

# Nassau-Suffolk HIV Health Services Planning Council

## COMMITTEE PREFERENCE FORM

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_  
\_\_\_\_\_ EMAIL: \_\_\_\_\_

Please use this form to identify the committee(s) that you are willing to serve on. Committee chairs will try to honor all requests however, this form does not guarantee placement on a particular committee. A letter will be sent to you in the mail to confirm your committee appointment. **Please remember to sign and date the bottom of this form.**

COMMITTEE CHOICE (please check your 1 <sup>st</sup> and 2 <sup>nd</sup> choice) refer to the back of this form for committee descriptions		List your qualifications, experience or reasons why you want to join this committee
#1	<input type="checkbox"/> Strategic Assessment and Planning <input type="checkbox"/> Clinical Quality Management <input type="checkbox"/> Consumer Involvement <input type="checkbox"/> Finance Sub-Committee	
#2	<input type="checkbox"/> Strategic Assessment and Planning <input type="checkbox"/> Clinical Quality Management <input type="checkbox"/> Consumer Involvement <input type="checkbox"/> Finance Sub-Committee	

I am a Current Council member:  YES  NO

I am willing to serve on:  1 COMMITTEE  2 COMMITTEES

Signature:  Date:

**Please return this form my mail, email or fax to:**

Nassau-Suffolk HIV Health Services Planning Council  
c/o United Way of Long Island  
819 Grand Boulevard  
Deer Park, NY 11729  
*Attn.: JoAnn Henn, Planning Assistant*

Email: [joann@unitedwayli.org](mailto:joann@unitedwayli.org)  
Fax: 631-940-2550



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## COMMITTEE DESCRIPTIONS

### **Strategic Assessment & Planning (SAP) Committee**

This committee establishes and reviews statistical data and develops estimates of the HIV/AIDS population and their service needs. The Committee also sets priorities for the region and approves the amount of funding allocated to each priority by the Finance Subcommittee. In addition, this committee assists with the development of the Comprehensive Service Plan for the region.

### **Finance Subcommittee**

This subcommittee reports to the SAP Committee and is responsible for the allocation of funds to the priorities established by the SAP Committee. No member of this subcommittee can work for or be affiliated with an agency that is a recipient of Ryan White Part A funds.

### **Clinical Quality Management (CQM) Committee**

This committee is responsible for evaluating how well services meet community needs; identifying, reviewing and recommending members to the Planning Council; managing the established Council grievance process; and conducting an annual assessment of the administrative mechanism in the region. This committee works closely with the Consumer Involvement subcommittee to increase participation and involvement of infected/affected people and communities in Planning Council activities.

### **Membership Subcommittee**

This subcommittee is responsible for Identifying, reviewing, and recommending members to the Council based upon Ryan White legislatively mandated membership requirements. Members must be voting members of the CQM Committee. The meeting shall be chaired by the CQM Committee chairs and shall be held on an as needed basis directly following the CQM Committee meeting. Each member will be asked to sign a statement which indicates that they will not vote on potential nominees who are affiliated with any agency/institution of which the member is an employee or serves on the board of directors.

### **Consumer Involvement Committee**

The committee addresses issues affecting people living with HIV/AIDS (PLWH/A) from a consumer point of view. Part of the mission of this group is to encourage outreach, education, empowerment and advocacy for PLWH/A. Membership is restricted to consumers only.