



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

The Centers for Disease Control and Prevention (CDC) states that, “The primary task of the Community Planning Group is to develop a Comprehensive HIV Prevention Plan for the state of Indiana that includes prioritized target populations and set of prevention activities and interventions for each targeted population. The following information will provide the framework and brief overview of Indiana’s community participatory planning process as well as how the Indiana Community Planning Group carries out the mandates set forth by the CDC.

#### **GOALS OF THE COMMUNITY PLANNING GROUP PROCESS**

1. HIV community planning is required to support broad-based community participation in HIV prevention planning.
2. Community planning identifies priority HIV prevention needs (a set of priority target populations and interventions for each identified target population) in each jurisdiction.
3. Community planning ensures that HIV prevention resources target priority populations and intervention set forth in the comprehensive HIV prevention 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. Print out the form
2. Type or print on the form completing all requested information
3. Fax the completed form to CPG Coordinator at (317) 233-7663

OR

4. Mail the completed form to:

CPG Coordinator  
2 N. 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. Violations of this policy will result in expulsion from the Applications from applicants who are not selected to serve on the Planning Group will be assessed to become Community Technical Advisors or will be shredded.

**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*): \_\_\_\_\_

## EMPLOYMENT:

Current Place of Employment: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

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

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Fax: (\_\_\_\_\_) \_\_\_\_\_

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

**Residential County:** \_\_\_\_\_

**Employment County:** \_\_\_\_\_

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

*(Please check all that apply)*

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

**IDENTIFYING INFORMATION:**

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

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

**Age:**

- 13 – 24, if under 25, please write your age here \_\_\_\_\_
- 25 – 29
- 30 – 39
- 40 – 49
- 50 +

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

- Asian
- Pacific Islander/ Native Hawaiian or Other
- Hispanic/Latino
- Alaska Native
- American Indian
- White (non-Hispanic)
- African-American
- Other \_\_\_\_\_

**Please check the boxes that best describes you:**

- Persons living with HIV / AIDS
- Men who have sex with men (MSM)
- Incarcerated individuals (recently released or past incarceration)
- High-risk youth (aged 13 to 24)
- Injection drug users (IDU)
- Heterosexual women engaging in high risk behavior
- Heterosexual men engaging in high risk behavior
- Ethnic minorities disproportionately impacted by HIV
- Other, please specify: \_\_\_\_\_
- None of the above



**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  |
| _____  | <i>Degree area:</i> _____                 |
| _____  | <input type="checkbox"/> Master Degree    |
|  | <i>Degree area:</i> _____                 |
|  | <input type="checkbox"/> Doctorate Degree |
|  | <i>Degree area:</i> _____                 |

**MEMBER REAPPLICATION SECTION:**

Have you previously served on the CPG?  Yes  No

If yes, please list the previous years of CPG membership: \_\_\_\_\_

Please list the previous committees that you served on: \_\_\_\_\_

What contribution(s) did you provide to the committee (s)? \_\_\_\_\_

Have you ever chaired a committee?  Yes  No

If you check yes, please list previous committees that you chaired? \_\_\_\_\_

Have you ever served as a community co-chair?  Yes  No

If yes, what year/s? \_\_\_\_\_

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

If you check yes, please briefly explain reason for removal? \_\_\_\_\_

**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- 7483 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!**

**2010 INDIANA HIV COMMUNITY PLANNING GROUP REGIONS**

<b>REGION 1</b> JASPER LAKE NEWTON PORTER	<b>REGION 6</b> BLACKFORD DECATUR DELAWARE FAYETTE FRANKLIN GRANT HENRY HOWARD MADISON RANDOLPH RUSH TIPTON UNION WAYNE
<b>REGION 2</b> CASS ELKHART FULTON LAPORTE MARSHALL MIAMI PULASKI ST. JOSEPH STARKE	<b>REGION 7</b> BARTHOLOMEW BROWN CLAY GREENE LAWRENCE MONROE OWEN PARKE PUTNAM SULLIVAN VERMILLION VIGO
<b>REGION 3</b> ADAMS ALLEN DEKALB HUNTINGTON JAY KOSCIUSKO LAGRANGE NOBLE STEUBEN WABASH WELLS WHITLEY	<b>REGION 8</b> DAVIESS DUBOIS GIBSON KNOX MARTIN PERRY PIKE POSEY SPENCER VANDERBURGH WARRICK
<b>REGION 4</b> BENTON CARROLL CLINTON FOUNTAIN MONTGOMERY TIPPECANOE WARREN WHITE	<b>REGION 9</b> CLARK CRAWFORD DEARBORN FLOYD HARRISON JACKSON JEFFERSON JENNINGS OHIO ORANGE RIPLEY SCOTT SWITZERLAND WASHINGTON
<b>REGION 5</b> BOONE HAMILTON HANCOCK HENDRICKS JOHNSON MARION MORGAN SHELBY	

# INDIANA HIV PREVENTION COMMUNITY PLANNING GROUP

## JOB DESCRIPTION

(Adopted July 7, 1994)

*Re-Approved: 04-06*

*See also Article III; Section 1 of the Charter By-Laws.*

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### **I. Role Statement**

As a member of the Indiana HIV Prevention Community Planning Group, it is your role to:

- Attend meetings
  - Make a commitment to this process and its results.
  - Participate in all decisions and problem solving.
  - Undertake special tasks, as requested by the Planning Group.
- Gather data and information as needed.
- Spread the word about the planning process.
  - Serve on at least one committee

### **II. Length of Commitment**

Planning Group members are asked to serve for 1 or 2 years, subject to reappointment.

### **III. Estimated Time Required**

Bi-Monthly meeting of 6-8 hours plus special called meetings when needed.

Possible monthly meetings of ad hoc committees.

4 hours per month for specific task completion.

### **IV. Major Duties and Tasks**

1. Delineate technical assistance/capacity development needs for effective community participation in the planning process.
2. Review available epidemiologic, evaluation, behavioral and social science, cost-effectiveness, and needs assessment data and other information required to prioritize HIV prevention needs, and collaborate with the Indiana State Department of Health on how best to obtain additional data and information.
3. Become aware of and maintain knowledge of existing home community resources to determine that community's capability to respond to the HIV epidemic.
4. Identify unmet HIV prevention needs within defined populations.
5. Prioritize HIV prevention needs by target populations and propose high priority strategies and interventions.

6. Identify the technical assistance needs of community-based providers in the areas of program planning, intervention, and evaluation.
7. Consider how within the Comprehensive HIV Prevention Plan the following needs are addressed:
  - a) counseling, testing, referral, and partner notification (CTRPN), early intervention, primary care, and other HIV-related services;
  - b) STD, TB, and substance abuse prevention and treatment;
  - c) mental health services; and other public health needs.
8. Develop goals and measurable objectives for HIV prevention strategies and interventions in defined target populations.
9. Evaluate the HIV Prevention Community Planning process and assess the responsiveness and effectiveness of the Indiana State Department Of Health's application for Federal HIV Prevention funds in addressing the priorities identified in the Comprehensive HIV Prevention Plan.
10. Each planning body member shall be willing to participate fully in deliberation, decision-making, problem-solving policy-setting, prioritizing, and conflict resolution.
11. Each planning body member shall be willing to abide by the policies, rules, and procedures established by the planning group.
12. Each planning body member shall offer skills or expertise that will specifically foster the mission and the work of the planning body, including participation in other HIV planning activities.