



APPLICATION FOR MEMBERSHIP

Dear Applicant,

Thank you for your application and interest in becoming a member of the Ryan White Planning Council of the Dallas Area. If your nomination is approved, you will join a group of dedicated volunteers who are responsible for deciding how federal funds are spent on care services for persons living with HIV/AIDS (PLWHA).

Prior to filling out the application form, please review the **Membership Responsibilities and Council's Organizational Chart**.

If you need help completing the application or have any questions about what it means to be a Council or Committee Member, please contact office of support at (214) 819-1840 or RWPC.RWPC@dallascounty.org.

Please send your completed application to:

Mailing Address:

Department of Health & Human Services
2377 N. Stemmons Freeway, Suite 200
Dallas, TX 75207-2710

Fax Number

(214) 819-6023

The application process will take approximately 3-4 weeks. Once you submit your application, the Planning Council Coordinator will set up your interview date and time with the Nominations Committee to review your application. After your interview, the committee will then determine whether or not your application should be forwarded to the CEO Judge Clay Jenkins for his approval to be seated on the Planning Council. The Committee may also decide to automatically seat you on a standing committee. As your application moves through this process, the Planning Council support staff will contact you at each phase to explain the status of your application.

If you are not appointed to the Planning Council, you are still welcome to attend Planning Council and committee meetings. You are always invited to attend any meetings.

Thank you again for your interest in becoming a Planning Council and/or Standing Committee member.

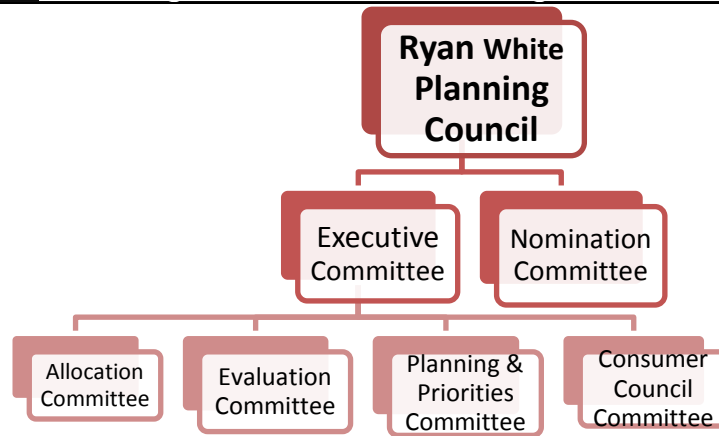
~Ryan White Planning Council
Office of Support

Planning Council and Standing Committees” Membership Responsibilities

The Nominations Committee and CEO appoints individuals to the Planning Council and its standing committees who have a wide range of viewpoints and expertise including health care providers, public health officials, people of various race, ethnic background and sexual orientation. If you are seated on the Planning Council, you must also be seated on one of the Standing Committees. Planning Council and Standing Committee membership responsibilities include:

- ✓ **Complete New Member Orientation.** Once you have been placed on the Council or one of the standing committees, the office of support will contact you to schedule your orientation meeting.
- ✓ **Attendance at Council or Committee’s you are seated on each month.** The meetings are roughly two hours long, scheduled at various times of the day and month. The office of support polls for quorum a week prior to the scheduled meeting time. The meetings are usually located at Dallas County Health & Human Services, 2377 N. Stemmons Freeway, Hickman Conference RM 2nd Floor, Dallas, TX 75207.
- ✓ **Be able to commit up to 4 hours of your time each month.** This time should be allocated to prepare and read prior to meetings, travel and attend the meetings monthly.
- ✓ **Abide by an attendance policy outlined in the Bylaws.** A council or committee member that has 3 unexcused absences will be evaluated for termination of term.
- ✓ **Identify Conflict of Interest.** Members who are employees of, or have a financial interest in, an organization seeking Ryan White funds can serve on the Council and specific standing committees. However, they cannot vote on awarding funds when their particular agency is involved.

Organizational Chart of the Planning Council and Standing Committees



The Ryan White Planning Council

The Ryan White Planning Council (RWPC) was created due to legislative mandates of the Ryan White Care Act of 1990, Title 1, which called for the establishment of Planning Councils to oversee a plan for the distribution of emergency financial assistance for the implementation and provision of a continuum of health and social services to persons living with HIV and AIDS. Since that time, continued legislation governs Ryan White funding and services.

The Ryan White Planning Council is a 33-member body of volunteer citizens responsible for identifying and prioritizing service needs and gaps in services for People Living with HIV/AIDS (PLWHA) in a 12 county geographical area. The Planning Council is responsible for allocating Federal and State HIV/AIDS service dollars to various service categories identified through use of the Comprehensive HIV/AIDS Needs Assessment. At least 33% of the Planning Council's members must be HIV+, and the demographics of the Planning Council must be reflective of the community. **The Planning Council meets every 2nd Wednesday at 9:00 a.m.**

Standing Committees:

The Planning and Priorities Committee: This committee provides direction for the overall planning activities of the RWPC. Members oversee the process of identifying the needs & barriers to care for individuals affected by HIV disease through a Comprehensive Needs Assessment. They then categorically prioritize service needs. The Planning and Priorities committee also develops and/or contracts for a current comprehensive HIV services plan to implement the priority goals approved by the RWPC. **The Planning and Priorities Committee meets every 3rd Wednesday at 9:00 a.m.**

The Allocations Committee: This committee is responsible for recommending categorical distribution of funds among the prioritized service categories. In making its recommendations for service category allocations, the committee utilizes all available information regarding community needs, the current needs assessment, the long-range Comprehensive HIV Services Plan, and relevant trend data. **The Allocations Committee meets every 4th Monday at 5:00 p.m.**

The Evaluation Committee: This committee ensures that all parties receiving funding adhere to high standards of programmatic accountability. This committee conducts an annual evaluation of the Administrative Agency's responsibility to rapidly allocate funds to the service categories of greatest needs, and it evaluates the RWPC's ability to establish an effective priority and allocation-setting process. **The Evaluation Committee meets every 4th Tuesday at 3:00 p.m.**

The Consumer Council: The Consumer Council Committee (CCC) is comprised of individuals infected or affected by HIV/AIDS and incorporates PLWHA, caregivers, HIV service providers, and other interested parties. The committee is charged with empowering consumers, care givers, and other affected individuals through education by providing the tools and knowledge to interact with those individuals and committees that affect categorical service delivery of the Ryan White legislation and the Texas State Department of Health Services (DSHS). As a council of diversity, the CCC encourages other individuals impacted by HIV/AIDS to participate in the planning process. This is accomplished through focus groups, community forums, and other public meetings to assure that the input from affected communities is incorporated into the planning for and evaluation of HIV/AIDS related services. **The Consumer Council Committee meets every 4th Thursday at 12:00 p.m.**



Ryan White Planning Council of the Dallas Area

APPLICATION FOR MEMBERSHIP

Note to Applicants: To help us process your membership application, please provide all of the information requested.
Enter N/A (not applicable) where appropriate.

Please type or print clearly.

If there is any part of the application that you don't understand, please contact the
Planning Council Office of Support for help at **(214) 819-1840**.

PLEASE ATTACH RESUME (recommended)

This application is for membership for the following:

Ryan White Planning Council (Meets 2nd Wednesday of each month at 9AM)

Please fill out the **Background Investigation Form** located at the end of this application.

Standing Committees of the Ryan White Planning Council

Check Committee of interest (see page 6 for explanations of committees):

- Planning and Priorities Committee (Meets 3rd Wednesday of each month at 9AM)
- Allocations Committee (Meets 4th Monday of each month at 5PM)
- Evaluation Committee (Meets 4th Tuesday of each month at 3PM)
- Consumer Council Committee (Meets 4th Thursday of each month at 12 PM)

Part 1 Contact Information

Name

Home Address

City

State

Zip Code

County of Residence

Primary Phone Number ()

Alternate Phone Number ()

Current Place of Employment (if applicable)

Work Address

City

State

Zip Code

Work Phone Number ()

E-mail Address

Fax Number (if available)

Please be aware that the Planning Council is a public body. While your HIV status will be kept confidential, your membership on the Council will not. You will receive e-mail, mail, and phone calls from the Ryan White Planning Council staff. Would you prefer to receive email, phone calls, messages, and/or

mail at home or at work?

I prefer to receive email, phone calls, and messages at: Home Work (circle one)

I prefer to receive mail at: Home Work (circle one)

Part 2 Personal Information

For the questions below, please check the box for each category with which you most closely identify, even if you do not use identical language to describe yourself. Feel free to include any additional information that you use to describe yourself on the “other” lines provided. **Your responses will be kept CONFIDENTIAL and will be available only to the Chair of the Planning Council, the Planning Council CEO (Dallas County Judge) and the Planning Council Office of Support.**

A. Gender: Male Female Trans Other _____

B. Are you a person living with HIV/AIDS? Yes No

This question will remain confidential and you can leave it blank. The Planning Council Office of Support staff will discuss this with you privately.

If you answered yes, are you willing to self-identify as a person living with HIV/AIDS?

Yes No

If you answered yes, are you also living with hepatitis C?

Yes No

If you answered yes, are you receiving Ryan White funded services?

Yes No

C. Race/ethnicity:

| Hispanic or Latino | Federal Race Categories |
|--|--|
| You MUST check one: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown | Choose as many as applicable, but you MUST check at least one: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> If American Indian, please list the tribe(s): _____ <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown |

D. Have you ever been convicted of a felony? Yes No

A yes answer does not necessarily disqualify you. Please be prepared to address this issue with the Chair of the Planning Council. (This will remain confidential).

E. Are you affiliated with any of the following types of organizations, agencies, or programs as an EMPLOYEE, BOARD MEMBER, or VOLUNTEER? (Check all that apply and list the specific organization and your role in the space provided).

- | | |
|--|--|
| <input type="checkbox"/> I am not affiliated as an employee or board member with any of the types of agencies listed below. | <input type="checkbox"/> Hospital planning agencies or other health care planning agencies |
| <input type="checkbox"/> Health care providers, including any Federally Qualified Health Centers (FQHCs) | <input type="checkbox"/> Representatives of/or formerly incarcerated PLWHA |
| <input type="checkbox"/> Community-based organizations (CBOs) servicing affected populations/AIDS service organizations (ASOs) | <input type="checkbox"/> Treatment Extension Act Part D funded agencies, or organizations addressing the needs of children, youth, and families with HIV |
| <input type="checkbox"/> Social service providers, including housing and homeless service providers | <input type="checkbox"/> Treatment Extension Act Part A funded agencies |
| <input type="checkbox"/> Mental health providers | <input type="checkbox"/> Treatment Extension Act Part C funded agencies |
| <input type="checkbox"/> Substance abuse providers | <input type="checkbox"/> State Medicaid agencies |
| <input type="checkbox"/> Prevention providers | <input type="checkbox"/> State government agencies |
| <input type="checkbox"/> Local public health agencies | <input type="checkbox"/> Homeless providers (non-HOPWA) |
| <input type="checkbox"/> Non-elected community leaders | <input type="checkbox"/> Other Federal HIV programs |
| <input type="checkbox"/> Persons Living with HIV/AIDS | <input type="checkbox"/> Other _____ |

Please provide the names of the organizations that you have checked and your role in those organizations:

F. In the following list, identify three (3) areas of interest or expertise, where you feel you can represent this population on the committees.

- | | |
|---|---|
| <input type="checkbox"/> Health needs of men who have sex with men | <input type="checkbox"/> General public health |
| <input type="checkbox"/> Women's HIV health needs | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> Children's HIV health needs | <input type="checkbox"/> Other non-medical support services |
| <input type="checkbox"/> Youth's HIV health needs | <input type="checkbox"/> Health planning |
| <input type="checkbox"/> Substance use/abuse services, including injecting drug users' health needs | <input type="checkbox"/> Evaluation |
| <input type="checkbox"/> Financial resource allocation/budgeting | <input type="checkbox"/> Primary medical care |
| | <input type="checkbox"/> Other (please specify) _____ |

Part 3

Please give a brief response to the questions below:

1. The ability to work as a team member of a large and diverse group is crucial to the work of the Planning Council. Team work allows the Council to conduct business efficiently and to fulfill its mission successfully. **Please describe a situation where you have worked as a member of a team.**

2. **What special skills, knowledge, qualities or life experiences will you bring to the Planning Council/ Standing Committee's?**

3. **Please list any work or volunteer experience that you have been or are currently involved in.**

4. **Have/are you on the board of any agency in the Dallas or North Texas area? If yes, please explain.**

5. **Have you ever been a member of a Ryan White Planning Council? If so, Where? When? What was your role in relation to the Ryan White Planning Council?**

Rate your characteristics (1-low 5-high)

| | 1 | 2 | 3 | 4 | 5 |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Detail Oriented | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Organized | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Works well with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Good with numbers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Confident when making hard decisions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conversation Starter | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part 4 Signature and Date

Membership seating is an open, ongoing process. The Nominations Committee meets monthly as necessary to review applications and interview candidates for potential membership to the Planning Council or its committees. Planning Council seating is limited and must meet federal guidance to accommodate mandated seats. However, committee membership is not as limited and seats are more available. Upon receipt of this application, the information will be forwarded to the Nominations Committee, and potential candidates will be asked to interview with the committee.

If we are unable to seat you at this time would you like to

- | | | |
|--|------------|-----------|
| a. be considered for a standing committee membership only? | Yes | No |
| b. receive information regarding Planning Council activities? | Yes | No |

Signature _____ **Date** _____

Completed applications may be submitted by mail, email or fax to:

Ryan White Planning Council of the Dallas Area

2377 N. Stemmons Freeway, Suite 200

Dallas, TX 75207-2710

Phone: 214.819.1840

Fax: 214.819.6023

Email: RWPC.RWPC@dallascounty.org

Please fill out the following
Background Investigation Form
only if you are applying to be seated on
the *Ryan White Planning Council*.



**DALLAS COUNTY
COMMISSIONERS COURT**

CONFIDENTIAL

Background Investigation Form – Board Appointment

For Business Use Only: SSN/Criminal MVR Employment Verification

Personal Information Section:

| | | |
|------------------------------------|---------------------|---------------------------------|
| PLEASE PRINT IN INK OR TYPE | | CONFIDENTIAL |
| NAME: LAST, FIRST, MIDDLE | | MAIDEN OR OTHER NAMES KNOWN BY: |
| BIRTH DATE* | SOCIAL SECURITY NO. | DRIVERS LICENSE NO. & STATE |
| BOARD/COMMISSION OF CONSIDERATION: | | |

Residential Section:

| | | | | |
|-------------------|------|-------|-----|----------------|
| PRESENT ADDRESS** | CITY | STATE | ZIP | DATES: From/To |
| PREVIOUS ADDRESS | CITY | STATE | ZIP | DATES: From/To |
| PREVIOUS ADDRESS | CITY | STATE | ZIP | DATES: From/To |
| PREVIOUS ADDRESS | CITY | STATE | ZIP | DATES: From/To |

Employment History Section:

| | | | |
|-----------|------------|----------|-------------------------|
| Employer | Address | | |
| Job Title | Start Date | End Date | Contact Name and Number |
| Employer | Address | | |
| Job Title | Start Date | End Date | Contact Name and Number |
| Employer | Address | | |
| Job Title | Start Date | End Date | Contact Name and Number |

* Date of birth and Social Security Number are required solely for the purpose of verifying background information and to insure the accuracy in the search of public records. Neither will be used for any other purpose.

** Provide addresses for at least the last seven (7) years.

In connection with my board appointment with Dallas County, I understand that Dallas County or an outside agency may complete a background investigation regarding such areas as employment history, driver's license, and criminal history or convictions.

I agree that a Photostat or copy of this authorization shall be considered as effective and valid as the original.

I authorize and request all persons, schools, businesses, corporations, government agencies, credit bureaus, and law enforcement to release such records without restrictions or qualifications. I also release Dallas County or any of its employees, representatives, or agents from any and all liability associated with this background investigation. If discrepancies are found, I understand I will be given the opportunity to explain any inaccuracies.

I have read and understand the above statement.

Applicant Signature

Date

411 Elm Street, 2nd Floor
Administration Building

Dallas, Texas
Equal Opportunity Employer

214.653.7327

DALLAS COUNTY
BOARD AND COMMISSION NOMINEE RESUME AND INFORMATION

Notice: By signing this form you agree that the information you provide below may be used to check your criminal history. You also agree that this information may be shared with the Commissioners Court. You also acknowledge that some of this information may become public information and subject to open records requests and available to anyone who requests the information.

Nominee's full name (Last name, First name, Middle name) (Maiden name)

Additional name or names ever used by nominee (Alias name or names) Maiden name

Date of birth

Sex

Race

Texas driver's license number

Social Security number

Name of board to which you have been nominated

Have you ever been finally convicted of a felony offense? Yes _____ No _____

I hereby state that all of the information in this statement is true and correct. I further request and authorize all law enforcement officials and criminal justice agencies to release any criminal history records concerning me to Dallas County in order that my qualifications for service on a county board or commission may be checked. I understand that any information so released is public information and may be released to members of the Dallas County Commissioners Court and to any other person requesting it.

Signature of Nominee