

# Metro St. Louis HIV Health Services Planning Council (PC)

## Membership Application

Cover Page

### Contact Information – Please Print

Please check the appropriate  for your preferred contact method (s)

---

Name:

Home Address:

---

Home City/State:

Zip:

---

Employer (if applicable):

Employer Address:

---

Employer City/State:

Zip:

---

Title/Position:

Home Phone:

Work Phone:

Fax Number:

Cell Phone:

Email:

---

Note: To ensure a fair and unbiased review process for your application, this cover page will be coded with a reference number and detached from the rest of the application.

I understand that as a member of the Metro St. Louis HIV Health Services Planning Council, I shall:

1. Actively assist the PC in meeting its goals and objectives set forth by the US Dept. of Health and Human Services Health Resources and Services Administration (HRSA) and the Centers for Disease Control (CDC).
2. Be attending public meetings and may be named in public documents produced as record of such meetings in accordance with all applicable federal and state regulations;
3. Devote time sufficient to fulfill my responsibilities (a minimum of 6 hours per month) and shall comply with the PC attendance policies (provisions may be made for certain mandated categories);
4. Attend New Member Orientation **once (approximately 2 hours)** and at least two additional trainings per year (approximately 2 hours each), and
5. Comply with Conflict-of-Interest policies set forth in the PC Bylaws.

---

Signed:

Date:

## Metro St. Louis HIV Health Services PC Membership Application

Information provided in this application is used to ensure that the Metro St. Louis HIV Health Services Planning Council meets membership composition requirements as set forth in the Ryan White HIV/AIDS Treatment Extension Act of 2009. All meetings are open to the public and you are encouraged to attend while your application is being processed.

### Participation

Participation in PC committee meetings and activities are not limited to PC meetings. If you are not appointed to the PC at this time, are you willing and able to participate PC committees and other activities?  Yes  No

Have you ever served on the Metro St. Louis HIV Health Services Planning Council before?  
 Yes  No

If yes, please indicate the years of your term: \_\_\_\_\_

Have you ever served on the Regional Prevention Advisory Group (RPAG) before?  
 Yes  No

Have you ever served on the Community Prevention Planning Group (CPPG) before?  
 Yes  No

If yes, please indicate the years of your term: \_\_\_\_\_

*Note: Consistent with Federal guidelines, the PC has a policy to provide reimbursement of reasonable and actual out-of-pocket costs incurred by PC members solely as a result of their participation on the PC, attending a scheduled meeting and in the conduct of their required PC activities.*

Mail completed application to: PC Support Office  
Attn: James Burns  
Saint Louis University  
3545 Lindell Blvd, Room #239  
St. Louis, MO 63103

Email applications to:

[james.burns.1@slu.edu](mailto:james.burns.1@slu.edu)

Please direct any questions regarding this application to the PC Support Office at (314) 977-8295. Applications for membership are processed and considered by the Membership and Stakeholder Engagement Committee on a quarterly basis.

**Community Group Affiliation**

- I am a current PC/RPAG member
- I am a former PC/RPAG member
  
- I have never served on the PC or RPAG but attended meetings, applying for the PC
- I have never served on the PC or RPAG, applying for the PC.

**Conflict of Interests**

Are you employed by a board member of, or a paid consultant to an agency receiving funds through **Part A of the Ryan White Act**? **Note: A conflict of interest does not prohibit you from serving as a member on the PC.**

- Yes
- No  Not Sure

**Demographics/Regional Representation**

<p><b>Race (Choose one of the following):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> American Indian/Alaskan Native</li> <li><input type="checkbox"/> Asian</li> <li><input type="checkbox"/> Black or African American</li> <li><input type="checkbox"/> More than one race</li> <li><input type="checkbox"/> Native Hawaiian/Pacific Islander</li> <li><input type="checkbox"/> White</li> </ul>	<p><b>Ethnicity (Choose one of the following):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hispanic or Latinx</li> <li><input type="checkbox"/> Non-Hispanic or Latinx</li> <li><input type="checkbox"/> Unknown</li> </ul>	<p><b>Gender (Choose option that you self-identify as):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Male</li> <li><input type="checkbox"/> Female</li> <li><input type="checkbox"/> Non-Binary</li> <li><input type="checkbox"/> Transgender MTF</li> <li><input type="checkbox"/> Transgender FTM</li> <li><input type="checkbox"/> Unknown</li> <li><input type="checkbox"/> Other</li> </ul>	<p><b>Age Group (Choose one of the following):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 18-24</li> <li><input type="checkbox"/> 25-29</li> <li><input type="checkbox"/> 30-39</li> <li><input type="checkbox"/> 40-49</li> <li><input type="checkbox"/> 50-59</li> <li><input type="checkbox"/> 60 (+)</li> </ul>
<p><b>I live in:</b></p> <p><b>MO Counties:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Franklin</li> <li><input type="checkbox"/> Jefferson</li> <li><input type="checkbox"/> Lincoln</li> <li><input type="checkbox"/> St. Charles</li> <li><input type="checkbox"/> St. Louis City</li> <li><input type="checkbox"/> St. Louis County</li> <li><input type="checkbox"/> Warren</li> </ul>	<p><b>I live in:</b></p> <p><b>IL Counties:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Clinton</li> <li><input type="checkbox"/> Jersey</li> <li><input type="checkbox"/> Madison</li> <li><input type="checkbox"/> Monroe</li> <li><input type="checkbox"/> St. Clair</li> </ul>	<p><b>I work in:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Missouri</li> <li><input type="checkbox"/> Illinois</li> </ul>	

**For People Living with HIV/AIDS Only**

Consistent with Federal regulation, at least 33% of the PC membership must be persons living with HIV disease. This assures participation of people with HIV in all activities of the PC. All information provided to the PC will not be disclosed and will remain confidential.

If you are HIV positive:		
a.	Are you willing to publicly identify as a person living with HIV/AIDS?	<input type="checkbox"/> yes <input type="checkbox"/> no
b.	Are you an employee or consultant for an agency that receives Ryan White Title I funds?	<input type="checkbox"/> yes <input type="checkbox"/> no
c.	Are you an Officer or on the Board of Directors of an agency that receives Ryan White Part A (formerly Title I) funds?	<input type="checkbox"/> yes <input type="checkbox"/> no
d.	Do you receive healthcare or social services that are paid for by Ryan White Part A (formerly Title I)?	<input type="checkbox"/> yes <input type="checkbox"/> no

**FOR ALL APPLICANTS**

**Professional and Community Representation-** Choose which of the following describes your community and professional representation. *(Please note: In many cases, more than one can be selected. Please select all that apply).*

- Affected community including:
  - Living with HIV/AIDS,
  - Members of a Federally recognized Indian tribe as represented in the population,
  - Individuals co-infected with hepatitis B or C, and
  - Historically underserved groups and subpopulations  Hospital planning agencies or health care planning agencies  State Medicaid Agency for:
    - o Illinois o Missouri
- Representatives of/ or formerly incarcerated, within the last three years, PLWH (People Living with HIV).
- A member of a at high-risk population including but not limited to:
  - Commercial sex work
  - MSM (Men who have Sex with Men)
  - Women of Color
  - Youth (13-29)
  - Substance use
  - Other *(Please specify: \_\_\_\_\_)*
- Health Care Providers, including Federally Qualified Health Centers
- Community-based organizations serving affected populations and AIDS service organizations
- Local public health agencies
- Other Federal HIV programs including but not limited to:
  - o Providers of HIV prevention services

- HOPWA ○ MATEC
- Other (please specify: \_\_\_\_\_)

- HIV Prevention Representative
- Social service providers, including providers of housing and homeless services
- Mental health providers
- Substance abuse providers
- Non-elected community leader
  - An individual who is considered a leader in the community, but not in an elected capacity/office
- State agency administering the Ryan White Part B program in ○ Illinois ○ Missouri
- Ryan White Part C grantees in ○ Illinois ○ Missouri
- Ryan White Part D grantee

**Special Skills:**  
What special skills can you bring to the PC? Please select all that apply:

<ul style="list-style-type: none"> <li><input type="checkbox"/> Advocacy/awareness</li> <li><input type="checkbox"/> Leadership</li> <li><input type="checkbox"/> Health policy and legislation</li> <li><input type="checkbox"/> Program planning and development</li> <li><input type="checkbox"/> Public speaking</li> <li><input type="checkbox"/> Big picture person</li> <li><input type="checkbox"/> Strategic planning</li> <li><input type="checkbox"/> Bilingual</li> <li><input type="checkbox"/> Benefits/insurance coordination</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Group facilitation</li> <li><input type="checkbox"/> Legal expertise</li> <li><input type="checkbox"/> Needs assessment</li> <li><input type="checkbox"/> Program evaluation</li> <li><input type="checkbox"/> Providing medical or nursing care</li> <li><input type="checkbox"/> Budget planning</li> <li><input type="checkbox"/> Detail oriented</li> <li><input type="checkbox"/> Epidemiology</li> <li><input type="checkbox"/> Other (please describe): _____</li> </ul>
---	---

**Please answer the following essay questions**

1. Please explain why you want to serve as a member of the Metro St. Louis HIV Health Services Planning Council and what strength(s) you would bring to the group? Please provide details and examples. (Use additional paper if needed.)



<b>Metro St. Louis HIV Health Services Planning Council</b> <b>Committee Sign-Up</b>
---

The Metro St. Louis HIV Health Services Planning Council has Committees to help assure mandated activities receive appropriate attention. PC members are assigned to a Committee, which typically meets once a month. We would like to know which Committees you may be interested in giving your skills and availability. *Please note: While we try to honor individual preferences, we will need to balance the needs of the Coalition with individual preferences. You will not be placed on a committee you have not selected without being contacted.*

**Instructions:**

Please rank the top three Committees you would be interested in joining by placing a “1” in the box provided next to your first choice, a “2” by your second choice, and a “3” by your third choice, and “4” by your fourth choice.

Top Four Choices	Committee and Description
	<p><b>Prevention and Care Strategy Committee</b>            Meeting Time: 1<sup>st</sup> Monday of the month at 10:00 am</p> <ul style="list-style-type: none"> <li>✓ Monitoring goals and objectives of the Regional Integrated HIV Prevention and Care Plan; including the Early Identification of Individuals with HIV/AIDS and Minority AIDS Initiative plans</li> <li>✓ Develops and updates the St. Louis TGA’s annual Service Standards;</li> <li>✓ Assists the Recipient in using the Service Standards and including outcome measures as part of the Recipient’s quality management program;</li> <li>✓ Develops protocols for Prevention to Care cross-referrals;</li> <li>✓ Takes the lead role in developing and accessing strategies to improve the continuum of care for the St. Louis TGA and to reduce unmet need.</li> </ul> <p><i><b>-Committee maintains a membership target of 33% PLWHA representation</b></i></p>
	<p><b>Needs Assessment and Integrated Planning Committee Meeting</b>            Time: 3<sup>rd</sup> Wednesday of the month at 10:00 a.m.</p> <ul style="list-style-type: none"> <li>✓ Plans and coordinates the needs assessment process;</li> <li>✓ Provides input into the Integrated HIV Prevention and Care Plan;</li> <li>✓ Develops and refines the process for priority setting and resource allocations; and</li> <li>✓ Works with the Recipient to ensure the availability of other funding sources is presented to the PC.</li> </ul> <p><i><b>-Committee maintains a membership target of 33% PLWHA representation</b></i></p>
	<p><b>Membership and Stakeholder Engagement Committee</b>            Meeting Time: 3<sup>rd</sup> Tuesday of the month at 10:00 a.m.</p> <ul style="list-style-type: none"> <li>✓ Identifies community members, non-aligned PLWHA, key stakeholders, and any HIV service provider to participate in the process,</li> <li>✓ Manages the Open Nominations process;</li> <li>✓ Ensures active PLWHA representation on all Standing, special and ad-hoc Committees; and</li> <li>✓ Provides outreach and engagement to PLWHA and key stakeholders, and offering orientation, training, and leadership development to new and existing members</li> </ul> <p><i><b>-Committee maintains a membership target of 33% PLWHA representation</b></i></p>

**Minority AIDS Initiative**

Meeting Time: 3<sup>rd</sup> Friday of the month at 10:00 a.m.

- ✓ Improve HIV health related outcomes.
- ✓ Reduce existing racial and health disparities.
- ✓ Address the disproportionate impact of HIV and to address the disparities in access, treatment, care, and outcomes for racial and ethnic minorities.

***Committee maintains a membership target of 33% PLWHA representation***