

**NEW HAMPSHIRE HIV COMMUNITY PLANNING GROUP
ADVISOR INFORMATION SHEET**

Contact information and professional experience can be provided by attaching a resume, however, demographic information must be completed on this form and signed and dated. Enter N/A (not applicable) where appropriate.
We will be unable to process your application without the following information.

Please Print Clearly.

Part I – Contact Information

Name:							
Home Address:							
City:	State:						
Zip Code:							
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> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">Phone Messages (circle one)</td> <td style="width:33%;">Home</td> <td style="width:33%;">Work</td> </tr> <tr> <td>Mail (circle one)</td> <td>Home</td> <td>Work</td> </tr> </table>		Phone Messages (circle one)	Home	Work	Mail (circle one)	Home	Work
Phone Messages (circle one)	Home	Work					
Mail (circle one)	Home	Work					

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

Please note that email does not assure confidentiality. If you wish to ensure confidentiality, please mail your application directly to Jean in a sealed envelope marked confidential.

Part II Demographic Information

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 reflectiveness 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 _____

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	_____	_____	_____	_____

Part III Professional/Personal Experience and Skills

A. 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.)

- | | |
|---|---|
| <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:

B. In the following list, identify three (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"/> Pediatric HIV health needs <input type="checkbox"/> Adolescent HIV health needs <input type="checkbox"/> Injection drug users' health needs <input type="checkbox"/> Substance use/abuse Services <input type="checkbox"/> General public health <input type="checkbox"/> Behavioral science or research <input type="checkbox"/> Epidemiology/statistical analysis <input type="checkbox"/> Needs assessment <input type="checkbox"/> STD health needs	<input type="checkbox"/> Needs of incarcerated or formerly incarcerated <input type="checkbox"/> Mental health services <input type="checkbox"/> Other non-medical support services <input type="checkbox"/> Health planning <input type="checkbox"/> Evaluation <input type="checkbox"/> Program Planning <input type="checkbox"/> Primary medical care: Ambulatory/Outpatient <input type="checkbox"/> Primary medical care: Antiretroviral therapies <input type="checkbox"/> Spiritual/pastoral care <input type="checkbox"/> Sexual/Domestic Violence <input type="checkbox"/> Other (please specify) _____ _____
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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.)

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

Signature of voting member

Date Form Completed