

Application for Seattle TGA HIV Planning Council Membership

Name: _____ Date: _____

Work Address: _____ City: _____ ZIP _____

Home Address: _____ City: _____ ZIP _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Email: _____ Which County do you live in: _____

Would you be available to interview with the Membership Committee on the 3rd Tuesday of the month any time between 3:10 and 4:45? Yes No

If not, please circle which days of the week and times of the day would you be available for an interview:

MON AM / PM TUE AM / PM WED AM / PM THUR AM / PM FRI AM / PM

Applications will be considered in comparison with *identified gaps* in representation on the Planning Council.

All applicants must attend a Council meeting before their application will be considered. Please call 296-4527 for Council meeting dates, times and locations.

1. Please describe your personal and/or professional experience and expertise. Discuss any experience related to HIV Disease or with the system of HIV/AIDS care services delivery and/or prevention/ education activities.

2. Please discuss your interest in serving on the Planning Council. What skills or perspective would you bring to the Planning Council to strengthen its effectiveness? This might include some discussion of your peer group as it relates to groups at risk for or affected by HIV.

3. How long have you lived in the Seattle Transitional Grant Area (King, Snohomish & Island counties)?

4. What else would you like us to know about you?

I have read the two page "What Can I Expect in a Term on the Planning Council". I am willing to commit the time and effort required of Planning Council Members should I be selected for service.

Signature: _____ Date: _____

Note: Before being invited for an interview, applicants must first attend a Council meeting, held on the second Monday of the month. Call 206-296-4527 for details

The Council must have one person from each of the following categories. Please let us know if you are a member of the population, work as a care or prevention provider with the population, or work as this type of provider.

Mandated Representational Slot**	I am a member of this population	I provide services to this population	I am this type of provider
Health care provider to PLWH (Medical provider)			
Direct service provider in an AIDS Services Organization			
Housing/homeless services provider			
Mental health treatment provider			
Substance use treatment provider			
Local public health			
Non-elected community leader			
Health planner			
Ryan White Part B Grantee (State DOH)			
Ryan White Part C Grantee			
Ryan White Part D Grantee, or provider to women, infants, children and youth with HIV			
State Medicaid Agency Representative			
Other Federal HIV Funding (AETC, SPNS, etc.)			
Recently Incarcerated (in last 3 years) PLWH/A or their representative			
Prevention Provider			
Unaligned Consumer of Ryan White Services			
Expert in the Affordable Care Act and health reform in general.			

*In order to be considered an ‘unaligned consumer of Ryan White services’ you must meet **ALL** of the following criteria:

1. HIV+
2. Currently living in and receiving HIV care services in King, Snohomish or Island Counties
3. Not working for or on the board of any agency which receives care funding (nor have a family member who does)
4. Willing to be “out” about your status for Council purposes

If you have questions about any of these, please contact the Planning Council Administrator at 205-5511

