CUYAHOGA REGIONAL HIV SERVICES PLANNING COUNCIL
Nomination Form

Name of Nominee: _____
(Last Name) (First Name)

Agency/Organization: _____ **Gender:** O **Male** O **Female** O **Transgender**

Address: _____

City/State: _____ **Zip:** _____

Phone Number: (___)_____ **Fax Number**: (____)_____

Email Address: _____

Race: O **American Indian** O **Asian** O **Black or African American** O **Native Hawaiian or Other Pacific Islander** O **White**
O **Unknown or Not Reported**

Ethnicity: O **Hispanic/Latino** O **Not Hispanic/Latino** O **Unknown or Not Reported**

Membership Category* (Please check all federally defined membership categories that apply). This information is being requested for the purpose of ensuring broad representation from all affected communities and providers serving people living with HIV/AIDS.

HIV/AIDS COMMUNITY:

_____ Persons Living with HIV or with AIDS Infants, Children or Youth

_____ Affected Community (please specify): _____

_____ Caregiver/Family Member of person(s) living with AIDS

_____ A Former Federal, State or Local Prisoner released from Penal System during the preceding 3 years and had HIV on the date they were released. Release Date_____

EMPLOYEE OR BOARD MEMBER OF:

_____ Social Service Provider

_____ Provider of housing and homeless services (This is in addition to a HOPWA representative)

_____ Local Public Health Agency

_____ Non-elected Community Leader

_____ Community Based and AIDS Service` Organization (CBO)

_____ HRSA Funded HIV Pediatric Demonstration Project

_____ Health Care Provider (including Federally qualified health centers)

_____ Provider of HIV prevention services

_____ Grantee under other Federal HIV Programs

_____ Mental Health Provider

_____ Hospital or Health Care Planning Agency

_____ State Government Agency – Ryan White Part B

_____ State Medicaid Agency

_____ Ryan White Part C

_____ Ryan White Part D

_____ Substance Abuse Provider

_____ Other: _____

_____ Were you referred by anyone, if so, whom? _____

Qualifications of Nominee – Please include the following information:

1. **Paragraph statement why you should be considered for Planning Council**
2. **Full Bio/Resume describing qualifications and expertise to serve on Planning Council.**
3. **The extent to which nominee represents the membership category and experience in the AIDS Community (Please see list on Page 1)**
4. **Are there any conflicts of interest (ie. Employee or Board member p. 1)?**

*****PLEASE NOTE:** Individuals volunteering to serve on the Planning Council must commit to the following:

1. **Attending monthly Planning Council meetings;**
2. **Serving on at least one sub-committee;**
3. **Disclosing information regarding their HIV/AIDS status; and**
4. **Disclosing any potential conflict on interest as defined by the Planning Council.**

Please return form and attachments to:
Regional Planning Council Manager
Ryan White Part A Office
Cuyahoga County Board of Health
5550 Venture Dr.
Parma, OH 44130

Faxes may be sent to: (216) 676-1321

Please remember to send ALL needed documentation and sign below.

Applicant Signature:_____ **MRM Co-Chair Signature**:_____
Date:_____ Date:_____