
This is the application for membership on the Miami-Dade HIV/AIDS Partnership's committees and/or subcommittees. If you wish to apply for membership on the Miami-Dade HIV/AIDS Partnership, please complete the Miami-Dade HIV/AIDS Partnership Membership Application.

Our vision is to eliminate disparities and improve health outcomes for all people living with or at risk for HIV/AIDS.

Miami-Dade HIV/AIDS Partnership Committees and Subcommittees

Community Coalition Committee

Collaborates and coordinates with other standing committees to ensure that decisions represent the needs of the affected communities of Miami-Dade County; recruits and recommends members for the Partnership; conducts community outreach activities; develops and implements education and outreach opportunities to educate the community about the Partnership and its activities.

Housing Committee

Provides recommendations to the City of Miami regarding funding allocations; develops an action plan for inclusion in the City of Miami's Consolidated Plan; evaluates the effectiveness of the local Housing Opportunities for People With AIDS (HOPWA) program; coordinates planning efforts to address housing and housing-related services for people living with HIV/AIDS.

Strategic Planning Committee

Guides and evaluates implementation of the Comprehensive Plan for HIV/AIDS; develops periodic progress reports to the community and Partnership describing the local state of the epidemic; develops recommendations on legislative and regulatory issues regarding funding, policies and rule changes related to HIV/AIDS and Ryan White Program reauthorization.

Care and Treatment Committee

Conducts an annual needs assessment; sets service priorities for Ryan White Part A funds; plans for and allocates funds to provide services to people living with HIV/AIDS; improves planning and coordination of services; provides a forum for public opinion; monitors and evaluates the effectiveness of the Ryan White Program in Miami-Dade County.

Medical Care Subcommittee

A subcommittee of the Care and Treatment Committee

Reviews data and makes recommendations for the Ryan White Part A Prescription Drug Formulary; addresses issues of quality of care by providers; recommends treatment guidelines and standards of care for Partnership programs in Miami-Dade County.

Oral Health Care Subcommittee

A subcommittee of the Care and Treatment Committee

Reviews data and makes recommendations for the Ryan White Part A Dental Formulary; addresses issues of quality of care by providers; recommends oral health care treatment guidelines and standards of care for Partnership programs in Miami-Dade County.

Please keep this page for your records.

Membership on the Miami-Dade HIV/AIDS Partnership and its committees is open to people living with HIV or AIDS and other individuals. Committee members are expected to participate in and prepare for monthly meetings, treat other committee members with respect and courtesy, and put aside special interests and personal perspectives in order to assist with recommendations and decisions for the good of the HIV/AIDS community as a whole.

The Partnership is funded through the Ryan White HIV/AIDS Treatment Modernization Act of 2006. The purpose of the Act is to establish services and improve the availability of care for individuals and families with HIV/AIDS who would otherwise have no access to health care. The Partnership maintains at all times a fair and open nominations process. Membership is based on availability of positions.

Applicants are encouraged to attend a committee meeting before completing the attached application. Within three months of appointment, members are required to complete the Miami-Dade HIV/AIDS Partnership New Member Orientation and Training and the Miami-Dade Commission on Ethics and Public Trust Mandatory Ethics Training.

Applicants must be permanent residents and registered voters of Miami-Dade County and must not be serving on any other board, agency or advisory board created by or funded by the Miami-Dade Board of County Commission.

Questions? Call Partnership Staff Support at (305) 445-1076 for assistance.

Contact and Demographic Information

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First Name: _____ Last Name: _____ Middle Initial: _____

Home Address: _____ Home Phone: _____

City, State, Zip Code: _____ Cell Phone: _____

Employer (if applicable): _____ Occupation/Title: _____

Business Address: _____ Business Phone: _____

City, State, Zip Code: _____ Fax: _____

Home Email: _____ Business Email: _____

▶ Where may we contact you confidentially? Home Cell Email Work Other: _____

▶ Gender: Male Female

▶ Race/Ethnicity: White/Non-Hispanic Black/Non-Hispanic Hispanic Asian/Pacific Islander
 American Indian/Alaska Native Other (specify) _____

▶ Are you an officer, employee, representative or consultant to any Ryan White Part A Program funded provider? Yes No

▶ On which committee(s) would you like to serve? (See cover page for an explanation of committee responsibilities)

Community Coalition Committee Housing Committee Strategic Planning Committee

Care and Treatment Committee Medical Care Subcommittee Oral Health Care Subcommittee

▶ If you are applying as a Person Living with HIV/AIDS (PLWHA), you must complete the Purpose of the Disclosure of Personal Health Information on Page 2 of this application.

NOTE → The identity of any applicant who has disclosed his or her HIV status will not be released without prior written consent.

NOTE → Notwithstanding the requirements of Sections 119.07 and 381.004 of the Florida Statutes, information about your HIV status may be released upon receipt of the executed *Disclosure of Personal Health Information Authorization* - see Page 2 of this application.

Disclosure of Personal Health Information Authorization

I, (*print your full name*) _____, understand that if I wish to be considered for membership as a Person Living with HIV/AIDS (PLWHA) it is necessary to identify my HIV status. By signing this authorization, I willingly disclose my status.

**THIS AUTHORIZATION SHALL BECOME VALID IMMEDIATELY AND
SHALL REMAIN IN EFFECT UNTIL REVOKED.**

Please check "Yes" *or* "No" for each of the following statements:

- ▶ Yes No I am HIV positive.
▶ Yes No I am a recipient of Ryan White Part A services.

If I choose not to disclose my HIV status, I understand that I will be considered for membership in other membership categories, provided there is an open seat and I meet the qualifications for that seat.

I understand that this information will become public record and *may* be discussed in open, public meetings. The Florida Government in the Sunshine Law requires open discussion in a public forum. In addition, I further understand that by signing this release, I waive any exemptions of the information concerning my HIV status pursuant to Chapter 119.07 of the Florida Statutes. My status will be released to anyone who requests a copy of this document.

I further understand that I may revoke this authorization to disclose my HIV status, in writing, prior to my application being considered at the next Community Coalition Committee meeting. However, I understand that the information may have already been disclosed on the basis of this authorization.

I authorize the release and exchange of information about my HIV status among and between the Miami-Dade County Office of Grants Coordination, the Office of the Mayor of Miami-Dade County, the Miami-Dade County Office of the Inspector General, the Miami-Dade HIV/AIDS Partnership, the United States Office of Inspector General, the United States Department of Health and Human Services, and Behavioral Science Research Corporation.

Signature

Date

CANCELLATION OF DISCLOSURE AUTHORIZATION

I wish to cancel this Disclosure of Personal Health Information Authorization. I understand that I am entitled to a copy of this canceled Authorization.

Signature

Date

Miami-Dade County Voter Registration Verification

Members of the Miami-Dade HIV/AIDS Partnership and its committees must be permanent residents and registered voters of Miami-Dade County. A copy of your Miami-Dade County Voter Identification Card must be included with your application.

COPY VOTER REGISTRATION HERE

Statement of Commitment

As a Partnership committee member I agree to:

- ▶ Complete the Miami-Dade Commission on Ethics and Public Trust Mandatory Ethics Training within 3 months of appointment.
- ▶ Complete the Miami-Dade HIV/AIDS Partnership New Member Orientation and Training within 3 months of appointment, including completion of the Partnership Code of Conduct.
- ▶ Abide by the Miami-Dade HIV/AIDS Partnership Bylaws and policies and procedures, including:
 - Attending the monthly meeting(s) of the committee(s) to which I am appointed from beginning to adjournment (approximately 2 hours).
 - Preparing for meetings by carefully reviewing all pre-distributed materials (approximately 1 hour).
 - Providing relevant information regarding HIV/AIDS service needs and priorities for planning and resource allocations.
- ▶ Treat committee members, staff and visitors with respect.
- ▶ Put aside special interests or personal perspectives and make recommendations for the good of the HIV/AIDS community as a whole.

I, (*print your full name*) _____, certify I have thoroughly read this application and will abide by the rules and regulations governing the Miami-Dade HIV/AIDS Partnership. I further certify that all the statements made in this application are true and correct.

Signature

Date (Application valid for 6 months from this date)

Please mail your completed application – including a current copy of your Miami-Dade County Voter ID Card – to Behavioral Science Research, Attn: Staff Support, 2121 Ponce de Leon Boulevard, Suite 250, Coral Gables, FL 33134; or send via fax to (305) 448-3325.

This application will go before the committee(s) to which you have applied. You are required to attend a meeting of that/those committee(s) to introduce yourself and state your interest in serving as a member. Upon recommendation from the committee, your membership will be accepted or denied.