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.

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.

____ Initials
# NEW JERSEY HIV/AIDS PLANNING GROUP (NJHPG)
## MEMBERSHIP APPLICATION

### 1. Contact Information

<table>
<thead>
<tr>
<th>NAME:</th>
<th>Address:</th>
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<td>City:</td>
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<td>E-mail:</td>
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<tr>
<td>Organization (if applicable):</td>
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**Geographic Area of Your HIV/AIDS Involvement:**
Please check either Statewide or County Planning Region

- □ County Planning Region (Identify below):
  - □ Cumberland
  - □ Bergen-Passaic
  - □ Monmouth-Ocean
  - □ Middlesex-Somerset-Hunterdon
  - □ Burlington, Camden, Gloucester and Salem
- □ Statewide

If you checked more than one Geographic Area, please explain:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

### 2. Demographics

<table>
<thead>
<tr>
<th>Gender:</th>
<th>Race/Ethnicity:</th>
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<tr>
<td>□ Male</td>
<td>□ African American/Black</td>
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<tr>
<td>□ Female □ Transgender</td>
<td>□ Asian/Pacific Islander</td>
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<tr>
<td>□ Female</td>
<td>□ Caucasian/White</td>
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<tr>
<td>□ Male</td>
<td>□ Latino/Latina</td>
</tr>
<tr>
<td>□ Transgender</td>
<td>□ Native American/Alaska Native</td>
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<td></td>
<td>□ Other (Must Specify): __________________________</td>
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<th>Race/Ethnicity:</th>
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<td>□ 19 or under</td>
<td>□ African American/Black</td>
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<tr>
<td>□ 20 - 24</td>
<td>□ Asian/Pacific Islander</td>
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<tr>
<td>□ 25 - 29</td>
<td>□ Caucasian/White</td>
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<tr>
<td>□ 30 - 39</td>
<td>□ Latino/Latina</td>
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<tr>
<td>□ 40 - 49</td>
<td>□ Native American/Alaska Native</td>
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<tr>
<td>□ 50+</td>
<td>□ Other (Must Specify): __________________________</td>
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**Affiliation:**

- □ Consumer
- □ Community Based Organization
- □ State Employee
- □ Other_____________________

___ Initials
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:**

__________________________________________________________________________________________

__________________________________________________________________________________________

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 up to three categories that best fit your experience.

_____ Person Living with HIV/AIDS
_____ Experience with Incarcerated Populations
_____ Medicaid Specialist
_____ Legal services
_____ Affordable Housing/Homeless Services Expertise
_____ Division of HIV, STD and TB Services
_____ Substance Use Provider
_____ Behavioral Scientist
_____ Medical Case Management
_____ Mental Health Provider
_____ Health Planning Specialist
_____ HIV Planning

_____ Community Based Organization
_____ Minority Based Organization
_____ Faith Based Organization
___ Part A
___ Part B
___ Part C
___ Part D
___ Grantees of other Federal HIV Programs, such as CCOE, Dental, SPNS and HOPWA
___ HIV Prevention Provider/Grantee
___ HIV Community advocate/representative
___ 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 |

___________________________

**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
Three Rutgers Plaza, ASBIII, 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.

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**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