

Indianapolis TGA Planning Council Membership Application

Please use this form to be considered for membership into the Indianapolis Area Ryan White Planning Council. All information on this form will be used only for the purpose of selecting a balanced group membership and will remain confidential.

The overall mission of the Ryan White Part A Planning Council is to work in partnership with Marion County Health Department (MCHD) to assure HIV positive individuals have access to a comprehensive network of high quality care and treatment services. The Planning Council was formed for the purpose of advising and setting planning priorities and determining how resources should be distributed. The Council will ensure a continuum of high quality, culturally sensitive and appropriate care to persons with HIV. The Ryan White Part A Planning Council will make their recommendations considering all affected sub-populations and impacted regions within the Indianapolis Transitional Grant Area (TGA), regardless of sexual orientation, gender, race, ethnic origin, disability, religious beliefs, lifestyle or manner in which HIV infection was contracted. Membership consideration is ongoing in order to keep the Council a full body

For Membership Committee/RWPC Support Staff Use Only	
Date reviewed: _____	Chair Signature: _____
Date approved: _____	Exp. Date: _____
Date Approved by City CEO: _____	Committee Assigned: _____
Category of representation: _____	Race/Ethnicity : _____
Decision: _____	Age/Gender: _____

Please send completed form to:

Marion County Public Health Department
Ryan White Part A Planning Council
Attention: Anna Hail, Planning Council Coordinator
2951 E. 38th Street, Suite 203
Indianapolis, IN 46218
Email: fhail@marionhealth.org

Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Email: _____

Daytime Phone: _____ Cell Phone: _____

Agency: _____

I understand I am being considered for membership in the Indianapolis Area Ryan White Planning Council. I understand the purpose of the planning body and believe I can productively contribute. I realize that the information I have provided will be shared with the membership committee for consideration, review and discussion. I also understand that the council's meeting minutes including my name are published on the Ryan White Services

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website. By signing this document I agree to the aforementioned. This application is valid ONLY when is signed and dated

Signature: _____

Date: _____

Please help us ensure that the planning body mirrors the HIV positive population in the Indianapolis TGA by providing the following information. The information you provide will be kept highly confidential.

I am

A person living with HIV/AIDS Yes No

Please check all that apply

I am:

- Male
- Female
- Transgender

My age is:

- Less than 13
- 13 – 19 years
- 20 – 29 years
- 30 – 39
- 40 – 49 years
- 50 – 59 years
- 60 and over

My ethnicity is:

- Non – Hispanic / Latino
- Hispanic / Latino

My race is:

- White
- African
- African American
- Native American
- Asian / Pacific Islander
- Other: _____

I have interest or experience in the following areas that I can contribute to the Council:

- Health care needs of men of color who have sex with men
- Health care needs of white men who have sex with men
- Social services, including housing and homeless services
- Needs of formerly incarcerated people living with HIV/AIDS
- Health care needs of injecting drug users
- Outpatient primary medical care
- Other non – medical support services
- Women's health care needs
- Children's health care needs
- Youth's health care needs
- Mental health services
- Substance abuse services
- Immigrant / refugee health

Are you, your spouse/partner or family member an employee, board member, or contractor of any Marion County Public Health Department / Ryan White funded provider or grantee?

Yes No If yes, please indicate those providers or grantees affiliated with:

Please provide a brief statement describing why you would be appropriate member of this planning body:

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Please specify which required Planning Council membership categories you represent

- (A) health care providers, including federally qualified health centers;
- (B) community-based organizations serving affected populations and AIDS service organizations;
- (C) social service providers, including providers of housing and homeless services;
- (D) mental health and substance abuse providers;
- (E) local public health agencies;
- (F) hospital planning agencies or health care planning agencies;
- (G) affected communities, including people 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;
- (H) non-elected community leaders;
- (I) State government (including the State Medicaid agency and the agency administering the program under part B);
- (J) grantees under subpart II of part C;
- (K) grantees under section 2671, or, if none are operating in the area, representatives of organizations with a history of serving children, youth, women, and families living with HIV and operating in the area;
- (L) grantees under other Federal HIV programs, including but not limited to providers of HIV prevention services; and
- (M) representatives of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date on which the individuals were so released.

Membership approval is depends on vacancy of category of representation.