

# Ryan White Planning Council of the Dallas Area

## Application for Membership

To help us process your membership application, please provide all of the information requested. Enter N/A (not applicable) where appropriate. ***Please type or print clearly.*** If there is any part of the application that you don't understand, please contact the **Planning Council Office of Support** for help at **(214) 819-1840**.

This application is for ***membership*** for the following:

- ☐ Ryan White Planning Council:
- ☐ Standing Committee of the Ryan White Planning Council  
**Check Committee of interest** (see page 6 for explanations of committees):
- ☐ Allocations Committee
  - ☐ Consumer Council Committee
  - ☐ Evaluation Committee
  - ☐ Planning and Priorities Committee
  - ☐ Needs Assessment Committee

### Part 1 Contact Information

**Name**

**Home Address**

**City**

**State**

**Zip Code**

**County of Residence**

**Home Phone Number (     )**

**Alternate Phone Number (     )**

**Current Place of Employment** (if applicable)

**Work Address**

**City**

**State**

**Zip Code**

**Work Phone Number (     )**

**E-mail Address**

**Fax Number** (if available)

Please be aware that the Planning Council is a public body. While your HIV status will be kept confidential, your membership on the Council will not. You will receive e-mail, mail, and phone calls from the Ryan White Planning Council. Would you prefer to receive email, phone calls, messages, and/or mail at home or at work?

**I prefer to receive email, phone calls, and messages at:**      Home      Work      (circle one)

**I prefer to receive mail at:**      Home      Work      (circle one)

## Part 2 Personal Information

For the questions below, please check the box for each category with which you most closely identify, even if you do not use identical language to describe yourself. Feel free to include any additional information that you use to describe yourself on the “other” lines provided. **Your responses will be kept CONFIDENTIAL and will be available only to the Chair of the Planning Council, the Planning Council CEO (Dallas County Judge) and the Planning Council Office of Support.**

**A. Gender:**    ☐ Male            ☐ Female            ☐ Transgender ☐ Other \_\_\_\_\_

**B. Are you a person living with HIV/AIDS?**    ☐ Yes            ☐ No

This question will remain confidential and you can leave it blank. The Chair of the Planning Council will discuss this with you privately.

**If you answered yes, are you willing to self-identify as a person living with HIV/AIDS?**  
☐ Yes            ☐ No

**If you answered yes, are you also living with hepatitis B or C?**  
☐ Yes            ☐ No

**C. Race/ethnicity:**

Hispanic or Latino	Federal Race Categories
You <b>MUST</b> check one:  <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown	Choose as many as applicable, but you <b>MUST</b> check at least one:  <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> If American Indian, please list the tribe(s): _____  <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown

**D. Have you ever been convicted of a felony?**            ☐ Yes            ☐ No

A yes answer does not necessarily disqualify you. Please be prepared to address this issue with the Chair of the Planning Council. (This will remain confidential).

**E. Are you affiliated with any of the following types of organizations, agencies, or programs as an EMPLOYEE, BOARD MEMBER, or VOLUNTEER?** (Check all that apply and list the specific organization and your role in the space provided).

- |  |  |
|--|--|
| <input type="checkbox"/> I am not affiliated as an employee or board member with any of the types of agencies listed below.    | <input type="checkbox"/> Non-elected community leaders   |
| <input type="checkbox"/> Health care providers, including any Federally Qualified Health Centers (FQHCs)                       | <input type="checkbox"/> Representatives of/formerly incarcerated PLWHA  |
| <input type="checkbox"/> Community-based organizations (CBOs) servicing affected populations/AIDS service organizations (ASOs) | <input type="checkbox"/> State Medicaid agencies   |
| <input type="checkbox"/> Social service providers, including housing and homeless service providers                            | <input type="checkbox"/> Treatment Modernization Act Part A funded agencies  |
| <input type="checkbox"/> Mental health providers   | <input type="checkbox"/> Treatment Modernization Act Part C funded agencies  |
| <input type="checkbox"/> Substance abuse providers   | <input type="checkbox"/> Treatment Modernization Act Part D funded agencies, or organizations addressing the needs of children, youth, and families with HIV |
| <input type="checkbox"/> Prevention providers  | <input type="checkbox"/> State government agencies   |
| <input type="checkbox"/> Local public health agencies  | <input type="checkbox"/> Homeless providers (non-HOPWA)  |
| <input type="checkbox"/> Hospital planning agencies or other health care planning agencies                                     | <input type="checkbox"/> Other Federal HIV programs  |
| <input type="checkbox"/> Persons Living with HIV/AIDS  | <input type="checkbox"/> Other _____   |

Please provide the names of the organizations that you have checked and your role in those organizations:

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**F. In the following list, identify three (3) areas of interest or expertise that you can contribute to the Planning Council**

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|---|---|
| <input type="checkbox"/> Health needs of men who have sex with men                                  | <input type="checkbox"/> General public health              |
| <input type="checkbox"/> Women's HIV health needs   | <input type="checkbox"/> Mental health services             |
| <input type="checkbox"/> Children's HIV health needs  | <input type="checkbox"/> Other non-medical support services |
| <input type="checkbox"/> Youth's HIV health needs   | <input type="checkbox"/> Health planning                    |
| <input type="checkbox"/> Substance use/abuse services, including injection drug users' health needs | <input type="checkbox"/> Evaluation                         |
| <input type="checkbox"/> Financial resource allocation/budgeting                                    | <input type="checkbox"/> Primary medical care               |
|   | <input type="checkbox"/> Other (please specify) _____       |

## Part 3

Please give a brief response to the questions below.

1. The ability to facilitate the gathering a diverse group is crucial to the leadership of the Planning Council and/or its standing committees. The group facilitation process allows the Council/committee to conduct business efficiently and to fulfill its mission successfully. **Please describe a situation where you have facilitated the work of a team to meet a common goal.**

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2. What special skills, knowledge, qualities or life experiences would you bring to the Planning Council/committee as its Chair or Vice-Chair?

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3. Please list any work or volunteer experience that you have had, including leadership experience (or attach a resume).

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4. Are you on the board of any volunteer agency in the Dallas or North Texas area? If yes, please explain.

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## Part 4 Signature and Date

All Chairs of standing committees must also be members of the Planning Council. Membership seating is an open, ongoing process. The Executive Committee meets monthly as necessary to review applications and interview candidates for potential membership to the Planning Council or its committees. Planning Council seating is limited and must meet federal guidance to accommodate mandated seats.

Upon receipt of this application, the information will be forwarded to the Executive Committee, and potential candidates will be asked to interview with the committee.

You may request a secure link to submit your application.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Completed applications may be submitted by mail, email to:

Ryan White Planning Council of the Dallas Area  
1300 W. Mockingbird Lane, Suite 400  
Dallas, TX 75247  
Phone: 214.819.1840  
Email: [RWPC.RWPC@dallascounty.org](mailto:RWPC.RWPC@dallascounty.org)

## Operational Standing Committees of the Ryan White Planning Council of the Dallas Area

The Ryan White Planning Council (RWPC) was created due to legislative mandates of the Ryan White Care Act of 1990, Part A, which called for the establishment of Planning Councils to oversee a plan for the distribution of emergency financial assistance for the implementation and provision of a continuum of health and social services to persons living with HIV and AIDS. The work is performed largely through committee structure by volunteers with a wide array of expertise in health, finance, business and social services. Appointments to these committees are made from the membership of the RWPC, Health and Social Service providers, and individuals including HIV positive persons and those interested in HIV service delivery who have expressed a desire to serve on the committees of the Council.

The committees that make up the Ryan White Planning Council of the Dallas Area are described in the following paragraphs along with their charges, responsibilities and scheduled meeting times:

**The Planning and Priorities Committee:** This committee provides direction for the overall planning activities of the RWPC. Members oversee the process of identifying the needs and barriers to care for individuals affected by HIV disease through a Comprehensive Needs Assessment. They then categorically prioritize service needs. The Planning and Priorities committee also develops and/or contracts for a current comprehensive HIV services plan to implement the priority goals approved by the RWPC. **The Planning and Priorities Committee meets every 3<sup>rd</sup> Wednesday at 9:00 a.m.**

**The Allocations Committee:** This committee is responsible for recommending categorical distribution of funds among the prioritized service categories. In making its recommendations for service category allocations, the committee utilizes all available information regarding community needs, the current needs assessment, the long-range Comprehensive HIV Services Plan, and relevant trend data. **The Allocations Committee meets every 4<sup>th</sup> Monday at 5:15 p.m.**

**The Evaluation Committee:** This committee ensures that all parties receiving funding adhere to high standards of fiscal and programmatic accountability. This committee conducts an annual evaluation of the Administrative Agency's responsibility to rapidly allocate funds to the service categories of greatest needs, and it evaluates the RWPC's ability to establish an effective priority and allocation-setting process. **The Evaluation Committee meets every 4<sup>th</sup> Tuesday at 3:00 p.m.**

**The Consumer Council:** The Consumer Council Committee (CCC) is comprised of individuals infected or affected by HIV/AIDS and incorporates Persons Living with HIV/AIDS (PLWHA), caregivers, HIV service providers, and other interested parties. The committee is charged with empowering consumers, care givers, and other affected individuals through education by providing the tools and knowledge to interact with those individuals and committees that affect categorical service delivery of the Ryan White Treatment Modernization Act and the Texas State Department of Health Services (DSHS). As a council of diversity, the CCC encourages other individuals impacted by HIV/AIDS to participate in the planning process. This is accomplished through focus groups, community forums, and other public meetings to assure that the input from affected communities is incorporated into the planning for and evaluation of HIV/AIDS related services. **The Consumer Council Committee meets every 4<sup>th</sup> Thursday at 12:00 p.m.**

**The Needs Assessment Committee:** Needs Assessment Committee charge is to oversee the development and implementation of the needs assessment process to identify the needs, barriers to care, and gaps in services for PL WH, and to ensure that Planning Council activities are working towards meeting the needs, overcoming the barriers and closing the gaps. The Needs Assessment Committee will design consumer surveys that will comprehensively gather demographic, epidemiological, behavioral, and service-related data; develop strategies to target special populations and organize focus groups to determine what information to gather and how to collect it; determine the best means by which to conduct the comprehensive needs assessment that meets the frequency needs of the Health Resources and Services Administration; identify needs trends as identified by consumers from previous assessment cycles and provide recommendations related to consumer needs to the other Ryan White Planning Council standing committees. **The Needs Assessment Committee meets every 3rd Thursday at 3:00 p.m.**

If you are applying to be seated on the *Ryan White Planning Council*, please request the **Background Investigation Form** from the Office of Support.



DALLAS COUNTY  
COMMISSIONERS COURT

CONFIDENTIAL

**Background Investigation Form – Board Appointment**

For Business Use Only: ☐ SSN/Criminal ☐ MVR ☐ Employment Verification

**Personal Information Section:**

PLEASE PRINT IN INK OR TYPE		CONFIDENTIAL
NAME: LAST, FIRST, MIDDLE		MAIDEN OR OTHER NAMES KNOWN BY:
BIRTH DATE*	SOCIAL SECURITY NO.	DRIVERS LICENSE NO. & STATE
BOARD/COMMISSION OF CONSIDERATION:		

**Residential Section:**

PRESENT ADDRESS**	CITY	STATE	ZIP	DATES: From/To
PREVIOUS ADDRESS	CITY	STATE	ZIP	DATES: From/To
PREVIOUS ADDRESS	CITY	STATE	ZIP	DATES: From/To
PREVIOUS ADDRESS	CITY	STATE	ZIP	DATES: From/To

**Employment History Section:**

Employer		Address		
Job Title	Start Date	End Date	Contact Name and Number	
Employer		Address		
Job Title	Start Date	End Date	Contact Name and Number	
Employer		Address		
Job Title	Start Date	End Date	Contact Name and Number	

\* Date of birth and Social Security Number are required solely for the purpose of verifying background information and to insure the accuracy in the search of public records. Neither will be used for any other purpose.  
\*\* Provide addresses for at least the last seven (7) years.

In connection with my board appointment with Dallas County, I understand that Dallas County or an outside agency may complete a background investigation regarding such areas as employment history, driver's license, and criminal history or convictions.

I agree that a Photostat or copy of this authorization shall be considered as effective and valid as the original.

I authorize and request all persons, schools, businesses, corporations, government agencies, credit bureaus, and law enforcement to release such records without restrictions or qualifications. I also release Dallas County or any of its employees, representatives, or agents from any and all liability associated with this background investigation. If discrepancies are found, I understand I will be given the opportunity to explain any inaccuracies.

*I have read and understand the above statement.*

Applicant Signature

Date

411 Elm Street, 2<sup>nd</sup> Floor  
Administration Building

Dallas, Texas  
Equal Opportunity Employer

214.653.7327

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**DALLAS COUNTY**  
**BOARD AND COMMISSION NOMINEE RESUME AND INFORMATION**

**Notice:** By signing this form you agree that the information you provide below may be used to check your criminal history. You also agree that this information may be shared with the Commissioners Court. You also acknowledge that some of this information may become public information and subject to open records requests and available to anyone who requests the information.

\_\_\_\_\_  
Nominee's full name      (Last name,      First name,      Middle name)      (Maiden name)

\_\_\_\_\_  
Additional name or names ever used by nominee      (Alias name or names)      Maiden name

\_\_\_\_\_  
Date of birth      Sex      Race

\_\_\_\_\_  
Texas driver's license number      Social Security number

\_\_\_\_\_  
Name of board to which you have been nominated

Have you ever been finally convicted of a felony offense? Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby state that all of the information in this statement is true and correct. I further request and authorize all law enforcement officials and criminal justice agencies to release any criminal history records concerning me to Dallas County in order that my qualifications for service on a county board or commission may be checked. I understand that any information so released is public information and may be released to members of the Dallas County Commissioners Court and to any other person requesting it.

\_\_\_\_\_  
Signature      of      Nomine