

Membership Applicant Biographical Sketch

The following individual has submitted a membership application to the HIV Planning Council.

Alicia Alston

(Applicant Name)

OCCUPATION	Planner of HIV/Health Services at Brazos Valley Council of Governments (BVCOG)
COMMUNITY VOLUNTEER WORK	Participates in various food, coat, and back to school drives in local community. Also, likes to volunteer at nursing homes to support elderly members of the community.
SKILLS/EXPERIENCE	20+ years of Direct care experience as a medical assistant to service PLWH in Philadelphia Department of Health. 23 years of epidemiology, HIPAA, OSHA, and other related laws/policies pertaining to PLWH. Currently, working with the Ryan White Part B program at BVCOG. Detail orientated, team leader.
COUNTY OF RESIDENCE	<input type="checkbox"/> Travis <input type="checkbox"/> Bastrop <input type="checkbox"/> Caldwell <input type="checkbox"/> Hays <input type="checkbox"/> Williamson <input checked="" type="checkbox"/> Other
HRSA MEMBERSHIP SLOT (Check all that apply)	<input type="checkbox"/> Health Care Providers, Including Federally Qualified Health Centers <input type="checkbox"/> Community-based organizations serving affected populations and AIDS Service Organizations (ASOs) <input type="checkbox"/> Social Service Providers, including providers of housing and homeless services <input type="checkbox"/> Mental Health Providers <input type="checkbox"/> Substance Abuse Providers <input checked="" type="checkbox"/> Local Public Health Agency <input type="checkbox"/> Hospital planning agencies or health care planning agencies <input checked="" type="checkbox"/> Affected Communities, including PLWH/A, 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. <input type="checkbox"/> Non-Elected Community Leaders <input type="checkbox"/> State Government (including the State Medicaid Agency). <input checked="" type="checkbox"/> State agency and the agency administering the program under part B. <input type="checkbox"/> Grantees under subpart II of part C (Title II early intervention) <input type="checkbox"/> Representatives of organizations with a history of serving children, youth, women, and families living with HIV and operating in the area. <input type="checkbox"/> Grantees under other Federal HIV programs, including but not limited to providers of HIV prevention services <input type="checkbox"/> 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 released. <input type="checkbox"/> HIV/AIDS Prevention Provider
CONFLICT OF INTEREST	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
RACE/ETHNICITY	<input type="checkbox"/> A <input checked="" type="checkbox"/> AA <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> PI <input type="checkbox"/> Other
SPECIAL INTERESTS	HIV Care Continuum Improvements
GMCS Committee Recommend?	Planning Council Recommend?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Judith Hassan

(Applicant Name)

OCCUPATION	Director of Client Services at Project Transitions
COMMUNITY VOLUNTEER WORK	6+ years of work experience in public health related to HIV programs, program planning, implementation, evaluation, surveillance, research, and data management. Has work experience in government, NGOs, and private health sector.
SKILLS/EXPERIENCE	Strong interpersonal communications skills, team building techniques. She has expertise in planning and implementing community needs assessment, analyzing and interpreting large data. User of Microsoft Suites, and SAS data software
COUNTY OF RESIDENCE	<input checked="" type="checkbox"/> Travis <input type="checkbox"/> Bastrop <input type="checkbox"/> Caldwell <input type="checkbox"/> Hays <input type="checkbox"/> Williamson
HRSA MEMBERSHIP SLOT (Check all that apply)	<input type="checkbox"/> Health Care Providers, Including Federally Qualified Health Centers <input checked="" type="checkbox"/> Community-based organizations serving affected populations and AIDS Service Organizations (ASOs) <input checked="" type="checkbox"/> Social Service Providers, including providers of housing and homeless services <input type="checkbox"/> Mental Health Providers <input type="checkbox"/> Substance Abuse Providers <input type="checkbox"/> Local Public Health Agency <input type="checkbox"/> Hospital planning agencies or health care planning agencies <input checked="" type="checkbox"/> Affected Communities, including PLWH/A, 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. <input type="checkbox"/> Non-Elected Community Leaders <input type="checkbox"/> State Government (including the State Medicaid Agency. <input type="checkbox"/> State agency and the agency administering the program under part B. <input type="checkbox"/> Grantees under subpart II of part C (Title II early intervention) <input checked="" type="checkbox"/> Representatives of organizations with a history of serving children, youth, women, and families living with HIV and operating in the area. <input type="checkbox"/> Grantees under other Federal HIV programs, including but not limited to providers of HIV prevention services <input type="checkbox"/> 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 released. <input type="checkbox"/> HIV/AIDS Prevention Provider
CONFLICT OF INTEREST	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
RACE/ETHNICITY	<input type="checkbox"/> A <input checked="" type="checkbox"/> AA <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> PI <input type="checkbox"/> Other
SPECIAL INTERESTS	Health policy, international health policy, HIV Program planning
GMCS Committee Recommend?	Planning Council Recommend?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Marquis Goodwin

(Applicant Name)

OCCUPATION	Mental Health Peer Advocate at ASHwell
COMMUNITY VOLUNTEER WORK	Performed community outreach with Vivent and ASHwell. Experience in HIV outreach, testing, and now mental health support. Eager to support their community
SKILLS/EXPERIENCE	Certified in phlebotomy, pending mental health peer support certification, experience with working with Take Charge Texas, navigating medical and social obstacles when serving as a patient liaison. Creating social media campaigns, engaging the community to build rapport, and educate on sexual wellness. Medicare and Medicaid claim handling experience, authorization, and locating accepted providers. Also has experience as an insurance agent
COUNTY OF RESIDENCE	<input checked="" type="checkbox"/> Travis <input type="checkbox"/> Bastrop <input type="checkbox"/> Caldwell <input type="checkbox"/> Hays <input type="checkbox"/> Williamson
HRSA MEMBERSHIP SLOT (Check all that apply)	<input type="checkbox"/> Health Care Providers, Including Federally Qualified Health Centers <input checked="" type="checkbox"/> Community-based organizations serving affected populations and AIDS Service Organizations (ASOs) <input type="checkbox"/> Social Service Providers, including providers of housing and homeless services <input checked="" type="checkbox"/> Mental Health Providers <input type="checkbox"/> Substance Abuse Providers <input type="checkbox"/> Local Public Health Agency <input type="checkbox"/> Hospital planning agencies or health care planning agencies <input checked="" type="checkbox"/> Affected Communities, including PLWH/A, 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. <input type="checkbox"/> Non-Elected Community Leaders <input type="checkbox"/> State Government (including the State Medicaid Agency. <input type="checkbox"/> State agency and the agency administering the program under part B. <input checked="" type="checkbox"/> Grantees under subpart II of part C (Title II early intervention) <input type="checkbox"/> Representatives of organizations with a history of serving children, youth, women, and families living with HIV and operating in the area. <input type="checkbox"/> Grantees under other Federal HIV programs, including but not limited to providers of HIV prevention services <input type="checkbox"/> 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 released. <input checked="" type="checkbox"/> HIV/AIDS Prevention Provider
CONFLICT OF INTEREST	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
RACE/ETHNICITY	<input type="checkbox"/> A <input checked="" type="checkbox"/> AA <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> PI <input type="checkbox"/> Other
SPECIAL INTERESTS	Issues affecting POC/PLWH
GMCS Committee Recommend?	Planning Council Recommend?

☐ Yes ☐ No

☐ Yes ☐ No