

**NEWARK EMA HIV HEALTH SERVICES PLANNING COUNCIL**

**Committee Introduction and Membership Application Instructions**

Thank you for your interest in the Ryan White Part A Planning Council. Please take a few minutes to read the information below as it is important to understand the work and responsibilities of all Planning Council committees and its committee members.

**WHAT IS THE PLANNING COUNCIL?**

The Newark Elegible Metropolitan Area (EMA) HIV Health Services Planning Council is responsible for prioritizing HIV/AIDS services based on community needs and allocating Ryan White Part A funding for these services. The Planning Council has seats for up to 34 members who represent a variety of community agencies, stakeholders, state agencies, consumers, and individuals affected by HIV/AIDS in the counties of *Essex, Union, Morris, Sussex and Warren*. For more information, visit [www.nemaplanningcouncil.org/](http://www.nemaplanningcouncil.org/).

The NEMA Planning Council is supported by the United Way of Greater Union County known as the Office of Planning Council Support, and works in close collaboration with the Ryan White Unit of the Newark Department of Health & Community Wellness.

**COMMITTEE MEMBERSHIP**

All members are expected to have the support of their employer (if employed) and to commit to the following:

* Participation in monthly committee meetings
* Preparation for each meeting by reading any materials provided to you prior to the meeting
* Consideration of the needs of the community over individual or agency needs

**APPLICATION SUBMISSION**

Submit a completed application to the Planning Council Office Of Support

* **Mail to**: UWGUC: Newark EMA Planning Council Support Staff

33 West Grand Street Elizabeth, NJ 07202

* **Email**: Tania Guaman at Tania.Guaman@uwguc.org OR Unnati Guru at Unnati.Guru@uwguc.org
* **Fax**: (908) 353-6310 ATTN: Newark EMA Planning Council Support Staff

**NEWARK EMA HIV HEALTH SERVICES PLANNING COUNCIL**

**COMMITTEE MEMBERSHIP APPLICATION**

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| **SECTION 1: CONTACT INFORMATION** |

**All fields containing (\*) are required.**

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| **Full Name:** Click or tap here to enter text.*(Please provide name as you would like it to appear in communications)* |
| **Home Address**: Click or tap here to enter text. |
| **City:** Click or tap here to enter text. | **State:** Choose an item. | **\*County:** Choose an item. | **Zip Code:** Click or tap here to enter text. |
| **Home Phone Number:**Click or tap here to enter text. | **Cell Phone Number:** Click or tap here to enter text. |
| **Personal Email Address** (If available)**:** Click or tap here to enter text. |

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| **SECTION 2: EMPLOYMENT INFORMATION** *(If Applicable)* |
| **Current Place of Employment and/or Community Role**: Click or tap here to enter text. |
| **Work Address** *(Leave blank if not applicable)*: Click or tap here to enter text. |
| **City:** Click or tap here to enter text. | **State:** Click or tap here to enter text. | **\*County:** Click or tap here to enter text. | **Zip Code:** Click or tap here to enter text. |
| **Work Phone Number: Click or tap here to enter text.** *(Leave blank if not applicable)*  | **Fax Number**: **Click or tap here to enter text.** *(Leave blank if not applicable)*  |
| **Work Email Address** *(Leave blank if not applicable)*: Click or tap here to enter text. |

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| **SECTION 3: GENERAL INFORMATION** |
| Email communication is used frequently between the Office of Planning Council Support, the Newark EMA HIV Health Services Planning Council, and its membership. **Do you have access to a computer or tablet?** [ ] Yes [ ]  No  |
| **If you do not have a computer or tablet, are you willing to work with our Support Staff to determine the best way for you to get information normally sent out by email?**(This could mean you receive information via mail, text, or meeting Staff in-person to pick up information). [ ]  Yes [ ] No  |
| **Have you ever served on the NEMA Planning Council?** [ ]  Yes [ ]  No If Yes, in what years? |
| **Have you ever served on any of the NEMA Planning Council subcommittees?**  [ ]  Yes [ ]  No If Yes, which one? |
| **Do you currently serve as a member of any other HIV or health-services-related planning body, advisory board, commission, or workgroup?**[ ]  Yes [ ]  No If Yes, which one(s)? \_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SECTION 4: PERSONAL INFORMATION** |
| **Date of Birth:** Click or tap here to enter text.**\_\_\_\_\_\_\_\_\_\_\_\_***\*Optional but highly encouraged.* (mm / dd / yyyy) | **Race/Ethnicity:** (Choose all that apply):[ ]  White, not Hispanic [ ]  Black/ African American, not Hispanic [ ]  LatinX /Hispanic [ ]  Asian/Pacific Islander [ ]  American Indian/ Alaska Native [ ]  Multi-Race [ ]  Other (please specify): \_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_ |
| **Gender:**[ ]  Male [ ]  Female [ ]  Transgender (male-to-female) [ ]  Transgender (female-to-male) [ ]  Additional gender identity (please specify): Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Please select all that apply to you:**[ ]  Receive Ryan White/ HIV Care Services [ ]  Provide Ryan White / HIV Care Services[ ]  Receive HIV Prevention Services [ ]  Provide HIV Prevention Services [ ]  Other (please describe): \_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SECTION 5: EXPERIENCE, SKILLS AND BACKGROUND** |
| **Please** **describe any areas of relevant expertise gained from personal or professional experience that you would bring to the Planning Council.** *(Required)*[ ]  LGBTQIA+ health needs [ ]  Needs Assessment[ ]  General Public Health [ ]  Oral Health[ ]  Adolescent HIV health [ ]  Health Planning [ ]  Personal experience with health issues related to HIV [ ]  Legal Services [ ]  Substance Use Disorder Services [ ]  Leadership [ ]  Needs of incarcerated or formerly incarcerated people [ ]  Housing Services [ ]  General experience with the Ryan White Part A program [ ]  Community health needs [ ]  HIV Prevention [ ]  Nutrition [ ]  Healthcare Provider [ ]  Research [ ]  Priority Setting [ ]  Case Management [ ]  Medical Transportation Services [ ]  Mental Health [ ]  Health Insurance (Medicaid) [ ]  Emergency Services [ ]  AIDS Education and Training Center (AETC) [ ]  Other (please specify): \_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SECTION 6: COMMITTEE SELECTION** |

The Planning Council has four standing committees that support work of the Planning Council. The Executive Committee guides the work of the Council. Which of the following standing committee(s) are you interested in and will actively participate in? **Please check all that apply.**

[ ]  **Research & Evaluation (REC) –** The REC is responsible for gathering and analyzing data for the development, implementation, and continual improvement of the Ryan White Health Care System in the Newark EMA. The Committee designs and implements sound research methodology to identify HIV/AIDS related needs as well as gaps in the current service delivery system. (*Meetings occur every third Monday at 10AM)*

[ ]  **Comprehensive Planning Committee (CPC) –** The CPC works to develop recommendations for the prioritization and allocation of Ryan White funds in the Ryan White Part A funded HIV/AIDS care and treatment services within the Newark EMA (Priority Setting and Resource Allocation Plan) The committee also contributes to the update and monitoring of the five-year Integrated HIV/AIDS Prevention & Care Plan. (*Meetings occur every second Friday at 9:30AM)*

[ ]  **Continuum of Care Committee (COC) –** The purpose of the COC is to develop and review service standards that promote quality care and treatment services for the HIV infected/affected communities within the Newark EMA. The committee also makes recommendations to the Planning Council and appropriate Council Committees regarding the development and implementation of effective strategies to address the HIV/AIDS epidemic. (*Meetings occur every second Thursday at 10AM)*

[ ]  **Community Involvement Activities (CIA) –** The CIA is a community-led advocacy group that encourages community participation in the priority planning and fund allocation process. The committee includes various initiatives such as community conversations, educational programs for consumers, health fairs, and other pertinent workshops and symposiums that address the HIV/AIDS epidemic. (*Meetings occur every fourth Wednesday at 5PM)*

NOTE: There may be some restrictions on committee representation requirements as noted on their [Operating Policies and Procedures](https://www.nemaplanningcouncil.org/pc-forms-and-documents). Therefore, you might not always be able to serve on the committee of your choice.

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| **SECTION 7: STATEMENT OF COMMITMENT, SIGNATURE & DATE** |

If appointed as a committee member, I can commit to the following minimum standards:

* To the best of my ability, I will attend regularly scheduled committee meetings.
* When I make recommendations and/ or decisions, I agree to consider the HIV/AIDS community as a whole, rather than just special interests or my personal perspectives.
* I agree to disclose any conflicts of interest I may have relative to issues that come before the Council and/ or Committees.
* I agree to keep information obtained due to participation in any activity related to the Planning Council confidential, unless otherwise given permission.

I acknowledge all the information provided in this application is true and correct to the best of my knowledge. I have considered my other personal and professional obligations and do not foresee them as a barrier to my full participation.

**Signature:** \_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_ **Date: \_**Click or tap here to enter text.**\_\_\_\_\_\_**

**\*\*\*Please amend your membership application by contacting the Support Team whenever your contact, employment, or residence information changes.\*\*\***

***Administrative Use Only***

Application received on: \_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_ Email \_\_\_\_ U.S. Mail \_\_\_\_ Hand delivered \_\_\_\_ Fax

Executive Committee Approved on: \_\_\_\_\_\_\_\_\_\_\_\_\_

Last Updated on: 10/19/2021 3:29 PM