



LAS VEGAS
TGA RYAN WHITE PART A
PLANNING COUNCIL

Ryan White Part A Planning Council of the Las Vegas TGA

Membership Application

This program is funded by a grant through Clark County Social Services by the Ryan White Part A HIV/AIDS Program provided by the Health Resources and Services Administration.

Thank you for your interest in joining the Las Vegas Transitional Grant Area (TGA) Ryan White Part A Planning Council. Please get to know more about our Planning Council through this application before applying to ensure it is a good fit for you.

PLANNING COUNCIL RESPONSIBILITIES

The Planning Council is an appointed planning body by the Clark County Board of Commissioners (CEO) that has seven specific responsibilities associate with the Ryan White Part A HIV/AIDS Program, which are;

1. Reviewing and implementing by-laws covering the operations of the Planning Council.
2. Conduct an annual HIV/AIDS Community Needs Assessment.
3. Develop a Comprehensive HIV/AIDS Services Care Plan for the TGA every three years.
4. Complete an annual Priority Setting and Resource Allocations process for Ryan White grant funding.
5. Seek coordination with other Ryan White and non-Ryan White HIV related resources to build a cohesive Continuum of HIV/AIDS Care on a continual basis.
6. Annually assess the Administrative Mechanism.
7. Review and implement the Standards of Care for service categories.

YOUR TIME COMMITMENT ON THE COUNCIL

To accomplish these mandated tasks meetings will be held four to five times per year with strict adherence to the outlined planning cycle.

Note: All locations, dates and times are to be determined and members will be notified prior. Depending on the number of agenda items meetings may last the entire day.

Please be aware that members who have three absences from Planning Council or committee meetings during any calendar year will be removed from the council. Additionally, membership shall be for two years and shall commence upon the date of CEO approval. Members may serve consecutive terms if they meet all membership requirements, successfully complete the application and nomination process, and are reappointed by the CEO. However, no member may hold a voting seat for more than four consecutive years in any six year period, and may not hold a voting seat for more than eight years total.

MEMBER SELECTION PROCESS

If you are interested in participating as a member of the Planning Council please return this application completed to:

Clark County Social Services
Ryan White Part A Program
1600 Pinto Lane
Las Vegas, NV 89106
Or by fax:
866.607.3942
Or by email:
jeff@collaborativeresearch.us

Once your application is received it will be kept on file and you will be notified of the time and location of the group interview meeting. We are mandated and committed to assuring that our membership is reflective of our local epidemic and all required membership positions are filled. New and returning members will be selected with heavy emphasis on; 1) membership positions available, and 2) ensuring the local epidemic is reflective.

During the group interview meeting you may be asked questions by members of the Planning Council so therefore it is imperative that you are in attendance at that meeting. During that meeting the Planning Council will also hold a vote on new and returning members. Please note that you will not become a voting member until your name is presented to the CEO for approval. If approved by the CEO your membership will be effective immediately therefore allowing you to become a full voting member at the priority setting and resource allocation process for utilization in the following grant year.

SPECIAL NOTICE FOR PERSONS LIVING WITH HIV/AIDS

HIV infected persons may serve on the Planning Council without fully disclosing their HIV status.

- If you would like to serve as a representative of the Affected Community, you *must* disclose your HIV status.
- If you would like to serve as a representative of another category, you do not need to disclose your HIV status.

The Application for Membership asks whether you *do* or *do not* self-identify as HIV positive.

- If you check the box that says you self-identify as HIV positive, your HIV status *will not be confidential* and it may be released to the public.
- If you are HIV positive and you want to keep that information confidential, check the box that says you do not identify as HIV positive.

We sincerely appreciate your interest in serving on the Ryan White Part A Planning Council. If you have any questions please contact the Planning Council Coordinator by phone: 888.243.0464 or email: jeff@collaborativeresearch.us.

-The Ryan White Part A Planning Council
Of the Las Vegas TGA

Applicant Information

NAME _____

OCCUPATION/POSITION/TITLE _____

EMPLOYER (if applicable) _____

HOME

WORK

Address _____

Address _____

Phone _____

Phone _____

Fax _____

Fax _____

Cell _____

Cell _____

E-mail _____

E-mail _____

Please contact me at home

Please contact me at work

DEMOGRAPHICS

For the purpose of meeting the reflectiveness requirements for the Planning Council (which means the demographics of the planning council membership must look like the epidemic of HIV disease in the TGA we are required to ask the following information.

Gender:

- Male
- Female
- Transgender

Age:

- <13
- 13-19 years
- 20-44 years
- 45-65 years
- 65+

- Race:**
- White, Not Hispanic
 - Black, Not Hispanic
 - Hispanic
 - Asian/Pacific Islander
 - American Indian/Alaska Native
 - Multi-racial
 - Not Specified

HIV STATUS:

Do you self-identify as HIV positive?

- Yes
- No

If yes, Age at Diagnosis:

- < 13 years
- 13-19 years
- 20-44 years
- 45-65
- 65+

Which of the following categories are you qualified to represent? *(Check all that apply)*

- Health-care Providers, including Federally Qualified Health Center's
- Community-based organizations serving affected populations and AIDS service organizations.
- Social Service Provider (including housing and homeless services providers).
- Mental Health Provider
- Substance Abuse Provider
- Local Public Health Provider
- Hospital Planning Agency or Health-care Planning Agency
- State Medicaid Agency
- State Agency administering the Part B Program
- Ryan White Grantee's under Part C and/or Part D
- Grantee under other Federal HIV program (including HIV prevention)
- HIV Prevention Representative
- HIV Surveillance Representative
- Non-elected Community Leader (clergy, someone with high level HIV fundraising experience, a corporate executive with ties to HIV fundraising, etc.)

Affected Community Member Positions

- Person Living with HIV or AIDS (PLWH/A)
- Formerly incarcerated PLWH/A or their representative
- Individual Co-infected with Hepatitis B or C
- Member of a historically underserved group or subpopulation.

Please explain: _____

Please check any areas in which you have an educational background, professional affiliation, or personal experience. *(Check all that apply)*

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> Gay/Bisexual Men's HIV Health Needs <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"/> General Public Health <input type="checkbox"/> Substance Use/Abuse Services & IDU HIV Health Needs <input type="checkbox"/> Mental Health Services | <ul style="list-style-type: none"> <input type="checkbox"/> Other Non-Medical Support Services <input type="checkbox"/> Evaluation <input type="checkbox"/> Health Planning <input type="checkbox"/> Primary Care – Ambulatory/Outpatient <input type="checkbox"/> Primary Care – Antiretroviral Therapies <input type="checkbox"/> Other: _____ |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

NAME _____

- I am applying to the Planning Council as a new member never having served on the Las Vegas TGA Planning Council before.
- I am applying to the Planning Council as a returning member having had a break in service of _____ years.
- I am applying for a consecutive term on the Planning Council.

REFERENCES

Please provide three (3) personal references of individuals that you have known for one or more years who are not related to you.

Name	Occupation	Address	Phone
			()
			()
			()

EDUCATIONAL BACKGROUND

Are you a High School Graduate?

- Yes
- No

If no, do you possess a GED or High School equivalency?

- Yes
- No

Names of School(s) Attended	Semester or Quarter Credits/Units Completed	Major(s)	Did you Graduate?	Degrees or Certificates Completed
Trade/Vocational (City, State):			<input type="checkbox"/> YES <input type="checkbox"/> NO	
College/University (City, State):			<input type="checkbox"/> YES <input type="checkbox"/> NO	

Please describe why you are interested in serving on the Ryan White Part A Planning Council.

Please describe your current or previous volunteer/community service experience.

Please describe any formal or informal HIV/AIDS training you have received.

Please describe your special talents, e.g., computer skills, newsletter design, web pages, brochures, database development, survey design, public relations, etc.

What languages do you speak and/or read and write other than English?

CERTIFICATION AND SIGNATURE

I hereby certify that I have, to the best of my knowledge, accurately completed this application, and believe it meets the requirements of the Las Vegas TGA Ryan White Part A Planning Council.

Signature _____ Date _____

You may attach a resume, but it is not required.

The information you provide on this application is subject to Nevada Public Records Law.

**LAS VEGAS TGA RYAN WHITE PART A PLANNING COUNCIL
CONFLICT OF INTEREST DISCLOSURE**

NAME: _____

In the spirit of full disclosure and to assure that all people are aware of any connection or special interest that members have with any agency or service funded by the Ryan White Program, all Planning Council members shall provide the following information.

AGENCY AFFILIATION

Please check the agencies with which you/are have been personally or professionally affiliated in the current fiscal year (March 2016 – February 2017).

- | | |
|------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> AFAN | <input type="checkbox"/> Nye County Health and Human Services |
| <input type="checkbox"/> Community Counseling Center | <input type="checkbox"/> Southern Nevada Health District |
| <input type="checkbox"/> Community Outreach Medical Center | <input type="checkbox"/> UMC-Wellness Center |
| <input type="checkbox"/> Golden Rainbow | <input type="checkbox"/> UNLV School of Dental Medicine |
| <input type="checkbox"/> North Country Health Care | <input type="checkbox"/> Other: |

Are you employed by an agency or organization that receives, or is a current applicant to receive, Ryan White Part A funds?

- Yes No

I am employed at _____

Are you on the Board of Directors or are you a Trustee, etc. of any agency or organization that receives, or is a current applicant to receive, Ryan White funds?

- Yes No

I am _____ of _____

Do you volunteer at an agency or organization that receives, or is a current applicant to receive, Ryan White funds?

- Yes No

I volunteer at _____

Do you have a relative or a close personal relationship with a person who would answer yes to one of the above questions?

- Yes No

please specify agency) _____

If you answered "YES" to any of the above questions, you may have a direct conflict of interest. Please refer to the Planning Council Bylaws for guidance on how and when you should declare your conflict and abstain from voting.

I hereby certify that I will declare my Conflict of Interest as appropriate, I will abstain from voting when required, and I will focus on improving the quality and availability of care for all individuals and families affected by HIV disease, without regard for the benefits received by specific agencies or programs.

Signature

Date