



# HEALTHY CHICAGO

## CHICAGO DEPARTMENT OF PUBLIC HEALTH

### Chicago Area HIV Integrated Services Council (CAHISC) 2018 Membership Application

#### Personal Information

Name

Driver's License or State ID Number

Home/Cell Phone

Personal Email Address

Date of Birth

#### Home

Street Address

City

State

Zip

#### Demographic

##### Gender

- Female
- Male
- Transgender (MtF)
- Transgender (FtM)
- Other: \_\_\_\_\_

##### Race

- Asian/Pacific Islander
- Black/African American
- Middle Eastern
- Native American
- White
- Other: \_\_\_\_\_

##### Ethnicity

- Latino/Hispanic
- Non-Latino/Hispanic

##### Sexual Orientation

- Heterosexual/Straight
- Homosexual/Gay/Lesbian
- Bisexual
- Other: \_\_\_\_\_

#### How did you hear about CAHISC?

- Supervisor
- Case Manager/Worker
- Online
- Friend
- Other: \_\_\_\_\_

**Employment (if applicable)**

Position Type:  Full-time, Salary     Part-time     Stipend Volunteer     Consultant

Current Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Position Title \_\_\_\_\_ Professional Email Address \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Community Group Affiliation(s) – Please list your affiliations and role**

(Present board, HIV consumer advisory board, and other community group affiliations)	(Past board, HIV CABs, planning council, HPPG, and other community groups affiliations)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Membership Diversity**

*These questions are necessary to create a group that fully represents the community that we serve. Your responses are **confidential** and will only be seen by CAHISC leadership. No answers will be used against applicants.*

Please check, if applicable:

- I am a person living with HIV/AIDS ( I am willing to be public about my HIV status: Yes / No)
- I am/was involved in sex work
- I am/was a substance user
- I am unemployed/underemployed
- I am unstably housed
- I am recently incarcerated

**Federal legislation requires specific categories of representation on the HIV Planning Body. Please indicate which of these categories you could represent (check all appropriate categories):**

*Local Organization Rep*

- Health care provider, including federally qualified health centers
- Community-based organizations serving affected populations /AIDS service organization
- Social service provider, including housing and homeless-services providers
- Mental health provider
- Substance abuse provider
- Dental provider

*Community/Consumer Rep*

- Affected communities (including individuals with HIV disease or AIDS and historically underserved groups and subpopulations)
- Non-elected community leader
- Representative of/or formerly incarcerated PLWH (People Living with HIV)

*Regional/State Organization Rep*

- Hospital planning or health care planning agencies
- HIV Housing Rep
- SAMHSA Rep
- State Medicaid Agency
- State PART B Agency
- PCPG Rep
- UCHAPS
- Ryan White grantees under PART C and PART D, or CBO's serving women, youth, and families
- HIV Prevention Program
- Local public health agencies
- Other Federal HIV programs
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

**Please answer the following essay questions  
(Please use a separate sheet if necessary)**

**1) Summarize the reasons you would like to serve on CAHISC.**

**2) What is your specific experience or interest in HIV prevention, care, housing, or other related HIV services?**

**3) What are your expectations being on CAHISC?**

**Commitment**

- You MUST attend and participate in monthly 3-hour full-body meetings, monthly 2-hour committee meeting, and an annual 2-day strategic planning session, participation in a one time new member orientation
- You MUST be able to work as a community planner with a diverse group of community people and HIV service providers: HIV Prevention, Care, and Housing services
- You MUST make the necessary time commitment with your employer’s approval, if applicable
- You MUST attend an in-person or telephone interview session
- You MUST have access to an active email account, as most messages are delivered through email

**Signature**

I authorize the verification of the information provided on this form for purposes of the selection process. I understand that I must pass City of Chicago Revenue Clearance to be considered for appointment as all volunteers are appointed by the Mayor’s Office of Chicago.

**Signature of Applicant:**

**Date:**

**Deadline for Application Submission is Wednesday, May 30, 2018 or September 26, 2018 by 3:00pm**

Please Email or Mail a Completed Application and Resume to:

[michele.howard@cityofchicago.org](mailto:michele.howard@cityofchicago.org)

Attn: Michele Howard  
Chicago Department of Public Health  
STI/HIV Division  
333 South State Street,  
DePaul Center, 2nd Fl  
Chicago, IL 60604  
(312) 747-9507



4/19/2018