



Thank you for your membership interest in the Indiana HIV PREVENTION COMMUNITY PLANNING GROUP.

The Centers for Disease Control and Prevention (CDC) states that, “HIV planning is a critical process by which health departments work in partnership with the community and key stakeholders to enhance access to HIV prevention, care, and treatment services for the highest-risk populations.”

The mission of the CPG is to collaborate with the Indiana State Department of Health as well as other key stakeholders to support the development, implementation, and monitoring of engagement strategies for a Jurisdictional HIV Prevention Plan that will increase access to HIV prevention, care, and treatment services in the state of Indiana.

### **THREE STEPS OF THE COMMUNITY PLANNING GROUP PROCESS**

#### **A. Stakeholder Identification**

The CPG will identify traditional and non-traditional key stakeholders who can best inform and support the development of the engagement planning process.

#### **B. Results-oriented Engagement Process**

The CPG will work collectively with the Indiana State Department of Health to develop collaborative and coordinated engagement planning process that identifies results-oriented strategies to increase the impact of HIV prevention efforts and improves access to HIV care and treatment services.

#### **C. Jurisdictional HIV Prevention Plan Development, Implementation, and Monitoring**

The CPG plans to inform and support the development of the Indiana Jurisdictional HIV Prevention plan as well as continue to provide ongoing monitoring and updates to the plan.

Once again, thank you for your interest in the Indiana HIV Prevention Planning Group (CPG), your application will be reviewed by the membership committee and we will contact you when the application process is completed.

Sincerely,  
CPG Membership Committee

**Instructions for submitting Application/Re-application form:**

1. This is a fillable form. Type on the form, complete all requested information and print it out.
2. Print the form and complete all requested information
3. Send the completed form to CPG Liaison

Fax: (317) 233-7663

Mail: **CPG Liaison**  
2 North Meridian Street, 6-C  
Indianapolis, IN 46204

# Indiana HIV Prevention Community Planning Group

**Please type your responses or print CLEARLY using black ink.**

**Confidentiality:** All efforts will be made to keep information shared by applicants and participants confidential. Completed applications are reviewed only by ISDH prevention staff and the Membership Committee. Applicant identity will not be shared with the public or the CPG body as a whole. Applications not selected for membership will be kept on file for three years and will be reviewed by the membership committee when vacancies occur.

**Representation:** The Indiana HIV Prevention Community Planning Group (CPG) consists of representatives from populations most affected by HIV. The CPG seeks members that will bring to the table different perspectives and expertise on a wide variety of experiences including direct life experiences. The Indiana CPG seeks representatives with a background in behavioral or social science, health planning, evaluation, local health departments, researchers, substance use, mental health, education, corrections/criminal justice, medical providers, and faith leaders.

## CONTACT INFORMATION:

Name:

Address:

City and Zip Code :

E-mail:

Day Phone:

Fax:

Evening Phone:

Fax:

Cellular Phone:

Region Representation (*please see region information sheet for region number*):

**Residential County:**

## IDENTIFYING INFORMATION:

**GENDER: (please check one):**

Female

Male

Transgender

How do you self identify (*Transgender ONLY*)?  Female or  Male

**Date of birth :**

**Race/Ethnicity: (Please Check One)**

- |   |   |
|---|---|
| <input type="checkbox"/> Asian                                      | <input type="checkbox"/> American Indian      |
| <input type="checkbox"/> Pacific Islander/ Native Hawaiian or Other | <input type="checkbox"/> White (non-Hispanic) |
| <input type="checkbox"/> Hispanic/Latino                            | <input type="checkbox"/> African-American     |
| <input type="checkbox"/> Alaska Native                              | <input type="checkbox"/> Other                |

**HIV Risk Category:**

- Men who have sex with men (MSM)
- Injection drug user (IDU)
- Heterosexual
- Other, please specify:

**Disease Status: (Please Check One)**

- HIV Positive
- HIV Negative/Affected
- Decline to state

**Who do you professionally provide services to?**

*(Please check all that apply)*

- |  |   |
|--|---|
| <input type="checkbox"/> Men who have sex with men (MSM)                   | <input type="checkbox"/> Heterosexual men engaging in high risk behavior      |
| <input type="checkbox"/> Persons living with HIV / AIDS                    | <input type="checkbox"/> Ethnic minorities disproportionately impacted by HIV |
| <input type="checkbox"/> Incarcerated individuals                          | <input type="checkbox"/> None of the above                                    |
| <input type="checkbox"/> High-risk youth                                   | <input type="checkbox"/> Other, please specify:                               |
| <input type="checkbox"/> Injection drug users (IDU)                        |   |
| <input type="checkbox"/> Heterosexual women engaging in high risk behavior |   |

**Do you have professional background, training, and/or experience in the following areas? (Please check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Behavioral or social science      | <input type="checkbox"/> Corrections/Criminal Justice          |
| <input type="checkbox"/> Health planning or administration | <input type="checkbox"/> Community Based Organization/Services |
| <input type="checkbox"/> Program evaluation                | <input type="checkbox"/> Faith Leader                          |
| <input type="checkbox"/> Mental Health                     | <input type="checkbox"/> None of the above                     |
| <input type="checkbox"/> Substance use/abuse               | <input type="checkbox"/> Other, please specify:                |
| <input type="checkbox"/> Health care provider              |  |

**Do you have other life and/or work experience in the following areas?**

*(Please check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Academic/Education             | <input type="checkbox"/> Local Government          |
| <input type="checkbox"/> Business                       | <input type="checkbox"/> Low Income Services       |
| <input type="checkbox"/> Community-Based Organization   | <input type="checkbox"/> Medical Health            |
| <input type="checkbox"/> Correctional System            | <input type="checkbox"/> Mental Health             |
| <input type="checkbox"/> Disabilities                   | <input type="checkbox"/> Multicultural Issues      |
| <input type="checkbox"/> Domestic Violence              | <input type="checkbox"/> Sexual Abuse              |
| <input type="checkbox"/> Education System               | <input type="checkbox"/> Social Services           |
| <input type="checkbox"/> Faith-based                    | <input type="checkbox"/> State Government          |
| <input type="checkbox"/> Gay/Lesbian/Bi/Trans Issues    | <input type="checkbox"/> STD Clinic                |
| <input type="checkbox"/> Harm Reduction/Needle Exchange | <input type="checkbox"/> Substance Abuse Treatment |
| <input type="checkbox"/> HIV/AIDS Advocacy              | <input type="checkbox"/> Traditional Healer        |
| <input type="checkbox"/> HIV/AIDS Care                  | <input type="checkbox"/> Woman's/Family Issues     |
| <input type="checkbox"/> HIV/AIDS Prevention            | <input type="checkbox"/> Youth Organization        |
| <input type="checkbox"/> Homeless                       | <input type="checkbox"/> Other                     |

**Have you had previous experience in any of the following areas?**

*(Please check all that apply)*

- Community Organizing
- Epidemiology
- HIV Prevention Community Planning
- HIV Prevention Outreach, Counseling, or Education
- HIV Prevention Training/Certification
- Meeting Facilitation
- Health Care Planning (specify)
- Program Evaluation
- Grant Management
- Other (specify)

**Do you have previous background or training in the following fields? *(Please check all that apply)***

- |  |  |
|--|--|
| <input type="checkbox"/> Advisory Boards (Please list what boards) | <input type="checkbox"/> Bachelor Degree<br><i>Degree area:</i>  |
|  | <input type="checkbox"/> Master Degree<br><i>Degree area:</i>    |
|  | <input type="checkbox"/> Doctorate Degree<br><i>Degree area:</i> |

**MEMBER REAPPLICATION SECTION:**

Have you previously served on the CPG?       Yes       No

Have you ever been removed as a CPG member?    Yes       No

If you check yes, what year were you removed?

**AGREEMENT TO SERVE:**

Please read each of the following. Check each box to indicate that you understand and agree to serve, and then sign below. If you have any questions, please call the CPG Program Director, at the Indiana State Department of Health, HIV/STD Program at (317) 233- 7050 or Fax (317) 233-7663.

- I am able to attend 6 meetings a year, as well as participate in necessary teleconferences, sub-committee work group meetings/conference calls, and travel within Indiana to meet the responsibilities of serving on the CPG. (Travel and lodging expenses to attend bi-monthly CPG meetings will be reimbursed by the CPG Program.)
- If appointed to the CPG, I am willing to volunteer for at least a two-year term.
- I give permission to share any of the information I have provided in this application with the CPG Membership Committee for the sole purpose of membership selection.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for your time and interest in the  
Indiana HIV Prevention Planning Group**