



San Antonio Area HIV
Health Services
Planning Council

San Antonio Area HIV Health Services Planning Council

University Health System Ryan White Program, 4502 Medical Drive, MS 83-2-Corporate Square, San Antonio, TX 78229
Physical Address: 4801 NW Loop 410, Suite 111, San Antonio, TX 78229
Phone: (210) 644-1360 Fax: (210) 702-6952

Dear Planning Council Applicant:

Thank you for your application to become a member of the San Antonio Area HIV Health Services Ryan White Planning Council. If your nomination is approved, you will join up to 25 other Planning Council Members who are responsible for deciding how federal funds are spent on emergency care services for persons living with HIV/AIDS (PLWHA).

As the first step of the application process, please complete the application form and the confidential member information form. Before you start filling out the application, please check to make certain that you can commit **up to ten (10) hours of your time each month** to prepare for, travel to, and attend meetings. Council Members are required to:

- Attend one Planning Council meeting each month. The meetings are roughly two hours long, typically scheduled from 12:30 am to 3:00 pm. The meetings are usually located at Metropolitan Community Church (MCC), 611 E Myrtle St. San Antonio, TX 78212. Refreshments and/or Lunch are served during the Council meetings and transportation reimbursement is available to Members who are living with HIV/AIDS.
- Attend one Committee meeting each month. The meetings are between one and two hours long, and are typically scheduled between 11:30 a.m. and 4:00 p.m. The meetings are usually located at Metropolitan Community Church (MCC), 611 E Myrtle St. San Antonio, TX 78212. Refreshments and/or Lunch are served at the Committee meetings and transportation reimbursement is available to Council Members who are living with HIV/AIDS.
- Abide by an attendance policy that allows for no more than two (2) unexcused absences in each of the two six-month periods of the grant year.
- Complete the New Member Orientation Training within three (3) months of appointment on the Planning Council.

If you need help completing the application or have any questions about what it means to be a Council Member, please contact the Planning Council Support Staff at (210) 644-1360.

Please send your completed application to:

Mailing Address
University Health System
Ryan White Program
4502 Medical Dr, MS 83-2-Corporate Square
San Antonio, TX 78229

Fax Number
210-702-6952

The application process will take approximately 3-4 weeks. Once you submit your application, the Membership, Nominations and Elections (MNE) Committee will meet to review your application, and conduct your interview. The Committee will then determine whether or not your membership should be forwarded to the full Planning Council for consideration and recommendation. If the Planning Council chooses to recommend you for membership, your nomination will be sent to the Bexar County Judge for appointment. As your application moves through this process, the Planning Council Support Staff will contact you at each phase to explain the status of your application.

If you are not appointed to the Planning Council, you are still welcome to attend Planning Council and committee meetings. You are always invited to speak through Public Comment at any meeting.

Thank you again for your interest in becoming a Planning Council Member.

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PART A: NAME AND CONTACT INFORMATION

A1. Primary Contact Information *(please print clearly)*

Name: _____

Street Address: _____

City, State, Zip: _____

Primary phone number: _____ Alternate phone number: _____

E-mail: _____

Date of Birth: _____

I would like all Planning Council correspondence to be sent to the address above.

A2. Mailing Address *(if different from above)*

Street Address: _____

City, State, Zip: _____

Primary phone number: _____ Alternate phone number: _____

E-mail: _____

I would like all Planning Council correspondence to be sent to the address above.

A3. Please check all that apply:

I am...

- Male
- Female
- Transgender

I...

- do self-identify as HIV-positive
- do not self-identify as HIV-positive

My race/ethnicity is...

- White/Non-Hispanic
- Hispanic
- Black/African American
- Asian
- American Indian
- Native Hawaiian/Pacific Islander
- Other (please identify) _____

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PART B: EMPLOYMENT AND VOLUNTEER EXPERIENCE

B1. Where do you work or volunteer? _____

B2. If you are a volunteer, do you receive any payment, including a stipend?
 Yes No If so, how often do you receive payment or stipend?

B3. What are your work or volunteer responsibilities? _____

B4. How long have you been working or volunteering at the organization you identified above?
 Less than a year
 2 - 4 years
 More than 4 years

B5. Are you a member of the Board of Directors of an agency that receives Ryan White Part A funding?

Yes No If yes, agency name: _____

Please list any previous Boards or Agencies you have been affiliated with.

B6. Please list any certifications, licensure or relevant educational history that would benefit you in your position as a Planning Council member?

B7. Rules of law and ethics prohibit members from participating in and voting on matters in which they may have a direct/indirect financial interest. Are you aware of any potential Conflicts of Interest (i.e., are you or a significant other a member of, employee of, or have a direct/indirect financial interest in an organization seeking/receiving Ryan White Part A funds?)

Yes No If yes, agency name: _____

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B8. Please select the categories that you are qualified to represent. (Check all that apply)

- Community-Based Organizations and AIDS Service Organizations
- Healthcare Planning Agencies
- Healthcare Providers, including but not limited to Federally Qualified Healthcare Centers (FQHC's)
- Mental Health and Substance Abuse Treatment Providers
- Non-Elected Community Leaders, including but not limited to Persons Living with HIV, Faith Based Leaders, etc.
- Other Federal HIV Programs Recipients, including but not limited to HIV Prevention, HOPWA, etc.
- Persons Living with HIV - to including but not limited to:
 - Formerly incarcerated/recently released PLWHA or their representatives
 - Person Living with HIV/AIDS and Hepatitis C Co-Infection
 - Transgender
 - Youth
 - Rural Representative (not legislatively required)
- Public Health Agencies
- Ryan White Part A Administrative Agency
- Ryan White Part B Administrative Agency – State Agency
- Ryan White Part C Administrative Agency
- Ryan White Part D Administrative Agency
- Social Service Providers, including but not limited to Homeless Service Providers
- State Agency – Medicaid

PART C: PERSONAL STATEMENT

Please provide a brief statement supporting your interest in becoming a Planning Council Member. Include details on qualifications, such as commitment to helping PLWHA, work or volunteer experience relevant to HIV/AIDS or health planning, leadership skills, and ability to work with a culturally diverse team. You may attach a separate page if necessary.

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PART D: PLANNING COUNCIL STANDING COMMITTEES

Serving on at least one Standing Committee is a requirement of Planning Council Membership. Please review descriptions of the Standing Committees listed below.

- ▶ **Comprehensive Planning/Continuum of Care (CPCC):** Develop the TGA's Continuum of Care, service category Standards of Care, Service Category Definitions and define Service Category Units of Service. CPCC is tasked with coordinating the development of the Integrated HIV Prevention and Care Plan (previously known as the Comprehensive Plan), monitoring its goals and objectives, and participating in the Statewide Coordinated Statement of Need.
- ▶ **Fiscal Monitoring and Reallocations (FMRA):** Membership of the FMRA Committee is limited to PLWHA and service providers not funded under any Ryan White Part A and B programs. The FMRA Committee makes recommendations to the Planning Council for the reallocation of funds among service categories in accordance with the Ryan White HIV/AIDS Treatment Extension Act of 2009.
- ▶ **Membership, Nominations and Elections (MNE):** Recruiting, screening and recommending potential candidates for membership to the Planning Council, tracking Planning Council Membership classifications and demographics, as well as changes in population affected by HIV/AIDS, recommending appropriate Membership classification and representation modifications, and tracking Member attendance.
- ▶ **Needs Assessment (NA):** Develop and implement a Needs Assessment strategy that will provide data that guides the development of the TGA's Continuum of Care, service needs priority setting, funding allocations, contents of grant applications and the intent and strategic direction of the Integrated HIV Prevention and Care Plan (previously known as the Comprehensive Plan).
- ▶ **People's Caucus:** Membership of the People's Caucus is limited to person's living with HIV and affected persons. The People's Caucus serves as a liaison to each of the other committees of the Planning Council with the purpose of communicating committee deliberations to the Planning Council for review and feedback on items brought before the Planning Council. The Caucus also assures that efforts are made in a culturally sensitive manner to address the needs of the traditionally underserved and/or hard to reach populations.

D1: Please indicate the committee(s) you would be interested in serving on. Please note: Planning Council committees generally meet once a month. The Planning Council Co-Chairs are tasked with assigning new members to a committee. They will take your expertise and committee preference into account when making committee assignments.

- | | |
|--|---|
| <input type="checkbox"/> Needs Assessment | <input type="checkbox"/> Comprehensive Planning/Continuum of Care |
| <input type="checkbox"/> Membership, Nominations and Elections | <input type="checkbox"/> Fiscal Monitoring and Reallocations |
| <input type="checkbox"/> People's Caucus | |

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PART E: SIGNATURES

E1. Signature of applicant:

I understand that I am applying for membership in the San Antonio Area HIV Health Services Planning Council. I can commit to a **minimum of ten (10) hours per month** to prepare for, travel to, and attend meetings of the Planning Council and its committees. I understand that full Planning Council meetings are roughly two hours in length and are usually located at Metropolitan Community Church (MCC), 611 E Myrtle St. San Antonio, TX 78212. I understand that Committee meetings are scheduled between 11:30 a.m. and 4:00 p.m. and are usually located at Metropolitan Community Church (MCC), 611 E Myrtle St. San Antonio, TX 78212. I have completed the information on this form truthfully and to the best of my knowledge.

Name *(Please print)*: _____

Signature: _____

Date: _____

E2. Signature of person completing this form *(if different from above)*:

Name *(Please print)*: _____

Signature: _____

Date: _____

The applicant may attach a brief, optional statement to this application.

Application information may be reviewed during “Executive Session” by Council Members at committee or Council meetings.

Application information is reviewed by the Honorable Judge Nelson Wolff, the Ryan White Part A CEO, and membership appointed based on Planning Council recommendations during Bexar County Commissioner’s Court.

Bexar County Commissioner’s Court and all Planning Council and Committee Meetings are subject to the Texas Open Meetings Act.