

**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, telephone: 217-524-4759 fax: 217-557-3675

1. Personal Information

Name:	
Home Address:	
Please list all Agency Affiliations and check the capacity(ies) in which you are affiliated with the agency:	
Agency Name: _____ Agency Address: _____ Current Affiliation (check all applicable): <input type="checkbox"/> Director <input type="checkbox"/> Hired or contractual employee <input type="checkbox"/> Paid consultant <input type="checkbox"/> Board member <input type="checkbox"/> Volunteer <input type="checkbox"/> Family member is an employee or on board Other: Current Title: _____	Agency Name: _____ Agency Address: _____ Current Affiliation (check all applicable): <input type="checkbox"/> Director <input type="checkbox"/> Hired or contractual employee <input type="checkbox"/> Paid consultant <input type="checkbox"/> Board member <input type="checkbox"/> Volunteer <input type="checkbox"/> Family member is an employee or on board Other: Current Title: _____
Telephone Numbers:	Work: _____ Preferred: _____ Cell: _____ Preferred: _____ Home: _____ Preferred: _____
Email:	

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*):

- | | |
|--|---|
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> HIV/STD Direct Prevention Services |
| <input type="checkbox"/> Behavioral/Social Science | <input type="checkbox"/> HIV/STD Direct Care Services |
| <input type="checkbox"/> Program or Research Evaluation | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Health Planning | <input type="checkbox"/> Substance Abuse Treatment/Prevention |
| <input type="checkbox"/> Community Engagement/Organizing | <input type="checkbox"/> Group Process Management |
| <input type="checkbox"/> HIV Planning Group Member | <input type="checkbox"/> Health Education |
| | <input type="checkbox"/> Other (identify): _____ |

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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):
- 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):

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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:

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

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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?

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.

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.

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 <u>one</u> 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:	60+
Ethnicity (Choose <u>one</u> 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:**

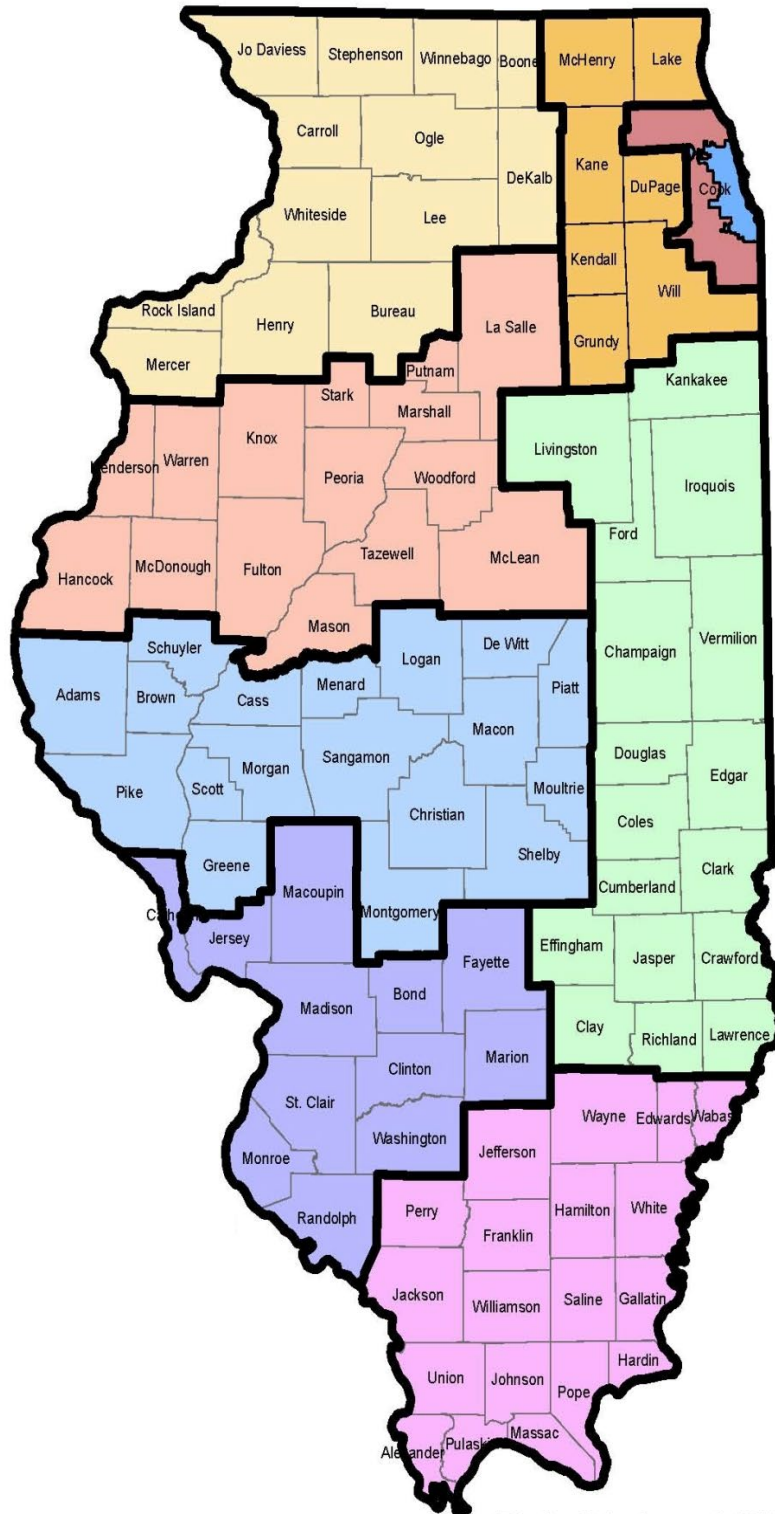
<input type="checkbox"/> Region 1	<input type="checkbox"/> Region 4	<input type="checkbox"/> Region 7
<input type="checkbox"/> Region 2	<input type="checkbox"/> Region 5	<input type="checkbox"/> Region 8
<input type="checkbox"/> Region 3	<input type="checkbox"/> Region 6	<input type="checkbox"/> Region 9

The following personal information will be kept STRICTLY CONFIDENTIAL.

Which best represents <u>your personal</u> past or present HIV risk category? (Check <u>all</u> that apply):	
<input type="checkbox"/> Men who have sex with men (MSM)	<input type="checkbox"/> Transgender female who has anal sex with a male partner
<input type="checkbox"/> Person who inject drugs (PWID)	<input type="checkbox"/> None of the above
<input type="checkbox"/> MSM who injects drugs (MSM/WID)	<input type="checkbox"/> Other:
<input type="checkbox"/> Partner of an HIV-positive individual	

Sexual Orientation	Optional information:
<input type="checkbox"/> Heterosexual	<input type="checkbox"/> I am living with HIV/AIDS
<input type="checkbox"/> Homosexual	
<input type="checkbox"/> Bisexual	
<input type="checkbox"/> Other:	

ILLINOIS DEPARTMENT OF PUBLIC HEALTH - HIV/AIDS SECTION REGIONAL IMPLEMENTATION GROUP (RIG) JURISDICTIONS



Regions

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

Effective Date: January 1, 2010