



Individual  
Information  
Exchange

Local  
Community  
Dialogues

Statewide  
Action Planning  
Group

# Wisconsin HIV Community Planning Network

*Application*

*Deadline*

*December 15, 2009*

[www.wihiv.wisc.edu/communityplanning](http://www.wihiv.wisc.edu/communityplanning)

## STATEWIDE ACTION PLANNING GROUP APPLICATION 2010

*Sign up for  
Individual Information  
Exchange and  
Local Community Dialogues  
online*

The Wisconsin HIV Community Planning Network assists the Wisconsin Division of Public Health (DPH) in developing, implementing and prioritizing HIV prevention and care and services in Wisconsin.

The Network provides multiple ways for individuals to participate:

- Individual Information Exchange — Electronic communication;
- Local Community Dialogues — In-person meetings held throughout the state; or
- **Statewide Action Planning Group — an advisory body selected through a competitive application process.**

The Statewide Action Planning Group consists of twenty-seven ambassadors who promote communication in all five regions of the state, participate in developing a joint HIV prevention and care services plan, and assist the Wisconsin AIDS/HIV Program in developing, implementing, and prioritizing the many HIV prevention and care services in Wisconsin. Members receive travel reimbursement and may be eligible for limited lost wage and childcare financial assistance.

**Statewide Action Planning Group may be right for the person who can:**

- actively participate in each of the five meetings, in various areas throughout the state;
- commit to a multi-year term as a Statewide Action Planning Group ambassador;
- participate in at least one existing local dialogue group such as an AIDS Task Force, social network group, consumer advisory board, etc; and,
- prepare for meetings by:
  - reading meeting announcements, agendas, and other materials before the meeting, and
  - completing homework tasks assigned to ambassadors.

**WISCONSIN HIV  
COMMUNITY PLANNING NETWORK  
2010 MEETING SCHEDULE**

**FEBRUARY 17-18**

**APRIL 22**

**JUNE 24**

**SEPTEMBER 16**

**NOVEMBER 18**

**MY HIV CONNECTIONS**

List the names of the HIV related groups in which you are currently participating. Describe your role or the way you assisted the groups you listed.

Group	Role
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**MY CONTACT INFORMATION**

PLEASE PRINT

Name \_\_\_\_\_  
Last, First M.I.

Best Phone ( ) \_\_\_\_\_

Other Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

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

County \_\_\_\_\_ Zip Code \_\_\_\_\_

**ABOUT ME** Check all boxes that describe you.

- African American
- American Indian or Alaskan Native
- Asian
- Caucasian
- Hawaiian or Pacific Islander
- Hispanic (Latino/Latina)

- Less than age 18 are not eligible.
- 18—24 years old
  - 25—44 years old
  - 45—64 years old
  - 65 years or older

- History of:
- IDU - (Injection Drug Use)
  - MSM/IDU - (Man who has sex with men and Injection Drug Use)

- Bisexual
- Gay/MSM
- Heterosexual
- High Risk Heterosexual- (Partner is HIV+, MSM or IDU)
- Lesbian
- Choose not to disclose

- Female
- Male
- Transgender (MTF)
- Transgender (FTM)

**MY REFERENCES**

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Relationship \_\_\_\_\_





**Individual Information Exchange**      **Local Community Dialogues**      **Statewide Action Planning Group**

Wisconsin  
HIV Community Planning  
*Network*

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**APPLY FOR**  
**STATEWIDE ACTION PLANNING GROUP**  
**MEMBERSHIP**  
**BY**  
**DECEMBER 15, 2009**

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**Selection Process:** Individual Information Exchange and Local Community Dialogues are open to all. Sign up online.

**Statewide Action Planning Group:** Written applications are accepted by mail or confidential fax only.

A committee will review applications and select a group of individuals representing diverse populations, ages, backgrounds, life experiences, knowledge and expertise.

Notices of selection will be mailed at the end of January 2010.

**MAIL TO:**

Lynn Tarnoff  
Wisconsin Division of Public Health  
1 West Wilson Street, Room 318  
Madison, WI 53703

**OR**

**CONFIDENTIAL FAX:**

**608/266-1288**