



Membership Application

To help us process your membership application, please complete *ALL* of the following information.
 Enter N/A (not applicable) where appropriate.
Please Print Clearly.

Part I - Information

| | | | |
|---|--------------------------------|------------------------------------|--|
| Name: | | | |
| Home Address: | | | |
| City: | State: | Zip Code: | |
| County of Residence: (circle one) | Belknap 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): | |
| <p>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?</p> | | | |
| Phone Messages (circle one) | Home | Work | |
| Mail (circle one) | Home | Work | |
| <p><u>Conflict of Interest Statement</u> 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.</p> | | | |

Part II - Follow-up, Signature and Date

Please mail-completed application to: **Debbie Reynolds**
Creative Classrooms
81 Chester Road
Raymond, NH 03077

603 895-2437

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, Mission, and Bylaws 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 those most impacted by HIV, 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, Mission and Bylaws 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 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.

County Of Residence _____ (From Page 1)

- A. Gender: Male Female Transgendered
- 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 acquiring HIV. You could represent these groups in one of three ways:

- As a Consumer--- if you are now or recently were 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) | _____ | _____ | _____ | _____ |
| • Partner of HIV+ person | _____ | _____ | _____ | _____ |
| • Racial and Ethnic Minorities | _____ | _____ | _____ | _____ |

G. Affiliations.

I am currently 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 below. If you are uncertain, ask your employer.)

- | | |
|---|--|
| <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"/> State Medicaid agency |
| <input type="checkbox"/> Health care provider that is not a Federally qualified health center. | <input type="checkbox"/> CARE Act – Title I funded agency |
| <input type="checkbox"/> Health care provider that is a Federally qualified health center. | <input type="checkbox"/> CARE Act – Title II funded agency |
| <input type="checkbox"/> Community-based organization providing non-medical care services to those living with HIV/AIDS | <input type="checkbox"/> CARE Act – Title IIIb funded agency |
| <input type="checkbox"/> Community-based organization providing prevention services to HIV affected populations | <input type="checkbox"/> CARE Act – Title IV funded agency |
| <input type="checkbox"/> Social service provider | <input type="checkbox"/> CARE Act – Part F funded AIDS Education and Training Center (AETC) |
| <input type="checkbox"/> Mental health provider | <input type="checkbox"/> CARE Act – Part F funded Special Projects of National Significance (SPNS) |
| <input type="checkbox"/> Substance abuse provider | <input type="checkbox"/> Housing Opportunities for People with AIDS (HOWPA) |
| <input type="checkbox"/> Local public health agency | <input type="checkbox"/> State Health Department – HIV/AIDS Section |
| <input type="checkbox"/> Hospital or health care planning agency | <input type="checkbox"/> State Health Department – STD/STI Section |
| <input type="checkbox"/> Representative of individuals who were formerly Federal, State or Local prisoners | <input type="checkbox"/> State Health Department, Other: _____ |
| <input type="checkbox"/> Other: _____ | |

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

H. Skills and Expertise

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

- | | |
|---|---|
| <input type="checkbox"/> Gay or bisexual men's HIV health needs | <input type="checkbox"/> Homeless/impooverished client services |
| <input type="checkbox"/> Women's HIV health needs | <input type="checkbox"/> Needs of incarcerated or formerly incarcerated |
| <input type="checkbox"/> Pediatric HIV health needs | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> Adolescent HIV health needs | <input type="checkbox"/> Other non-medical support services |
| <input type="checkbox"/> Injection drug users' health needs | <input type="checkbox"/> Health planning |
| <input type="checkbox"/> Substance use/abuse Services | <input type="checkbox"/> Program Evaluation |
| <input type="checkbox"/> General public health | <input type="checkbox"/> Program Planning |
| <input type="checkbox"/> Behavioral science or research | <input type="checkbox"/> Primary medical care: Ambulatory/Outpatient |
| <input type="checkbox"/> Epidemiology/statistical analysis | <input type="checkbox"/> Primary medical care: Antiretroviral therapies |
| <input type="checkbox"/> Needs assessment | <input type="checkbox"/> Spiritual/pastoral care |
| <input type="checkbox"/> STD health needs | <input type="checkbox"/> Sexual/Domestic Violence |
| <input type="checkbox"/> Sex Workers/Sex Trade | <input type="checkbox"/> 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 requires one six hour meeting every other month, plus a subcommittee meeting of 2.5 hours every other month. These meetings are generally held in Concord. Please tell us about your availability to attend monthly meetings and be actively involved between meetings.

If you feel you can not make the required meetings on a regular basis, the CPG also accepts Advisors. An advisor participates in the process as a consultant, and does not have voting privileges. Advisors attend meetings on an as needed basis, or as their schedule permits.

- I would like to be admitted on the CPG as an Advisor
- I would like to be admitted on to the CPG as a voting Member.

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

I. Membership Seat

The NH CPG is one of our Nation's first fully Care and Prevention merged CPG's. All members serve on one of two committees, Care (focusing on services and support to those living with HIV/AIDS in NH,) and Prevention (focusing on services to reduce the transmission of HIV in NH.) Members are also seated as either a consumer (I represent the perspective of an individual living with HIV, a caregiver or partner of a person with HIV, a man who has sex with men, a racial/ethnic minority individual or injection drug user), or a provider (I represent the perspective of a person providing services to HIV+ or at-risk persons.) Please indicate below the perspective you wish to represent on the NH CPG and on which committee you feel your experience, skills, and interest will best serve the mission of the NH CPG.

1. I am applying to the CPG as a (check one):

Consumer member

Provider member

2. I would like to be on the following committee (check one)

Prevention

Care