

Austin HIV Planning Council

Member Interest Questionnaire



Applicant Information	
Name	
Date	
County of Residence	
Type of Membership	<input type="checkbox"/> Voting <input type="checkbox"/> Non-voting
Employer	
Position Title	
Conflicted	<input type="checkbox"/> Yes <input type="checkbox"/> No

Questions

1. How did you hear about the HIV Planning Council?

2. What inspired you to apply?

3. Have you received any training or education related to HIV, public health or any other experience you feel is relevant?

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4. Do you or a member of your household receive Ryan White Part A services?

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5. Do you require any accommodations in order to attend meetings?

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6. Are you able to commit 4-6 hours each month to Planning Council activities?

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Additional Notes

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HRSA Categories	
<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 type="checkbox"/>	Local Public Health Agency
<input type="checkbox"/>	Hospital planning agencies or health care planning agencies
<input type="checkbox"/>	Affected communities, including PLH, 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 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 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

Checklist	
<input type="checkbox"/>	Attend Business Meeting
<input type="checkbox"/>	Boards and Commissions' Application
<input type="checkbox"/>	Letter of Recommendation
<input type="checkbox"/>	Resume

Race/Ethnicity											
<input type="checkbox"/>	A	<input type="checkbox"/>	AA	<input type="checkbox"/>	H	<input type="checkbox"/>	W	<input type="checkbox"/>	PI	<input type="checkbox"/>	Other

Recommendations			
<input type="checkbox"/>	Care Strategies and Engagement	<input type="checkbox"/>	Finance and Assessment