

# Connecticut HIV Planning Consortium – Application Form

## About the CHPC and CHPC Membership

The Connecticut HIV Planning Consortium (CHPC) has a mission to create a coordinated statewide care and prevention system that reduces the rate of new HIV infections and connects those who are living with and affected by HIV/AIDS to appropriate services. CHPC members are a diverse group of people dedicated to planning for HIV care and prevention services in Connecticut. The CHPC strives to maintain a membership of 30-35 members who represent a variety of stakeholder groups, who bring a range of expertise and experiences to the CHPC, and who are reflective of Connecticut's HIV/AIDS epidemic in terms of age, race, ethnicity, gender, sexual orientation, and HIV risk behaviors. The CHPC has a priority goal for half of its members to be people living with HIV.

## Overview of the CHPC Member Application Process

1. Applicants to the Connecticut HIV Planning Consortium (CHPC) are encouraged to fill in the personal information on the following pages as completely as possible. The information you provide will help the CHPC make an informed decision about your application.
2. All personal information provided by CHPC applicants and members remains confidential. During the application review stage, a CHPC staff person assigns a numerical score to each applicant's demographic and personal profile using a formula designed to measure how closely each applicant's profile fits with the CHPC's current membership needs. Membership decisions are based on these scores.
3. The CHPC uses applicants' personal information to meet membership requirements for Community Planning Groups set by the U.S. Centers for Disease Control and Prevention (CDC). The CDC states that *“an inclusive community planning process includes representatives of varying races and ethnicities, genders, sexual orientations, ages, and other characteristics such as varying educational backgrounds, professions, and expertise.”*
4. Once applicants are voted onto the CHPC as members, their demographic and personal information is entered in a secure database maintained by a CHPC staff person. Depersonalized and aggregated (combined) information from all CHPC members is used to create a Diversity Chart which summarizes CHPC member information.
5. The personal information provided by CHPC applicants who are not initially accepted as CHPC members will be kept in a secure file for one (1) year following the date of application to be considered in future membership rounds. All applicable information (with the exception of contact information) are destroyed when a member's term as a CHPC member ends.

If you have any questions or concerns about the confidentiality of applicant or member information, please contact CHPC staff person Michael Nogelo at 203.772.2050 ext. 28 or [Nogelo@xsector.com](mailto:Nogelo@xsector.com).

Please notify Mr. Nogelo if any of your contact information changes. This will allow the CHPC to immediately contact you when membership decisions are made each fall.

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## 1. Basic Information

Name \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_

## 2. Personal Contact Information

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

## 3. Work Contact Information

Does not apply

Employer (Organization) Name \_\_\_\_\_ Your Job Title \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Email Address \_\_\_\_\_

## 4. Employer Information (complete as fully as possible)

Does not apply

A. Which of the following sources provides funding to your employer? (check **all** that apply)

- CT DPH Prevention Funds      
 Ryan White Part A      
 Ryan White Part B      
 Ryan White Part C   
 Ryan White Part D      
 (SPNS/Dental) Part F      
 Other (please list source)

B. Which of the following describe your employer? (check **all** that apply)

- A statewide program      
 A faith-based agency      
 A consumer advocacy group   
 Other (please describe)

## 5. Demographic Information (Check **all** that apply)

- Gender**      Male       Female       Transgender MTF       Transgender FTM   
**Race/Ethnicity**      Black       Latino/a       White       Other   
**Sexual Orientation**      Heterosexual       Gay Man       Lesbian       Bisexual   
**Other**      HIV+       Former inmate       Man who has sex with men (MSM)   
**Other**      Injection drug use history (IDU)       Takes pre-exposure prophylaxis (PrEP)

## 6. Occupation (Check **all** that apply)

- |  |   |
|--|---|
| State health dept. HIV / AIDS staff <input type="checkbox"/>       | State health dept. Hepatitis staff <input type="checkbox"/>                   |
| State health dept. STD / STI staff <input type="checkbox"/>        | State health dept. Tuberculosis staff <input type="checkbox"/>                |
| Non-governmental education agency <input type="checkbox"/>         | Local health dept HIV prevention/STD treatment staff <input type="checkbox"/> |
| State education agency <input type="checkbox"/>                    | Local education agency <input type="checkbox"/>                               |
| Substance abuse governmental agency <input type="checkbox"/>       | Mental health governmental agency <input type="checkbox"/>                    |
| Department of Corrections representative <input type="checkbox"/>  | Non-governmental STD agency <input type="checkbox"/>                          |
| Non-governmental Tuberculosis (TB) agency <input type="checkbox"/> | Non-governmental substance abuse prev. & treatment <input type="checkbox"/>   |
| Non-governmental mental health services <input type="checkbox"/>   | Non-governmental homeless shelters <input type="checkbox"/>                   |
| Non-governmental prisons/corrections <input type="checkbox"/>      | Non-governmental HIV care and social services <input type="checkbox"/>        |
| Medical doctor <input type="checkbox"/>                            | Business community <input type="checkbox"/>                                   |
| Labor community <input type="checkbox"/>                           | Faith community <input type="checkbox"/>                                      |
|  | Community member <input type="checkbox"/>                                     |

## 7. Field of Expertise (Check **all** that apply)

- Health planning      
 Epidemiology (state health dept.)      
 Behavioral science      
 Social science   
 Program evaluation      
 Other (please describe)

CHPC c/o CROSS SECTOR CONSULTING, LLP, 2558 WHITNEY AVENUE, BLDG. 1, SUITE 201, HAMDEN, CT 06518  
 Phone: (203) 772-2050 ext. 28 Email: [nogelo@xsector.com](mailto:nogelo@xsector.com)

DPH is an equal opportunity provider. Call 860-509-7801 if you require aid/accommodation to participate fully and fairly.

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## Acknowledgement of CHPC Meeting Attendance Expectations and Member Supports

**Meeting Attendance.** The CHPC seeks members who can attend 8 or 9 full-day meetings per year for a two-year term, plus time preparing for meetings (e.g., reading materials). CHPC members are required to attend the entire meeting – including the main CHPC meeting and a committee meeting on the same day – to receive credit for attendance. CHPC members who miss three (3) meetings during any calendar year will be administratively discharged. In-person CHPC meetings typically take place in Hartford on the third Wednesday of the month. When the CHPC is unable to hold in-person meetings due to COVID-19 or any other reason, virtual meetings are held via Zoom. The main CHPC meeting typically runs from 9:15 am to 10:45 am and committee meetings typically run from 11:00 am to approximately 12:30 pm.

1. I am willing and able to commit to attend at least six CHPC meetings per year. Yes  No
2. My employer will support my attendance at monthly CHPC meetings. Yes  No  Not Employed

**Member Supports.** CHPC members who travel to attend CHPC meetings may be reimbursed for those costs, if their employer does not reimburse them for CHPC travel mileage. Eligible members (those who travel to attend CHPC meetings and whose employers do not reimburse them or who have no other way to get to meetings) will work with CHPC staff to create a public transportation plan and will be reimbursed for the cost of buses, trains, and/or taxis. Eligible members who cannot get to CHPC meetings via public transportation may receive a ride from the CHPC. Unemployed members and members who lose pay from their employers while attending CHPC meetings are eligible for a \$25 stipend per meeting. The CHPC will also provide reasonable support to assist members with barriers to participation in virtual meetings.

1. I am willing and able to provide my own transportation to CHPC meetings. Yes  No
2. If accepted as a CHPC member, I will need support in addition to transportation. Yes  No

If yes, please describe \_\_\_\_\_

**I acknowledge that I have read the information contained in this application and that my responses represent the truth to the best of my knowledge.**

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Please give your completed application form to a CHPC staff person or mail it to Michael Nogelo at Cross Sector Consulting, 2558 Whitney Avenue, Building 1, Suite 201, Hamden, CT 06518.**

**Your interest in the CHPC is greatly appreciated!**