The Florida HIV/AIDS Comprehensive Planning Network (FCPN) strives to have a membership body that has diverse representation from all communities affected by HIV/AIDS in Florida. In an effort to ensure the group’s membership includes individuals from diverse racial and ethnic backgrounds, geographic areas, ages, HIV status, sexual orientations and gender identities, the Florida Department of Health HIV/AIDS and Hepatitis Section, collects information regarding the composition of the planning body. The information is used to ensure compliance with the guidelines for parity, inclusion, and representation, as defined by the Centers for Disease Control and Prevention (CDC). All members of the FCPN are required to complete this form.

### Personal Information

**Full Name:**

**Address:**

**Phone Number:** | **Email:**
---|---

**Area:** | **Member Standing:**
---|---
[ ] Representative | [ ] Alternate | [ ] At-large | [ ] DOH Representative

### Demographic Information

**Age Range:**

- [ ] < age 19
- [ ] 20-29 years
- [ ] 30-39 years
- [ ] 40-49 years
- [ ] 50-59 years
- [ ] > 60 years
- [ ] Prefer not to disclose

**Gender:**

- [ ] Male
- [ ] Female
- [ ] Transgender (female to male)
- [ ] Transgender (male to female)
- [ ] Other (please specify):
- [ ] Prefer not to disclose

**Race/Ethnicity:**

- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Black
- [ ] White
- [ ] More than one race
- [ ] Hispanic or Latino
- [ ] Not Hispanic or Latino
- [ ] Prefer not to disclose

### Affiliations, Expertise, and Representation

**Affiliations:**

- [ ] Academic institution
- [ ] Community-based organization providing HIV services
- [ ] Community-based organization not providing HIV services
- [ ] Faith-based organization
- [ ] Health department
- [ ] Substance Abuse agency
- [ ] Mental Health agency
- [ ] Corrections
- [ ] Homeless service organization
- [ ] None

**Expertise:**

- [ ] Behavioral/social science
- [ ] Caretaker of person living with HIV/AIDS
- [ ] Corrections
- [ ] Epidemiology
- [ ] Health planning
- [ ] HIV service delivery
- [ ] Homeless service
- [ ] Person living with HIV/AIDS
- [ ] Program Evaluation
- [ ] Substance abuse
- [ ] Mental health
- [ ] Other (please list):
- [ ] Prefer not to disclose

**Community Representation:**

- [ ] Adolescent and youth
- [ ] General population
- [ ] Heterosexuals
- [ ] Injection drug user (IDU)
- [ ] Men who have sex with men (MSM)
- [ ] MSM injection drug user
- [ ] Sex work
- [ ] Transgender
- [ ] Person living with HIV/AIDS
- [ ] Community member
- [ ] Other (please list):
- [ ] Prefer not to disclose

- [ ] None
### AFFILIATIONS: (Check all that apply)

<table>
<thead>
<tr>
<th>Affiliation</th>
<th>For Department Use Only:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnership</td>
<td>Community</td>
</tr>
<tr>
<td>Consortium(tia)</td>
<td>Ryan White</td>
</tr>
<tr>
<td>CBO/ASO</td>
<td>Public Health</td>
</tr>
<tr>
<td></td>
<td>At-Large (area of representation)</td>
</tr>
</tbody>
</table>

### Affiliations:
From the choices above, indicate your primary affiliation:

Indicate a secondary affiliation:

### Expertise:
From the choices above, indicate your primary area of expertise:

Indicate a secondary expertise:

### Community Representation:
From the choices above, indicate your primary representation:

Indicate a secondary representation:

### Authorization
Disclosure of information contained on this form is prohibited unless authorized by the member in writing. Please indicate by signing below your approval for the HIV/AIDS and Hepatitis Section, to disclose this information as needed for issues directly related to HIV planning. This information will only be used in aggregate form and will not be linked to members by individual identifiers.

Print Name: 

Signature: 

Date: 

Please circle:
Prevention | PPG

Patient Care | PCPG

Other | _______________________________
