

Cover Page

Name:

Home City/State:

Zip:

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 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: _____

Mail completed application to: PC Support Office
Attn: James Burns
Saint Louis University- Salus Center
3545 Lafayette Ave, Room #381
St. Louis, MO 63104

Email applications to:

james.burns.1@slu.edu

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:		
	Are you willing to publicly identify as a person living with HIV/AIDS?	<input type="checkbox"/> yes <input type="checkbox"/> no
	Are you an employee or consultant for an agency that receives Ryan White Title I funds?	<input type="checkbox"/> yes <input type="checkbox"/> no
	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
	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

- Choose which of the following describes your community and professional representation.

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:

- Illinois Missouri

Representatives of/ or former D D r /

2. Please describe your personal or community involvement (HIV-related or otherwise). Describe your experiences and include volunteer activities, committee participation, board memberships, and other activities you feel have prepared you to be an active Metro St. Louis HIV Health Services Planning Council. Please provide details and examples.

3. Please describe a past or present project(s) in which you have been involved that demonstrates your ability to work as part of a team for a common goal or on a collaborative project. Please provide details and examples.

4. If you have resigned or have been asked to resign from Planning Council, please describe why you resigned or were asked to resign. If you have never resigned from Planning Council, please write N/A.



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.

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Meeting Time: 3rd 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