



# Connecticut HIV Planning Consortium Application Form



**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 factors.

 **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.



## Questions or Concerns?

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.



### CHPC C/O CROSS SECTOR CONSULTING, LLP

2558 Whitney Avenue, Bldg. 1, Suite 201 • Hamden, CT 06518 • PH: (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.*



**CONFIDENTIAL** ( See page 1 for details on the protection of personal information )

## 1. Basic Information

<i>First Name</i>	<i>Last Name</i>	<i>Middle Initial</i>	<i>Date of Birth (mm/dd/yy)</i>
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## 2. Contact Information

<i>Street Address</i>	<i>City, State, Zip</i>
<i>Home Phone</i>	<i>Cell Phone</i>
<i>Email Address 1</i>	<i>Email Address 2</i>

## 3. Demographic Information

<p>How do you currently identify your gender? ( CHECK ALL THAT APPLY )</p> <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Transgender Man <input type="checkbox"/> Transgender Woman <input type="checkbox"/> Non-Binary or Genderqueer Person <input type="checkbox"/> Prefer to self describe _____ <input type="checkbox"/> Prefer not to say	<p>What is your race/ethnicity? ( CHECK ALL THAT APPLY )</p> <input type="checkbox"/> Hispanic/Latinx <input type="checkbox"/> Black/African American/ Caribbean American <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaska native <input type="checkbox"/> Prefer to self describe _____ <input type="checkbox"/> Prefer not to say	<p>( CHECK ALL THAT APPLY )</p> <input type="checkbox"/> Person living with HIV <input type="checkbox"/> Member of a federally-recognized Indian tribe <input type="checkbox"/> Person co-infected with hepatitis B or C <input type="checkbox"/> Man who has sex with men <input type="checkbox"/> Person who has injected drugs <input type="checkbox"/> Person taking pre-exposure prophylaxis (PrEP)
<p><b>Sexual Orientation:</b> ( CHECK ALL THAT APPLY )</p> <input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay Man <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Prefer not to say		

## 4. Areas of Expertise

( CHECK ALL THAT APPLY )

 Lived experience with HIV  
 Lived experience with substance use  
 Lived experience with correctional facilities  
 Lived experience with homelessness  
 Lived experience with STD/STI or HCV  
 Behavioral or social scientist  
 Epidemiologist  
 Intervention specialist  
 Clinician

## 5. Affiliations ( CHECK ALL THAT APPLY )

<input type="checkbox"/> State Department of Public Health <input type="checkbox"/> HIV service provider <input type="checkbox"/> CBO serving populations affected by HIV <input type="checkbox"/> STD/STI clinic or program <input type="checkbox"/> HIV clinical care provider <input type="checkbox"/> Faith community leader <input type="checkbox"/> Business/labor leader <input type="checkbox"/> Substance use treatment provider <input type="checkbox"/> Local education agency or academic institution <input type="checkbox"/> Mental health provider <input type="checkbox"/> Correctional facility <input type="checkbox"/> Law enforcement <input type="checkbox"/> Housing or homeless services provider	<input type="checkbox"/> Social services provider <input type="checkbox"/> Health care facility <input type="checkbox"/> Community health care center <input type="checkbox"/> Hospital/health care planning agency <input type="checkbox"/> Medical provider <input type="checkbox"/> Medicaid/Medicare partner <input type="checkbox"/> Local health department <input type="checkbox"/> AIDS Education and Training Center <input type="checkbox"/> CT AIDS Drug Assistance Program (CADAP) <input type="checkbox"/> CT Department of Correction (DOC) <input type="checkbox"/> CT Dept. of Mental Health & Addiction Services (DMHAS)
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## 6. Employer NOT CURRENTLY EMPLOYED

<i>Organization Name</i>	<i>Job Title</i>
<i>Address</i>	<i>City, State, Zip</i>
<p><b>FUNDED BY:</b>    <input type="checkbox"/> CT DPH PREVENTION FUNDS    <input type="checkbox"/> RYAN WHITE PART B    <input type="checkbox"/> RYAN WHITE PART D          (check all that apply)    <input type="checkbox"/> RYAN WHITE PART A    <input type="checkbox"/> RYAN WHITE PART C    <input type="checkbox"/> SPNS/DENTAL (PART F)</p>	



**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. CHPC meetings are on the third Wednesday of the month. In-person meetings are typically in Hartford. 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.

- I am willing and able to commit to attend at least six CHPC meetings per year.  YES  NO
- My employer will support my attendance at monthly CHPC meetings.  YES  NO  NOT EMPLOYED

**Member Support**

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 (in-person or virtual). The CHPC will also provide reasonable support to assist members with barriers to participation in virtual meetings.

- I am willing and able to provide my own transportation to CHPC meetings.  YES  NO
- 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.  YES  NO

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

*Your interest in the CHPC is greatly appreciated!*

**Please give your completed application form to a CHPC staff person or mail it to: MICHAEL NOGELO at CHPC C/O CROSS SECTOR CONSULTING, LLP**

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