hispanic/Latino
 Asian/Pacific Islander Black/ African Native Other _____
 American Indian/Alaska Native

F. Please indicate whether you believe that you represent members of the following groups which may be at risk of HIV. You could represent these groups in one of three ways:

- As a Consumer--- if you are now or recently was a member of this group
 - As an Impacted person--- if you are a family member/partner of someone in this group
 - As a Provider--- if you provide services to this group
 - Do not represent--- if you do not meet any of the above criteria
- Please check the appropriate space to indicate how you do or do not represent each group. (Please check all that apply.)

	Do Not Represent	Consumer	Impacted Person	Provider
• Men Who Have Sex with Men (MSM)	_____	_____	_____	_____
• Injection Drug Users (IDUs) Sex Partners of IDUs	_____	_____	_____	_____
• Incarcerated Individuals	_____	_____	_____	_____
• Sex Workers/ Those who Trade Sex	_____	_____	_____	_____

G. I am affiliated as an *EMPLOYEE OR BOARD MEMBER* with the following types of organizations, agencies, or programs: (Check all that apply and list the specific organization and your role on the lines provided. If you're uncertain, please ask your employer.)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> I am not affiliated as an employee or board member with any of the types of agencies listed below. <input type="checkbox"/> Health care providers that are not Federally Qualified Health Centers <input type="checkbox"/> Health care providers that are Federally Qualified Health Centers <input type="checkbox"/> Community-based organizations (CBOs) serving HIV affected populations / AIDS service organizations (ASOs) <input type="checkbox"/> Social service providers <input type="checkbox"/> Mental health providers <input type="checkbox"/> Substance abuse providers <input type="checkbox"/> Local public health agencies <input type="checkbox"/> Hospital planning agencies or health care planning agencies <input type="checkbox"/> Representative of individuals who were formerly Federal, State or Local prisoners | <ul style="list-style-type: none"> <input type="checkbox"/> State Medicaid agency <input type="checkbox"/> CARE Act – Title I funded agencies <input type="checkbox"/> CARE Act – Title II funded agencies <input type="checkbox"/> CARE Act – Title III(b) funded agencies <input type="checkbox"/> CARE Act – Title IV funded agencies, or organizations operating in the area with a history of serving children, youth, and families with HIV <input type="checkbox"/> CARE Act – Part F funded Dental Reimbursement Programs <input type="checkbox"/> CARE Act – Part F funded AIDS Education and Training Centers (AETCs) <input type="checkbox"/> CARE Act – Part F funded Special Projects of National Significance (SPNS) <input type="checkbox"/> Housing Opportunities for People with AIDS (HOPWA) <input type="checkbox"/> Other _____ |
|---|---|

The names of the organizations that I've checked above and my role(s) in those organizations are:

Part IV - Skills/expertise

A. In the following list, identify three (3) areas of knowledge or expertise that you can contribute to the CPG

- Gay or bisexual men's HIV health needs
- Women's HIV health needs
- Pediatric HIV health needs
- Adolescent HIV health needs
- Injection drug users' health needs
- Substance use/abuse Services
- General public health
- Behavioral science or research
- Epidemiology/statistical analysis
- Needs assessment
- STD health needs

- Homeless/impoverished client services
- Needs of incarcerated or formerly incarcerated
- Mental health services
- Other non-medical support services
- Health planning
- Evaluation
- Program Planning
- Primary medical care: Ambulatory/Outpatient
- Primary medical care: Antiretroviral therapies
- Spiritual/pastoral care
- Sexual/Domestic Violence
- Other (please specify) _____

Please explain your knowledge or expertise listed above and add any areas you believe are relevant:

The ability to work as a team member within a large and diverse group is crucial to the work of the CPG. Teamwork allows the CPG to efficiently conduct business and successfully fulfill its mission. Please tell us about your ability to work as a member of a team.

What special skills, knowledge, qualities, or life experience would you bring to the CPG? Please include a list of educational and professional degrees, certifications, credentials, etc. (You may attach a current resume.)

Member participation is vital to the work of the CPG. The CPG typically requires one three hour meeting per month. Additionally, much of the CPG's work happens through member participation on committees and/or in other activities that typically require at least one other two-hour meeting per month. These meetings are generally held in Concord. Please tell us about your availability to attend monthly meetings and be actively involved between meetings.

Please tell us anything else you would like us to know about you.
