



County Executive Office  
Memorandum

J53A

December 12, 2007

To: Chris Norby, Chairman  
From: Thomas G. Mauk, County Executive Officer  
Subject: Exception to the Rule 21

07-11-11 11:11:11

The County Executive Office is requesting a supplemental for the December 18, 2007 Board Hearing Meeting.

Agency: Health Care Agency  
Subject: HIV Planning Council Reappointments  
District All

**Recommended Action:** Approve the following recommended reappointments to the Orange County HIV Planning Council for the term ending December 31, 2009: Clayton Chau, M.D. (Santa Ana); Mitch Cherness (Santa Ana); Donna Fleming (Santa Ana); Linda Foster (Santa Ana); Kelly Gomez (Anaheim); David Guzman (Santa Ana); Josie Lopez (Garden Grove); John Lam Nguyen (Garden Grove); Christopher Ried, M.D. (Santa Ana); Martin Salas (Irvine); Jeremiah G. Tilles, M.D. (Irvine).

**Reason for supplemental:** To ensure an Advisory Board is in place by term end on 12/31/07

Concur:

  
Chris Norby, Chairman Board of Supervisors

cc: Members, Board of Supervisors  
Rob Richardson, Assistant to the County Executive Officer

**SUPPLEMENTAL AGENDA ITEM  
AGENDA STAFF REPORT**

*SSBA*



ASR Control

MEETING DATE: 12/18/07  
 LEGAL ENTITY TAKING ACTION: Board of Supervisors  
 BOARD OF SUPERVISORS DISTRICT(S): All Districts  
 SUBMITTING AGENCY/DEPARTMENT: Health Care Agency  
 DEPARTMENT CONTACT PERSON(S): Donna Fleming, (714) 834-2980

*4th District  
Cay*

**SUBJECT:** HIV Planning Council Reappointments

CEO CONCUR <i>OK - SP</i>	COUNTY COUNSEL REVIEW N/A	CLERK OF THE BOARD Consent Calendar 3 Votes Board Majority
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**Budgeted:** N/A                      **Current Year Cost:** N/A                      **Annual Cost:** N/A  
**Staffing Impact:** No                      **# of Positions:**                      **Sole Source:** N/A  
**Current Fiscal Year Revenue:** N/A  
**Funding Source:** N/A

**Prior Board Action:** N/A

**RECOMMENDED ACTION(S)**

Approve the following recommended reappointments to the Orange County HIV Planning Council for the term ending December 31, 2009: Clayton Chau, M.D. (Santa Ana); Mitch Cherness (Santa Ana); Donna Fleming (Santa Ana); Linda Foster (Santa Ana); Kelly Gomez (Anaheim); David Guzman (Santa Ana); Josie Lopez (Garden Grove); John Lam Nguyen (Garden Grove); Christopher Ried, M.D. (Santa Ana); Martin Salas (Irvine); Jeremiah G. Tilles, M.D. (Irvine).

**SUMMARY:**

The Health Care Agency requests approval of the reappointment of eleven members to the Orange County HIV Planning Council.

**BACKGROUND INFORMATION:**

The purpose of the Orange County HIV Planning Council is to provide recommendations to the Health Officer and to serve as the HIV Health Services Planning Council and the HIVCARE Consortium as mandated by the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (formerly, the Ryan White CARE Act). In addition, the HIV Planning Council develops recommendations regarding Housing Opportunities for Persons Living with AIDS (HOPWA) funds that are contracted with the County through the City of Santa Ana.

The HIV Planning Council (Council) approved these recommended reappointments in consideration of specific mandated membership requirements by the Ryan White HIV/AIDS Treatment Modernization Act, the Council's bylaws and the needs of the Council. Summarized below are the reasons why each member has been recommended to the Board of Supervisors for reappointment.

Clayton Chau, M.D., Ph.D., is the Associate Medical Director of Behavioral Health within the Orange County Health Care Agency and serves as a Community Psychiatrist in Alcohol and Drug Abuse Services and Adult Outpatient Mental Health Services. He has been a member of the Council since 2002 and fulfills the mandated membership category of Mental Health Provider.

Mitch Cherness has been involved with the Council for the past eleven years. Mr. Cherness is the Service Chief II for Alcohol and Drug Abuse Services for the Orange County Health Care Agency and fulfills the mandated membership category of Substance Abuse Provider.

Donna Fleming, MSW, DPA, is the Chief of Public Health Operations for the Orange County Health Care Agency. Dr. Fleming has worked in HIV/AIDS services as a direct service provider and as a Grantee representative for the Ryan White Program. She has been involved with the Council for two years and fulfills the mandated membership category of Local Public Health Agency.

Linda Foster has served on the Council since 1998. Ms. Foster is employed by the City of Santa Ana as coordinator for both the Housing Authority and the HOPWA program. She fulfills the mandated membership category of Other Federal HIV Programs, including HOPWA.

Kelly Gomez has served on the Council since 2004. Ms. Gomez is the chair of the Council's HIV Client Advocacy Committee. She has also volunteered at HIV/AIDS related service organizations for many years and represents the perspective of an Unaligned Consumer, as required by the Act.

David Guzman has been actively involved with the Council for the past three years. Mr. Guzman has experience working with Latino communities affected by HIV/AIDS, was formerly employed by a community-based service provider and is now employed by Orange County Health Care Agency Behavioral Health Services. He serves as a general community member.

Josie Lopez has been a member of the Council since 1999 and also volunteers as an HIV testing counselor at The Center Orange County. Ms. Lopez represents the perspective of an Unaligned Consumer, as required by the Act.

John Lam Nguyen has been actively involved with the Council for the past three years. He works for the California State University, Long Beach Center for Behavioral Research and Services doing academic research on HIV prevention. Mr. Nguyen serves as a general community member.

Christopher Ried, M.D., is the Medical Director of the HIV/STD Program for the Orange County Health Care Agency. Dr. Ried has been serving on the Council since 2003 and fulfills the mandated membership category of Health Care Providers, including Federally Qualified Health Centers.

Martin Salas is the Director of Health Education and Prevention Services at ASF (AIDS Services Foundation). Mr. Salas is the co-chair of the Council's HIV Prevention Planning Committee. He has been a member of the Council since 1999 and serves as a general community member.

Jeremiah G. Tilles, M.D., is the Director of the AIDS Education and Training Center and the Associate Dean of Medicine at the University of California, Irvine. Dr. Tilles has been serving on the Council since

2001 and fulfills the mandated membership category of Hospital Planning Agency or Health Care Planning Agency.

The Health Care Agency requests that your Board approve the reappointments to the Orange County HIV Planning Council as referenced in the Recommended Actions.

**FINANCIAL IMPACT:**

N/A

**STAFFING IMPACT:**

N/A

**ATTACHMENT(S):**

- A- Clayton Chau, M.D. Nomination Form
- B- Clayton Chau, M.D. Application
- C- Mitch Cherness Nomination Form
- D- Mitch Cherness Application
- E- Donna Fleming Nomination Form
- F- Donna Fleming Application
- G- Linda Foster Nomination Form
- H- Linda Foster Application
- I- Kelly Gomez Nomination Form
- J- Kelly Gomez Application
- K- David Guzman Nomination Form
- L- David Guzman Application
- M- Josie Lopez Nomination Form
- N- Josie Lopez Application
- O- John Lam Nguyen Nomination Form
- P- John Lam Nguyen Application
- Q- Christopher Ried, M.D. Nomination Form
- R- Christopher Ried, M.D. Application
- S- Martin Salas Nomination Form
- T- Martin Salas Application
- U- Jeremiah G. Tilles, M.D. Nomination Form
- V- Jeremiah G. Tilles, M.D. Application



ORANGE COUNTY BOARD OF SUPERVISORS

Nomination For Boards, Commissions & Committees

Agenda Date: 12/18/07

Item #

To: Members of the Orange County Board of Supervisors

cc: Clerk of the Board of Supervisors

From: Bradley Hutchins, Agency Advisory Board Coordinator, HCA Quality Management

It is my intent to appoint:

Name: Clayton Chau, MD, PhD

Address:

City & Zip:

Day Phone:

Fax Number:

E-mail address:

To the: HIV Planning Council (Name of Board, Committee or Commission)

Position Slot, if applicable: Regular Position

Name of incumbent being replaced: Reappointment

Term: Years 2 From 1/01/08 to 12/31/09

Vacancy created by: [ ] Newly Formed Committee [ ] Resignation [x] Expiration of Term [ ] Other

Qualifications: [x] Attached [ ] Not Required

Remarks:

Clerk's Initials: For Clerk of the Board Use Only File I.D. Needs a COI [ ]

Contact Name Supporting Agency [ ] Mail or [ ] Pony

Complete: [ ] Term: Years [ ] Term Dates: to

Check one: [ ] Scheduled Vacancy [ ] Unscheduled Vacancy Posted on to Certification of posting attached.



**ORANGE COUNTY HIV PLANNING COUNCIL**  
**APPLICATION FOR MEMBERSHIP (Please Type or Print)**

This application is for:

- Council Membership and Council Committee Membership  
 OR  
 Council Committee Membership Only

Which committee(s) are you applying for:

- Client Advocacy (HCAC)     Housing     Membership     Prevention Planning (PPC)  
 Priority Setting, Allocations, and Planning (PSAP)

**Contact Information**

Applicant's Name: Clayton Chau, MD, PhD

Date: 09/18/07

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

What is your preferred contact phone number?

May we leave a message at the above contact phone number?     Yes     No

May we fax HIV/AIDS-related materials to the above fax number?     Yes     No

May we email HIV/AIDS-related materials to the above email address?     Yes     No

**CITY OF RESIDENCE (Check one)**

- North County (Anaheim, Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Orange, Placentia, Villa Park, or Yorba Linda)  
 Central County (Costa Mesa, Fountain Valley, Garden Grove, Huntington Beach, Irvine, Los Alamitos, Newport Beach, Santa Ana, Seal Beach, Stanton, Tustin, or Westminster)  
 South County (Aliso Viejo, Dana Point, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest/El Toro, Mission Viejo, Rancho Santa Margarita, San Clemente, San Juan Capistrano, or Trabuco Canyon)

**PLEASE SELECT ALL MANDATED CATEGORIES YOU ARE QUALIFIED AND WILLING TO REPRESENT**

- Health Care Providers, including Federally Qualified Health Centers  
 Community Based Organizations (CBOs) serving affected populations/AIDS Service Organization  
 Social Service Provider, including housing and homeless service provider  
 Mental Health Provider  
 Substance Abuse Provider  
 Local Public Health Agency  
 Hospital planning agency or health care planning agency  
 Affected communities, including PLWH/A and historically underserved subpopulations  
 Non-elected community leader  
 State Medicaid Agency  
 State Part B (formerly Title II) Agency  
 Part C (formerly Title III) Agency  
 Representative of an organization addressing the needs of children, youth, and families with HIV  
 Other Federal HIV Programs, including HIV Prevention programs  
 Representative of/ or PLWH/A who were formerly Federal, State or local prisoners that were released from custody the preceding three years and had HIV disease as of the date of release  
 PLWH/A co-infected with Hepatitis B or C (you must sign a Protected Health Information disclosure on pages 5 & 6)

Please describe below how you qualify for the category/ies marked:

I work as a psychiatrist for the HCA, Behavioral Health.  
I also represents the API communities

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

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**AFFIRMATION OF MEMBERSHIP COMMITMENT**

I commit to:

- Participate in all Council/committee meetings from beginning to adjournment.
- Prepare for each meeting by carefully reading all pre-distributed materials.
- Provide information regarding needs and priorities.
- Make recommendations *considering the community as a whole rather than just special interests or personal perspectives.*
- Disclose any conflicts of interest I may have relative to issues that come before the Council or committees.
- Follow the Rules of Respectful Engagement.
- Serve on at least one of the Council's committees.\*

\* Council members are expected to serve on at least one of the Council's committees.

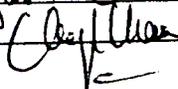
**I commit to participate according to the current meeting schedule.** I have considered my personal and professional commitments/obligations and do not foresee them as a barrier to my full participation on the Orange County HIV Planning Council.

***I certify that all statements and representations made in this application are true and correct. Misrepresentation shall be a basis for revocation of my application/membership. I acknowledge that the information provided, aside from personal contact information, cannot be kept confidential and may be discussed publicly or otherwise become part of a public record.***

Print Name:

Clayton Chau, MD, PhD

Signature:



Date:

09/19/07

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

**ADDITIONAL INFORMATION**

If employed, who is your current employer?

Does not apply

Type of Business/Agency HCA

Job Title Psychiatrist

Is your current employment HIV/AIDS related?  Yes  No

Briefly describe your responsibilities.

Provide training for HCA and community at large  
Provide direct services to people with mental illnesses

Describe your community involvement. Please identify the organizations or agencies you have served and your participation or membership. Include your activities, responsibilities, accomplishments, and any boards/commissions on which you have served.

I have been on the Council since 2002.

I have also been involved with various community organizations such as APZ BCC, NAMI, etc. I am also a volunteer for ASF Program Planning Committee.

In 150 words or less, explain why you wish to serve on the Orange County HIV Planning Council or one of its committees. You may attach a separate sheet, if necessary. Please indicate if attaching an additional sheet.

I hope to represent the underrepresented APZ community. I hope to bring the issues to the fore front in terms of presentation to the APZ community regarding testing and risk behaviors.

**PERSONAL PROFILE**

Gender Identity:  Male  Female  Transgender: Male-to-Female  Other  Transgender: Female-to-Male

Cultural/Ethnic Identity:

African-American  Asian (specify): Thai, Vietnamese, Chinese  
 Latino/a (specify): \_\_\_\_\_  Native American (specify Tribe/Nation: \_\_\_\_\_)  
 Pacific Islander (specify): \_\_\_\_\_  White/Caucasian  
 Decline to State  Other (specify): \_\_\_\_\_

Please identify up to three principal areas of interest or expertise which you can contribute to the Council, entering 1, 2, or 3 (with '1' being the highest):

_____ Gay/Bisexual Men's HIV Health Needs	<u>3</u> Substance Use/Abuse Services
_____ Women's HIV Health Needs	<u>1</u> Mental Health Services
_____ Pediatric/Adolescent HIV Health Needs	<u>2</u> Health Planning
_____ Injecting Drug Users' Health Needs	_____ General Public Health
_____ Other (specify): _____	

ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP

ORANGE COUNTY HIV PLANNING COUNCIL  
CONFLICT OF INTEREST DISCLOSURE REPORT FORM

The Orange County HIV Planning Council has members who are professionally or personally affiliated with organizations (listed below) that receive funds or may be eligible to receive funds that are allocated by the Council. Because of the potential for conflict of interest, current members and candidates for membership on the HIV Planning Council and its committees must complete this Disclosure Form. The following agencies currently receive funds allocated by the Council:

HCA/County funded HIV Service Providers
AIDS Services Foundation
Delhi Community Services Center
Orange County Health Care Agency
Public Law Center
Straight Talk (including Gerry House, START House)
Laguna Beach Community Clinic
Shanti, Orange County
The Center, Orange County

Please complete either section (A), or section (B) below, as appropriate, and sign/date:

SECTION A

By my signatures below, I certify that:

I, my spouse or significant other, and/or dependent family member(s) have not served within the past 12 months as staff, consultant, officer, or board member for any organization which has received or is seeking funding from Ryan White or HOPWA funds.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print or Type Name: \_\_\_\_\_

SECTION B

By my signature below, I certify that:

I, my spouse or significant other, and/or dependent family member(s) have served within the past 12 months as staff, consultant, officer, or board member for the following organization(s) receiving or seeking funding from Ryan White or HOPWA funds.

Organization: ASF  
Period of Affiliation: 2006 - present  
Title/Relationship: volunteer, Program Planning Committee

(Please attach additional pages as necessary)

Signature: [Signature] Date: 09/19/07  
Print or Type Name: Clayton Chau, MD, PhD

ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP

**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**

There are two categories for which a disclosure of health information is required. The information below describes the required disclosure of HIV status and/or disclosure as a PLWH/A co-infected with Hepatitis B or C.

**THESE AUTHORIZATIONS SHALL BECOME VALID IMMEDIATELY AND SHALL REMAIN IN EFFECT UNTIL REVOKED. REVOCATION CANNOT BE RETROACTIVE AND WILL ONLY IMPACT AUTHORIZATION OF DISCLOSURES AFTER THE DATE OF REVOCATION. DISCLOSURES ALREADY MADE, INCLUDING INCLUSION OF THIS INFORMATION IN PUBLIC RECORDS CANNOT BE REMOVED.**

**PURPOSE OF DISCLOSURE OF HIV STATUS:** Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV status. However, the Council is required to assure that at least 33% of its membership is composed of "unaligned consumers". These individuals must meet the following criteria:

1. Not be employed by, a board member of, or a paid consultant of a Ryan White or HOPWA-funded provider.
2. Be HIV-positive and receiving HIV-related services from a Ryan White or HOPWA-funded provider.

**In order to be considered for membership as an "unaligned consumer" or an "affiliate," a person's HIV status must be publicly disclosed.** If you are not applying as an unaligned consumer you **DO NOT** need to disclose your HIV status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings.

If you choose not to disclose your HIV status, you will still be considered for membership on the Orange County HIV Planning Council in other (non-consumer) membership categories, provided there is an open seat.

**AUTHORIZATION TO DISCLOSE HIV STATUS:**

I, the undersigned, hereby **voluntarily** acknowledge that I am HIV-infected and authorize the public **DISCLOSURE** of my HIV serostatus to the Orange County HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

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

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

**PURPOSE OF DISCLOSURE HEPATITIS B OR C STATUS:** Another membership category is a PLWH/A co-infected with Hepatitis B or C. Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV/Hepatitis B or C status. However, the Council is required to assure that at least one member fits the mandated category entitled PLWH/A co-infected with Hepatitis B or C.

**In order to be considered for membership as a PLWH/A co-infected with Hepatitis B or C, a person's HIV and Hepatitis B or C status must be disclosed.** If you are not applying as a PLWH/A co-infected with Hepatitis B or C you **DO NOT** need to disclose your HIV or Hepatitis B or C status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV and Hepatitis B or C status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings.

If you choose not to disclose your HIV or Hepatitis B or C status, you will still be considered for membership on the Orange County HIV Planning Council in other membership categories, provided there is an open seat.

**AUTHORIZATION TO DISCLOSE HIV AND HEPATITIS B OR C STATUS:**

I, the undersigned, hereby voluntarily acknowledge that I am a PLWH/A co-infected with Hepatitis B or C and authorize the public DISCLOSURE of my HIV and Hepatitis B or C status to Orange County HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



ORANGE COUNTY BOARD OF SUPERVISORS

Nomination For Boards, Commissions & Committees

Agenda Date: 12/18/07

Item #

To: Members of the Orange County Board of Supervisors

cc: Clerk of the Board of Supervisors

From: Bradley Hutchins, Agency Advisory Board Coordinator, HCA Quality Management

It is my intent to appoint:

Name: Mitch Cherness

Address:

City & Zip:

Day Phone:

Fax Number:

E-mail address:

To the: HIV Planning Council (Name of Board, Committee or Commission)

Position Slot, if applicable: Regular Position

Name of incumbent being replaced: Reappointment

Term: Years 2 From 1/01/08 to 12/31/09

Vacancy created by: [ ] Newly Formed Committee [ ] Resignation [x] Expiration of Term [ ] Other

Qualifications: [x] Attached [ ] Not Required

Remarks:

Clerk's Initials: For Clerk of the Board Use Only File I.D. Needs a COI [ ]

Contact Name Supporting Agency [ ] Mail or [ ] Pony

Complete: [ ] Term: Years [ ] Term Dates: to

Check one: [ ] Scheduled Vacancy [ ] Unscheduled Vacancy Posted on to Certification of posting attached.



**ORANGE COUNTY HIV PLANNING COUNCIL**  
**APPLICATION FOR MEMBERSHIP (Please Type or Print)**

This application is for:

Council Membership and Council Committee Membership  
 OR

Council Committee Membership Only

Which committee(s) are you applying for:

Client Advocacy (HCAC)     Housing     Membership     Prevention Planning (PPC)  
 Priority Setting, Allocations, and Planning (PSAP)

**Contact Information**

Applicant's Name: Mitch Cherness \_\_\_\_\_

Date: 9-17-07 \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

What is your preferred contact phone number? \_\_\_\_\_

May we leave a message at the above contact phone number?     Yes     No  
 May we fax HIV/AIDS-related materials to the above fax number?     Yes     No  
 May we email HIV/AIDS-related materials to the above email address?     Yes     No

**CITY OF RESIDENCE (Check one)**

- North County (Anaheim, Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Orange, Placentia, Villa Park, or Yorba Linda)
- Central County (Costa Mesa, Fountain Valley, Garden Grove, Huntington Beach, Irvine, Los Alamitos, Newport Beach, Santa Ana, Seal Beach, Stanton, Tustin, or Westminster)
- South County (Aliso Viejo, Dana Point, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest/El Toro, Mission Viejo, Rancho Santa Margarita, San Clemente, San Juan Capistrano, or Trabuco Canyon)

**PLEASE SELECT ALL MANDATED CATEGORIES YOU ARE QUALIFIED AND WILLING TO REPRESENT**

- Health Care Providers, including Federally Qualified Health Centers
- Community Based Organizations (CBOs) serving affected populations/AIDS Service Organization
- Social Service Provider, including housing and homeless service provider
- Mental Health Provider
- Substance Abuse Provider
- Local Public Health Agency
- Hospital planning agency or health care planning agency
- Affected communities, including PLWH/A and historically underserved subpopulations
- Non-elected community leader
- State Medicaid Agency
- State Part B (formerly Title II) Agency
- Part C (formerly Title III) Agency
- Representative of an organization addressing the needs of children, youth, and families with HIV
- Other Federal HIV Programs, including HIV Prevention programs
- Representative of/ or PLWH/A who were formerly Federal, State or local prisoners that were released from custody the preceding three years and had HIV disease as of the date of release
- PLWH/A co-infected with Hepatitis B or C (you must sign a Protected Health Information disclosure on pages 5 & 6)

Please describe below how you qualify for the category/ies marked:

I'm manage the County's methadone clinic, working with dually diagnosed opiate dependent clients, many who are homeless and have chronic illnesses such as HIV and HCV

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

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**AFFIRMATION OF MEMBERSHIP COMMITMENT**

I commit to:

- Participate in all Council/committee meetings from beginning to adjournment.
- Prepare for each meeting by carefully reading all pre-distributed materials.
- Provide information regarding needs and priorities.
- Make recommendations *considering the community as a whole rather than just special interests or personal perspectives.*
- Disclose any conflicts of interest I may have relative to issues that come before the Council or committees.
- Follow the Rules of Respectful Engagement.
- Serve on at least one of the Council's committees.\*

\* Council members are expected to serve on at least one of the Council's committees.

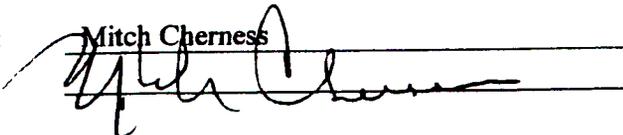
**I commit to participate according to the current meeting schedule. I have considered my personal and professional commitments/obligations and do not foresee them as a barrier to my full participation on the Orange County HIV Planning Council.**

***I certify that all statements and representations made in this application are true and correct. Misrepresentation shall be a basis for revocation of my application/membership. I acknowledge that the information provided, aside from personal contact information, cannot be kept confidential and may be discussed publicly or otherwise become part of a public record.***

Print Name:

Mitch Cherness

Signature:



Date:

9-17-07

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

**ADDITIONAL INFORMATION**

If employed, who is your current employer? County of Orange  Does not apply  
 Type of Business/Agency County Drug Treatment Program Job Title Service Chief II  
 Is your current employment HIV/AIDS related?  Yes  No  
 Briefly describe your responsibilities. Manage an opiate replacement clinic, using methadone. Clients are disabled, dually diagnosed, and many suffer from chronic illnesses such as HIV and HCV.

Describe your community involvement. Please identify the organizations or agencies you have served and your participation or membership. Include your activities, responsibilities, accomplishments, and any boards/commissions on which you have served.  
 Currently on the HIV Planning Council and renewing my application. I have been involved in HIV Planning since 1987. Staff support to Planning Council and its committees for over 11 years.

In 150 words or less, explain why you wish to serve on the Orange County HIV Planning Council or one of its committees. You may attach a separate sheet, if necessary. Please indicate if attaching an additional sheet.

My passion is working with the underserved population. HIV disease affects the underserved population. I feel I understand the needs of the HIV population. Participating on the council allows me to bring my history/experiences in HIV. I have always been a doer, not a sidelines person. I want to jump in make things happen, and yet I understand County process. I am a planner, an advocate, and a person affected by HIV.

**PERSONAL PROFILE**

**Gender Identity:**  Male  Female  Transgender: Male-to-Female  Other  
 Transgender: Female-to-Male

**Cultural/Ethnic Identity:**  
 African-American  Asian (specify): \_\_\_\_\_  
 Latino/a (specify): \_\_\_\_\_  Native American (specify Tribe/Nation: \_\_\_\_\_)  
 Pacific Islander (specify): \_\_\_\_\_  White/Caucasian  
 Decline to State  Other (specify): \_\_\_\_\_

Please identify up to three principal areas of interest or expertise which you can contribute to the Council, entering 1, 2, or 3 (with '1' being the highest):  
 \_\_\_\_\_ Gay/Bisexual Men's HIV Health Needs 1 Substance Use/Abuse Services



**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

**Print or Type Name:** \_\_\_\_\_

**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**

There are two categories for which a disclosure of health information is required. The information below describes the required disclosure of HIV status and/or disclosure as a PLWH/A co-infected with Hepatitis B or C.

**THESE AUTHORIZATIONS SHALL BECOME VALID IMMEDIATELY AND SHALL REMAIN IN EFFECT UNTIL REVOKED. REVOCATION CANNOT BE RETROACTIVE AND WILL ONLY IMPACT AUTHORIZATION OF DISCLOSURES AFTER THE DATE OF REVOCATION. DISCLOSURES ALREADY MADE, INCLUDING INCLUSION OF THIS INFORMATION IN PUBLIC RECORDS CANNOT BE REMOVED.**

**PURPOSE OF DISCLOSURE OF HIV STATUS:** Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV status. However, the Council is required to assure that at least 33% of its membership is composed of "unaligned consumers". These individuals must meet the following criteria:

1. Not be employed by, a board member of, or a paid consultant of a Ryan White or HOPWA-funded provider.
2. Be HIV-positive and receiving HIV-related services from a Ryan White or HOPWA-funded provider.

**In order to be considered for membership as an "unaligned consumer" or an "affiliate," a person's HIV status must be publicly disclosed.** If you are not applying as an unaligned consumer you **DO NOT** need to disclose your HIV status and you do not need to complete this form.

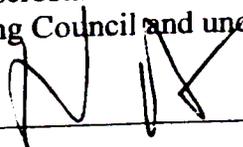
By signing this authorization, you are willingly disclosing your HIV status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings.

If you choose not to disclose your HIV status, you will still be considered for membership on the Orange County HIV Planning Council in other (non-consumer) membership categories, provided there is an open seat.

**AUTHORIZATION TO DISCLOSE HIV STATUS:**

I, the undersigned, hereby voluntarily acknowledge that I am HIV-infected and authorize the public DISCLOSURE of my HIV serostatus to the Orange County HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

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



**Date:** \_\_\_\_\_

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

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**PURPOSE OF DISCLOSURE HEPATITIS B OR C STATUS:** Another membership category is a PLWH/A co-infected with Hepatitis B or C. Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV/Hepatitis B or C status. However, the Council is required to assure that at least one member fits the mandated category entitled PLWH/A co-infected with Hepatitis B or C.

**In order to be considered for membership as a PLWH/A co-infected with Hepatitis B or C, a person's HIV and Hepatitis B or C status must be disclosed.** If you are not applying as a PLWH/A co-infected with Hepatitis B or C you **DO NOT** need to disclose your HIV or Hepatitis B or C status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV and Hepatitis B or C status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings.

If you choose not to disclose your HIV or Hepatitis B or C status, you will still be considered for membership on the Orange County HIV Planning Council in other membership categories, provided there is an open seat.

**AUTHORIZATION TO DISCLOSE HIV AND HEPATITIS B OR C STATUS:**

I, the undersigned, hereby voluntarily acknowledge that I am a PLWH/A co-infected with Hepatitis B or C and authorize the public DISCLOSURE of my HIV and Hepatitis B or C status to Orange County HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



ORANGE COUNTY BOARD OF SUPERVISORS

Nomination For Boards, Commissions & Committees

Agenda Date: 12/18/07

Item #

To: Members of the Orange County Board of Supervisors

cc: Clerk of the Board of Supervisors

From: Bradley Hutchins, Agency Advisory Board Coordinator, HCA Quality Management

It is my intent to appoint:

Name: Donna Fleming

Address:

City & Zip:

Day Phone:

Fax Number:

E-mail address:

To the: HIV Planning Council (Name of Board, Committee or Commission)

Position Slot, if applicable: Regular Position

Name of incumbent being replaced: Reappointment

Term: Years 2 From 1/01/08 to 12/31/09

Vacancy created by: [ ] Newly Formed Committee [ ] Resignation [x] Expiration of Term [ ] Other

Qualifications: [x] Attached [ ] Not Required

Remarks:

Clerk's Initials: For Clerk of the Board Use Only File I.D. Needs a COI [ ]

Contact Name Supporting Agency [ ] Mail or [ ] Pony

Complete: [ ] Term: Years [ ] Term Dates: to

Check one: [ ] Scheduled Vacancy [ ] Unscheduled Vacancy Posted on to Certification of posting attached.



ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (Please Type or Print)

This application is for:

[X] Council Membership and Council Committee Membership
OR

[ ] Council Committee Membership Only

Which committee(s) are you applying for:

- [ ] Client Advocacy (HCAC) [ ] Housing [ ] Membership [ ] Prevention Planning (PPC)
[ ] Priority Setting, Allocations, and Planning (PSAP) [X] Executive

Contact Information

Applicant's Name: Donna Fleming

Date: 9-23-07

Address:

Email:

Fax:

What is your preferred contact phone number?

May we leave a message at the above contact phone number?

May we fax HIV/AIDS-related materials to the above fax number?

May we email HIV/AIDS-related materials to the above email address?

- [X] Yes [ ] No
[X] Yes [ ] No
[X] Yes [ ] No

CITY OF RESIDENCE (Check one)

- [X] North County (Anaheim, Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Orange, Placentia, Villa Park, or Yorba Linda)
[ ] Central County (Costa Mesa, Fountain Valley, Garden Grove, Huntington Beach, Irvine, Los Alamitos, Newport Beach, Santa Ana, Seal Beach, Stanton, Tustin, or Westminster)
[ ] South County (Aliso Viejo, Dana Point, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest/El Toro, Mission Viejo, Rancho Santa Margarita, San Clemente, San Juan Capistrano, or Trabuco Canyon)

PLEASE SELECT ALL MANDATED CATEGORIES YOU ARE QUALIFIED AND WILLING TO REPRESENT

- [ ] Health Care Providers, including Federally Qualified Health Centers
[ ] Community Based Organizations (CBOs) serving affected populations/AIDS Service Organization
[ ] Social Service Provider, including housing and homeless service provider
[ ] Mental Health Provider
[ ] Substance Abuse Provider
[X] Local Public Health Agency
[ ] Hospital planning agency or health care planning agency
[ ] Affected communities, including PLWH/A and historically underserved subpopulations
[ ] Non-elected community leader
[ ] State Medicaid Agency
[ ] State Part B (formerly Title II) Agency
[ ] Part C (formerly Title III) Agency
[ ] Representative of an organization addressing the needs of children, youth, and families with HIV
[ ] Other Federal HIV Programs, including HIV Prevention programs
[ ] Representative of/ or PLWH/A who were formerly Federal, State or local prisoners that were released from custody the preceding three years and had HIV disease as of the date of release
[ ] PLWH/A co-infected with Hepatitis B or C (you must sign a Protected Health Information disclosure on pages 5 & 6)

Please describe below how you qualify for the category/ies marked:

Chief of P.H. Operations for OCHCA

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

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**AFFIRMATION OF MEMBERSHIP COMMITMENT**

I commit to:

- Participate in all Council/committee meetings from beginning to adjournment.
- Prepare for each meeting by carefully reading all pre-distributed materials.
- Provide information regarding needs and priorities.
- Make recommendations *considering the community as a whole rather than just special interests or personal perspectives.*
- Disclose any conflicts of interest I may have relative to issues that come before the Council or committees.
- Follow the Rules of Respectful Engagement.
- Serve on at least one of the Council's committees.\*

\* Council members are expected to serve on at least one of the Council's committees.

**I commit to participate according to the current meeting schedule.** I have considered my personal and professional commitments/obligations and do not foresee them as a barrier to my full participation on the Orange County HIV Planning Council.

***I certify that all statements and representations made in this application are true and correct. Misrepresentation shall be a basis for revocation of my application/membership. I acknowledge that the information provided, aside from personal contact information, cannot be kept confidential and may be discussed publicly or otherwise become part of a public record.***

Print Name:

Donna S. Fleming

Signature:



Date:

9-23-07

**ORANGE COUNTY HIV PLANNING COUNCIL**  
**APPLICATION FOR MEMBERSHIP**

**ADDITIONAL INFORMATION**

If employed, who is your current employer? OCHCA  Does not apply  
 Type of Business/Agency Public Health Agency Job Title Chief, Public Health Operations  
 Is your current employment HIV/AIDS related?  Yes  No

Briefly describe your responsibilities.

Oversee six divisions of public health services / programs for the County of Orange

Describe your community involvement. Please identify the organizations or agencies you have served and your participation or membership. Include your activities, responsibilities, accomplishments, and any boards/commissions on which you have served.

Praxis employee of AIDS Service Foundation O.C.; participate in AIDS Walk, previous program manager of HIV Planning and Coordination.

In 150 words or less, explain why you wish to serve on the Orange County HIV Planning Council or one of its committees. You may attach a separate sheet, if necessary. Please indicate if attaching an additional sheet.

I have volunteered or worked in the field and supported people with HIV since 1986. I wish to continue that support as a member of the HIV Planning Council.

**PERSONAL PROFILE**

Gender Identity:  Male  Female  Transgender: Male-to-Female  Other  
 Transgender: Female-to-Male

**Cultural/Ethnic Identity:**

African-American  Asian (specify): \_\_\_\_\_  
 Latino/a (specify): \_\_\_\_\_  Native American (specify Tribe/Nation: \_\_\_\_\_)  
 Pacific Islander (specify): \_\_\_\_\_  White/Caucasian  
 Decline to State  Other (specify): \_\_\_\_\_

Please identify up to three principal areas of interest or expertise which you can contribute to the Council, entering 1, 2, or 3 (with '1' being the highest):

_____ Gay/Bisexual Men's HIV Health Needs	_____ Substance Use/Abuse Services
_____ Women's HIV Health Needs	_____ Mental Health Services
_____ Pediatric/Adolescent HIV Health Needs	_____ Health Planning
_____ Injecting Drug Users' Health Needs	_____ <input checked="" type="checkbox"/> General Public Health
_____ Other (specify): _____	

**ORANGE COUNTY HIV PLANNING COUNCIL**  
APPLICATION FOR MEMBERSHIP

**ORANGE COUNTY HIV PLANNING COUNCIL**  
CONFLICT OF INTEREST DISCLOSURE REPORT FORM

The Orange County HIV Planning Council has members who are professionally or personally affiliated with organizations (listed below) that receive funds or may be eligible to receive funds that are allocated by the Council. Because of the potential for conflict of interest, current members and candidates for membership on the HIV Planning Council and its committees must complete this Disclosure Form. The following agencies currently receive funds allocated by the Council:

<b>HCA/County funded HIV Service Providers</b>
<b>AIDS Services Foundation</b>
<b>Delhi Community Services Center</b>
<b>Orange County Health Care Agency</b>
<b>Public Law Center</b>
<b>Straight Talk (including Gerry House, START House)</b>
<b>Laguna Beach Community Clinic</b>
<b>Shanti, Orange County</b>
<b>The Center, Orange County</b>

Please complete either section (A), or section (B) below, as appropriate, and sign/date:

**SECTION A**

*By my signatures below, I certify that:*

I, my spouse or significant other, and/or dependent family member(s) **have not served** within the past **12 months** as staff, consultant, officer, or board member for any organization which has received or is seeking funding from Ryan White or HOPWA funds.

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

Print or Type Name: \_\_\_\_\_

**SECTION B**

*By my signature below, I certify that:*

I, my spouse or significant other, and/or dependent family member(s) **have served** within the past **12 months** as staff, consultant, officer, or board member for the following organization(s) receiving or seeking funding from Ryan White or HOPWA funds.

Organization: Orange County Health Care Agency

Period of Affiliation: Feb 2005 to present

Title/Relationship: employee in Public Health

(Please attach additional pages as necessary)

Signature:  Date: 9-17-07

Print or Type Name: Donna S. Fleming



**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

**PURPOSE OF DISCLOSURE HEPATITIS B OR C STATUS:** Another membership category is a PLWH/A co-infected with Hepatitis B or C. Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV/Hepatitis B or C status. However, the Council is required to assure that at least one member fits the mandated category entitled PLWH/A co-infected with Hepatitis B or C.

**In order to be considered for membership as a PLWH/A co-infected with Hepatitis B or C, a person's HIV and Hepatitis B or C status must be disclosed.** If you are not applying as a PLWH/A co-infected with Hepatitis B or C you **DO NOT** need to disclose your HIV or Hepatitis B or C status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV and Hepatitis B or C status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings.

If you choose not to disclose your HIV or Hepatitis B or C status, you will still be considered for membership on the Orange County HIV Planning Council in other membership categories, provided there is an open seat.

**AUTHORIZATION TO DISCLOSE HIV AND HEPATITIS B OR C STATUS:**

I, the undersigned, hereby voluntarily acknowledge that I am a PLWH/A co-infected with Hepatitis B or C and authorize the public DISCLOSURE of my HIV and Hepatitis B or C status to Orange County HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

Signature: \_\_\_\_\_

N/A

Date: \_\_\_\_\_



ORANGE COUNTY  
BOARD OF SUPERVISORS

**Nomination For Boards, Commissions & Committees**

Agenda Date: 12/18/07

Item #

To: Members of the Orange County Board of Supervisors

cc: Clerk of the Board of Supervisors

From: Bradley Hutchins, Agency Advisory Board Coordinator, HCA Quality Management

*It is my intent to appoint:*

Name: Linda Foster

Address:

City & Zip:

Day Phone: Fax Number:

E-mail address: ..

To the: HIV Planning Council  
(Name of Board, Committee or Commission)

Position Slot, if applicable: Regular Position

Name of incumbent being replaced: Reappointment

Term: Years 2 From 1/01/08 to 12/31/09

Vacancy created by:  Newly Formed Committee  Expiration of Term  
 Resignation  Other \_\_\_\_\_

Qualifications:  Attached  Not Required

Remarks:

Clerk's Initials: \_\_\_\_\_ For Clerk of the Board Use Only  
File I.D. \_\_\_\_\_ Needs a COI

Contact Name \_\_\_\_\_ Supporting Agency \_\_\_\_\_  Mail or  Pony

Complete:  Term: \_\_\_\_\_ Years  Term Dates: \_\_\_\_\_ to \_\_\_\_\_

Check one:  Scheduled Vacancy  Unscheduled Vacancy  
Posted on \_\_\_\_\_ to \_\_\_\_\_  
Certification of posting attached.



ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (Please Type or Print)

This application is for:

[X] Council Membership and Council Committee Membership
OR

[ ] Council Committee Membership Only

Which committee(s) are you applying for:

- [ ] Client Advocacy (HCAC) [X] Housing [ ] Membership [ ] Prevention Planning (PPC)
[ ] Priority Setting, Allocations, and Planning (PSAP)

Contact Information

Applicant's Name: Linda L. Foster

Date: 9/20/07

Address:

Email:

Fax:

What is your preferred contact phone number?

- May we leave a message at the above contact phone number? [X] Yes [ ] No
May we fax HIV/AIDS-related materials to the above fax number? [X] Yes [ ] No
May we email HIV/AIDS-related materials to the above email address? [X] Yes [ ] No

CITY OF RESIDENCE (Check one)

- [ ] North County (Anaheim, Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Orange, Placentia, Villa Park, or Yorba Linda)
[ ] Central County (Costa Mesa, Fountain Valley, Garden Grove, Huntington Beach, Irvine, Los Alamitos, Newport Beach, Santa Ana, Seal Beach, Stanton, Tustin, or Westminster)
[ ] South County (Aliso Viejo, Dana Point, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest/El Toro, Mission Viejo, Rancho Santa Margarita, San Clemente, San Juan Capistrano, or Trabuco Canyon)

PLEASE SELECT ALL MANDATED CATEGORIES YOU ARE QUALIFIED AND WILLING TO REPRESENT

- [ ] Health Care Providers, including Federally Qualified Health Centers
[ ] Community Based Organizations (CBOs) serving affected populations/AIDS Service Organization
[X] Social Service Provider, including housing and homeless service provider
[ ] Mental Health Provider
[ ] Substance Abuse Provider
[ ] Local Public Health Agency
[ ] Hospital planning agency or health care planning agency
[ ] Affected communities, including PLWH/A and historically underserved subpopulations
[ ] Non-elected community leader
[ ] State Medicaid Agency
[ ] State Part B (formerly Title II) Agency
[ ] Part C (formerly Title III) Agency
[ ] Representative of an organization addressing the needs of children, youth, and families with HIV
[X] Other Federal HIV Programs, including HIV Prevention programs
[ ] Representative of/ or PLWH/A who were formerly Federal, State or local prisoners that were released from custody the preceding three years and had HIV disease as of the date of release
[ ] PLWH/A co-infected with Hepatitis B or C (you must sign a Protected Health Information disclosure on pages 5 & 6)

Please describe below how you qualify for the category/ies marked:

Employed by the City of Santa Ana as coordinator for both the Housing Authority and the HOPWA program

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

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**AFFIRMATION OF MEMBERSHIP COMMITMENT**

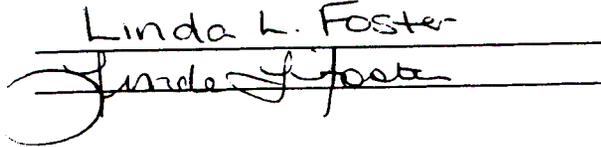
I commit to:

- Participate in all Council/committee meetings from beginning to adjournment.
- Prepare for each meeting by carefully reading all pre-distributed materials.
- Provide information regarding needs and priorities.
- Make recommendations *considering the community as a whole rather than just special interests or personal perspectives.*
- Disclose any conflicts of interest I may have relative to issues that come before the Council or committees.
- Follow the Rules of Respectful Engagement.
- Serve on at least one of the Council's committees.\*

\* Council members are expected to serve on at least one of the Council's committees.

**I commit to participate according to the current meeting schedule.** I have considered my personal and professional commitments/obligations and do not foresee them as a barrier to my full participation on the Orange County HIV Planning Council.

*I certify that all statements and representations made in this application are true and correct. Misrepresentation shall be a basis for revocation of my application/membership. I acknowledge that the information provided, aside from personal contact information, cannot be kept confidential and may be discussed publicly or otherwise become part of a public record.*

Print Name: Linda L. Foster  
Signature:  Date: 9/30/07

ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP

ADDITIONAL INFORMATION

If employed, who is your current employer? City of Santa Ana  Does not apply  
Type of Business/Agency Housing Job Title Housing Auth Coordinator  
Is your current employment HIV/AIDS related?  Yes  No HOPWA Coordinator

Briefly describe your responsibilities.  
Administer the federal Housing Opportunities for Persons With AIDS program funding for the County of Orange

Describe your community involvement. Please identify the organizations or agencies you have served and your participation or membership. Include your activities, responsibilities, accomplishments, and any boards/commissions on which you have served.  
Served on HIV Planning Council and Housing Committee since 1998  
Board member Community Housing Resources, Inc - a non-profit for the Regional Center

In 150 words or less, explain why you wish to serve on the Orange County HIV Planning Council or one of its committees. You may attach a separate sheet, if necessary. Please indicate if attaching an additional sheet.  
As a member of the Council I am able to gather first hand information regarding the needs of the HIV community.

PERSONAL PROFILE

Gender Identity:  Male  Female  Transgender: Male-to-Female  Transgender: Female-to-Male  Other

Cultural/Ethnic Identity:  
 African-American  Asian (specify): \_\_\_\_\_  
 Latino/a (specify): \_\_\_\_\_  Native American (specify Tribe/Nation: \_\_\_\_\_)  
 Pacific Islander (specify): \_\_\_\_\_  White/Caucasian  
 Decline to State  Other (specify): \_\_\_\_\_

Please identify up to three principal areas of interest or expertise which you can contribute to the Council, entering 1, 2, or 3 (with '1' being the highest):  
\_\_\_\_ Gay/Bisexual Men's HIV Health Needs \_\_\_\_\_ Substance Use/Abuse Services  
\_\_\_\_ Women's HIV Health Needs \_\_\_\_\_ Mental Health Services  
\_\_\_\_ Pediatric/Adolescent HIV Health Needs \_\_\_\_\_ Health Planning  
\_\_\_\_ Injecting Drug Users' Health Needs \_\_\_\_\_ General Public Health  
1 Other (specify): Housing

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

**ORANGE COUNTY HIV PLANNING COUNCIL  
CONFLICT OF INTEREST DISCLOSURE REPORT FORM**

The Orange County HIV Planning Council has members who are professionally or personally affiliated with organizations (listed below) that receive funds or may be eligible to receive funds that are allocated by the Council. Because of the potential for conflict of interest, current members and candidates for membership on the HIV Planning Council and its committees must complete this Disclosure Form. The following agencies currently receive funds allocated by the Council:

HCA/County funded HIV Service Providers
AIDS Services Foundation
Delhi Community Services Center
Orange County Health Care Agency
Public Law Center
Straight Talk (including Gerry House, START House)
Laguna Beach Community Clinic
Shanti, Orange County
The Center, Orange County

Please complete either section (A), or section (B) below, as appropriate, and sign/date:

**SECTION A**

*By my signatures below, I certify that:*  
 I, my spouse or significant other, and/or dependent family member(s) **have not served** within the past **12 months** as staff, consultant, officer, or board member for any organization which has received or is seeking funding from Ryan White or HOPWA funds.

Signature: Linda Foster Date: 9/30/07

Print or Type Name: Linda L. Foster

**SECTION B**

*By my signature below, I certify that:*  
 I, my spouse or significant other, and/or dependent family member(s) **have served** within the past **12 months** as staff, consultant, officer, or board member for the following organization(s) receiving or seeking funding from Ryan White or HOPWA funds.

Organization: \_\_\_\_\_

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

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

(Please attach additional pages as necessary)

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

Print or Type Name: \_\_\_\_\_

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**

There are two categories for which a disclosure of health information is required. The information below describes the required disclosure of HIV status and/or disclosure as a PLWH/A co-infected with Hepatitis B or C.

**THESE AUTHORIZATIONS SHALL BECOME VALID IMMEDIATELY AND SHALL REMAIN IN EFFECT UNTIL REVOKED. REVOCATION CANNOT BE RETROACTIVE AND WILL ONLY IMPACT AUTHORIZATION OF DISCLOSURES AFTER THE DATE OF REVOCATION. DISCLOSURES ALREADY MADE, INCLUDING INCLUSION OF THIS INFORMATION IN PUBLIC RECORDS CANNOT BE REMOVED.**

**PURPOSE OF DISCLOSURE OF HIV STATUS:** Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV status. However, the Council is required to assure that at least 33% of its membership is composed of "unaligned consumers". These individuals must meet the following criteria:

1. Not be employed by, a board member of, or a paid consultant of a Ryan White or HOPWA-funded provider.
2. Be HIV-positive and receiving HIV-related services from a Ryan White or HOPWA-funded provider.

**In order to be considered for membership as an "unaligned consumer" or an "affiliate," a person's HIV status must be publicly disclosed.** If you are not applying as an unaligned consumer you **DO NOT** need to disclose your HIV status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings.

If you choose not to disclose your HIV status, you will still be considered for membership on the Orange County HIV Planning Council in other (non-consumer) membership categories, provided there is an open seat.

**AUTHORIZATION TO DISCLOSE HIV STATUS:**

I, the undersigned, hereby voluntarily acknowledge that I am HIV-infected and authorize the public DISCLOSURE of my HIV serostatus to the Orange County HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

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

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

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**PURPOSE OF DISCLOSURE HEPATITIS B OR C STATUS:** Another membership category is a PLWH/A co-infected with Hepatitis B or C. Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV/Hepatitis B or C status. However, the Council is required to assure that at least one member fits the mandated category entitled PLWH/A co-infected with Hepatitis B or C.

**In order to be considered for membership as a PLWH/A co-infected with Hepatitis B or C, a person's HIV and Hepatitis B or C status must be disclosed.** If you are not applying as a PLWH/A co-infected with Hepatitis B or C you **DO NOT** need to disclose your HIV or Hepatitis B or C status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV and Hepatitis B or C status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings.

If you choose not to disclose your HIV or Hepatitis B or C status, you will still be considered for membership on the Orange County HIV Planning Council in other membership categories, provided there is an open seat.

**AUTHORIZATION TO DISCLOSE HIV AND HEPATITIS B OR C STATUS:**

I, the undersigned, hereby voluntarily acknowledge that I am a PLWH/A co-infected with Hepatitis B or C and authorize the public DISCLOSURE of my HIV and Hepatitis B or C status to Orange County HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

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



ORANGE COUNTY  
BOARD OF SUPERVISORS

**Nomination For Boards, Commissions & Committees**

Agenda Date: 12/18/07

Item #

To: Members of the Orange County Board of Supervisors

cc: Clerk of the Board of Supervisors

From: Bradley Hutchins, Agency Advisory Board Coordinator, HCA Quality Management

*It is my intent to appoint:*

Name: Kelly Gomez

Address:

City & Zip:

Day Phone: Fax Number:

E-mail address:

To the: HIV Planning Council  
(Name of Board, Committee or Commission)

Position Slot, if applicable: Regular Position

Name of incumbent being replaced: Reappointment

Term: Years 2 From 1/01/08 to 12/31/09

Vacancy created by:  Newly Formed Committee  Expiration of Term  
 Resignation  Other \_\_\_\_\_

Qualifications:  Attached  Not Required

Remarks:

Clerk's Initials: \_\_\_\_\_ For Clerk of the Board Use Only  
File I.D. \_\_\_\_\_ Needs a COI

Contact Name \_\_\_\_\_ Supporting Agency \_\_\_\_\_  Mail or  Pony

Complete:  Term: \_\_\_\_\_ Years  Term Dates: \_\_\_\_\_ to \_\_\_\_\_

Check one:  Scheduled Vacancy  Unscheduled Vacancy  
Posted on \_\_\_\_\_ to \_\_\_\_\_  
Certification of posting attached.



**ORANGE COUNTY HIV PLANNING COUNCIL**  
**APPLICATION FOR MEMBERSHIP (Please Type or Print)**

This application is for:

- Council Membership and Council Committee Membership  
 OR  
 Council Committee Membership Only

Which committee(s) are you applying for:

- Client Advocacy (HCAC)     Housing     Membership     Prevention Planning (PPC)  
 Priority Setting, Allocations, and Planning (PSAP)

**Contact Information**

Applicant's Name: Kelly Gomez

Date: 9-25-07

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

What is your preferred contact phone number? \_\_\_\_\_

- May we leave a message at the above contact phone number?     Yes     No  
 May we fax HIV/AIDS-related materials to the above fax number?     Yes     No  
 May we email HIV/AIDS-related materials to the above email address?     Yes     No

**CITY OF RESIDENCE (Check one)**

- North County** (Anaheim, Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Orange, Placentia, Villa Park, or Yorba Linda)  
 **Central County** (Costa Mesa, Fountain Valley, Garden Grove, Huntington Beach, Irvine, Los Alamitos, Newport Beach, Santa Ana, Seal Beach, Stanton, Tustin, or Westminster)  
 **South County** (Aliso Viejo, Dana Point, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest/El Toro, Mission Viejo, Rancho Santa Margarita, San Clemente, San Juan Capistrano, or Trabuco Canyon)

**PLEASE SELECT ALL MANDATED CATEGORIES YOU ARE QUALIFIED AND WILLING TO REPRESENT**

- Health Care Providers, including Federally Qualified Health Centers  
 Community Based Organizations (CBOs) serving affected populations/AIDS Service Organization  
 Social Service Provider, including housing and homeless service provider  
 Mental Health Provider  
 Substance Abuse Provider  
 Local Public Health Agency  
 Hospital planning agency or health care planning agency  
 Affected communities, including PLWH/A and historically underserved subpopulations  
 Non-elected community leader  
 State Medicaid Agency  
 State Part B (formerly Title II) Agency  
 Part C (formerly Title III) Agency  
 Representative of an organization addressing the needs of children, youth, and families with HIV  
 Other Federal HIV Programs, including HIV Prevention programs  
 Representative of/or PLWH/A who were formerly Federal, State or local prisoners that were released from custody the preceding three years and had HIV disease as of the date of release  
 PLWH/A co-infected with Hepatitis B or C (you must sign a Protected Health Information disclosure on pages 5 & 6)

Please describe below how you qualify for the category/ies marked:

I'm a person living with HIV and want help others learn about the disease. I am currently a member of Planning Council and priority setting and also want to help the community.

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

---

**AFFIRMATION OF MEMBERSHIP COMMITMENT**

I commit to:

- Participate in all Council/committee meetings from beginning to adjournment.
  - Prepare for each meeting by carefully reading all pre-distributed materials.
  - Provide information regarding needs and priorities.
  - Make recommendations *considering the community as a whole rather than just special interests or personal perspectives.*
  - Disclose any conflicts of interest I may have relative to issues that come before the Council or committees.
  - Follow the Rules of Respectful Engagement.
  - Serve on at least one of the Council's committees.\*
- \* Council members are expected to serve on at least one of the Council's committees.

**I commit to participate according to the current meeting schedule.** I have considered my personal and professional commitments/obligations and do not foresee them as a barrier to my full participation on the Orange County HIV Planning Council.

***I certify that all statements and representations made in this application are true and correct. Misrepresentation shall be a basis for revocation of my application/membership. I acknowledge that the information provided, aside from personal contact information, cannot be kept confidential and may be discussed publicly or otherwise become part of a public record.***

Print Name: Kelly Gomez  
Signature: Kelly Gomez Date: 4-25-07

ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP

ADDITIONAL INFORMATION

If employed, who is your current employer?

Does not apply

Type of Business/Agency \_\_\_\_\_

Job Title \_\_\_\_\_

Is your current employment HIV/AIDS related?  Yes  No

Briefly describe your responsibilities.

Describe your community involvement. Please identify the organizations or agencies you have served and your participation or membership. Include your activities, responsibilities, accomplishments, and any boards/commissions on which you have served.

I have been volunteering at Reach with outreach in the community to become more familiar with issues surrounding PLWHs in our community.

In 150 words or less, explain why you wish to serve on the Orange County HIV Planning Council or one of its committees. You may attach a separate sheet, if necessary. Please indicate if attaching an additional sheet.

As a person living with HIV, I would like to continue to make sure that we have adequate and appropriate HIV services, as a Latina.

PERSONAL PROFILE

Gender Identity:  Male  Female  Transgender: Male-to-Female  Other  Transgender: Female-to-Male

Cultural/Ethnic Identity:

- African-American
- Latino/a (specify): \_\_\_\_\_
- Pacific Islander (specify): \_\_\_\_\_
- Decline to State
- Asian (specify): \_\_\_\_\_
- Native American (specify Tribe/Nation: \_\_\_\_\_)
- White/Caucasian
- Other (specify): \_\_\_\_\_

Please identify up to three principal areas of interest or expertise which you can contribute to the Council, entering 1, 2, or 3 (with '1' being the highest):

- Gay/Bisexual Men's HIV Health Needs
- Women's HIV Health Needs
- Pediatric/Adolescent HIV Health Needs
- Injecting Drug Users' Health Needs
- Other (specify): \_\_\_\_\_
- Substance Use/Abuse Services
- Mental Health Services
- Health Planning
- General Public Health

**ORANGE COUNTY HIV PLANNING COUNCIL**  
**APPLICATION FOR MEMBERSHIP**

**ORANGE COUNTY HIV PLANNING COUNCIL**  
**CONFLICT OF INTEREST DISCLOSURE REPORT FORM**

The Orange County HIV Planning Council has members who are professionally or personally affiliated with organizations (listed below) that receive funds or may be eligible to receive funds that are allocated by the Council. Because of the potential for conflict of interest, current members and candidates for membership on the HIV Planning Council and its committees must complete this Disclosure Form. The following agencies currently receive funds allocated by the Council:

HCA/County funded HIV Service Providers
AIDS Services Foundation
Delhi Community Services Center
Orange County Health Care Agency
Public Law Center
Straight Talk (including Gerry House, START House)
Laguna Beach Community Clinic
Shanti, Orange County
The Center, Orange County

Please complete either section (A), or section (B) below, as appropriate, and sign/date:

**SECTION A**

*By my signatures below, I certify that:*

I, my spouse or significant other, and/or dependent family member(s) **have not served** within the past **12 months** as staff, consultant, officer, or board member for any organization which has received or is seeking funding from Ryan White or HOPWA funds.

Signature: Kelly Gomez Date: 9-25-07

Print or Type Name: \_\_\_\_\_

**SECTION B**

*By my signature below, I certify that:*

I, my spouse or significant other, and/or dependent family member(s) **have served** within the past **12 months** as staff, consultant, officer, or board member for the following organization(s) receiving or seeking funding from Ryan White or HOPWA funds.

Organization: \_\_\_\_\_

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

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

(Please attach additional pages as necessary)

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

Print or Type Name: \_\_\_\_\_

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**

There are two categories for which a disclosure of health information is required. The information below describes the required disclosure of HIV status and/or disclosure as a PLWH/A co-infected with Hepatitis B or C.

**THESE AUTHORIZATIONS SHALL BECOME VALID IMMEDIATELY AND SHALL REMAIN IN EFFECT UNTIL REVOKED. REVOCATION CANNOT BE RETROACTIVE AND WILL ONLY IMPACT AUTHORIZATION OF DISCLOSURES AFTER THE DATE OF REVOCATION. DISCLOSURES ALREADY MADE, INCLUDING INCLUSION OF THIS INFORMATION IN PUBLIC RECORDS CANNOT BE REMOVED.**

**PURPOSE OF DISCLOSURE OF HIV STATUS:** Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV status. However, the Council is required to assure that at least 33% of its membership is composed of "unaligned consumers". These individuals must meet the following criteria:

1. Not be employed by, a board member of, or a paid consultant of a Ryan White or HOPWA-funded provider.
2. Be HIV-positive and receiving HIV-related services from a Ryan White or HOPWA-funded provider.

**In order to be considered for membership as an "unaligned consumer" or an "affiliate," a person's HIV status must be publicly disclosed.** If you are not applying as an unaligned consumer you **DO NOT** need to disclose your HIV status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings.

If you choose not to disclose your HIV status, you will still be considered for membership on the Orange County HIV Planning Council in other (non-consumer) membership categories, provided there is an open seat.

**AUTHORIZATION TO DISCLOSE HIV STATUS:**

I, the undersigned, hereby voluntarily acknowledge that I am HIV-infected and authorize the public DISCLOSURE of my HIV serostatus to the Orange County HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

Signature:

*Kelly Gomez*

Date:

9-25-07

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

**PURPOSE OF DISCLOSURE HEPATITIS B OR C STATUS:** Another membership category is a PLWH/A co-infected with Hepatitis B or C. Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV/Hepatitis B or C status. However, the Council is required to assure that at least one member fits the mandated category entitled PLWH/A co-infected with Hepatitis B or C.

**In order to be considered for membership as a PLWH/A co-infected with Hepatitis B or C, a person's HIV and Hepatitis B or C status must be disclosed.** If you are not applying as a PLWH/A co-infected with Hepatitis B or C you **DO NOT** need to disclose your HIV or Hepatitis B or C status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV and Hepatitis B or C status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings.

If you choose not to disclose your HIV or Hepatitis B or C status, you will still be considered for membership on the Orange County HIV Planning Council in other membership categories, provided there is an open seat.

**AUTHORIZATION TO DISCLOSE HIV AND HEPATITIS B OR C STATUS:**

I, the undersigned, hereby voluntarily acknowledge that I am a PLWH/A co-infected with Hepatitis B or C and authorize the public DISCLOSURE of my HIV and Hepatitis B or C status to Orange County HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

Signature:

*Kelly Gomez*

Date:

9-25-07







ORANGE COUNTY  
BOARD OF SUPERVISORS

**Nomination For Boards, Commissions & Committees**

Agenda Date: 12/18/07

Item #

To: Members of the Orange County Board of Supervisors

cc: Clerk of the Board of Supervisors

From: Bradley Hutchins, Agency Advisory Board Coordinator, HCA Quality Management

It is my intent to appoint:

Name: David Guzman

Address:

City & Zip:

Day Phone:

Fax Number:

E-mail address:

To the: HIV Planning Council  
(Name of Board, Committee or Commission)

Position Slot, if applicable: Regular Position

Name of incumbent being replaced: Reappointment

Term: Years 2 From 1/01/08 to 12/31/09

Vacancy created by:  Newly Formed Committee  Expiration of Term  
 Resignation  Other \_\_\_\_\_

Qualifications:  Attached  Not Required

Remarks:

Clerk's Initials: \_\_\_\_\_ For Clerk of the Board Use Only  
File I.D. \_\_\_\_\_ Needs a COI

Contact Name \_\_\_\_\_ Supporting Agency \_\_\_\_\_  Mail or  Pony

Complete:  Term: \_\_\_\_\_ Years  Term Dates: \_\_\_\_\_ to \_\_\_\_\_

Check one:  Scheduled Vacancy  Unscheduled Vacancy

Posted on \_\_\_\_\_ to \_\_\_\_\_  
Certification of posting attached.



**ORANGE COUNTY HIV PLANNING COUNCIL**  
**APPLICATION FOR MEMBERSHIP (Please Type or Print)**

This application is for:

- Council Membership and Council Committee Membership  
 OR  
 Council Committee Membership Only

Which committee(s) are you applying for:

- Client Advocacy (HCAC)     Housing     Membership     Prevention Planning (PPC)  
 Priority Setting, Allocations, and Planning (PSAP)

**Contact Information**

Applicant's Name: David Guzman

Date: September 06, 2007

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

What is your preferred contact phone number? \_\_\_\_\_

- May we leave a message at the above contact phone number?     Yes     No  
 May we fax HIV/AIDS-related materials to the above fax number?     Yes     No  
 May we email HIV/AIDS-related materials to the above email address?     Yes     No

**CITY OF RESIDENCE (Check one)**

- North County** (Anaheim, Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Orange, Placentia, Villa Park, or Yorba Linda)  
 **Central County** (Costa Mesa, Fountain Valley, Garden Grove, Huntington Beach, Irvine, Los Alamitos, Newport Beach, Santa Ana, Seal Beach, Stanton, Tustin, or Westminster)  
 **South County** (Aliso Viejo, Dana Point, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest/El Toro, Mission Viejo, Rancho Santa Margarita, San Clemente, San Juan Capistrano, or Trabuco Canyon)

**PLEASE SELECT ALL MANDATED CATEGORIES YOU ARE QUALIFIED AND WILLING TO REPRESENT**

- Health Care Providers, including Federally Qualified Health Centers  
 Community Based Organizations (CBOs) serving affected populations/AIDS Service Organization  
 Social Service Provider, including housing and homeless service provider  
 Mental Health Provider  
 Substance Abuse Provider  
 Local Public Health Agency  
 Hospital planning agency or health care planning agency  
 Affected communities, including PLWH/A and historically underserved subpopulations  
 Non-elected community leader  
 State Medicaid Agency  
 State Part B (formerly Title II) Agency  
 Part C (formerly Title III) Agency  
 Representative of an organization addressing the needs of children, youth, and families with HIV  
 Other Federal HIV Programs, including HIV Prevention programs  
 Representative of/ or PLWH/A who were formerly Federal, State or local prisoners that were released from custody the preceding three years and had HIV disease as of the date of release  
 PLWH/A co-infected with Hepatitis B or C (you must sign a Protected Health Information disclosure on pages 5 & 6)

Please describe below how you qualify for the category/ies marked:

*I am a Hispanic male who has adequately represented CBO's like Delhi Center, as Health Services Coordinator by working closely with the Hispanic communities affected by HIV/AIDS. I now represent the*

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

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***MHSA (Mental Health Service Act) for the county of Orange Health Care Agency.***

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**AFFIRMATION OF MEMBERSHIP COMMITMENT**

I commit to:

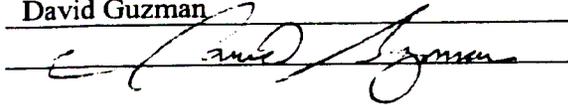
- Participate in all Council/committee meetings from beginning to adjournment.
- Prepare for each meeting by carefully reading all pre-distributed materials.
- Provide information regarding needs and priorities.
- Make recommendations *considering the community as a whole rather than just special interests or personal perspectives.*
- Disclose any conflicts of interest I may have relative to issues that come before the Council or committees.
- Follow the Rules of Respectful Engagement.
- Serve on at least one of the Council's committees.\*

\* Council members are expected to serve on at least one of the Council's committees.

**I commit to participate according to the current meeting schedule.** I have considered my personal and professional commitments/obligations and do not foresee them as a barrier to my full participation on the Orange County HIV Planning Council.

***I certify that all statements and representations made in this application are true and correct. Misrepresentation shall be a basis for revocation of my application/membership. I acknowledge that the information provided, aside from personal contact information, cannot be kept confidential and may be discussed publicly or otherwise become part of a public record.***

Print Name: David Guzman

Signature: 

Date: 9/06/2007

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

**ADDITIONAL INFORMATION**

If employed, who is your current employer? OCHCA  Does not apply  
 Type of Business/Agency Mental Health Service Act Job Title Health Assistant

Is your current employment HIV/AIDS related?  Yes  No

Briefly describe your responsibilities.  
*Working closely with our underserved communities who suffer or have a mental health condition in Orange Co. This includes but not limited to HIV/AIDS and acquainting service providers to the MHSA in order to provide services to clients who have a mental health condition.*

Describe your community involvement. Please identify the organizations or agencies you have served and your participation or membership. Include your activities, responsibilities, accomplishments, and any boards/commissions on which you have served.  
*Planning council as member, motivational bilingual speaker,  
 Priority Setting Allocations and Planning Committee Member,  
 Prevention Planning Committee Member*

In 150 words or less, explain why you wish to serve on the Orange County HIV Planning Council or one of its committees. You may attach a separate sheet, if necessary. Please indicate if attaching an additional sheet.

*I have been actively involved with The HIV Planning Council for the past three years. Both as a volunteer and as a member. I have seen the need for Hispanic representation in all committees, and the lack of presence from the Hispanic community. I have focused on collaboration during my involvement with the council and have connected bridges among service providers where there was none. I want to continue to bridge the gap among those who serve our Orange County communities in the hope that HIV/AIDS is taken more seriously rather than a competition for more clients. We need to do quality work, not quantity. I feel that my involvement in the council has been a valuable one and I strongly believe that together we can and have made a difference.*

**PERSONAL PROFILE**

Gender Identity:  Male  Female  Transgender: Male-to-Female  Other  
 Transgender: Female-to-Male

Cultural/Ethnic Identity:  
 African-American  Asian (specify): \_\_\_\_\_  
 Latino/a (specify): \_\_\_\_\_  Native American (specify Tribe/Nation: \_\_\_\_\_)  
 Pacific Islander (specify): \_\_\_\_\_  White/Caucasian  
 Decline to State  Other (specify): \_\_\_\_\_

Please identify up to three principal areas of interest or expertise which you can contribute to the Council, entering 1, 2, or 3 (with '1' being the highest):  
 \_\_\_\_\_ Gay/Bisexual Men's HIV Health Needs \_\_\_\_\_ Substance Use/Abuse Services  
 \_\_\_\_\_ Women's HIV Health Needs 1 Mental Health Services

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

Pediatric/Adolescent HIV Health Needs      2 Health Planning  
 Injecting Drug Users' Health Needs      3 General Public Health  
 Other (specify): \_\_\_\_\_

**ORANGE COUNTY HIV PLANNING COUNCIL  
CONFLICT OF INTEREST DISCLOSURE REPORT FORM**

The Orange County HIV Planning Council has members who are professionally or personally affiliated with organizations (listed below) that receive funds or may be eligible to receive funds that are allocated by the Council. Because of the potential for conflict of interest, current members and candidates for membership on the HIV Planning Council and its committees must complete this Disclosure Form. The following agencies currently receive funds allocated by the Council:

HCA/County funded HIV Service Providers
AIDS Services Foundation
Delhi Community Services Center
Orange County Health Care Agency
Public Law Center
Straight Talk (including Gerry House, START House)
Laguna Beach Community Clinic
Shanti, Orange County
The Center, Orange County

Please complete either section (A), or section (B) below, as appropriate, and sign/date:

**SECTION A**

*By my signatures below, I certify that:*  
 I, my spouse or significant other, and/or dependent family member(s) **have not served** within the past **12 months** as staff, consultant, officer, or board member for any organization which has received or is seeking funding from Ryan White or HOPWA funds.

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

Print or Type Name: \_\_\_\_\_

**SECTION B**

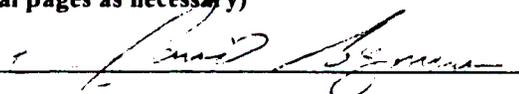
*By my signature below, I certify that:*  
 I, my spouse or significant other, and/or dependent family member(s) **have served** within the past **12 months** as staff, consultant, officer, or board member for the following organization(s) receiving or seeking funding from Ryan White or HOPWA funds.

Organization: Delhi Community Center

Period of Affiliation: 2005 - 2007

Title/Relationship: Health Services Coordinator (member)

(Please attach additional pages as necessary)

Signature:  Date: 7/06/2007

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

**Print or Type Name:** David Guzman

**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**

There are two categories for which a disclosure of health information is required. The information below describes the required disclosure of HIV status and/or disclosure as a PLWH/A co-infected with Hepatitis B or C.

**THESE AUTHORIZATIONS SHALL BECOME VALID IMMEDIATELY AND SHALL REMAIN IN EFFECT UNTIL REVOKED. REVOCATION CANNOT BE RETROACTIVE AND WILL ONLY IMPACT AUTHORIZATION OF DISCLOSURES AFTER THE DATE OF REVOCATION. DISCLOSURES ALREADY MADE, INCLUDING INCLUSION OF THIS INFORMATION IN PUBLIC RECORDS CANNOT BE REMOVED.**

**PURPOSE OF DISCLOSURE OF HIV STATUS:** Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV status. However, the Council is required to assure that at least 33% of its membership is composed of "unaligned consumers". These individuals must meet the following criteria:

1. Not be employed by, a board member of, or a paid consultant of a Ryan White or HOPWA-funded provider.
2. Be HIV-positive and receiving HIV-related services from a Ryan White or HOPWA-funded provider.

**In order to be considered for membership as an "unaligned consumer" or an "affiliate," a person's HIV status must be publicly disclosed.** If you are not applying as an unaligned consumer you **DO NOT** need to disclose your HIV status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings.

If you choose not to disclose your HIV status, you will still be considered for membership on the Orange County HIV Planning Council in other (non-consumer) membership categories, provided there is an open seat.

**AUTHORIZATION TO DISCLOSE HIV STATUS:**

I, the undersigned, hereby **voluntarily** acknowledge that I am HIV-infected and authorize the public **DISCLOSURE** of my HIV serostatus to the Orange County HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

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

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

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**PURPOSE OF DISCLOSURE HEPATITIS B OR C STATUS:** Another membership category is a PLWH/A co-infected with Hepatitis B or C. Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV/Hepatitis B or C status. However, the Council is required to assure that at least one member fits the mandated category entitled PLWH/A co-infected with Hepatitis B or C.

**In order to be considered for membership as a PLWH/A co-infected with Hepatitis B or C, a person's HIV and Hepatitis B or C status must be disclosed.** If you are not applying as a PLWH/A co-infected with Hepatitis B or C you **DO NOT** need to disclose your HIV or Hepatitis B or C status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV and Hepatitis B or C status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings.

If you choose not to disclose your HIV or Hepatitis B or C status, you will still be considered for membership on the Orange County HIV Planning Council in other membership categories, provided there is an open seat.

**AUTHORIZATION TO DISCLOSE HIV AND HEPATITIS B OR C STATUS:**

I, the undersigned, hereby voluntarily acknowledge that I am a PLWH/A co-infected with Hepatitis B or C and authorize the public DISCLOSURE of my HIV and Hepatitis B or C status to Orange County HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

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

**Date:** \_\_\_\_\_



ORANGE COUNTY  
BOARD OF SUPERVISORS

**Nomination For Boards, Commissions & Committees**

Agenda Date: 12/18/07

Item #

To: Members of the Orange County Board of Supervisors

cc: Clerk of the Board of Supervisors

From: Bradley Hutchins, Agency Advisory Board Coordinator, HCA Quality Management

It is my intent to appoint:

Name: Josie Lopez

Address:

City & Zip:

Day Phone:

Fax Number:

E-mail address:

To the: HIV Planning Council  
(Name of Board, Committee or Commission)

Position Slot, if applicable: Regular Position

Name of incumbent being replaced: Reappointment

Term: Years 2 From 1/01/08 to 12/31/09

Vacancy created by:  Newly Formed Committee  Expiration of Term  
 Resignation  Other \_\_\_\_\_

Qualifications:  Attached  Not Required

Remarks:

Clerk's Initials: \_\_\_\_\_ For Clerk of the Board Use Only  
File I.D. \_\_\_\_\_ Needs a COI

Contact Name \_\_\_\_\_ Supporting Agency \_\_\_\_\_  Mail or  Pony

Complete:  Term: \_\_\_\_\_ Years  Term Dates: \_\_\_\_\_ to \_\_\_\_\_

Check one:  Scheduled Vacancy  Unscheduled Vacancy  
Posted on \_\_\_\_\_ to \_\_\_\_\_  
Certification of posting attached.







**ORANGE COUNTY HIV PLANNING COUNCIL**  
**APPLICATION FOR MEMBERSHIP (Please Type or Print)**

This application is for:

- Council Membership and Council Committee Membership
- OR
- Council Committee Membership Only

Which committee(s) are you applying for:

- Client Advocacy (HCAC)     Housing     Membership     Prevention Planning (PPC)
- Priority Setting, Allocations, and Planning (PSAP)

**Contact Information**

Applicant's Name: Josie Lopez

Date: 9-17-07

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

What is your preferred contact phone number? \_\_\_\_\_

- May we leave a message at the above contact phone number?  Yes     No
- May we fax HIV/AIDS-related materials to the above fax number?  Yes     No
- May we email HIV/AIDS-related materials to the above email address?  Yes     No

**CITY OF RESIDENCE (Check one)**

- North County (Anaheim, Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Orange, Placentia, Villa Park, or Yorba Linda)
- Central County (Costa Mesa, Fountain Valley, Garden Grove, Huntington Beach, Irvine, Los Alamitos, Newport Beach, Santa Ana, Seal Beach, Stanton, Tustin, or Westminster)
- South County (Aliso Viejo, Dana Point, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest/El Toro, Mission Viejo, Rancho Santa Margarita, San Clemente, San Juan Capistrano, or Trabuco Canyon)

**PLEASE SELECT ALL MANDATED CATEGORIES YOU ARE QUALIFIED AND WILLING TO REPRESENT**

- Health Care Providers, including Federally Qualified Health Centers
- Community Based Organizations (CBOs) serving affected populations/AIDS Service Organization
- Social Service Provider, including housing and homeless service provider
- Mental Health Provider
- Substance Abuse Provider
- Local Public Health Agency
- Hospital planning agency or health care planning agency
- Affected communities, including PLWH/A and historically underserved subpopulations
- Non-elected community leader
- State Medicaid Agency
- State Part B (formerly Title II) Agency
- Part C (formerly Title III) Agency
- Representative of an organization addressing the needs of children, youth, and families with HIV
- Other Federal HIV Programs, including HIV Prevention programs
- Representative of/ or PLWH/A who were formerly Federal, State or local prisoners that were released from custody the preceding three years and had HIV disease as of the date of release
- PLWH/A co-infected with Hepatitis B or C (you must sign a Protected Health Information disclosure on pages 5 & 6)

Please describe below how you qualify for the category/ies marked:

I'm a person living with AIDS

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

---

**AFFIRMATION OF MEMBERSHIP COMMITMENT**

I commit to:

- Participate in all Council/committee meetings from beginning to adjournment.
- Prepare for each meeting by carefully reading all pre-distributed materials.
- Provide information regarding needs and priorities.
- Make recommendations *considering the community as a whole rather than just special interests or personal perspectives.*
- Disclose any conflicts of interest I may have relative to issues that come before the Council or committees.
- Follow the Rules of Respectful Engagement.
- Serve on at least one of the Council's committees.\*

\* Council members are expected to serve on at least one of the Council's committees.

**I commit to participate according to the current meeting schedule.** I have considered my personal and professional commitments/obligations and do not foresee them as a barrier to my full participation on the Orange County HIV Planning Council.

***I certify that all statements and representations made in this application are true and correct. Misrepresentation shall be a basis for revocation of my application/membership. I acknowledge that the information provided, aside from personal contact information, cannot be kept confidential and may be discussed publicly or otherwise become part of a public record.***

Print Name:

Josie Lopez

Signature:



Date:

9-17-07

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

**ADDITIONAL INFORMATION**

If employed, who is your current employer?

Does not apply

Type of Business/Agency \_\_\_\_\_

Job Title \_\_\_\_\_

Is your current employment HIV/AIDS related?  Yes  No

Briefly describe your responsibilities.

Describe your community involvement. Please identify the organizations or agencies you have served and your participation or membership. Include your activities, responsibilities, accomplishments, and any boards/commissions on which you have served.

I'm a volunteer at The Center OC. I'm HIV testing counselor. Outreach worker to my community

In 150 words or less, explain why you wish to serve on the Orange County HIV Planning Council or one of its committees. You may attach a separate sheet, if necessary. Please indicate if attaching an additional sheet.

AS A person living with AIDS I would like to represent to HIV-AIDS community and give my impute or advocate in their behave

**PERSONAL PROFILE**

Gender Identity:  Male  Female  Transgender: Male-to-Female  Other  
 Transgender: Female-to-Male

**Cultural/Ethnic Identity:**

African-American  Asian (specify): \_\_\_\_\_  
 Latino/a (specify): Hispanic  Native American (specify Tribe/Nation: \_\_\_\_\_)  
 Pacific Islander (specify): \_\_\_\_\_  White/Caucasian  
 Decline to State  Other (specify): \_\_\_\_\_

Please identify up to three principal areas of interest or expertise which you can contribute to the Council, entering 1, 2, or 3 (with '1' being the highest):

- |  |                                    |
|--|------------------------------------|
| <u>1</u> Gay/Bisexual Men's HIV Health Needs | _____ Substance Use/Abuse Services |
| <u>2</u> Women's HIV Health Needs            | _____ Mental Health Services       |
| _____ Pediatric/Adolescent HIV Health Needs  | <u>3</u> Health Planning           |
| _____ Injecting Drug Users' Health Needs     | _____ General Public Health        |
| _____ Other (specify): _____                 |                                    |

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

**ORANGE COUNTY HIV PLANNING COUNCIL  
CONFLICT OF INTEREST DISCLOSURE REPORT FORM**

The Orange County HIV Planning Council has members who are professionally or personally affiliated with organizations (listed below) that receive funds or may be eligible to receive funds that are allocated by the Council. Because of the potential for conflict of interest, current members and candidates for membership on the HIV Planning Council and its committees must complete this Disclosure Form. The following agencies currently receive funds allocated by the Council:

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AIDS Services Foundation
Delhi Community Services Center
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Public Law Center
Straight Talk (including Gerry House, START House)
Laguna Beach Community Clinic
Shanti, Orange County
The Center, Orange County

Please complete either section (A), or section (B) below, as appropriate, and sign/date:

**SECTION A**

*By my signatures below, I certify that:*

I, my spouse or significant other, and/or dependent family member(s) **have not served** within the past **12 months** as staff, consultant, officer, or board member for any organization which has received or is seeking funding from Ryan White or HOPWA funds.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

9-17-07

Print or Type Name: \_\_\_\_\_

Josie Lopez

**SECTION B**

*By my signature below, I certify that:*

I, my spouse or significant other, and/or dependent family member(s) **have served** within the past **12 months** as staff, consultant, officer, or board member for the following organization(s) receiving or seeking funding from Ryan White or HOPWA funds.

Organization: \_\_\_\_\_

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

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

(Please attach additional pages as necessary)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print or Type Name: \_\_\_\_\_

ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP

**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**

There are two categories for which a disclosure of health information is required. The information below describes the required disclosure of HIV status and/or disclosure as a PLWH/A co-infected with Hepatitis B or C.

**THESE AUTHORIZATIONS SHALL BECOME VALID IMMEDIATELY AND SHALL REMAIN IN EFFECT UNTIL REVOKED. REVOCATION CANNOT BE RETROACTIVE AND WILL ONLY IMPACT AUTHORIZATION OF DISCLOSURES AFTER THE DATE OF REVOCATION. DISCLOSURES ALREADY MADE, INCLUDING INCLUSION OF THIS INFORMATION IN PUBLIC RECORDS CANNOT BE REMOVED.**

**PURPOSE OF DISCLOSURE OF HIV STATUS:** Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV status. However, the Council is required to assure that at least 33% of its membership is composed of "unaligned consumers". These individuals must meet the following criteria:

1. Not be employed by, a board member of, or a paid consultant of a Ryan White or HOPWA-funded provider.
2. Be HIV-positive and receiving HIV-related services from a Ryan White or HOPWA-funded provider.

**In order to be considered for membership as an "unaligned consumer" or an "affiliate," a person's HIV status must be publicly disclosed.** If you are not applying as an unaligned consumer you **DO NOT** need to disclose your HIV status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings.

If you choose not to disclose your HIV status, you will still be considered for membership on the Orange County HIV Planning Council in other (non-consumer) membership categories, provided there is an open seat.

**AUTHORIZATION TO DISCLOSE HIV STATUS:**

I, the undersigned, hereby voluntarily acknowledge that I am HIV-infected and authorize the public DISCLOSURE of my HIV serostatus to the Orange County HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.	
Signature: <u><i>Josie Lopez</i></u>	Date: <u>9-17-07</u>

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

---

**PURPOSE OF DISCLOSURE HEPATITIS B OR C STATUS:** Another membership category is a PLWH/A co-infected with Hepatitis B or C. Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV/Hepatitis B or C status. However, the Council is required to assure that at least one member fits the mandated category entitled PLWH/A co-infected with Hepatitis B or C.

**In order to be considered for membership as a PLWH/A co-infected with Hepatitis B or C, a person's HIV and Hepatitis B or C status must be disclosed.** If you are not applying as a PLWH/A co-infected with Hepatitis B or C you **DO NOT** need to disclose your HIV or Hepatitis B or C status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV and Hepatitis B or C status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings.

If you choose not to disclose your HIV or Hepatitis B or C status, you will still be considered for membership on the Orange County HIV Planning Council in other membership categories, provided there is an open seat.

**AUTHORIZATION TO DISCLOSE HIV AND HEPATITIS B OR C STATUS:**

I, the undersigned, hereby voluntarily acknowledge that I am a PLWH/A co-infected with Hepatitis B or C and authorize the public DISCLOSURE of my HIV and Hepatitis B or C status to Orange County HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.	
Signature: <u><i>Josie Lopez</i></u>	Date: <u>9-17-07</u>



ORANGE COUNTY  
BOARD OF SUPERVISORS

**Nomination For Boards, Commissions & Committees**

Agenda Date: *12/18/07*

Item #

To: Members of the Orange County Board of Supervisors

cc: Clerk of the Board of Supervisors

From: Bradley Hutchins, Agency Advisory Board Coordinator, HCA Quality Management

*It is my intent to appoint:*

Name: John Lam Nguyen

Address:

City & Zip:

Day Phone:

Fax Number:

E-mail address:

To the: HIV Planning Council  
(Name of Board, Committee or Commission)

Position Slot, if applicable: Regular Position

Name of incumbent being replaced: Reappointment

Term: Years 2 From 1/01/08 to 12/31/09

Vacancy created by:  Newly Formed Committee  Expiration of Term  
 Resignation  Other \_\_\_\_\_

Qualifications:  Attached  Not Required

Remarks:

Clerk's Initials: \_\_\_\_\_ For Clerk of the Board Use Only  
File I.D. \_\_\_\_\_ Needs a COI

Contact Name \_\_\_\_\_ Supporting Agency \_\_\_\_\_  Mail or  Pony

Complete:  Term: \_\_\_\_\_ Years  Term Dates: \_\_\_\_\_ to \_\_\_\_\_

Check one:  Scheduled Vacancy  Unscheduled Vacancy  
Posted on \_\_\_\_\_ to \_\_\_\_\_  
Certification of posting attached.



ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (Please Type or Print)

This application is for:

- Council Membership and Council Committee Membership OR Council Committee Membership Only

Which committee(s) are you applying for:

- Client Advocacy (HCAC) Housing Membership Prevention Planning (PPC) Priority Setting, Allocations, and Planning (PSAP)

Contact Information

Applicant's Name: John Lam Nguyen Date: 09/06/2007

Address:

Email:

Fax:

What is your preferred contact phone number?

- May we leave a message at the above contact phone number? May we fax HIV/AIDS-related materials to the above fax number? May we email HIV/AIDS-related materials to the above email address?

CITY OF RESIDENCE (Check one)

- North County (Anaheim, Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Orange, Placentia, Villa Park, or Yorba Linda) Central County (Costa Mesa, Fountain Valley, Garden Grove, Huntington Beach, Irvine, Los Alamitos, Newport Beach, Santa Ana, Seal Beach, Stanton, Tustin, or Westminster) South County (Aliso Viejo, Dana Point, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest/El Toro, Mission Viejo, Rancho Santa Margarita, San Clemente, San Juan Capistrano, or Trabuco Canyon)

PLEASE SELECT ALL MANDATED CATEGORIES YOU ARE QUALIFIED AND WILLING TO REPRESENT

- Health Care Providers, including Federally Qualified Health Centers Community Based Organizations (CBOs) serving affected populations/AIDS Service Organization Social Service Provider, including housing and homeless service provider Mental Health Provider Substance Abuse Provider Local Public Health Agency Hospital planning agency or health care planning agency Affected communities, including PLWH/A and historically underserved subpopulations Non-elected community leader State Medicaid Agency State Part B (formerly Title II) Agency Part C (formerly Title III) Agency Representative of an organization addressing the needs of children, youth, and families with HIV Other Federal HIV Programs, including HIV Prevention programs Representative of/or PLWH/A who were formerly Federal, State or local prisoners that were released from custody the preceding three years and had HIV disease as of the date of release PLWH/A co-infected with Hepatitis B or C (you must sign a Protected Health Information disclosure on pages 5 & 6)

Please describe below how you qualify for the category/ies marked:

I am a resident of Orange County and am currently employed with the CBRS, Center for Behavioral Research and Services, Long Beach, doing academic research on IDI DEBI, RESPECT, working with high risk

ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP

populations (IDU, MSM, METH).

**AFFIRMATION OF MEMBERSHIP COMMITMENT**

I commit to:

- Participate in all Council/committee meetings from beginning to adjournment.
- Prepare for each meeting by carefully reading all pre-distributed materials.
- Provide information regarding needs and priorities.
- Make recommendations *considering the community as a whole rather than just special interests or personal perspectives.*
- Disclose any conflicts of interest I may have relative to issues that come before the Council or committees.
- Follow the Rules of Respectful Engagement.
- Serve on at least one of the Council's committees.\*

\* Council members are expected to serve on at least one of the Council's committees.

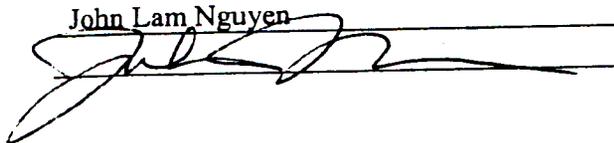
**I commit to participate according to the current meeting schedule.** I have considered my personal and professional commitments/obligations and do not foresee them as a barrier to my full participation on the Orange County HIV Planning Council.

***I certify that all statements and representations made in this application are true and correct. Misrepresentation shall be a basis for revocation of my application/membership. I acknowledge that the information provided, aside from personal contact information, cannot be kept confidential and may be discussed publicly or otherwise become part of a public record.***

Print Name:

John Lam Nguyen

Signature:



Date:

9/6/2007

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

**ADDITIONAL INFORMATION**

If employed, who is your current employer? CBRS  Does not apply  
 Type of Business/Agency Non-Profit Job Title Outreach Worker/Counselor

Is your current employment HIV/AIDS related?  Yes  No

Briefly describe your responsibilities.

I prepare and edit reports to OAPP (Office of AIDS Programs and Policy). I outreach to targeted BRGs and PLWH/A in field work and am a RESPECT Counselor in-office creating client centered plans and prevention for positives.

Describe your community involvement. Please identify the organizations or agencies you have served and your participation or membership. Include your activities, responsibilities, accomplishments, and any boards/commissions on which you have served.

I have volunteered and worked the LGBT community for over 4 years. I was awarded the Youth Leadership Award from The Center, OC in 2005. (Please see resume for trainings and certifications)

In 150 words or less, explain why you wish to serve on the Orange County HIV Planning Council or one of its committees. You may attach a separate sheet, if necessary. Please indicate if attaching an additional sheet.

For the last few years, I've always wanted to give my time and energy to something that I believe in. After a year's service to the Council and the PPC, I still believe that HIV prevention, education, care is something I am still passionate about.

**PERSONAL PROFILE**

**Gender Identity:**  Male  Female  Transgender: Male-to-Female  Other  
 Transgender: Female-to-Male

**Cultural/Ethnic Identity:**

African-American  Asian (specify): \_\_\_\_\_  
 Latino/a (specify): \_\_\_\_\_  Native American (specify Tribe/Nation: \_\_\_\_\_)  
 Pacific Islander (specify): \_\_\_\_\_  White/Caucasian  
 Decline to State  Other (specify): \_\_\_\_\_

**Please identify up to three principal areas of interest or expertise which you can contribute to the Council, entering 1, 2, or 3 (with '1' being the highest):**

<u>1</u> Gay/Bisexual Men's HIV Health Needs	_____ Substance Use/Abuse Services
_____ Women's HIV Health Needs	_____ Mental Health Services
_____ Pediatric/Adolescent HIV Health Needs	_____ Health Planning
<u>2</u> Injecting Drug Users' Health Needs	<u>3</u> General Public Health
_____ Other (specify): _____	

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

**ORANGE COUNTY HIV PLANNING COUNCIL  
CONFLICT OF INTEREST DISCLOSURE REPORT FORM**

The Orange County HIV Planning Council has members who are professionally or personally affiliated with organizations (listed below) that receive funds or may be eligible to receive funds that are allocated by the Council. Because of the potential for conflict of interest, current members and candidates for membership on the HIV Planning Council and its committees must complete this Disclosure Form. The following agencies currently receive funds allocated by the Council:

HCA/County funded HIV Service Providers
AIDS Services Foundation
Delhi Community Services Center
Orange County Health Care Agency
Public Law Center
Straight Talk (including Gerry House, START House)
Laguna Beach Community Clinic
Shanti, Orange County
The Center, Orange County

Please complete either section (A), or section (B) below, as appropriate, and sign/date:

**SECTION A**

*By my signatures below, I certify that:*  
I, my spouse or significant other, and/or dependent family member(s) **have not served** within the past **12 months** as staff, consultant, officer, or board member for any organization which has received or is seeking funding from Ryan White or HOPWA funds.

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

Print or Type Name: \_\_\_\_\_

**SECTION B**

*By my signature below, I certify that:*  
I, my spouse or significant other, and/or dependent family member(s) **have served** within the past **12 months** as staff, consultant, officer, or board member for the following organization(s) receiving or seeking funding from Ryan White or HOPWA funds.

Organization: \_\_\_\_\_

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

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

(Please attach additional pages as necessary)

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

Print or Type Name: \_\_\_\_\_

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**

There are two categories for which a disclosure of health information is required. The information below describes the required disclosure of HIV status and/or disclosure as a PLWH/A co-infected with Hepatitis B or C.

**THESE AUTHORIZATIONS SHALL BECOME VALID IMMEDIATELY AND SHALL REMAIN IN EFFECT UNTIL REVOKED. REVOCATION CANNOT BE RETROACTIVE AND WILL ONLY IMPACT AUTHORIZATION OF DISCLOSURES AFTER THE DATE OF REVOCATION. DISCLOSURES ALREADY MADE, INCLUDING INCLUSION OF THIS INFORMATION IN PUBLIC RECORDS CANNOT BE REMOVED.**

**PURPOSE OF DISCLOSURE OF HIV STATUS:** Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV status. However, the Council is required to assure that at least 33% of its membership is composed of "unaligned consumers". These individuals must meet the following criteria:

1. Not be employed by, a board member of, or a paid consultant of a Ryan White or HOPWA-funded provider.
2. Be HIV-positive and receiving HIV-related services from a Ryan White or HOPWA-funded provider.

**In order to be considered for membership as an "unaligned consumer" or an "affiliate," a person's HIV status must be publicly disclosed.** If you are not applying as an unaligned consumer you **DO NOT** need to disclose your HIV status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings.

If you choose not to disclose your HIV status, you will still be considered for membership on the Orange County HIV Planning Council in other (non-consumer) membership categories, provided there is an open seat.

**AUTHORIZATION TO DISCLOSE HIV STATUS:**

I, the undersigned, hereby voluntarily acknowledge that I am HIV-infected and authorize the public DISCLOSURE of my HIV serostatus to the Orange County HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

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**PURPOSE OF DISCLOSURE HEPATITIS B OR C STATUS:** Another membership category is a PLWH/A co-infected with Hepatitis B or C. Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV/Hepatitis B or C status. However, the Council is required to assure that at least one member fits the mandated category entitled PLWH/A co-infected with Hepatitis B or C.

**In order to be considered for membership as a PLWH/A co-infected with Hepatitis B or C, a person's HIV and Hepatitis B or C status must be disclosed.** If you are not applying as a PLWH/A co-infected with Hepatitis B or C you **DO NOT** need to disclose your HIV or Hepatitis B or C status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV and Hepatitis B or C status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings.

If you choose not to disclose your HIV or Hepatitis B or C status, you will still be considered for membership on the Orange County HIV Planning Council in other membership categories, provided there is an open seat.

**AUTHORIZATION TO DISCLOSE HIV AND HEPATITIS B OR C STATUS:**

I, the undersigned, hereby voluntarily acknowledge that I am a PLWH/A co-infected with Hepatitis B or C and authorize the public DISCLOSURE of my HIV and Hepatitis B or C status to Orange County HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

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

**Date:** \_\_\_\_\_



ORANGE COUNTY  
BOARD OF SUPERVISORS

**Nomination For Boards, Commissions & Committees**

Agenda Date: 12/18/07

Item #

To: Members of the Orange County Board of Supervisors

cc: Clerk of the Board of Supervisors

From: Bradley Hutchins, Agency Advisory Board Coordinator, HCA Quality Management

It is my intent to appoint:

Name: Christopher Ried, M.D.

Address:

City & Zip:

Day Phone:

Fax Number:

E-mail address:

To the: HIV Planning Council  
(Name of Board, Committee or Commission)

Position Slot, if applicable: Regular Position

Name of incumbent being replaced: Reappointment

Term: Years 2 From 1/01/08 to 12/31/09

Vacancy created by:  Newly Formed Committee  Expiration of Term  
 Resignation  Other \_\_\_\_\_

Qualifications:  Attached  Not Required

Remarks:

Clerk's Initials: \_\_\_\_\_ For Clerk of the Board Use Only  
File I.D. \_\_\_\_\_ Needs a COI

Contact Name \_\_\_\_\_ Supporting Agency \_\_\_\_\_  Mail or  Pony

Complete:  Term: \_\_\_\_\_ Years  Term Dates: \_\_\_\_\_ to \_\_\_\_\_

Check one:  Scheduled Vacancy  Unscheduled Vacancy  
Posted on \_\_\_\_\_ to \_\_\_\_\_  
Certification of posting attached.



# ORANGE COUNTY HIV PLANNING COUNCIL APPLICATION FOR MEMBERSHIP *(Please Type or Print)*

This application is for:

Council Membership and Council Committee Membership  
OR

Council Committee Membership Only

Which committee(s) are you applying for:

- Client Advocacy (HCAC)     Housing     Membership     Prevention Planning (PPC)
- Priority Setting, Allocations, and Planning (PSAP)

### Contact Information

Applicant's Name: Christopher Ried Date: 09/14/07

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

What is your preferred contact phone number? \_\_\_\_\_

May we leave a message at the above contact phone number?     Yes     No

May we fax HIV/AIDS-related materials to the above fax number?     Yes     No

May we email HIV/AIDS-related materials to the above email address?     Yes     No

### CITY OF RESIDENCE (Check one)

- North County** (Anaheim, Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Orange, Placentia, Villa Park, or Yorba Linda)
- Central County** (Costa Mesa, Fountain Valley, Garden Grove, Huntington Beach, Irvine, Los Alamitos, Newport Beach, Santa Ana, Seal Beach, Stanton, Tustin, or Westminster)
- South County** (Aliso Viejo, Dana Point, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest/El Toro, Mission Viejo, Rancho Santa Margarita, San Clemente, San Juan Capistrano, or Trabuco Canyon)

### PLEASE SELECT ALL MANDATED CATEGORIES YOU ARE QUALIFIED AND WILLING TO REPRESENT

- Health Care Providers, including Federally Qualified Health Centers
- Community Based Organizations (CBOs) serving affected populations/AIDS Service Organization
- Social Service Provider, including housing and homeless service provider
- Mental Health Provider
- Substance Abuse Provider
- Local Public Health Agency
- Hospital planning agency or health care planning agency
- Affected communities, including PLWH/A and historically underserved subpopulations
- Non-elected community leader
- State Medicaid Agency
- State Part B (formerly Title II) Agency
- Part C (formerly Title III) Agency
- Representative of an organization addressing the needs of children, youth, and families with HIV
- Other Federal HIV Programs, including HIV Prevention programs
- Representative of/or PLWH/A who were formerly Federal, State or local prisoners that were released from custody the preceding three years and had HIV disease as of the date of release
- PLWH/A co-infected with Hepatitis B or C (you must sign a Protected Health Information disclosure on pages 5 & 6)

Please describe below how you qualify for the category/ies marked:

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**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

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**AFFIRMATION OF MEMBERSHIP COMMITMENT**

I commit to:

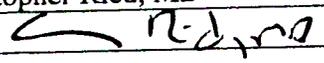
- Participate in all Council/committee meetings from beginning to adjournment.
- Prepare for each meeting by carefully reading all pre-distributed materials.
- Provide information regarding needs and priorities.
- Make recommendations *considering the community as a whole rather than just special interests or personal perspectives.*
- Disclose any conflicts of interest I may have relative to issues that come before the Council or committees.
- Follow the Rules of Respectful Engagement.
- Serve on at least one of the Council's committees.\*

\* Council members are expected to serve on at least one of the Council's committees.

**I commit to participate according to the current meeting schedule.** I have considered my personal and professional commitments/obligations and do not foresee them as a barrier to my full participation on the Orange County HIV Planning Council.

***I certify that all statements and representations made in this application are true and correct. Misrepresentation shall be a basis for revocation of my application/membership. I acknowledge that the information provided, aside from personal contact information, cannot be kept confidential and may be discussed publicly or otherwise become part of a public record.***

Print Name: Christopher Ried, MD

Signature: 

Date: 9/14/07

**ORANGE COUNTY HIV PLANNING COUNCIL**  
**APPLICATION FOR MEMBERSHIP**

**ADDITIONAL INFORMATION**

If employed, who is your current employer? Orange County  
Type of Business/Agency Public Health

Does not apply  
Job Title Medical Director of  
HIV/STD Program

Is your current employment HIV/AIDS related?  Yes  No

Briefly describe your responsibilities.

Run the County's HIV/STD clinics

Describe your community involvement. Please identify the organizations or agencies you have served and your participation or membership. Include your activities, responsibilities, accomplishments, and any boards/commissions on which you have served.

In 150 words or less, explain why you wish to serve on the Orange County HIV Planning Council or one of its committees. You may attach a separate sheet, if necessary. Please indicate if attaching an additional sheet.

**PERSONAL PROFILE**

**Gender Identity:**  Male  Female  Transgender: Male-to-Female  Other  
 Transgender: Female-to-Male

**Cultural/Ethnic Identity:**

African-American  Asian (specify): \_\_\_\_\_  
 Latino/a (specify): \_\_\_\_\_  Native American (specify Tribe/Nation: \_\_\_\_\_)  
 Pacific Islander (specify): \_\_\_\_\_  White/Caucasian  
 Decline to State  Other (specify): \_\_\_\_\_

**Please identify up to three principal areas of interest or expertise which you can contribute to the Council, entering 1, 2, or 3 (with '1' being the highest):**

1 Gay/Bisexual Men's HIV Health Needs \_\_\_\_\_ Substance Use/Abuse Services  
\_\_\_\_\_ Women's HIV Health Needs \_\_\_\_\_ Mental Health Services  
\_\_\_\_\_ Pediatric/Adolescent HIV Health Needs \_\_\_\_\_ Health Planning  
3 Injecting Drug Users' Health Needs \_\_\_\_\_ 2 General Public Health  
\_\_\_\_\_ Other (specify): \_\_\_\_\_

**ORANGE COUNTY HIV PLANNING COUNCIL**  
APPLICATION FOR MEMBERSHIP

**ORANGE COUNTY HIV PLANNING COUNCIL**  
CONFLICT OF INTEREST DISCLOSURE REPORT FORM

The Orange County HIV Planning Council has members who are professionally or personally affiliated with organizations (listed below) that receive funds or may be eligible to receive funds that are allocated by the Council. Because of the potential for conflict of interest, current members and candidates for membership on the HIV Planning Council and its committees must complete this Disclosure Form. The following agencies currently receive funds allocated by the Council:

HCA/County funded HIV Service Providers
AIDS Services Foundation
Delhi Community Services Center
Orange County Health Care Agency
Public Law Center
Straight Talk (including Gerry House, START House)
Laguna Beach Community Clinic
Shanti, Orange County
The Center, Orange County

Please complete either section (A), or section (B) below, as appropriate, and sign/date:

**SECTION A**

*By my signatures below, I certify that:*  
I, my spouse or significant other, and/or dependent family member(s) **have not served** within the past **12 months** as staff, consultant, officer, or board member for any organization which has received or is seeking funding from Ryan White or HOPWA funds.

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

Print or Type Name: \_\_\_\_\_

**SECTION B**

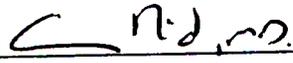
*By my signature below, I certify that:*  
I, my spouse or significant other, and/or dependent family member(s) **have served** within the past **12 months** as staff, consultant, officer, or board member for the following organization(s) receiving or seeking funding from Ryan White or HOPWA funds.

Organization: Orange County HCA

Period of Affiliation: 2000-present

Title/Relationship: Medical Director HIV Program

(Please attach additional pages as necessary)

Signature:  Date: 9/14/07

Print or Type Name: Christopher Ried, MD

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

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**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**

There are two categories for which a disclosure of health information is required. The information below describes the required disclosure of HIV status and/or disclosure as a PLWH/A co-infected with Hepatitis B or C.

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**PURPOSE OF DISCLOSURE OF HIV STATUS:** Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV status. However, the Council is required to assure that at least 33% of its membership is composed of “unaligned consumers”. These individuals must meet the following criteria:

1. Not be employed by, a board member of, or a paid consultant of a Ryan White or HOPWA-funded provider.
2. Be HIV-positive and receiving HIV-related services from a Ryan White or HOPWA-funded provider.

**In order to be considered for membership as an “unaligned consumer” or an “affiliate,” a person’s HIV status must be publicly disclosed. If you are not applying as an unaligned consumer you DO NOT need to disclose your HIV status and you do not need to complete this form.**

By signing this authorization, you are willingly disclosing your HIV status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings.

If you choose not to disclose your HIV status, you will still be considered for membership on the Orange County HIV Planning Council in other (non-consumer) membership categories, provided there is an open seat.

**AUTHORIZATION TO DISCLOSE HIV STATUS:**

I, the undersigned, hereby voluntarily acknowledge that I am HIV-infected and authorize the public DISCLOSURE of my HIV serostatus to the Orange County HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

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

**Date:** \_\_\_\_\_

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

---

**PURPOSE OF DISCLOSURE HEPATITIS B OR C STATUS:** Another membership category is a PLWH/A co-infected with Hepatitis B or C. Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV/Hepatitis B or C status. However, the Council is required to assure that at least one member fits the mandated category entitled PLWH/A co-infected with Hepatitis B or C.

**In order to be considered for membership as a PLWH/A co-infected with Hepatitis B or C, a person's HIV and Hepatitis B or C status must be disclosed.** If you are not applying as a PLWH/A co-infected with Hepatitis B or C you **DO NOT** need to disclose your HIV or Hepatitis B or C status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV and Hepatitis B or C status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings.

If you choose not to disclose your HIV or Hepatitis B or C status, you will still be considered for membership on the Orange County HIV Planning Council in other membership categories, provided there is an open seat.

**AUTHORIZATION TO DISCLOSE HIV AND HEPATITIS B OR C STATUS:**

I, the undersigned, hereby voluntarily acknowledge that I am a PLWH/A co-infected with Hepatitis B or C and authorize the public DISCLOSURE of my HIV and Hepatitis B or C status to Orange County HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

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



ORANGE COUNTY  
BOARD OF SUPERVISORS

**Nomination For Boards, Commissions & Committees**

Agenda Date: 12/18/07

Item #

To: Members of the Orange County Board of Supervisors

cc: Clerk of the Board of Supervisors

From: Bradley Hutchins, Agency Advisory Board Coordinator, HCA Quality Management

It is my intent to appoint:

Name: Martin Salas

Address:

City & Zip:

Day Phone: Fax Number:

E-mail address:

To the: HIV Planning Council  
(Name of Board, Committee or Commission)

Position Slot, if applicable: Regular Position

Name of incumbent being replaced: Reappointment

Term: Years 2 From 1/01/08 to 12/31/09

Vacancy created by:  Newly Formed Committee  Expiration of Term  
 Resignation  Other \_\_\_\_\_

Qualifications:  Attached  Not Required

Remarks:

Clerk's Initials: \_\_\_\_\_ For Clerk of the Board Use Only  
File I.D. \_\_\_\_\_ Needs a COI

Contact Name \_\_\_\_\_ Supporting Agency \_\_\_\_\_  Mail or  Pony

Complete:  Term: \_\_\_\_\_ Years  Term Dates: \_\_\_\_\_ to \_\_\_\_\_

Check one:  Scheduled Vacancy  Unscheduled Vacancy  
Posted on \_\_\_\_\_ to \_\_\_\_\_  
Certification of posting attached.



**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

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**AFFIRMATION OF MEMBERSHIP COMMITMENT**

I commit to:

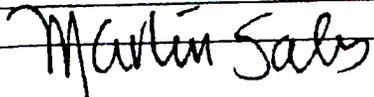
- Participate in all Council/committee meetings from beginning to adjournment.
- Prepare for each meeting by carefully reading all pre-distributed materials.
- Provide information regarding needs and priorities.
- Make recommendations *considering the community as a whole rather than just special interests or personal perspectives.*
- Disclose any conflicts of interest I may have relative to issues that come before the Council or committees.
- Follow the Rules of Respectful Engagement.
- Serve on at least one of the Council's committees.\*

\* Council members are expected to serve on at least one of the Council's committees.

**I commit to participate according to the current meeting schedule. I have considered my personal and professional commitments/obligations and do not foresee them as a barrier to my full participation on the Orange County HIV Planning Council.**

***I certify that all statements and representations made in this application are true and correct. Misrepresentation shall be a basis for revocation of my application/membership. I acknowledge that the information provided, aside from personal contact information, cannot be kept confidential and may be discussed publicly or otherwise become part of a public record.***

Print Name: Martin Salas

Signature: 

Date: 10-02-07

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

**ADDITIONAL INFORMATION**

If employed, who is your current employer? ASF  
Type of Business/Agency AIDS Services Organization

Does not apply  
Job Title

Director of Health Education  
and Prevention Services

Is your current employment HIV/AIDS related?  Yes  No

Briefly describe your responsibilities. Implement; Oversee all Health Education Services for people living with HIV/AIDS. This includes implementation and development of current HIV Prevention Programs, along with the development of new HIV Prevention programs for populations and communities at high risk for HIV infection and HIV transmission.

I am also in charge of providing adequate training to new staff members in regards to HIV disease, and HIV prevention programs

Describe your community involvement. Please identify the organizations or agencies you have served and your participation or membership. Include your activities, responsibilities, accomplishments, and any boards/commissions on which you have served.

In 150 words or less, explain why you wish to serve on the Orange County HIV Planning Council or one of its committees. You may attach a separate sheet, if necessary. Please indicate if attaching an additional sheet. I have been a member of the HIV Planning Council since 2001, prior to that year, I was an affiliate during 1999. I am a person living with HIV since 1991, AIDS diagnosed in 1993. I have been providing HIV services since 2001. My focus has been the provision of HIV prevention services to people at high risk for HIV infection and HIV transmission, with special emphasis to young gay/bisexual men whose HIV status is negative or unknown. I have also worked providing secondary prevention services of all gay/bisexual men who are living with HIV/AIDS in Orange County since 2003. Since 2003, I have been able to expand HIV testing services in the Orange County area to populations such as young gay bisexual men.

**PERSONAL PROFILE**

**ORANGE COUNTY HIV PLANNING COUNCIL**  
APPLICATION FOR MEMBERSHIP

**Gender Identity:**  Male  Female  Transgender: Male-to-Female  Other  
 Transgender: Female-to-Male

**Cultural/Ethnic Identity:**

African-American  Asian (specify): \_\_\_\_\_  
 Latino/a (specify): \_\_\_\_\_  Native American (specify Tribe/Nation: \_\_\_\_\_)  
 Pacific Islander (specify): \_\_\_\_\_  White/Caucasian  
 Decline to State  Other (specify): \_\_\_\_\_

Please identify up to three principal areas of interest or expertise which you can contribute to the Council, entering 1, 2, or 3 (with '1' being the highest):

1 Gay/Bisexual Men's HIV Health Needs \_\_\_\_\_ Substance Use/Abuse Services  
2 Women's HIV Health Needs \_\_\_\_\_ 3 Mental Health Services  
4 Pediatric/Adolescent HIV Health Needs \_\_\_\_\_ Health Planning  
 \_\_\_\_\_ Injecting Drug Users' Health Needs \_\_\_\_\_ General Public Health  
 \_\_\_\_\_ Other (specify): \_\_\_\_\_

**ORANGE COUNTY HIV PLANNING COUNCIL**  
CONFLICT OF INTEREST DISCLOSURE REPORT FORM

The Orange County HIV Planning Council has members who are professionally or personally affiliated with organizations (listed below) that receive funds or may be eligible to receive funds that are allocated by the Council. Because of the potential for conflict of interest, current members and candidates for membership on the HIV Planning Council and its committees must complete this Disclosure Form. The following agencies currently receive funds allocated by the Council:

HCA/County funded HIV Service Providers
AIDS Services Foundation
Delhi Community Services Center
Orange County Health Care Agency
Public Law Center
Straight Talk (including Gerry House, START House)
Laguna Beach Community Clinic
Shanti, Orange County
The Center, Orange County

Please complete either section (A), or section (B) below, as appropriate, and sign/date:

**SECTION A**

By my signatures below, I certify that:

I, my spouse or significant other, and/or dependent family member(s) have not served within the past 12 months as staff, consultant, officer, or board member for any organization which has received or is seeking funding from Ryan White or HOPWA funds.

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

Print or Type Name: \_\_\_\_\_

**SECTION B**

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

*By my signature below, I certify that:*

I, my spouse or significant other, and/or dependent family member(s) **have served** within the past **12 months** as staff, consultant, officer, or board member for the following organization(s) receiving or seeking funding from Ryan White or HOPWA funds.

Organization: AIDS Services Foundation Orange County  
 Period of Affiliation: Since ~~2003~~ **2008**  
 Title/Relationship: Director of Health Education and Prevention Services

(Please attach additional pages as necessary)

Signature: Martin Salas Date: 10-02-07  
 Print or Type Name: Martin Salas

**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**

There are two categories for which a disclosure of health information is required. The information below describes the required disclosure of HIV status and/or disclosure as a PLWH/A co-infected with Hepatitis B or C.

**THESE AUTHORIZATIONS SHALL BECOME VALID IMMEDIATELY AND SHALL REMAIN IN EFFECT UNTIL REVOKED. REVOCATION CANNOT BE RETROACTIVE AND WILL ONLY IMPACT AUTHORIZATION OF DISCLOSURES AFTER THE DATE OF REVOCATION. DISCLOSURES ALREADY MADE, INCLUDING INCLUSION OF THIS INFORMATION IN PUBLIC RECORDS CANNOT BE REMOVED.**

**PURPOSE OF DISCLOSURE OF HIV STATUS:** Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV status. However, the Council is required to assure that at least 33% of its membership is composed of "unaligned consumers". These individuals must meet the following criteria:

1. Not be employed by, a board member of, or a paid consultant of a Ryan White or HOPWA-funded provider.
2. Be HIV-positive and receiving HIV-related services from a Ryan White or HOPWA-funded provider.

**In order to be considered for membership as an "unaligned consumer" or an "affiliate," a person's HIV status must be publicly disclosed. If you are not applying as an unaligned consumer you DO NOT need to disclose your HIV status and you do not need to complete this form.**

By signing this authorization, you are willingly disclosing your HIV status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings.

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

If you choose not to disclose your HIV status, you will still be considered for membership on the Orange County HIV Planning Council in other (non-consumer) membership categories, provided there is an open seat.

**AUTHORIZATION TO DISCLOSE HIV STATUS:**

I, the undersigned, hereby voluntarily acknowledge that I am HIV-infected and authorize the public DISCLOSURE of my HIV serostatus to the Orange County HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

Signature: Martin Salas Date: 10/02/07

**PURPOSE OF DISCLOSURE HEPATITIS B OR C STATUS:** Another membership category is a PLWH/A co-infected with Hepatitis B or C. Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV/Hepatitis B or C status. However, the Council is required to assure that at least one member fits the mandated category entitled PLWH/A co-infected with Hepatitis B or C.

**In order to be considered for membership as a PLWH/A co-infected with Hepatitis B or C, a person's HIV and Hepatitis B or C status must be disclosed.** If you are not applying as a PLWH/A co-infected with Hepatitis B or C you **DO NOT** need to disclose your HIV or Hepatitis B or C status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV and Hepatitis B or C status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings.

If you choose not to disclose your HIV or Hepatitis B or C status, you will still be considered for membership on the Orange County HIV Planning Council in other membership categories, provided there is an open seat.

**AUTHORIZATION TO DISCLOSE HIV AND HEPATITIS B OR C STATUS:**

I, the undersigned, hereby voluntarily acknowledge that I am a PLWH/A co-infected with Hepatitis B or C and authorize the public DISCLOSURE of my HIV and Hepatitis B or C status to Orange County HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

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



ORANGE COUNTY  
BOARD OF SUPERVISORS

**Nomination For Boards, Commissions & Committees**

Agenda Date: 12/18/07

Item #

To: Members of the Orange County Board of Supervisors

cc: Clerk of the Board of Supervisors

From: Bradley Hutchins, Agency Advisory Board Coordinator, HCA Quality Management

It is my intent to appoint:

Name: Jeremiah G. Tilles, M.D.

Address:

City & Zip:

Day Phone:

Fax Number:

E-mail address:

To the: HIV Planning Council  
(Name of Board, Committee or Commission)

Position Slot, if applicable: Regular Position

Name of incumbent being replaced: Reappointment

Term: Years 2 From 1/01/08 to 12/31/09

Vacancy created by:  Newly Formed Committee  Expiration of Term  
 Resignation  Other \_\_\_\_\_

Qualifications:  Attached  Not Required

Remarks:

Clerk's Initials: \_\_\_\_\_ For Clerk of the Board Use Only  
File I.D. \_\_\_\_\_ Needs a COI

Contact Name \_\_\_\_\_ Supporting Agency \_\_\_\_\_  Mail or  Pony

Complete:  Term: \_\_\_\_\_ Years  Term Dates: \_\_\_\_\_ to \_\_\_\_\_

Check one:  Scheduled Vacancy  Unscheduled Vacancy  
Posted on \_\_\_\_\_ to \_\_\_\_\_  
Certification of posting attached.



**ORANGE COUNTY HIV PLANNING COUNCIL**  
**APPLICATION FOR MEMBERSHIP (Please Type or Print)**

This application is for:

- Council Membership and Council Committee Membership
- OR
- Council Committee Membership Only

Which committee(s) are you applying for:

- Client Advocacy (HCAC)     Housing     Membership     Prevention Planning (PPC)
- Priority Setting, Allocations, and Planning (PSAP)     Education: AIDS on the Front Line

**Contact Information**

Applicant's Name: JEREMIAH G. TILLES  
Address: \_\_\_\_\_

Date: 9-14-07

Email: \_\_\_\_\_  
Fax: \_\_\_\_\_

What is your preferred contact phone number? \_\_\_\_\_

- May we leave a message at the above contact phone number?     Yes     No
- May we fax HIV/AIDS-related materials to the above fax number?     Yes     No
- May we email HIV/AIDS-related materials to the above email address?     Yes     No

**CITY OF RESIDENCE (Check one)**

- North County (Anaheim, Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Orange, Placentia, Villa Park, or Yorba Linda)
- Central County (Costa Mesa, Fountain Valley, Garden Grove, Huntington Beach, Irvine, Los Alamitos, Newport Beach, Santa Ana, Seal Beach, Stanton, Tustin, or Westminster)
- South County (Aliso Viejo, Dana Point, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest/El Toro, Mission Viejo, Rancho Santa Margarita, San Clemente, San Juan Capistrano, or Trabuco Canyon)

**PLEASE SELECT ALL MANDATED CATEGORIES YOU ARE QUALIFIED AND WILLING TO REPRESENT**

- Health Care Providers, including Federally Qualified Health Centers
- Community Based Organizations (CBOs) serving affected populations/AIDS Service Organization
- Social Service Provider, including housing and homeless service provider
- Mental Health Provider
- Substance Abuse Provider
- Local Public Health Agency
- Hospital planning agency or health care planning agency
- Affected communities, including PLWH/A and historically underserved subpopulations
- Non-elected community leader
- State Medicaid Agency
- State Part B (formerly Title II) Agency
- Part C (formerly Title III) Agency
- Representative of an organization addressing the needs of children, youth, and families with HIV
- Other Federal HIV Programs, including HIV Prevention programs
- Representative of/ or PLWH/A who were formerly Federal, State or local prisoners that were released from custody the preceding three years and had HIV disease as of the date of release
- PLWH/A co-infected with Hepatitis B or C (you must sign a Protected Health Information disclosure on pages 5 & 6)

Please describe below how you qualify for the category/ies marked:

Health Care Providers, including Federally Qualified Health Centers  
I am Director of the AIDS Education + Training Center +  
Associate Dean at UC Medical School

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

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**AFFIRMATION OF MEMBERSHIP COMMITMENT**

I commit to:

- Participate in all Council/committee meetings from beginning to adjournment.
- Prepare for each meeting by carefully reading all pre-distributed materials.
- Provide information regarding needs and priorities.
- Make recommendations *considering the community as a whole rather than just special interests or personal perspectives.*
- Disclose any conflicts of interest I may have relative to issues that come before the Council or committees.
- Follow the Rules of Respectful Engagement.
- Serve on at least one of the Council's committees.\*

\* Council members are expected to serve on at least one of the Council's committees.

**I commit to participate according to the current meeting schedule.** I have considered my personal and professional commitments/obligations and do not foresee them as a barrier to my full participation on the Orange County HIV Planning Council.

***I certify that all statements and representations made in this application are true and correct. Misrepresentation shall be a basis for revocation of my application/membership. I acknowledge that the information provided, aside from personal contact information, cannot be kept confidential and may be discussed publicly or otherwise become part of a public record.***

Print Name:

JEREMIAH G. TILLES

Signature:

Jeremiah G. Tilles

Date:

9.14.07

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

**ADDITIONAL INFORMATION**

If employed, who is your current employer? U Irvine  Does not apply  
 Type of Business/Agency School of Medicine Job Title Associate Dean  
 Is your current employment HIV/AIDS related?  Yes  No Director of AETC  
 Briefly describe your responsibilities.

Director of AIDS Education + Training Center

Describe your community involvement. Please identify the organizations or agencies you have served and your participation or membership. Include your activities, responsibilities, accomplishments, and any boards/commissions on which you have served.

Orange County: Health + Emergency Preparedness Planning Council  
State of California: Joint Advisory Committee on use of federal + state funds for emergency preparedness

In 150 words or less, explain why you wish to serve on the Orange County HIV Planning Council or one of its committees. You may attach a separate sheet, if necessary. Please indicate if attaching an additional sheet.

I wish to serve on the council in order to learn the educational needs of health professionals managing Orange County patients who are infected with HIV. The AIDS education and training center wants to meet the needs determined.

**PERSONAL PROFILE**

Gender Identity:  Male  Female  Transgender: Male-to-Female  Other  
 Transgender: Female-to-Male

Cultural/Ethnic Identity:  
 African-American  Asian (specify): \_\_\_\_\_  
 Latino/a (specify): \_\_\_\_\_  Native American (specify Tribe/Nation: \_\_\_\_\_)  
 Pacific Islander (specify): \_\_\_\_\_  White/Caucasian  
 Decline to State  Other (specify): \_\_\_\_\_

Please identify up to three principal areas of interest or expertise which you can contribute to the Council, entering 1, 2, or 3 (with '1' being the highest):

- |  |                                    |
|--|------------------------------------|
| <u>3</u> Gay/Bisexual Men's HIV Health Needs | _____ Substance Use/Abuse Services |
| _____ Women's HIV Health Needs               | _____ Mental Health Services       |
| _____ Pediatric/Adolescent HIV Health Needs  | <u>1</u> Health Planning           |
| _____ Injecting Drug Users' Health Needs     | <u>2</u> General Public Health     |
| _____ Other (specify): _____                 |                                    |

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

**ORANGE COUNTY HIV PLANNING COUNCIL  
CONFLICT OF INTEREST DISCLOSURE REPORT FORM**

The Orange County HIV Planning Council has members who are professionally or personally affiliated with organizations (listed below) that receive funds or may be eligible to receive funds that are allocated by the Council. Because of the potential for conflict of interest, current members and candidates for membership on the HIV Planning Council and its committees must complete this Disclosure Form. The following agencies currently receive funds allocated by the Council:

<b>HCA/County funded HIV Service Providers</b>
<b>AIDS Services Foundation</b>
<b>Delhi Community Services Center</b>
<b>Orange County Health Care Agency</b>
<b>Public Law Center</b>
<b>Straight Talk (including Gerry House, START House)</b>
<b>Laguna Beach Community Clinic</b>
<b>Shanti, Orange County</b>
<b>The Center, Orange County</b>

Please complete either section (A), or section (B) below, as appropriate, and sign/date:

**SECTION A**

*By my signatures below, I certify that:*  
I, my spouse or significant other, and/or dependent family member(s) **have not served** within the past **12 months** as staff, consultant, officer, or board member for any organization which has received or is seeking funding from Ryan White or HOPWA funds.

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

Print or Type Name: \_\_\_\_\_

**SECTION B**

*By my signature below, I certify that:*  
I, my spouse or significant other, and/or dependent family member(s) **have served** within the past **12 months** as staff, consultant, officer, or board member for the following organization(s) receiving or seeking funding from Ryan White or HOPWA funds.

Organization: UNIVERSITY OF CA SCHOOL OF MEDICINE

Period of Affiliation: since 1971

Title/Relationship: Associate Dean

(Please attach additional pages as necessary)

Signature: Jeremiah G. Tilles Date: 9-14-07

Print or Type Name: JEREMIAH G. TILLES

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

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**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**

There are two categories for which a disclosure of health information is required. The information below describes the required disclosure of HIV status and/or disclosure as a PLWH/A co-infected with Hepatitis B or C.

**THESE AUTHORIZATIONS SHALL BECOME VALID IMMEDIATELY AND SHALL REMAIN IN EFFECT UNTIL REVOKED. REVOCATION CANNOT BE RETROACTIVE AND WILL ONLY IMPACT AUTHORIZATION OF DISCLOSURES AFTER THE DATE OF REVOCATION. DISCLOSURES ALREADY MADE, INCLUDING INCLUSION OF THIS INFORMATION IN PUBLIC RECORDS CANNOT BE REMOVED.**

**PURPOSE OF DISCLOSURE OF HIV STATUS:** Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV status. However, the Council is required to assure that at least 33% of its membership is composed of "unaligned consumers". These individuals must meet the following criteria:

1. Not be employed by, a board member of, or a paid consultant of a Ryan White or HOPWA-funded provider.
2. Be HIV-positive and receiving HIV-related services from a Ryan White or HOPWA-funded provider.

**In order to be considered for membership as an "unaligned consumer" or an "affiliate," a person's HIV status must be publicly disclosed.** If you are not applying as an unaligned consumer you **DO NOT** need to disclose your HIV status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings.

If you choose not to disclose your HIV status, you will still be considered for membership on the Orange County HIV Planning Council in other (non-consumer) membership categories, provided there is an open seat.

**AUTHORIZATION TO DISCLOSE HIV STATUS:**

I, the undersigned, hereby voluntarily acknowledge that I am HIV-infected and authorize the public DISCLOSURE of my HIV serostatus to the Orange County HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

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

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP**

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**PURPOSE OF DISCLOSURE HEPATITIS B OR C STATUS:** Another membership category is a PLWH/A co-infected with Hepatitis B or C. Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV/Hepatitis B or C status. However, the Council is required to assure that at least one member fits the mandated category entitled PLWH/A co-infected with Hepatitis B or C.

**In order to be considered for membership as a PLWH/A co-infected with Hepatitis B or C, a person's HIV and Hepatitis B or C status must be disclosed.** If you are not applying as a PLWH/A co-infected with Hepatitis B or C you **DO NOT** need to disclose your HIV or Hepatitis B or C status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV and Hepatitis B or C status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings.

If you choose not to disclose your HIV or Hepatitis B or C status, you will still be considered for membership on the Orange County HIV Planning Council in other membership categories, provided there is an open seat.

**AUTHORIZATION TO DISCLOSE HIV AND HEPATITIS B OR C STATUS:**

I, the undersigned, hereby voluntarily acknowledge that I am a PLWH/A co-infected with Hepatitis B or C and authorize the public DISCLOSURE of my HIV and Hepatitis B or C status to Orange County HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

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