

# CONNECTICUT HIV PLANNING CONSORTIUM

Coordinating a statewide HIV prevention and care system to reduce new infections and increase access to appropriate services



## MEMBERSHIP APPLICATION

What is the CHPC?



The CHPC is a dynamic coalition of 35 members, many of whom bring diverse lived experiences, alongside more than 100 dedicated partners committed to ending the HIV epidemic. The CHPC plays a pivotal role in the development and oversight of the Statewide Integrated HIV Prevention and Care Plan, which addresses critical areas such as HIV, Hepatitis C, sexually transmitted diseases (STDs), and mental health and substance use disorders.

\*The CHPC and its committees meet on the third Wednesday of each month.

Is the CHPC for me?



- Are you interested in Ending the HIV epidemic in Connecticut?
- Do you have lived experience or subject matter expertise with HIV, Hepatitis C, sexually transmitted diseases, and/or mental health and substance misuse?
- Have you attended a CHPC meeting or received information from a CHPC member regarding the membership application process?

**If you answered yes to these questions, please consider submitting a CHPC Membership application.**

What is the process to become a CHPC Member?



1

**Confirm that this is a good fit for you**

- Are you inspired by working to achieve goals such as ending the HIV epidemic, eliminating disparities, and reducing stigma?
- Are you passionate about representing your community – which might be defined by age, race, ethnicity, sexual identity, lived experience, geographic area, technical expertise, or affiliation with key partners?
- Will you be able to attend monthly meetings?

2

**Submit a confidential membership application to the CHPC project support staff. Need help filling out the application form? Contact the CHPC project support staff who will gladly help.**

3

**Wait for approximately one month as the CHPC Executive Committee reviews applications.**

4

**Participate in a virtual on-boarding and orientation session prior to attending your first meeting as a CHPC Member. Connect with CHPC staff to organize any types of transportation, stipend, and/or technology support.**

If you have questions about CHPC membership, please contact staff person Selma Gooding at 203.772.2050 ext. 30 or [Gooding@xsector.com](mailto:Gooding@xsector.com).

**CHPC C/O CROSS SECTOR CONSULTING, LLP**

2558 Whitney Avenue, Bldg. 1 • Hamden, CT 06518 • PH: (203) 772-2050 ext. 30 • Email: [Gooding@xsector.com](mailto:Gooding@xsector.com)

# Connecticut HIV Planning Consortium Membership Application 2025

## CHPC MEMBERSHIP APPLICATION

### 1. Basic Information

**First name**

**Last Name**

**Date of Birth (mm/dd/yy)**

### 2. Choose the gender with which you identify

- Male
- Female
- Transgender
- Non-binary/Non-conforming

### 3. Please indicate your race by selecting the category that best describes you

- Black or African American
- White
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Middle Eastern
- Multiracial or Biracial
- Asian

Other (please specify)

### 4. Do you identify as Hispanic, Latino/a, or of Spanish origin?

- Yes
- No
- Other (please specify)

### 5. What is your sexual orientation?

- Heterosexual
- Gay Man
- Lesbian
- Bisexual
- Pansexual
- Asexual
- Prefer not to answer

Other (please specify)

**6. Contact Information**

Street address

City

State

Zip code

**7. Contact phone number**

Country code

Phone number

**8. Preferred email address**

Email address

**9. Employer Information (If applicable)**

Organization Name

Job Title

**10. Select any areas where you have personal lived experience that will be helpful for CHPC discussions (check all that apply)**

- Person with HIV
- Experience supporting a family member or loved one with HIV
- Person co-infected with hepatitis B or C
- Been incarcerated
- Lived experience with homelessness
- Lived experience with substance use and/or recovery
- Person who has injected drugs
- Person taking pre-exposure prophylaxis (PrEP)
- Man who has sex with men
- Lived experience with mental health concerns
- Experienced unemployment

**11. Additional affiliations and networks (check all that apply)**

- Member of faith-based organization or spiritual group
- Volunteer community-based organization
- Elected official or appointed to committee/commission
- Member of a national, state, or local trade or industry group
- Member/participant of a parent or civic group
- Member/participant of a recovery or support group
- Hospital/health care planning agency
- None of the above

Other (please specify)

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**12. I anticipate needing support in the following areas. (check all that apply)**

	Yes	No
Technology access	<input type="radio"/>	<input type="radio"/>
Transportation support to in-person meetings	<input type="radio"/>	<input type="radio"/>
Mentoring from a CHPC member	<input type="radio"/>	<input type="radio"/>

Other (please specify)

**13. I acknowledge that I have read the information contained in this application and that my responses represent the truth to the best of my knowledge.**

Yes

No