**Illinois Department of Public Health (IDPH)**

**Illinois HIV Integrated Planning Council (IHIPC) Membership Application**

Please mail, fax or email completed application to: Janet Nuss, Illinois Department of Public Health, HIV/AIDS Section, 525 W. Jefferson, 1st Floor, Springfield IL 62761, [janet.nuss@illinois.gov](mailto:janet.nuss@illinois.gov), telephone: 217-524-4759 fax: 217-557-3675

1. Personal Information

|  |  |  |
| --- | --- | --- |
| Name: Last Name, First Name | | |
| Home Address: Click here to enter text. | | |
| Please list all Agency Affiliations and check the capacity(ies) in which you are affiliated with the agency: | | |
| Agency Name: Click here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Agency Address: Click here to enter text.  Current Affiliation (check all applicable):     |  | | --- | | Director | | Hired or contractual employee | | Paid consultant | | Board member | | Volunteer | | Family member is an employee or on board |   Other: Click here to enter text.  Current Title: Click here to enter text. | | Agency Name: Click here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Agency Address: Click here to enter text.  Current Affiliation (check all applicable):     |  | | --- | | Director | | Hired or contractual employee | | Paid consultant | | Board member | | Volunteer | | Family member is an employee or on board |   Other: Click here to enter text.  Current Title: Click here to enter text. |
| Telephone Numbers: Please place an \* by the number that is your preferred primary source of contact. | Work: Click here to enter text.  Cell: Click here to enter text.  Home: Click here to enter text. | |
| Email: Enter email address. | | |

2. Are you able to travel to statewide locations for two-three 2-day planning group meetings per year that may involve an overnight stay?

Yes No

3. Are you able to participate in quarterly webinar meetings two-three hours in length? Yes  No

4. Are you able to participate in monthly one hour committee conference calls and work on various committee projects?

Yes  No

5. Personal Skills, **Past and Present** Expertise **(*please check all that apply):***

|  |  |
| --- | --- |
| Epidemiology | HIV/STD Direct Prevention Services |
| Behavioral/Social Science | HIV/STD Direct Care Services |
| Program or Research Evaluation | Mental Health Services |
| Health Planning | Substance Abuse Treatment/Prevention |
| Community Engagement/Organizing | Group Process Management |
| HIV Planning Group Member | Health Education |
|  | Other (identify): Click here to enter text. |

6. **Current** Professional and Community Representation – Choose which of the following best describes your community and professional representation. ***(Please note: In many cases, more than one can be selected. Please select all that apply.)***

Health department HIV/AIDS Program staff

Health department STD/STI Program staff

Health department Hepatitis Program staff

Health department Tuberculosis Program staff

Health department epidemiologist

Other Health department staff (identify): Click here to enter text.

Health department or designated community-based agency providing surveillance-based services

HIV Prevention Regional lead agent

HIV Care Regional lead agent

HIV prevention intervention specialist

Ryan White Part B case manager

Substance abuse prevention/treatment provider

Mental health provider

Academia/education/research institution

Housing Opportunities for Persons with HIV (HOPWA) or housing agency

Provider of services to correctional community

Pharmaceutical provider

Chicago EMA or St. Louis TGA HIV Planning Council

Health department grantee (other than IDPH) directly-funded by CDC to provide HIV prevention services

Community-based organization grantee directly-funded by CDC to provide High Impact Prevention services

HRSA-funded Demonstration Project grantee

HRSA-funded Ryan White Part C agency

HRSA-funded Ryan White Part D agency

HRSA-funded Ryan White Part F agency (MATEC)

Community-based HIV prevention agency

Community-based agency that provide homeless services

Youth or community-based agency providing youth-specific services

Transgender person or community-based agency providing transgender-targeted services

Federally-Qualified Health Center (FQHC) or community health care center

Community leader interested in or affected by HIV/AIDS

Community representative of a population group [Men who have sex with men (MSM), High-risk heterosexuals (HRH), Persons who injects drugs (PWID)] at highest risk for HIV infection in the jurisdiction (may have positive or negative status)

Ryan White Part B client representative

Other (identify): Click here to enter text.

9. Work and/or volunteer experience in HIV care or prevention. **(*Please check all that apply)*:**

Worker or volunteer providing HIV prevention services to high-risk target populations in an HIV prevention program.

Worker or volunteer providing HIV prevention services to high-risk target populations in a program or agency whose mission is not primarily HIV prevention (i.e., STD clinic, substance abuse treatment site, etc.).

Worker or volunteer providing HIV care services to people living with HIV (PLWH) in an HIV care program.

Worker or volunteer providing HIV care services to PLWH in a program or agency whose mission is not primarily HIV care (i.e., FQHC, hospital, general medical clinic, etc.).

Other worker or volunteer who has indirect contact with HIV prevention and care services.

10. Do you work or volunteer with any of the following specific populations? **(*Please check all that apply)*:**

Persons living with HIV/AIDS

Men who have sex with other men (MSM)

People who inject drugs (PWID)

Men who have sex with men and also inject drugs (MSM/WID)

High risk heterosexuals (HRH):

Males or Females who have vaginal or anal sex with an HIV positive partner of the other sex

Transgender females who have anal sex with a male partner

Youth

Transgender individuals

Other high-risk populations - please identify: Click here to enter text.

11. Representation **–** Please choose **only one** Transmission Risk Factor/Population you feel you would **most** represent on the IHIPC **either** as a community member or as a provider of services to that population group. **(You must select only one):**

MSM

PWID

MSM/WID

HRH

12. A. Please explain why you want to serve as a member of the IHIPC and what strength(s) you would bring to the group?

Click here to enter text.

B. Please describe your community involvement (HIV-related or otherwise). Include any volunteer activities, committee participation, board memberships, and other activities you feel have prepared you to be an active IHIPC member.

Click here to enter text.

C. 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.

Click here to enter text.

***Demographic Information: Providing this information will help ensure that the membership of the IHIPC reflects the HIV epidemic in Illinois and will assist IDPH in developing a well-balanced, diverse HIV community planning group.***

|  |  |  |
| --- | --- | --- |
| **Race (Choose one of the following):** | **Gender (Choose option that you self -identify as):** | **Age Group (Choose one of the following):** |
| American Indian/Alaskan Native | Male | 18-24 |
| Asian | Female | 25-29 |
| Black or African-American | Trans Female | 30-39 |
| More than one race | Trans Males | 40-49 |
| Native Hawaiian/Pacific Islander | Gender Non-Confirming/ Non-Binary | 50-59 |
| White | Other:  Click here to enter text. | 60+ |
| **Ethnicity (Choose one of the following):** |  |  |
| Hispanic or Latino/Latina |  |  |
| Non-Hispanic or Latino/Latina |  |  |
| Unknown |  |  |

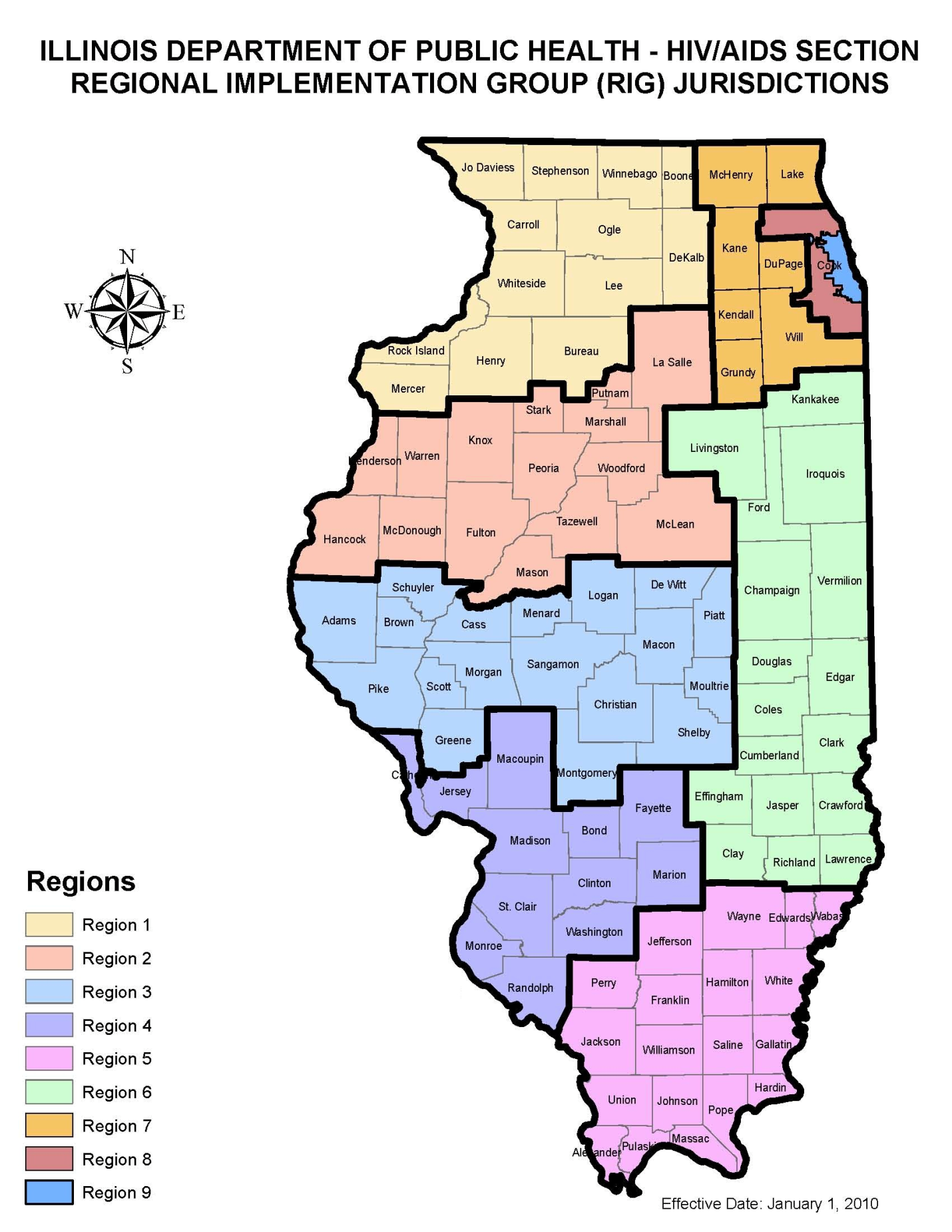
**Regional Representation:** Please look at the Regional Prevention Implementation Group Map on the last page of the application and select the one Region (1-9) **in which** **you have the most interaction with the HIV positive or HIV risk group populations you would be representing as an IHIPC member:**

|  |  |  |
| --- | --- | --- |
| Region 1 | Region 4 | Region 7 |
| Region 2 | Region 5 | Region 8 |
| Region 3 | Region 6 | Region 9 |

***The following personal information will be kept STRICTLY CONFIDENTIAL.***

|  |  |
| --- | --- |
| **Which best represents your personal past or present HIV risk category? (**Check **all** that apply): | |
| Men who have sex with men (MSM)  Person who inject drugs (PWID)  MSM who injects drugs (MSM/WID)  Partner of an HIV-positive individual | Transgender female who has anal sex with a male partner  None of the above  Other: Click here to enter text. |

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| --- | --- |
| **Sexual Orientation** | **Optional information:** |
| Heterosexual | I am living with HIV/AIDS |
| Homosexual  Bisexual  Other: Click here to enter text. | |

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