



The New Jersey HIV/AIDS Planning Group Membership Application

The New Jersey HIV/AIDS Planning Group (NJHPG) is the primary statewide planning group for the Division of HIV, STD and TB Services (DHSTS). The NJHPG is responsible for the development of the State's HIV/AIDS comprehensive services plan, and conducts the planning mandates of both the Centers for Disease Control and Prevention's (CDC) HIV Prevention Community Planning and Ryan White medical care and treatment services. The NJHPG includes fair representation among governmental and non-governmental providers, affected communities and persons at risk for or living with HIV. Up to 40 individuals are selected to serve on the NJHPG.

Selection Process and Criteria

Applicants for NJHPG membership are encouraged to participate in the orientation, planning process, workgroups and HIV/AIDS Issues Committee. Applications are kept on file for a period of 12 months to be considered as vacancies occur. When vacancies occur, applications for membership are reviewed by the Governance Committee, as related to areas of expertise, demographics (race/ethnicity, gender, geography, etc.) and community representation (e.g. LGBTQI, IDU, Sex Workers, Youth, MSM, Substance Users, etc.) as reflected by the HIV epidemic in New Jersey. (An applicant may be contacted by NJHPG Support Staff or Governance Committee member(s) to explain the application.) The Governance Committee selects a slate of nominees so that the NJHPG membership reflects the epidemic in New Jersey and presents those applicants to the NJHPG at a main meeting to vote upon for membership by closed ballot.

The NJHPG is committed to Parity, Inclusion and Representation (PIR), as defined in Policy 2.3 of the NJHPG Policy and Procedures Manual. The Governance Committee will not recommend applicants for membership who would negatively impact the NJHPG's PIR.

Time Commitment of Membership

The term for elected NJHPG members is two years with the possibility of reappointment; and, all members are expected to have the express support of their employer (if employed) and to commit to all of the following:

- Completion of an online orientation before gaining voting privileges
- Participation in monthly NJHPG meetings (held the third Thursday of the month) as well as monthly participation in at least one committee (in addition to the monthly NJHPG meetings)
- Preparation for each meeting by reading any materials sent
- Consideration of the needs of the community over individual or agency needs

Note: HIV positive individuals may have a designated alternate, of their choice with endorsement of the NJHPG, to help them fulfill their membership commitments as proscribed in Policy 2.4 of the NJHPG Policy and Procedures Manual.

NJHPG Committees

The Governance Committee works on the membership process and member nominations, by-laws, policy and procedures and constitutional issues of the NJHPG and is limited to members of the NJHPG.

The HIV/AIDS Issues Committee works to improve the effectiveness of New Jersey's HIV/AIDS care and treatment and prevention programs, addresses consumer issues, service delivery challenges, conducts needs assessments, prioritization of gaps, review of treatment interventions, etc.

The HIV/AIDS Prevention and Care Collaborative Committee works to help develop a broader coalition for prevention and care while helping to create a uniformed approach around New Jersey HIV Planning Group's issues.

The Gay Men's Committee provides a forum where gay and bisexual men and service providers can share up-to-date information and network in order to increase capacity of quality services for gay and bisexual men in New Jersey, highlight the ever-changing health disparities that affect gay and bisexual men, and afford gay and bisexual men a space to objectively speak about topics other than HIV.

Instructions to Applicants

All applicants are required to initial each page of the application and to sign the enclosed *Release of Information* and *Certification* at the end of the application. Employed applicants must have their employer sign the *Supervisor Letter of Agreement* allowing the applicant to attend all NJHPG full group and committee meetings.

**NEW JERSEY HIV/AIDS PLANNING GROUP (NJHPG)
MEMBERSHIP APPLICATION**

1. Contact Information

NAME:			
Address:			
City:	County:	State:	Zip Code:
Phone:	Fax:	Cell:	
E-mail:			
Organization (if applicable):			
Geographic Area of Your HIV/AIDS Involvement:			
Please check either Statewide or County Planning Region			
<input type="checkbox"/> County Planning Region (Identify below):			
<input type="checkbox"/> Cumberland	<input type="checkbox"/> Hudson		
<input type="checkbox"/> Bergen-Passaic	<input type="checkbox"/> Mercer		
<input type="checkbox"/> Monmouth-Ocean	<input type="checkbox"/> Atlantic-Cape May		
<input type="checkbox"/> Middlesex-Somerset-Hunterdon	<input type="checkbox"/> Essex, Morris, Sussex, Union and Warren		
<input type="checkbox"/> Burlington, Camden, Gloucester and Salem	<input type="checkbox"/>		
<input type="checkbox"/> Statewide			
If you checked more than one Geographic Area, please explain:			
<hr/>			
<hr/>			

2. Demographics

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Female <input type="checkbox"/> MTF <input type="checkbox"/> FTM	Race/Ethnicity: <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Latino/Latina <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Other (Must Specify): _____
Age: <input type="checkbox"/> 19 or under <input type="checkbox"/> 20 - 24 <input type="checkbox"/> 25 - 29 <input type="checkbox"/> 30 - 39 <input type="checkbox"/> 40 - 49 <input type="checkbox"/> 50+	

____ Initials

Affiliation:

- Consumer
- Community Based Organization
- State Employee
- Other _____

Which, if any, of the following apply to you personally? (Check all that apply)

- Person Living with HIV/AIDS
- Injection Drug User (current/former IDU)
- Non-Injection Substance User (current/former)
- Person who has exchanged Sex for Resources
- Person who has Unprotected Sex with a Member of the Opposite Sex
- Person affected by HIV/AIDS - **Please Explain:**
- Man who has Sex with Men (MSM)
- MSM who is also IDU (MSM/IDU)
- Woman who has Sex with Women (WSW)

3. Experience/Accomplishments:

A. Experience/Accomplishments in HIV or HIV Planning:

B. What makes you a good candidate for membership on the NJHPG and why are you seeking appointment to the NJHPG?

C. Is there any additional information that you would like the Committee to know about, such as other experiences, things you are proud of, etc.?

____ Initials

4. HIV Risk Populations You Have Knowledge of or Familiarity with: Please check the following target populations you have the most knowledge of or familiarity with.

- MSM (Men who have sex with men) and are at risk through unsafe sex
- MSM/IDU (Men who are at risk from both unsafe sex with other men and unsafe drug injection practices)
- Men and women who are at risk through unsafe injection drug practices
- Men and women who are at risk through unsafe heterosexual sex with an infected partner
- Women at risk for transmitting HIV during pregnancy, at birth, or during infancy
- Men and women not part of a specific population at risk for HIV
- Transgender who are at risk through unsafe sex or unsafe injection drug practices
- Youth

Please briefly describe your experience with the target populations you selected.

5. Membership Category That Best Fits Your Experience: The NJHPG makes all attempts to recruit individuals with a variety of categories/expertise. Please check the categories that best fit your experience.

- | | |
|---|---|
| <input type="checkbox"/> Person Living with HIV/AIDS | <input type="checkbox"/> Community Based Organization |
| <input type="checkbox"/> Experience with Incarcerated Populations | <input type="checkbox"/> Minority Based Organization |
| <input type="checkbox"/> Medicaid Specialist | <input type="checkbox"/> Faith Based Organization |
| <input type="checkbox"/> Legal services | <input type="checkbox"/> Ryan White Provider/Grantee |
| <input type="checkbox"/> Affordable Housing/Homeless Services Expertise | <input type="checkbox"/> Part A |
| <input type="checkbox"/> Division of HIV, STD and TB Services | <input type="checkbox"/> Part B |
| <input type="checkbox"/> Substance Use Provider | <input type="checkbox"/> Part C |
| <input type="checkbox"/> Behavioral Scientist | <input type="checkbox"/> Part D |
| <input type="checkbox"/> Medical Case Management | <input type="checkbox"/> Grantees of other Federal HIV Programs, such as CCOE, Dental, SPNS and HOPWA |
| <input type="checkbox"/> Mental Health Provider | <input type="checkbox"/> HIV Prevention Provider/Grantee |
| <input type="checkbox"/> Health Planning Specialist | <input type="checkbox"/> HIV Community advocate/representative |
| <input type="checkbox"/> HIV Planning | <input type="checkbox"/> Other (Must Specify) _____ |

Initials

6. Committees: All NJHPG members are **required** to join one or more of the committees listed below. Please check off the committees you are interested in joining.

HIV/AIDS Issues Committee		Governance Committee
HIV/AIDS Prevention and Care Collaborative Committee		Gay Men's Committee

Signature and Date

Do not fax or email this application. Please send all seven pages of the application to:

Mailing Address

New Jersey HIV/AIDS Planning Group (NJHPG)
c/o HIV Prevention CPSDI
Rutgers, The State University of New Jersey
120 Albany Street, Tower Two, 2nd Floor
New Brunswick, New Jersey 08901

Please amend your membership application whenever your information changes.

For additional information, please call NJHPG Support Staff at (848) 932-4191 or email at hivstaff@ejb.rutgers.edu.

FOR STAFF USE ONLY (V. 7)

Date Received: _____

Date of Member Interview: *(by current member)* _____

Date Elected: _____

Orientation Completed: _____

____ Initials

NJHPG Certification

I certify that the information contained herein is true and accurate.

Signed _____

Date _____

Release of Information

I hereby give the NJHPG permission to release all information herein, excluding any health and behavioral information which must be kept confidential and reported only as a non-identifying statistic as required by the CDC, the Health Resources and Services Administration (HRSA) and New Jersey Department of Health, Division of HIV, STD and TB Services.

Signed _____

Date _____

Witness _____

Date _____

Supervisor Letter of Agreement

Purpose:

The Division of HIV, STD and TB Services (DHSTS) is committed to supporting a community planning process for prevention and care services and has chosen a representative membership charged to carry out planning activities. The planning body is called the New Jersey HIV/AIDS Planning Group (NJHPG) and will be responsible for conducting comprehensive planning activities as required under our funding agreement with the Centers for Disease Control and Prevention and the Health Resources and Services Administration.

Each NJHPG member holds an expertise in a key policy area and represents one of the State's nine planning regions. Regional knowledge and policy area expertise are essential to our planning mandate towards program development, coordinating funding streams and linking services.

Members of the NJHPG will work closely with DHSTS staff to produce the State's comprehensive plan for HIV/AIDS services, the New Jersey Comprehensive HIV/AIDS Services Plan and the Statewide Coordinated Statement of Need.

It is expected that all members of the NJHPG will have the support of their employer and commit to the following:

- Completion of an online orientation before gaining voting privileges
- Participation in monthly NJHPG meetings (held the third Thursday of the month) as well as monthly participation in at least one committee (in addition to the monthly NJHPG meetings)
- Preparation for each meeting by reading any materials sent
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Member Name: _____

I understand that the employee, if elected, will hold membership on the New Jersey HIV/AIDS Planning Group. I have read the commitments above and agree to allow the time required to fulfill obligations as a member.

Supervisor Signature: _____

Agency: _____ Date: _____

_____ This does not apply to me.

_____ Initials