

San Antonio Area HIV Health Services Planning Council

Department of Community Resources, 233 N. Pecos, Ste. 590, San Antonio, TX 78207 (210) 335-7056 FAX (210)335-1514



Dear Planning Council Applicant:

Thank you for your application to become a member of the San Antonio Area HIV Health Services Ryan White Planning Council. If your nomination is approved, you will join up to 30 other Planning Council Members who are responsible for deciding how federal funds are spent on emergency care services for persons living with HIV/AIDS (PLWHA).

As the first step of the application process, please complete the application form and the confidential member information form. Before you start filling out the application, please check to make certain that you can commit **up to ten (10) hours of your time each month** to prepare for, travel to, and attend meetings. Council Members are required to:

- Attend one Planning Council meeting each month. The meetings are roughly two hours long, typically scheduled from 2:30 to 4:30 pm. The meeting is located at Vista Verde Plaza, 233 N. Pecos, San Antonio, TX 78207. Refreshments are served during the Council meeting and transportation reimbursement is available to Members who are living with HIV/AIDS.
- Attend one Committee meeting each month. The meetings are between one and two hours long, and are typically scheduled between 9:00 a.m. and 2:30 p.m. The meeting is located at Vista Verde Plaza, 233 N. Pecos, San Antonio, TX 78207. Refreshments are served at the Committee meetings and transportation reimbursement is available to Council Members who are living with HIV/AIDS.
- Abide by an attendance policy that allows for no more than two (2) absences in each of the two six-month periods of the grant year.

If you need help completing the application or have any questions about what it means to be a Council Member, please contact Laura Castro, Planning Council Liaison, at (210) 335-7056 or laura.castro@bexar.org.

Please send your completed application to:

Mailing Address

Div. of Community Health Ryan White Program
Bexar Co. Department of Community Resources
233 N. Pecos Ste. 590
San Antonio, TX 78207

Fax Number

210-335-1514

The application process will take approximately 3-4 weeks. Once you submit your application, the Membership, Nominations and Elections (MNE) Committee will meet to review your application, and conduct your interview. The Committee will then determine whether or not your membership should be forwarded to the full Planning Council for consideration and recommendation. If the Planning Council chooses to recommend you for membership, your nomination will be sent to the Bexar County Judge for appointment. As your application moves through this process, the Planning Council Support Staff will contact you at each phase to explain the status of your application.

If you are not appointed to the Planning Council, you are still welcome to attend Planning Council and committee meetings. You are always invited to speak through Public Comment at any meeting.

Thank you again for your interest in becoming a Planning Council Member.

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PART A: NAME AND CONTACT INFORMATION

A1. Primary Contact Information *(please print clearly)*

Name: _____

Street Address: _____

City, State, Zip: _____

Primary phone number: _____ Alternate phone number: _____

E-mail: _____

I would like all Planning Council correspondence to be sent to the address above.

A2. Mailing Address *(if different from above)*

Street Address: _____

City, State, Zip: _____

Primary phone number: _____ Alternate phone number: _____

E-mail: _____

I would like all Planning Council correspondence to be sent to the address above.

A3. Please check all that apply:

I am...

- Male
- Female
- Transgender

My race/ethnicity is...

- White/Non-Hispanic
- Hispanic
- Black/African American
- Asian
- American Indian
- Native Hawaiian/Pacific Islander
- Other (please identify) _____

I...

- do self-identify as HIV-positive
- do not self-identify as HIV-positive

PART B: EMPLOYMENT AND VOLUNTEER EXPERIENCE

B1. Where do you work or volunteer? _____

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B2. If you are a volunteer, do you receive any payment, including a stipend?

Yes No If so, how often do you receive payment or stipend?

B3. What are your work or volunteer responsibilities? _____

B4. How long have you been working or volunteering at the organization you identified above?

- Less than a year
- 2 - 4 years
- More than 4 years

B5. Are you a member of the Board of Directors of an agency that receives Ryan White Part A funding?

Yes No

If yes, agency name: _____

B6. Please select the categories that you are qualified to represent. (Check all that apply)

- Health Care Providers including federally qualified and non-qualified health centers;
- Community-Based and AIDS Service Organizations serving affected populations;
- Social Service/Housing/Homeless Service Providers;
- Mental Health Care Providers;
- Substance Abuse Service Providers;
- Local Public Health Agencies;
- Hospital Planning Agencies or Health Care Planning Agencies;
- Infected/Affected Communities receiving Ryan White HIV-related services, including historically underserved groups and sub-populations:
 - Formerly incarcerated/recently released PLWHA or their representatives
 - Person Living with HIV/AIDS and Hepatitis C Co-Infection
 - Youth
- Non-Elected Community Leaders;
- State Medicaid Agency;
- State Agency administering the program under Part B (Ryan White Part B Program);
- Grantees under subpart II of Part C (Ryan White Part C Program);
- Grantees under Part D, or if none are operating in the area, representatives of organizations with a history of serving children, youth, and families living with HIV and operating in the area;
- Grantees under other Federal HIV programs to include, but not limited to, Housing Opportunities for Persons with AIDS ("HOPWA");
- HIV Prevention;
- HIV-Related Fields (e.g. Research and Development & Other Fields);
- Community Stakeholders, including Faith-Based Communities; and
- Representative(s) from the outlying HSDAs of Uvalde and/or Victoria.

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PART C: PERSONAL STATEMENT

Please provide a brief statement supporting your interest in becoming a Planning Council Member. Include details on qualifications, such as commitment to helping PLWHA, work or volunteer experience relevant to HIV/AIDS or health planning, leadership skills, and ability to work with a culturally diverse team. You may attach a separate page if necessary.

PART D: PLANNING COUNCIL STANDING COMMITTEES

Serving on at least one Standing Committee is a requirement of Planning Council Membership. Please review descriptions of the Standing Committees listed below.

- ▶ **Comprehensive Planning/Continuum of Care (CPCC):** Develop the TGA's Continuum of Care, service category Standards of Care, Service Category Definitions and define Service Category Units of Service. CPCC is tasked with coordinating the development of the Comprehensive Plan, monitoring its goals and objectives, and participating in the Statewide Coordinated Statement of Need.
- ▶ **Membership, Nominations and Elections (MNE):** Recruiting, screening and recommending potential candidates for membership to the Planning Council, tracking Planning Council Membership classifications and demographics, as well as changes in population affected by HIV/AIDS, recommending appropriate Membership classification and representation modifications, and tracking Member attendance.
- ▶ **Needs Assessment (NA):** Develop and implement a Needs Assessment strategy that will provide data that guides the development of the TGA's Continuum of Care, service needs priority setting, funding allocations, contents of grant applications and the intent and strategic direction of the Comprehensive Plan.
- ▶ **People's Caucus:** Membership of the People's Caucus is limited to infected and affected consumers of HIV/AIDS services. The People's Caucus serves as a liaison to each of the other committees of the Planning Council with the purpose of communicating committee deliberations to the Planning Council for review and feedback before final recommendations are brought before the Planning Council. The Caucus also assures that efforts are made in a culturally sensitive manner to address the needs of the traditionally underserved and/or hard to reach populations.
- ▶ **Service Priority Setting and Allocations (SPSA):** Membership of the SPSA Committee is limited to PLWHA and service providers not funded under any Ryan White Part A and B programs. The SPSA Committee makes recommendations to the Planning Council for the distribution of funds among service categories in accordance with the Ryan White HIV/AIDS Treatment Modernization Act. The SPSA Committee also drafts guidance regarding the purchase of services that shall be used in developing Requests for Proposal.

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D1: Please indicate the committee(s) you would be interested in serving on. Please note: Planning Council committees generally meet once a month. The Planning Council Co-Chairs are tasked with assigning new members to a committee. They will take your expertise and committee preference into account when making committee assignments.

- Needs Assessment
- Comprehensive Planning/Continuum of Care
- Membership, Nominations and Elections
- Service Priority Setting and Allocations
- People's Caucus

PART E: SIGNATURES

E1. Signature of applicant:

I understand that I am applying for membership in the San Antonio Area HIV Health Services Planning Council. I can commit to a **minimum of ten (10) hours per month** to prepare for, travel to, and attend meetings of the Planning Council and its committees. I understand that full Planning Council meetings are roughly two hours in length and take place at the Vista Verde Plaza, 233 N. Pecos, San Antonio, TX 78207. I understand that Committee meetings are scheduled between 9:00 a.m. and 2:30 p.m. and also take place at the Vista Verde Plaza. I have completed the information on this form truthfully and to the best of my knowledge.

Name *(Please print)*: _____

Signature: _____ Date: _____

E2. Signature of person completing this form *(if different from above)*:

Name *(Please print)*: _____

Signature: _____ Date: _____

The applicant may attach a brief, optional statement to this application.

Application information may be reviewed during "Executive Session" by Council Members at committee or Council meetings.