



Community Advisory Board Application

Dear Applicant:

Thank you for your interest in joining the Community Advisory Board (CAB) of Howard Brown Health. The CAB provides community feedback on Howard Brown's programs and services and helps Howard Brown staff stay connected to the lesbian, gay, bisexual, transgender, queer (LGBTQ) and HIV+ communities in Chicago. Howard Brown is committed to choosing a diverse group of CAB members with different ages, income levels, gender identities, races/ethnicities, sexual orientations, and HIV status. Howard Brown is committed to forming a CAB that includes people who have received health care at Howard Brown regularly; this includes medical, therapy, case management or testing services within the last two years.

Purpose

The mission of Howard Brown is to eliminate the disparities in health care experienced by LGBTQ people through research, education and the provision of services that promote health and wellness. The main purposes of the CAB are:

- 1) To advise Howard Brown staff on how the agency can improve its services
- 2) To offer feedback on how well Howard Brown works with members of the community
- 3) To provide a community voice in decisions Howard Brown makes about current and future services

Structure

The CAB will meet for two hours, once a month, at Advocate Illinois Masonic Medical Center on 836 W Wellington on the second Wednesday of the month from 6-8pm. During the meetings, the CAB will give feedback, react to ideas from staff, and make suggestions that could improve Howard Brown. Possible CAB topics include transgender health services, case management services, support groups, youth services, women's services, Pride Month activities, HIV/STI testing and outreach, and the Brown Elephant stores. Once members are chosen, the CAB will choose additional topics to discuss.

We hope to create a CAB that is meaningful and rewarding, and offer community members a way to help Howard Brown provide even better care and help shape what Howard Brown will be in the future.

Benefits of Joining the CAB:

- Learning more about the services at Howard Brown
- Having a voice in how Howard Brown improves the healthcare it offers
- Helping Howard Brown staff understand what the community needs

Requirements to be a CAB Member:

- Attend at least 9 of the 12 CAB meetings each year
- Read information sent to the CAB to prepare for meetings

- Provide thoughtful feedback at meetings
- Promote Howard Brown in the community
- Make suggestions about what you think the community need

Applications and Deadlines

To apply to be a member of the CAB, please complete the attached application. Please send your completed application to Andie Baker, Howard Brown Staff Liaison to the CAB, at CAB@howardbrown.org. If you have any questions regarding the CAB or the application, please call or email Andie at 773.572.6990 or CAB@howardbrown.org.

All applications must be completed and turned in by **Tuesday, May 31, 2016**. We will call or email you to let you know that your application was received. Applicants may be contacted to arrange an in-person interview with staff at Howard Brown between Friday, May 11th and Sunday, June 5th. A final decision about who will be invited to be a CAB member will be made by Saturday, June 11, 2016.

Thank you again for your interest in the CAB and your choice to have a positive impact on Howard Brown programs and services. We deeply appreciate your commitment to Howard Brown.



All information in this application will be private and confidential. It will only be used for your Community Advisory Board (CAB) Application and will not be part of your other records at Howard Brown Health.

Date _____

Preferred Name

Preferred Pronoun (i.e. she/her, he/him, they/them, none)

- White/Caucasian
- Native American/Indigenous

- More than one race
- Additional Race/Ethnicity: _____

Housing Status:

- I am experiencing homelessness
- I have somewhere to live but it's only temporary
- I have a stable place to live
- I live in a group home, sober living home or other supported housing

- Other—please specify: _____

Highest Level of Education:

- Some Grade School
- High School Diploma/GED
- Some College
- Advanced Degree

- Some High School
- Technical/Trade School
- College Degree

How many people live with you and share expenses (including you)? _____

Do you have health insurance? Yes No

What is your monthly household income? _____

Are you a veteran? Yes No

Do you speak another language fluently besides English? Yes No

If yes, what other language do you speak? _____

Which describes you? (check all that apply)

- I am living with HIV
- A close friend of mine is living with HIV
- People in my community are affected by HIV
- I have worked with/volunteered for/provided services to people with HIV
- My significant other (partner/spouse/etc.) is living with HIV

- A close family member of mine is living with HIV
- I would like to know more about HIV

Is there any help that you would need to be a member of the CAB and attend monthly meetings?

- Yes No

If yes, do you need:

- Transportation help getting to meetings
- Wheelchair access
- Child care during meetings
- An non-English or sign language interpreter

Something else:

What services have you used at Howard Brown in the **past two years**: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Medical Services | <input type="checkbox"/> Case Management/Patient Navigation |
| <input type="checkbox"/> Howard Brown Health Center Sheridan | <input type="checkbox"/> BYC Programming & Services |
| <input type="checkbox"/> Howard Brown Health Center Halsted | <input type="checkbox"/> Support Group |
| <input type="checkbox"/> Howard Brown Health Center Clark | <input type="checkbox"/> Elder Services |
| <input type="checkbox"/> Broadway Youth Center (BYC) | <input type="checkbox"/> Women's Health Services Programming |
| <input type="checkbox"/> Behavioral Health/Therapy Services | <input type="checkbox"/> Brown Elephant Retail Store |
| <input type="checkbox"/> Howard Brown Health Center Sheridan | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Howard Brown Health Center Halsted | |
| <input type="checkbox"/> Broadway Youth Center (BYC) | |
| <input type="checkbox"/> HIV/STI Testing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Howard Brown Health Center Sheridan | |
| <input type="checkbox"/> Broadway Youth Center (BYC) | |
| <input type="checkbox"/> In the community | |
| <input type="checkbox"/> Research participant | |

What services have you **ever** used at Howard Brown: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Medical Services | <input type="checkbox"/> Case Management/Patient Navigation |
| <input type="checkbox"/> Howard Brown Health Center Sheridan | <input type="checkbox"/> BYC Programming & Services |
| <input type="checkbox"/> Howard Brown Health Center Halsted | <input type="checkbox"/> Support Group |
| <input type="checkbox"/> Howard Brown Health Center Clark | <input type="checkbox"/> Elder Services |
| <input type="checkbox"/> Broadway Youth Center (BYC) | <input type="checkbox"/> Women's Health Services Programming |
| <input type="checkbox"/> Behavioral Health/Therapy Services | <input type="checkbox"/> Brown Elephant Retail Store |
| <input type="checkbox"/> Howard Brown Health Center Sheridan | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Howard Brown Health Center Halsted | |
| <input type="checkbox"/> Broadway Youth Center (BYC) | |
| <input type="checkbox"/> HIV/STI Testing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Howard Brown Health Center Sheridan | |
| <input type="checkbox"/> Broadway Youth Center (BYC) | |
| <input type="checkbox"/> In the community | |
| <input type="checkbox"/> Research participant | |

1. If you have been a member of any boards, organizations, or groups, please list these below. Also, please how long you were a part of these groups and what you learned from this opportunity.

2. Everyone has a special set of experiences and understanding. What unique perspectives or life experiences would you bring to the CAB?

3. What community work have you done, (i.e., neighborhood groups, volunteering, church groups, advocacy or political groups)?

4. What would you like to gain/learn from being a CAB member?

5. If someone asked you, "Tell me about Howard Brown Health," what would you say to them?

Please list information we can use to contact 2 people (who are not related to you) who can be a personal reference.

First Reference Name			Relationship
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Address	City	State	Zip
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Phone number	Email Address
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Second Reference Name	Relationship
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Address

City

State

Zip

Phone number

Email Address

Thank you for your interest in serving on the Howard Brown CAB!

Please save your document as: **CABApplication2016_FIRSTNAME_LASTNAME.**

Send your completed document to CAB@howardbrown.org.

You can also ask any questions you may have at the same e-mail address.