



# New Member Application

Directions: Please complete this application, and sign the Statement of Member Commitment. Return the completed form to:

Planning Council Support  
741 Monticello Avenue, Room 201  
Norfolk, VA 23510

Email: [Teresa.Malilwe@Norfolk.gov](mailto:Teresa.Malilwe@Norfolk.gov)

Fax: 888-894-2674

All information in this application is confidential. It is seen only by the Planning Council Support staff and, as needed, by members of the Membership and Nominations Committee and/or the Executive Committee during the application selection process.

## Contact Information *(please print)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home phone: \_\_\_\_\_

Alternate phone: \_\_\_\_\_

Preferred way to be contacted between 9:00 am and 5:00 pm?

Home Phone    Alternate Phone    Email

Birthday (month/day only): \_\_\_\_\_ / \_\_\_\_\_

May we add you to our email list?    Yes    No

## Agency/Organization Affiliation *(if applicable)*

Job Title: \_\_\_\_\_

Organization: \_\_\_\_\_

## PLEASE READ AND SIGN THIS SECTION

### Statement of Member Commitment

If selected as a member of the Planning Council, I will commit to the following:

*Check off each statement to show your commitment*

I confirm that, to the best of my ability, I am able to attend the regularly scheduled monthly Planning Council meeting (currently the last Thursday of each month, from 5:00 pm to 6:00 pm). I will notify Planning Council Support in advance if I am unable to a meeting. **If you are not able to attend the monthly Council meeting on a regular basis, you cannot be considered for Planning Council membership.**

I understand that membership on the Planning Council is a two-year commitment. I have considered my personal and professional commitments and do not foresee them as a barrier to my full participation on the Planning Council.

I agree to abide by the Bylaws, policies and procedures of the Planning Council.

I agree to participate in Planning Council functions from beginning to adjournment.

I understand I will need to prepare for meetings by carefully reading all pre-distributed materials.

I understand when I make recommendations and/or decisions, I agree to consider the HIV 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 disclose any arrest and the resulting disposition of that arrest to the Planning Council, while a member of the Planning Council. Failure to promptly disclose the above information can lead to my dismissal from the Planning Council.

I certify that all statements and representations made in this application are true and correct.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**HIV status:**

- Positive
- Negative
- Prefer not to specify
- Unknown

**If you are not HIV positive, are you directly affected by HIV in some way? (for instance, do you have an HIV positive family member/significant other)?**

- Yes  No If yes, how? \_\_\_\_\_

**Gender:**

- Female
- Male
- Transgendered
- Other

**Current age:**

- 16 to 19 years
- 20 to 44 years
- 45+ years
- Prefer not to specify

**Race/Ethnicity:**

- White, not Hispanic
- Black, not Hispanic
- Asian/Hawaiian/Pacific Islander
- Hispanic (All Races)
- American Indian/Alaska Native
- Multi-race (more than one)
- Prefer not to specify
- Other: \_\_\_\_\_

**Have you received Ryan White Part A-funded services within the last six (6) months?**

- Yes  No  I'm not sure

**Are you a volunteer for any organization(s)?**

- HIV/AIDS organization  Board member
- Other organization  Board member

List organization(s) and hours per week you volunteer:

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**Describe why you wish to become a member of the Ryan White Planning Council:**

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**What skills, abilities and/or experience do you have that can be helpful to the Planning Council?**

- Life Experience
- Planning Experience
- Rules/Policy Development
- Education/Training Experience
- Budgeting/Financial Planning Experience
- Other—Describe: \_\_\_\_\_

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**How did you learn about the Planning Council?**

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**Can we assist you with any special accommodation (such as transportation assistance, wheelchair accessibility, or translation services) to help you participate fully on the Planning Council?**

- No  Yes. I need assistance with:

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**Do you have any dietary restrictions/needs for meals served at meetings?**

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**What languages do you speak?**

- English
- Spanish
- Other: \_\_\_\_\_

**Other comments you'd like to share:** \_\_\_\_\_

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## Representation

I'm an employee or Board member of a Ryan White-funded Service Provider  
*Check all that apply*

I'm an employee or Board member of a Non-Ryan White funded Service Provider  
*Check all that apply*

I'm a member of the general public  
*Check all that apply*

Representative of individuals living with HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of individuals living with HIV/AIDS who receive Ryan White Part A services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of individuals living with HIV/AIDS who are co-infected with hepatitis B or C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of affected communities; including populations hard-hit with HIV disease and historically underserved populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of individuals who are former Federal, State, or local prisoners released from the custody of the penal system during the preceding three years, and who had HIV/AIDS as of the date of their release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member of a Federally recognized Indian tribe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-elected community leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elected leader of a local municipality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of health care providers, including Federally qualified health centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee or Board member of an HIV/AIDS service organization or community based organization serving affected populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee or Board member of a social service provider, including providers of housing and homeless services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee or Board member of a mental health provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee or Board member of a substance abuse provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of a City/County public health agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of a State public health agency (VDH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grantees under other Federal HIV programs, including but not limited to HIV prevention programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of Virginia Medicaid agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of Ryan White Part B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of Ryan White Part C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of Ryan White Part D, or representative of an organization with a history of serving children, youth, women and families living with HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of a local medical organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of a hospital planning agency or health care planning agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of a primary or secondary educational institution, or university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Optional: Do you identify as belonging to any of the following groups?

Heterosexual Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gay, lesbian or bisexual individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transgender Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injection drug users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian of a child living with HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## The Application Process

Complete the Applicant Information document, this Application, and be sure to sign the Statement of Member Commitment on page 1.  
Return the completed form to:

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741 Monticello Avenue, Room 201  
Norfolk, VA 23510

**Email:** [Teresa.Malilwe@Norfolk.gov](mailto:Teresa.Malilwe@Norfolk.gov)  
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- Once received, your application will be reviewed to ensure it is complete. We will contact you to confirm we have received it.
- Your application will then be added to the pool of applications for the Membership and Nominations Committee to review.
- At each monthly Membership and Nominations Committee meeting, the membership profile of the Planning Council is reviewed. If new members are needed, the committee will review all of the current applications.
- If your application is chosen, you will be contacted to confirm you wish to participate. If you agree, you will be recommended for interview with the Membership and Nominations Committee, and if approved, will be forwards to the Mayor of the City of Norfolk for appointment. Generally, it will take about a month for the Mayor's Office to consider your appointment. You will also be encouraged to begin taking part in Planning Council activities.
- If we do not choose your application right away, don't worry! New members are appointed as people leave the Council, so sometimes it can take a while. We will keep your application active for future membership reviews, and we will keep you informed of the status of your application. In the meantime, you are welcome to join a committee, and take part in any of our meetings as a member of the public.

## Contact the Ryan White Planning Council

**Email:** [Teresa.Malilwe@Norfolk.gov](mailto:Teresa.Malilwe@Norfolk.gov)

**Phone:** 757-823-4409

**Address:** Planning Council Support  
741 Monticello Avenue, Room 201  
Norfolk, VA 23510

**Visit our website at:**  
[www.ghrplanningcouncil.org](http://www.ghrplanningcouncil.org)

## About the Ryan White Planning Council

The Norfolk TGA Ryan White Planning Council is a federally mandated community group appointed by the Mayor of the City of Norfolk to plan the organization and delivery of services provided under Part A of the Ryan White Treatment Modernization Act.

Part A funds go to Transitional Grant Areas (TGAs) that have been hit hardest by the HIV epidemic. Part A funds are used to meet the emergency service needs of people living with HIV disease that are not met by any other health care programs.

## Our Mission

The mission of the Council is to ensure the effective and efficient delivery of medical and support services to persons affected and infected by HIV/AIDS in the Norfolk Transitional Grant Area (TGA).

The Norfolk TGA serves the following locations: the cities of Chesapeake, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach, Williamsburg, and the counties of Isle of Wight, James City, Gloucester, Mathews, and York in Virginia; and the county of Currituck in North Carolina .

## Ryan White Planning Council Committees

**Community Access Committee (CAC):** The Community Access Committee is responsible to assist the Council in providing a culturally sensitive service environment, placing appropriate emphasis on underserved and hard to reach populations. The committee identifies and creates liaisons with the underserved and hard to reach communities.

**Executive Committee:** The Executive Committee is responsible for ensuring the orderly and integrated progression of the work of the Planning Council. It oversees the operations of the Council and also reviews and schedules recommendations by the Committees as action items on the Planning Council agenda, requiring Planning Council vote.

**Membership and Nominations:** The Membership and Nominations Committee is responsible for the development and implementation of a process to solicit and accept applications for Council membership.

**Priorities, Allocations, and Policies Committee (PAP):** The Priorities, Allocations and Policies Committee develops policies and procedures as needed for the efficient operation of the Council, in accordance with the federal directives. It is also responsible for recommending the process to be used by the Planning Council in priority setting and resource allocation, and managing that process.

**Quality Improvement and Strategic Planning Committee (QISP):** The Quality Improvement and Strategic Planning committee provides the leadership in developing the TGA's Continuum of Care model and is responsible for conducting an extensive needs assessment of the TGA in accordance to the CARE Act. The Committee facilitates and makes recommendations for directives of the service categories recommended to the Planning Council.

*Funded by the Federal Department of Health and Human Services, Health Resources and Services Administration, The Ryan White HIV/AIDS Treatment Modernization Act and the City of Norfolk.*