

# Hudson Valley RW HIV CARE Network

## MEMBERSHIP APPLICATION Part B HIV Care Network

The HIV CARE Network is a partnership of all people and organizations dedicated to addressing the issues of HIV and AIDS in a region. Ideally, a Network is comprised of service providers, consumers and community members whose goal is to ensure that services are available, accessible and appropriate for HIV+ individuals and families in the region.

### **Mission and Vision of the Network**

The mission of the Ryan White Part B HIV Care Network is to promote a coordinated community response that results in improved access to care and supportive services for those infected with HIV/AIDS.

The vision of the HIV Care Network is a comprehensive continuum of high quality services that is responsive to the needs of people infected with HIV/AIDS.

**ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL**

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(Print or type only, please)

### **Section 1: Personal Information**

Date \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Agency Name (if applicable) \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/Apt. # \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Phone # \_\_\_\_\_ Evening Phone# \_\_\_\_\_

Fax # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

If you do not have an email address, and want a hard copy of our mailings sent to you, **check** here. \_\_\_\_\_

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## **Section 2: Demographics**

**Race:** Black or African American \_\_\_\_\_  
White \_\_\_\_\_  
Asian \_\_\_\_\_  
Native Hawaiian/Pacific Islander \_\_\_\_\_  
American Indian/Alaskan Native \_\_\_\_\_  
Other \_\_\_\_\_

**Ethnicity:** Hispanic/Latino \_\_\_\_\_ Caribbean \_\_\_\_\_ Other/Specify \_\_\_\_\_

**Gender:** Female \_\_\_\_\_ Male \_\_\_\_\_ Transgender \_\_\_\_\_

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## **Section 3: Representation**

1. **Care Act Categories:** Check all categories that apply to your representation.

- \_\_\_\_\_ Health care providers, including federally qualified health centers
- \_\_\_\_\_ Affected communities, including people with HIV/AIDS and historically underserved subpopulations
- \_\_\_\_\_ Community-Based Organizations (CBOs) serving affected populations/AIDS Service Organizations
- \_\_\_\_\_ Social services providers (public and private), including housing and homeless services providers
- \_\_\_\_\_ Mental health care providers
- \_\_\_\_\_ Substance abuse treatment providers
- \_\_\_\_\_ Local public health agencies
- \_\_\_\_\_ Hospital and/or health care planning agencies
- \_\_\_\_\_ Non-elected community leaders
- \_\_\_\_\_ State Medicaid agency
- \_\_\_\_\_ Other federal HIV programs, including AETC, SPNS, HOPWA and prevention programs
- \_\_\_\_\_ Formerly incarcerated people with HIV/AIDS or their representatives

2. **Geographic Regions:** Check if you are a resident of, have received HIV-related services in, have work or volunteer experience serving, or have special expertise about, one or more of the following geographic areas.

- \_\_\_\_\_ Orange County
- \_\_\_\_\_ Putnam County
- \_\_\_\_\_ Rockland County
- \_\_\_\_\_ Westchester County
- \_\_\_\_\_ Ulster County
- \_\_\_\_\_ Sullivan County
- \_\_\_\_\_ Dutchess County

3. **Target Populations:** Check if you are a person with HIV/AIDS who identifies with, have work or volunteer experience serving, or have special expertise about, one or more of the following groups.

- \_\_\_\_\_ People of color
- \_\_\_\_\_ Adolescents
- \_\_\_\_\_ Injecting drug users (IDUs) and alcohol/other drug users (AODUs)
- \_\_\_\_\_ White/Anglo and men of color who have sex with men
- \_\_\_\_\_ Women
- \_\_\_\_\_ Mentally ill chemical abusers (MICAs) and developmentally disabled people
- \_\_\_\_\_ Immigrants, undocumented persons, migrant and seasonal farm workers
- \_\_\_\_\_ Detained and recently released inmates, parolees and probationers

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**Section 4: Affiliation Disclosure**

As a disclosure measure, all applicants are required to declare any affiliation or association in the last 12 months with organizations or individuals who are connected with the provision of HIV-related services and advocacy. List if you have served in any of the following capacities with such organizations and/or your relation to such individuals: employee, consultant, board member, trustee, director, partner, honorary position, volunteer, or client.

Position/Relationship

Organization & Address

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## **Section 5: Committees**

The HIV CARE Network is a partnership of all people and organizations dedicated to addressing the issues of HIV and AIDS in a region. In keeping with this ideal, it is expected that committee members will participate in or facilitate one project with their committee per year.

### **Executive Committee**

Membership on this committee should consist of representatives from regional task forces/planning bodies (including Part A), consumers and representatives from the HIV/AIDS continuum of care including health and social service providers.

- Responsible for guiding overall network operations including:
- Development and review of bylaws
- Membership recruitment and retention, assuring regional / borough-wide representation and coverage
- Development and approval of work plan goals and objectives
- Oversight of work of other Network committees
- Participation on committees
- Assurance of continuous quality improvement
- Implementation of Network policies and procedures
- Oversight of a participatory strategic planning and decision making

### **Consumer Involvement Committee**

- The ultimate goal of this committee is to promote consumer involvement in the region, provide a venue for consumers to share the realities of living with HIV/AIDS, identify gaps in services, raise community awareness, and provide a mechanism where consumers can participate in the development of policies and other strategies to address their needs.
- This committee is responsible for designing, offering and referring other consumers and providers in the region to trainings on issues such as: navigating the HIV/AIDS health care continuum and service delivery system, identifying barriers to care and providing treatment and other HIV/AIDS education, etc.
- Other activities of this committee may include the development of a Speakers Bureau and designing a mentorship program to connect new PLWH/A members with those more experienced in the HIV/AIDS planning process.
- It is expected that consumers will be integrated into the other Network committees and that their recommendations will help guide the work of the Network.

### **Care Coordination Committee**

- Reviews regional issues of service delivery, assesses needs/barriers, identifies emerging issues/trends, and provides opportunities for providers and consumers to facilitate seamless entry into service systems.
- This committee is responsible for working with providers within and outside the HIV/AIDS service delivery system to develop “universal practices” that facilitate consumer access to services, to improve communication and cooperation among providers, to evaluate regional training needs and to offer trainings on relevant and emerging HIV/AIDS issues.

- The ultimate goal of this committee is to reduce barriers to services using a cooperative approach and to translate consumer input into action.

**Policy Advisory/Education Committee**

- The ultimate goal of this committee is to inform legislative, government and community leaders at the local and state levels of regional needs and emerging issues related to HIV/AIDS and to promote a coordinated response to address these issues.
- This committee is responsible for policy analysis, policy development (including the creation of position papers) and the development of educational activities to educate legislative, government and community leaders on needed services.
- In addition, the committee will also develop initiatives to educate the community about services and treatment for HIV and advocate for enhanced HIV-related health and supportive services.

**Check all that apply:**

I would like to join the following committees:

- Consumer Involvement Committee(**only** for individuals who are HIV infected/affected)\_\_\_\_\_
- Care Coordination Committee \_\_\_\_\_
- Policy, Advocacy/Education \_\_\_\_\_
- Executive Committee (members elected by the Network)\_\_\_\_\_

**Committee Composition**

As per the By-laws, membership on Committees is open to all network members. Prospective members must attend two Committee meetings to be eligible for Committee membership. Every effort shall be made to insure that 25% of the members of all standing Committees are PLWHA's. Any Committee member who fails to attend three consecutive Committee meetings shall lose membership status on the Committee.

**Membership Composition**

General Membership in the Hudson Valley Part B Care Network shall be composed of an alliance of providers, organizations, persons living with HIV/AIDS and/or any individual living or working in the Network's seven counties of Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester that is not affiliated with an HIV/AIDS institution or organization which shares a concern for achieving continuity in delivery of inpatient/outpatient health and social services to HIV/AIDS affected individuals and their families. Membership is to be inclusive of all populations and continuously open to all members and the public.

**Roles and Responsibilities:**

**Time Commitment of Membership**

New members must attend a Network orientation within six (6) months of membership. Any or all of Network members may be removed for cause by vote of the Executive Committee at any regular or emergency meeting, given there is a quorum. The process will be in accordance with Network Bylaws, Article V Section 5.0.

The Consumer Involvement Committee, the Care Coordination Committee, and the Policy Advocacy/Education Committee shall meet a minimum of six times each year. It is expected that committee members will participate in or facilitate one project with their committee or the General Membership each year.

**Please send a resume or biography if available with this application.**

**If appointed, I understand that I must fulfill the commitment to regularly attend meetings of the HIV Care Network and participate in one of the Standing Committees.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Sign, date and mail or deliver to:  
Barbara Bennet, Coordinator  
Hudson Valley HIV Network  
ARCS  
40 Saw Mill River Rd.  
Hawthorne, NY 10532

Questions may be directed to: (914) 785-8275.