

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.

CHPC C/O CROSS SECTOR CONSULTING, LLP
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Connecticut HIV Planning Consortium Membership Application 2026

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

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?**

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Pansexual |
| <input type="checkbox"/> Gay Man | <input type="checkbox"/> Asexual |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Bisexual | |

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)**

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

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

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

Other (please specify)

*** 12. What inspires you to participate in the CHPC, and what do you hope to contribute to ending the HIV epidemic in Connecticut?**



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*** 13. 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)

*** 14. 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