ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP *(Please Type or Print)*

This application is for:

☐ Council Membership and Council Committee Membership

OR

☐ Council Committee Membership Only

Which committee(s) are you applying for:

☐ Client Advocacy (HCAC) ☐ Membership ☐ Prevention Planning (PPC)

☐ Priority Setting, Allocations, and Planning (PSAP)

Contact Information

Applicant's Name: _____ Date: _____

Address: _____

_____

Email: _____

Fax: _____

What is your preferred contact phone number? _____

May we leave a message at the above contact phone number? ☐ Yes ☐ No

May we fax HIV/AIDS-related materials to the above fax number? ☐ Yes ☐ No

May we email HIV/AIDS-related materials to the above email address? ☐ Yes ☐ No

CITY OF RESIDENCE (Check one)

☐ **North County** (Anaheim, Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Orange, Placentia, Villa Park, or Yorba Linda)

☐ **Central County** (Costa Mesa, Fountain Valley, Garden Grove, Huntington Beach, Irvine, Los Alamitos, Newport Beach, Santa Ana, Seal Beach, Stanton, Tustin, or Westminster)

☐ **South County** (Aliso Viejo, Dana Point, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest/El Toro, Mission Viejo, Rancho Santa Margarita, San Clemente, San Juan Capistrano, or Trabuco Canyon)

PLEASE SELECT ALL MANDATED CATEGORIES YOU ARE QUALIFIED AND WILLING TO REPRESENT

☐ Health Care Providers, including Federally Qualified Health Centers

☐ Community Based Organizations (CBOs) serving affected populations/AIDS Service Organization

☐ Social Service Provider, including housing and homeless service provider

☐ Mental Health Provider

☐ Substance Abuse Provider

☐ Local Public Health Agency

☐ Hospital planning agency or health care planning agency

☐ Affected communities, including PLWH/A and historically underserved subpopulations

☐ Non-elected community leader

☐ State Medicaid Agency

☐ State Part B (formerly Title II) Agency

☐ Part C (formerly Title III) Agency

☐ Representative of an organization addressing the needs of children, youth, and families with HIV

☐ Other Federal HIV Programs, including HIV Prevention programs

☐ Representative of/or PLWH/A who were formerly Federal, State or local prisoners that were released from custody the preceding three years and had HIV disease as of the date of release

☐ PLWH/A co-infected with Hepatitis B or C (you must sign a Protected Health Information disclosure on pages 5 & 6)

Please describe below how you qualify for the category/ies marked:

_____

_____

AFFIRMATION OF MEMBERSHIP COMMITMENT

I commit to:

- Participate in all Council/committee meetings from beginning to adjournment.
- Prepare for each meeting by carefully reading all pre-distributed materials.
- Provide information regarding needs and priorities.
- Make recommendations *considering the community as a whole rather than just special interests or personal perspectives.*
- Disclose any conflicts of interest I may have relative to issues that come before the Council or committees.
- Follow the Rules of Respectful Engagement.
- Serve on at least one of the Council's committees.*

* Council members are expected to serve on at least one of the Council's committees.

I commit to participate according to the current meeting schedule. I have considered my personal and professional commitments/obligations and do not foresee them as a barrier to my full participation on the Orange County HIV Planning Council.

I certify that all statements and representations made in this application are true and correct. Misrepresentation shall be a basis for revocation of my application/membership. I acknowledge that the information provided, aside from personal contact information, cannot be kept confidential and may be discussed publicly or otherwise become part of a public record.

Print Name: _____

Signature: _____ Date: _____

ADDITIONAL INFORMATION

If employed, who is your current employer? ☐ Does not apply
Type of Business/Agency _____ Job Title _____
Is your current employment HIV/AIDS related? ☐ Yes ☐ No
Briefly describe your responsibilities.

_____
_____
_____
_____

Describe your community involvement. Please identify the organizations or agencies you have served and your participation or membership. Include your activities, responsibilities, accomplishments, and any boards/commissions on which you have served.

_____
_____
_____

In 150 words or less, explain why you wish to serve on the Orange County HIV Planning Council or one of its committees. You may attach a separate sheet, if necessary. Please indicate if attaching an additional sheet.

_____
_____
_____

PERSONAL PROFILE

Gender Identity: ☐ Male ☐ Female ☐ Transgender: Male-to-Female ☐ Transgender: Female-to-Male ☐ Other

Cultural/Ethnic Identity:
☐ African-American
☐ Latino/a (specify): _____
☐ Pacific Islander (specify): _____
☐ Decline to State
☐ Asian (specify): _____
☐ Native American (specify Tribe/Nation: _____)
☐ White/Caucasian
☐ Other (specify): _____

Please identify up to three principal areas of interest or expertise which you can contribute to the Council, entering 1, 2, or 3 (with '1' being the highest):
_____ Gay/Bisexual Men's HIV Health Needs
_____ Women's HIV Health Needs
_____ Pediatric/Adolescent HIV Health Needs
_____ Injecting Drug Users' Health Needs
_____ Other (specify): _____
_____ Substance Use/Abuse Services
_____ Mental Health Services
_____ Health Planning
_____ General Public Health

ORANGE COUNTY HIV PLANNING COUNCIL

CONFLICT OF INTEREST DISCLOSURE REPORT FORM

The Orange County HIV Planning Council has members who are professionally or personally affiliated with organizations (listed below) that receive funds or may be eligible to receive funds that are allocated by the Council. Because of the potential for conflict of interest, current members and candidates for membership on the HIV Planning Council and its committees must complete this Disclosure Form. The following agencies currently receive funds allocated by the Council:

HCA/County funded HIV Service Providers
AIDS Services Foundation
APAIT Health Center
Delhi Community Services Center
Orange County Health Care Agency
Public Law Center
Straight Talk (including Gerry House, START House)
Shanti, Orange County

Please complete either section (A)**, or section** (B) **below, as appropriate, and sign/date:**

SECTION A

By my signatures below, I certify that:
I, my spouse or significant other, and/or dependent family member(s) **have not served** within the past **12 months** as staff, consultant, officer, or board member for any organization which has received or is seeking funding from Ryan White or HOPWA funds.

Signature: _____ **Date:** _____

Print or Type Name: _____

SECTION B

By my signature below, I certify that:
I, my spouse or significant other, and/or dependent family member(s) **have served** within the past **12 months** as staff, consultant, officer, or board member for the following organization(s) receiving or seeking funding from Ryan White or HOPWA funds.

Organization: _____
Period of Affiliation: _____
Title/Relationship: _____

(Please attach additional pages as necessary)

Signature: _____ **Date:** _____

Print or Type Name: _____

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

There are two categories for which a disclosure of health information is required. The information below describes the required disclosure of HIV status and/or disclosure as a PLWH/A co-infected with Hepatitis B or C.

THESE AUTHORIZATIONS SHALL BECOME VALID IMMEDIATELY AND SHALL REMAIN IN EFFECT UNTIL REVOKED. REVOCATION CANNOT BE RETROACTIVE AND WILL ONLY IMPACT AUTHORIZATION OF DISCLOSURES AFTER THE DATE OF REVOCATION. DISCLOSURES ALREADY MADE, INCLUDING INCLUSION OF THIS INFORMATION IN PUBLIC RECORDS CANNOT BE REMOVED.

PURPOSE OF DISCLOSURE OF HIV STATUS: Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV status. However, the Council is required to assure that at least 33% of its membership is composed of "unaligned consumers". These individuals must meet the following criteria:

1. Not be employed by, a board member of, or a paid consultant of a Ryan White or HOPWA-funded provider.
2. Be HIV-positive and receiving HIV-related services from a Ryan White or HOPWA-funded provider.

Are you receiving HIV services at a Ryan White-funded Agency ☐ Yes ☐ No
If Yes, please indicate which Ryan White-funded Agency _____

In order to be considered for membership as an "unaligned consumer" or an "affiliate," a person's HIV status must be publicly disclosed. If you are not applying as an unaligned consumer you **DO NOT** need to disclose your HIV status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings.

If you choose not to disclose your HIV status, you will still be considered for membership on the Orange County HIV Planning Council in other (non-consumer) membership categories, provided there is an open seat.

AUTHORIZATION TO DISCLOSE HIV STATUS:

I, the undersigned, hereby **voluntarily** acknowledge that I am HIV-infected and authorize the public DISCLOSURE of my HIV serostatus to the Orange County Office of HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

Signature: _____ **Date:** _____

PURPOSE OF DISCLOSURE HEPATITIS B OR C STATUS: Another membership category is a PLWH/A co-infected with Hepatitis B or C. Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV/Hepatitis B or C status. However, the Council is required to assure that at least one member fits the mandated category entitled PLWH/A co-infected with Hepatitis B or C.

In order to be considered for membership as a PLWH/A co-infected with Hepatitis B or C, a person's HIV and Hepatitis B or C status must be disclosed. If you are not applying as a PLWH/A co-infected with Hepatitis B or C you **DO NOT** need to disclose your HIV or Hepatitis B or C status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV and Hepatitis B or C status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings.

If you choose not to disclose your HIV or Hepatitis B or C status, you will still be considered for membership on the Orange County HIV Planning Council in other membership categories, provided there is an open seat.

AUTHORIZATION TO DISCLOSE HIV AND HEPATITIS B OR C STATUS:

I, the undersigned, hereby voluntarily acknowledge that I am a PLWH/A co-infected with Hepatitis B or C and authorize the public DISCLOSURE of my HIV and Hepatitis B or C status to the Orange County Office of HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

Signature: _____ **Date:** _____