

**Baton Rouge Transitional Grant Area
Ryan White Advisory Council**



Application for Advisory Council Membership

**Ryan White Part A Program
Division of Human Development and Services
City of Baton Rouge/Parish of East Baton Rouge
4523 Plank Road
Baton Rouge, LA 70805**

Application Contents

Overview of the Ryan White HIV/AIDS Program	Page 3
Overview of the BRTGA Ryan White Advisory Council	Page 3
Overview of the Membership Application and Process	Page 4
Membership Application	Page 5-9

Overview of the Ryan White HIV/AIDS Program

First enacted in 1990, as the Ryan White Comprehensive AIDS Resources Emergency (*CARE*) Act, the Ryan White HIV/AIDS Program (*also known as the Ryan White HIV/AIDS Treatment Extension Act of 2009*) is the largest federally funded program focused exclusively on providing HIV care and treatment services to people living with HIV/AIDS (*PLWH*). The legislation details eligibility, as well as, how funding must be used. Ryan White legislation awards grants under the five sections of the Act: Part A, Part B, Part C, Part D, and Part F (*formerly Title I, Title II, Title III, Title IV, and Part F*).

Working with cities, states, and local community-based organizations, the Ryan White HIV/AIDS Program provides a comprehensive system of care for people living with HIV/AIDS who are uninsured or underinsured. In addition to providing funding for medical care, the Program also funds essential support services such as: case management, transportation, housing and nutritional support. Lastly, a smaller but critical portion of the Program is used to fund technical assistance, clinical training, and the development of innovative models of care.

Locally, the federally funded Ryan White Part A grant is administered by the Division of Human Development and Services (*DHDS*) Ryan White Part A Program.

Overview of the BRTGA Ryan White Advisory Council

The Baton Rouge Transitional Grant Area Ryan White Advisory Council, commonly referred to as the BRTGA RW Advisory Council, work as partners with their local government to ensure a comprehensive system of care that effectively serves all eligible people living with HIV/AIDS in the BRTGA which includes the following parishes: Ascension, East Baton Rouge, East Feliciana, Iberville, Livingston, Point Coupee, St. Helena, West Baton Rouge, and West Feliciana.

The BRTGA Ryan White Advisory Council is composed of volunteer members who meet certain membership categories, as well as, members who receive Ryan White Part A funded services. Members of the Advisory Council are tasked with many responsibilities as they work with the Baton Rouge Ryan White Part A Program to ensure that Ryan White services are available to individuals living with HIV/AIDS and that federal funds are spent on care services for persons living with HIV/AIDS (*PLWH*).

The BRTGA Advisory Council meets once a month, on the **second** Thursday of every month at 3:00 p.m. at the Division of Human Development and Services (*DHDS*) 4523 Plank Road.

Overview of the Membership Application and Process

Thank you for your interest in becoming a member of the BRTGA Ryan White Advisory Council. If your application is approved, you will join a group of dedicated volunteers who are tasked with many responsibilities as they work as partners with their local government to ensure that Ryan White services are available to individuals living with HIV/AIDS in East Baton Rouge Parish and the eight surrounding parishes that make up the Baton Rouge Transitional Grant Area (**BRTGA**).

Prior to filling out the application form, please be aware of the following:

1. The minimum time required to participate as a Ryan White Advisory Council member is **at least two (2) hours a month**. Your time commitment is vital to the workings and operation of the Council.
2. The Ryan White Advisory Council is federally funded and requires certain information about all applicants. This information will not be used for any other purpose than for the selection and appointments of Advisory Council members.
3. The application process will take an **estimated 4-6 weeks**.
4. Once your completed application is submitted, the Advisory Council Coordinator will schedule your interview date and time with the Membership Committee to review your application.
5. After your interview, the Membership Committee will determine whether your application should be forwarded to the Mayor-President for approval to be appointed as a member of the BRTGA Ryan White Advisory Council.
6. If you are not appointed to the BRTGA Ryan White Advisory Council, you are always welcome to attend the monthly Advisory Council meetings.

Thank you again for your interest in becoming an Advisory Council Member. If you have any questions or need assistance completing the application, please call 225-358-1963.

Please submit your completed application to:

Division of Human Development and Services
Ryan White Part A Program
ATTN: Clarissa Muse, M.A.
Advisory Council Coordinator-Ryan White Program
4523 Plank Road
Baton Rouge, LA 70805

Phone Number:

225-358-1963

Fax Number:

225-358-1970



APPLICATION FOR MEMBERSHIP

To help us process your membership application, please provide all the information requested. Enter N/A (*not applicable*) where appropriate.

CONTACT INFORMATION <i>(Please type or print clearly in black or blue ink.)</i>			
NAME <i>(first and last)</i> :		DATE OF BIRTH <i>(m/d/y)</i> :	
HOME ADDRESS:			
CITY:	STATE:	ZIP CODE:	PARISH:
HOME PHONE: ()	CELL PHONE: ()	WORK PHONE: ()	
CURRENT PLACE OF EMPLOYMENT:		JOB TITLE:	
WORK ADDRESS:	CITY:	STATE:	ZIP:
E-MAIL ADDRESS:			
I prefer to receive correspondence by <i>(Circle one)</i> : Email Phone Call Text Message Work			
NOTICE: <i>Please be aware that the Advisory Council is a public body. While your HIV status will be kept confidential, your membership on the council will not and you may receive e-mail, mail, and/or phone calls from the Advisory Council.</i>			

Applicant Information:

For the questions below, please check (✓) all that apply to you and for which you self-identify. The BRTGA Ryan White Advisory Council must report certain information about the makeup of the membership. Your responses will be kept **CONFIDENTIAL** and will be available only to the Chair of the Advisory Council, the office of Mayor-President and the Advisory Council Membership Committee.

- A. Are you a person living with HIV/AIDS? ___ Yes ___ No
- B. Gender: ___ Male ___ Female ___ Transgender/Nonconforming
- C. Race/Ethnicity: ___ White, not Hispanic
 ___ Black, not Hispanic
 ___ Asian
 ___ Pacific Islander
 ___ Hispanic/Latino
 ___ American Indian/Alaska Native
 ___ Multi-racial (more than one)
 ___ Other: _____
 ___ Prefer not to specify
- D. Do you speak English?
 ___ Yes
 ___ No
 ___ Some

E. Do you speak Spanish?

- Yes
- No
- Some

F. Do you speak any other languages?

- No
- Yes

If yes, what other language(s) do you speak?

G. Is there any special assistance/accommodation (such as transportation, childcare, translation, wheelchair accessibility, etc.) that we MAY provide that would help you to fully participate in the activities of the Advisory Council?

- No
 - Yes, I need assistance with:
-
-
-

H. Are you currently or have you been the recipient of Ryan White Part A services?

- Yes, I am/was a recipient of Ryan White Part A Services
- No, I am/was **NOT** a recipient of Ryan White Part A Services
- I **DON'T KNOW** if I am/was a recipient of Ryan White Part A Services

I. Please check (✓) if you are currently an employee, board member, consultant, or volunteer at the BRTGA Ryan White Part A funded agencies/providers listed below.

- CareSouth
- Crescent Care
- Family Service of Greater Baton Rouge (FSGBR)
- HIV/AIDS Alliance for Region Two (HAART)
- Our Lady of the Lake - Early Intervention Clinic (EIC)
- Volunteers of America Greater Baton Rouge (VOAGBR)

If YES, please list your title in the space provided:

J. Please check (✓) all the membership categories that you are eligible to represent.

- | | |
|---|--|
| <input type="checkbox"/> Health Care providers, including any Federally Qualified Health Centers (FQHC's) | <input type="checkbox"/> Prevention Providers |
| <input type="checkbox"/> Community Based organizations (CBO's) servicing affected populations/ AIDS Service organizations (ASO'S) | <input type="checkbox"/> Homeless Providers (<i>Non-HOPWA</i>) |
| <input type="checkbox"/> Social Service providers (<i>including housing and homeless service providers</i>) | <input type="checkbox"/> Local Public Health Agencies |
| <input type="checkbox"/> Mental Health providers | <input type="checkbox"/> Persons Living with HIV/AIDS (<i>PLWH</i>) |
| <input type="checkbox"/> Substance Abuse Providers | <input type="checkbox"/> Non-Elected Community Leaders |
| | <input type="checkbox"/> State Medicaid Agency |
| | <input type="checkbox"/> Ryan White Part B Funded agencies |
| | <input type="checkbox"/> Ryan White Part C Funded agencies |
| | <input type="checkbox"/> Formerly incarcerated PLWH or their representatives |

K. Please check (✓) all areas of interest or expertise that you can contribute to the BRTGA Advisory Council from the following list:

- Health care needs of men who have sex with men
- Health care needs for the incarcerated population
- Women’s HIV/AIDS health care needs
- Children’s HIV/AIDS health care needs
- Youth HIV/AIDS health needs
- Trans experience
- Homeless population
- Rural health care needs
- African American issues
- Latino/Hispanic issues
- Immigrants and refugees’ issues
- Commercial Sex workers issues
- Primary medical care
- Comprehensive Healthcare Planning
- Mental Health services
- Substance use/abuse services
- Financial resource allocation and/or budgeting
- PrEP
- Prevention
- Event Planning/Execution (*Health Fairs, Conferences, Workshops, etc.*)
- Other (please specify)

Please give a brief response to each of the questions below.

1. Please describe a situation where you have facilitated the work of a team to meet a common goal?

2. Please list any work or volunteer experience that you have had, including leadership experience.

3. Please describe any work and/or volunteer experiences you have had in either HIV/AIDS services field and/or advocacy in the Healthcare field.

4. Please explain how your background and/or past experiences would be useful in planning a system of care for people living with HIV/AIDS and/or Community Health Centers.

5. Please describe your knowledge and/or understanding of HIV/AIDS in the Baton Rouge Transitional Grant Area (TGA).

6. Please explain why you would like to join the BRTGA Ryan White Advisory Council?

Application Certification

I certify that all statements and representations made in this application are true and correct.

Signature: _____ Date: _____

Please submit your completed application to:

Division of Human Development and Services
Ryan White Part A Program
ATTN: Clarissa Muse, M.A.
Advisory Council Coordinator-Ryan White Program
4523 Plank Road
Baton Rouge, LA 70805

Phone Number:

225-358-1963

Fax Number:

225-358-1970

For Office Use Only

Date Received:

Signature:

Date Reviewed:

Signature: