



# WEST CENTRAL FLORIDA RYAN WHITE CARE COUNCIL

## Membership Application

Thank you for your interest in joining the Ryan White Care Council. The West Central Florida Care Council is a planning body of dedicated volunteers that are responsible for allocating Ryan White Funds to improve the lives of those infected and affected by HIV/AIDS. Typically, members serve a three year term.

The membership committee will score all applications. If there is more than one applicant for a specific seat, the applicant with the highest score will be selected. *Please pay attention to each question and make sure you answer all parts of a question. Also, please PRINT or TYPE your responses.* Members of the membership committee will also conduct an in-person interview with all applicants.

The application for Care Council membership is in two parts: A and B. All confidential information should be in **Part A only**. **Part B** needs to be completed only when applying for a voting seat on Care Council. If you are applying to be an associate member you do not have to complete Part B. You may request to answer the questions in Part B during your interview with members of the membership committee if you feel more comfortable answering the questions in person. The entire application should take approximately 40 minutes to complete.

To schedule an interview or if you have questions please contact The Health Councils at (727) 217-7070 ext. 26.

Please mail or fax the completed application to:

The Health Councils  
Attention: Nicole Brown  
9600 Koger Blvd., Suite 221  
St. Petersburg, FL 33702  
Fax # (727) 570-3033

**Part A**

**CONFIDENTIAL**

Please be aware that the Care Council is a public body. You will receive mail / email and phone calls from the members and the staff. Please identify how you prefer to receive phone calls, messages, mail or email at home or at work?

**Circle all that apply**

I prefer to receive phone calls and messages at	Home	Work
I prefer to receive mail at	Home	Work
I prefer to receive e-mail at	Home	Work

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Home E-mail: \_\_\_\_\_ Work E-mail: \_\_\_\_\_

The composition of the Care Council is required to reflect the demographics of the HIV/AIDS epidemic in the Eligible Metropolitan Area (EMA) and include representation from federally mandated categories.

**Your responses will be kept CONFIDENTIAL** and will be available only to the authorized members of the Care Council, Council support staff and Grantee.

**Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_ Transgender \_\_\_\_\_

**Age Group:** 13 - 19 \_\_\_\_\_ 20 - 44 \_\_\_\_\_ 45 + \_\_\_\_\_

**Ethnicity:**

Black (not-Hispanic) _____	Asian/Pacific Islander _____
Hispanic _____	American Indian/Alaskan Native _____
White (not-Hispanic) _____	Other Please specify: _____

If you are applying for a consumer seat on the Care Council answer questions 1 thru 4.

1. Are you a consumer receiving Ryan White Funded Services? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Are you a caregiver to a minor receiving Ryan White services? YES \_\_\_\_\_ NO \_\_\_\_\_
3. Are you a consumer who has been released from jail or prison in the last 3 years? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If yes, were you diagnosed with HIV at the time of your release? YES \_\_\_\_\_ NO \_\_\_\_\_
4. If you are a consumer, year of your HIV positive diagnosis \_\_\_\_\_

**CONFIDENTIAL**

**Category of Representation (check all that apply to you):**

- Individuals living with HIV disease or AIDS
- Affected communities; including populations hard-hit with HIV disease and historically underserved groups (people of color, migrant workers, women, homeless)
- Health care providers; including federally qualified health centers
- Community-based organizations and AIDS service organizations
- Social service providers
- Mental health providers
- Substance use/abuse providers
- Housing and homeless services providers
- HIV prevention service providers
- Public health agency in \_\_\_\_\_ county
- Hospital planning agencies or health care planning agencies
- HIV+ former prisoners and/or their representatives
- State Medicaid agency
- State agency administering the program under Part B
- Part C grantees
- Part D grantees or organizations serving youth, children and/or families living with HIV disease
- Grantees of other federal HIV programs such as AETC (*AIDS Education and Training Center*), Dental, SPNS (*Special Projects of National Significance*), and HOPWA (*Housing Opportunities for Persons with AIDS*)
- Non-elected community leaders

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

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

**Date of Application** \_\_\_\_\_

**RYAN WHITE CARE COUNCIL  
STATEMENT OF CONFIDENTIALITY  
CONFIDENTIALITY OF MEMBER INFORMATION**

The purpose of this Statement of Confidentiality is to emphasize that all information held in member records is confidential, with access governed by state and federal laws. Information that is confidential includes a member's address; medical, social and financial data; and services received. In addition, the fact that someone has had an HIV test is confidential, whether the result of that test is positive or negative. Data collection by interview, observations or review of documents should be conducted in setting that protects the client's confidential identity from unauthorized individuals. Member information will not be discussed outside the Care Council.

Section 384.29, Florida Statutes, addresses the need for special discretion in the handling of sexually transmissible disease information. Sexually transmissible diseases, by their nature, involve sensitive issues of privacy and all programs designed to deal with these diseases should afford privacy and confidentiality to the client.

Section 381.609, Florida Statutes, deals with confidentiality of HIV test results. There are penalties for violating this statute. These penalties range from disciplinary action by the agency to criminal charges.

I \_\_\_\_\_ understand and agree to abide by these confidentiality provisions.

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

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_



Applicant# \_\_\_\_\_

**3. Active member participation is vital to the work of the Care Council.** The Care Council typically requires one 2 ½ hour meeting per month. Additionally, much of the Council's work is accomplished by member participation in committees that require at least one additional two-hour meeting per month. There is also a one day retreat and a half day retreat for training once per year. These meetings are currently held in West Central Florida area. Please tell us about your ability to attend monthly meetings and your level of commitment.

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**4. Have you attended any West Central Florida Care Council Meetings in the last year?**

YES\_\_ NO\_\_

If yes, how many meetings you have attended? \_\_\_\_\_

**WEST CENTRAL FLORIDA RYAN WHITE CARE COUNCIL**

**CONFLICT OF INTEREST DISCLOSURE**

The West Central Florida Ryan White Care Council has members who are professionally or personally affiliated with organizations that have, or may request or receive, funds authorized under Title I and/or Title II of the Ryan White CARE Act. Because of the potential for conflict of interest, this disclosure form has been adopted by the West Central Florida Care Council and must be completed by all current members and candidates for membership on the Care Council.

**By my signature below, I certify that:**

- (1) I have read, understand and support Section V of the Bylaws (Page 6).
- (2) I and/or a family member am/are, or have/has been within the past 12 months, serve (d) in a staff, consultant, officer, volunteer, board member, or advisor capacity with the following organization(s) which has/have received, may seek or is/are eligible for funding under Title I or II of the Ryan White CARE Act of 1990.

Agency/Organization: \_\_\_\_\_

Title/Relationship: \_\_\_\_\_

Period of Affiliation: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Title/Relationship: \_\_\_\_\_

Period of Affiliation: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Title/Relationship: \_\_\_\_\_

Period of Affiliation: \_\_\_\_\_

- (3) I have disclosed any and all agencies/organizations (which has/have received, may seek, or is/are eligible for funding under Title I or II of the Ryan White CARE Act), which I and/or a family member(s) serve or have served within the past 12 months in a staff, consultant, officer, volunteer, board member, or advisor capacity.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CONFLICT OF INTEREST

A. From the law (Section 2602(b)(5)):

1. The Care Council may not be directly involved in the administration of a grant (under Section 2601(a) - Title I grants to eligible metropolitan areas). With respect to compliance with the preceding sentence, the Care Council may not designate (or otherwise be involved in the selection of) particular entities as recipients of any amounts provided in the grant.

2. An individual may serve on the Care Council only if the individual agrees that if the individual has a financial interest in an entity, if the individual is an employee of a public or private entity, or if the individual is a member of a public or private organization, and such entity or organization is seeking amounts from a grant under Section 2601(a), the individual will not, with respect to the purpose for which the entity seeks such amounts, participate (directly or in an advisory capacity) in the process of selecting entities to receive such amounts for such purpose.

B. All Care Council members must complete and sign, as part of the application process and prior to appointment to the Council, a Conflict of Interest Disclosure form. This form is explained in Appendix C and attached in Appendix D. This disclosure form certifies the Care Council member has read, understands and supports the conflict of interest objectives of these Bylaws and Operating Procedures. In addition, all Care Council members shall list all the organizations with which they and/or family members are currently, or have been within the past 12 months, in a staff, consultant, volunteer, officer, board member, or advisor capacity which has received, may seek, or is eligible for funding under Title I or Title II of the Ryan White CARE Act of 1990. In addition, clients of an organization which has received, may seek, or is eligible for Title I or Title II funding may optionally disclose any and all organizations of which they are a client.

C. The goal of the Conflict of Interest Disclosure is to reduce to the absolute minimum the potential for either actual or perceived conflicts of interests in deliberations, votes, or any other activities related to Care Council responsibilities. It also expresses to the greatest extent possible the willingness to leave the special interests of their particular agency behind during Council deliberations and agreement to act only on behalf of the broadly affected HIV community. Council members also agree to base all service priority recommendations and decisions on client needs or gaps in service on their best judgment using the approved Comprehensive Plan for a Continuum of Care and ongoing needs assessment process as the primary guides.

D. Any member not completing a conflict of interest statement within thirty (30) days of its receipt will be contacted once by the Care Council Chairperson, via certified mail. If a signed disclosure form is not provided within ten (10) days of receipt of said certified letter, the member shall be contacted to determine if there are extenuating circumstances which temporarily prevented them from returning a signed conflict of interest statement. If there are none, the member will be deemed in violation of Care Council Bylaws and Operating Procedures and their membership will be terminated. Upon termination, the Membership Committee will be notified of the vacancy.

E. To avoid potential conflicts of interest, no two members may represent (receive financial remuneration from or serve as an officer of) the same organization unless the Council and/or staff has determined that the inclusion of an individual who represents the same agency as an existing member is integral to the Care Council planning and decision-making process. If it is determined that two individuals from one agency will sit on the Care Council, they cannot both represent employee status or membership status (i.e., only one may be an employee and only one may be a board member).

A conflict of interest matrix will be developed by staff which will provide Care Council members with a list of members and their agency affiliations. Questions about conflicts of interest for any individual Council member can be raised during any meeting. If questions remain regarding a conflict following discussion, the Chairperson will ask for a Council vote as to whether the member in question will have voting privileges on the issue in question. Specific allegations of deliberate conflict of interest regarding any activities related to the Title I or Title II program will be reviewed by the SIOC, presented to the Care Council, and referred to the appropriate county department for resolution in accordance with current rules and regulations.

F. The Care Council may also not be directly involved in the administration of a grant under Section 2601(a). Therefore, the Care Council may not designate or be involved in the selection of particular entities as recipients of any amounts provided in the grant.