



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. Send the completed form to CPG Liaison

Fax: (317) 233-7663

Mail:

CPG Liaison

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*):

Residential County:

IDENTIFYING INFORMATION:

GENDER: (please check one):

Female

Male

Transgender

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

Age:

13 – 24, if under 25, please write your
age here _____

30 – 39

40 – 49

25 – 29

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 _____

HIV Risk Category: (Please Check One)

(Please check all that apply)

- Men who have sex with men (MSM)
- Men who have sex with men/Injection Drug users (MSM/IDU)
- Injection drug users (IDU)
- High-Risk Heterosexuals
- Transgender
- Transgender/Injection drug user
- Non-specific or Unknown
- Other, please specify: _____

Disease Status:

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

*If you choose to disclose your HIV status, you have the option of public disclosure to the planning Group, but if you wish to only disclose to the recipient of this application, please check this box . If you choose the latter, your information is 100% confidential and will only be used to report the involvement of people with HIV to the CDC.

What qualifications/skills would you add to the CPG if nominated as a member?

Who do you have professional provide services to?
(Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Men who have sex with men (MSN) | <input type="checkbox"/> Heterosexual men engaging in high-risk behavior |
| <input type="checkbox"/> Persons living with HIV/AIDS | <input type="checkbox"/> Ethnic minorities disproportionately |
| <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)

- | | |
|--|---|
| <input type="checkbox"/> Community Organizing | <input type="checkbox"/> Meeting Facilitation |
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Health Care Planning (specify) |
| <input type="checkbox"/> HIV Prevention Community Planning | <input type="checkbox"/> Program Evaluation |
| <input type="checkbox"/> HIV Prevention Outreach, Counseling, or Education | <input type="checkbox"/> Grant Management |
| <input type="checkbox"/> HIV Prevention Training/Certification | <input type="checkbox"/> 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
Degree area: _____ |
| | <input type="checkbox"/> Master Degree
Degree area: _____ |
| | <input type="checkbox"/> Doctorate Degree
Degree area: _____ |

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- 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!**

2012 INDIANA HIV COMMUNITY PLANNING GROUP REGIONS

REGION 1 JASPER LAKE NEWTON PORTER	REGION 6 BLACKFORD DECATUR DELAWARE FAYETTE FRANKLIN GRANT HENRY HOWARD MADISON RANDOLPH RUSH TIPTON UNION WAYNE
REGION 2 CASS ELKHART FULTON LAPORTE MARSHALL MIAMI PULASKI ST. JOSEPH STARKE	REGION 7 BARTHOLOMEW BROWN CLAY GREENE LAWRENCE MONROE OWEN PARKE PUTNAM SULLIVAN VERMILLION VIGO
REGION 3 ADAMS ALLEN DEKALB HUNTINGTON JAY KOSCIUSKO LAGRANGE NOBLE STEUBEN WABASH WELLS WHITLEY	REGION 8 DAVIESS DUBOIS GIBSON KNOX MARTIN PERRY PIKE POSEY SPENCER VANDERBURGH WARRICK
REGION 4 BENTON CARROLL CLINTON FOUNTAIN MONTGOMERY TIPPECANOE WARREN WHITE	REGION 9 CLARK CRAWFORD DEARBORN FLOYD HARRISON JACKSON JEFFERSON JENNINGS OHIO ORANGE RIPLEY SCOTT SWITZERLAND WASHINGTON
REGION 5 BOONE HAMILTON HANCOCK HENDRICKS JOHNSON MARION MORGAN SHELBY	REGION 10 CLARK CRAWFORD DEARBORN FLOYD HARRISON JEFFERSON OHIO ORANGE RIPLEY SCOTT SWITZERLAND WASHINGTON

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.

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.