



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: _____

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

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



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