



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 statuses. 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

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 trans health services, case management services, support groups, youth 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.

The Northside CAB will meet for two hours, on the second Wednesday of every month, from 6:00 P.M. – 8:00 P.M. predominantly in the north side region of Chicago.

The Southside CAB, will meet for two hours, on the fourth Wednesday of every month, from 5:30 P.M. – 7:30 P.M. predominantly in the south side region of Chicago.

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:

- Regularly attend meetings and provide thoughtful feedback
- Read information sent to the CAB to prepare for meetings
- Promote Howard Brown in the community
- Make suggestions about what you think the community needs
- Must be an active patient and have received services within 2 years
 - And/or a community organizer of the South Side for the South Side CAB specifically.

Applications and Deadlines

To apply to be a member of the CAB, please complete the attached application. Please send your completed application to our Community Advisory Board Liaison at QI@howardbrown.org. If you have any questions regarding the CAB or the application, please email QI@howardbrown.org.

Applications for the CAB are open year-round and will be reviewed at multiple points throughout the year, depending on how many openings there are on the CAB for new members. Applicants may be contacted to arrange an in-person interview with Howard Brown staff and current CAB members.

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.

Community Advisory Board Application Packet

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 _____

Names You Use or Go by (Last Name, First Name) _____

Gender Pronouns You Use (i.e. she/her, he/him, they/them, xe/xir, name only, etc.) _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Preferred Phone _____ Alternate Phone _____

May we mention Howard Brown when calling? Yes No

Best time to call: Day Evening

Employer (if applicable): _____

Job Title: _____

Answering the questions below is optional; you can choose which questions you would like to answer. Your answers will help us choose a CAB that includes all different types of people that receive care at Howard Brown.

Age: _____

Which Community Advisory Board Location are you interested in applying (please select only one)?

North Side South Side

Do you identify as a member of the trans and/or gender non-confirming community?

Yes No

Gender (Check all that apply):

Man Genderqueer
 Woman Gender non-confirming
 Trans Man/Trans masculine Trans Woman/Trans feminine
 Nonbinary Not Listed Above: _____

Do you consider yourself to be intersex and/or someone coercively assigned a sex at birth?

Yes No

If you have questions at any time, feel free to contact: qi@howardbrown.org

Sexual orientation (check all that apply):

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Lesbian |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Queer |
| <input type="checkbox"/> Heterosexual/Straight | <input type="checkbox"/> Questioning |
| <input type="checkbox"/> Same Gender Loving | <input type="checkbox"/> Asexual |
| <input type="checkbox"/> Additional sexual orientation—please specify: _____ | |

Race (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Black/African-American | <input type="checkbox"/> Latinx/Latino/Latina |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> More than one race | <input type="checkbox"/> Native American/Indigenous |
| <input type="checkbox"/> Race not listed above: _____ | |

Ethnicity (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Black/African-American | <input type="checkbox"/> Latinx/Latino/Latina |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> More than one ethnicity | <input type="checkbox"/> Native American/Indigenous |
| <input type="checkbox"/> Ethnicity not listed above: _____ | |

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:

- | | |
|--|---|
| <input type="checkbox"/> Some Grade School | <input type="checkbox"/> Some High School |
| <input type="checkbox"/> High School Diploma/GED | <input type="checkbox"/> Technical/Trade School |
| <input type="checkbox"/> Some College | <input type="checkbox"/> College Degree |
| <input type="checkbox"/> Advanced 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(s) fluently besides English? Yes No

If yes, what other language(s) do you speak or use? _____

Which describes you? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> I am living with HIV | <input type="checkbox"/> A close family member of mine is living with HIV |
| <input type="checkbox"/> A close friend of mine is living with HIV | <input type="checkbox"/> I would like to know more about HIV |
| <input type="checkbox"/> People in my community are affected by HIV | |
| <input type="checkbox"/> I have worked with/volunteered for/provided services to people with HIV | |
| <input type="checkbox"/> My significant other (partner/spouse/etc.) is living with HIV | |

Is there any additional assistance 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

An interpreter: Spanish, American Sign Language, Chinese, etc. _____

Something else: _____

Application continues on the next page.

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

| | |
|--|--|
| <p>Medical Services</p> <p><input type="checkbox"/> 47th/Thresholds</p> <p><input type="checkbox"/> 55th</p> <p><input type="checkbox"/> 63rd</p> <p><input type="checkbox"/> BYC</p> <p><input type="checkbox"/> Clark</p> <p><input type="checkbox"/> Diversey</p> <p><input type="checkbox"/> Halsted</p> <p><input type="checkbox"/> La Casa Norte</p> <p><input type="checkbox"/> Sheridan</p> <p><input type="checkbox"/> TPAN</p> <p>Behavioral Health/Therapy</p> <p><input type="checkbox"/> 47th/Thresholds</p> <p><input type="checkbox"/> 55th</p> <p><input type="checkbox"/> 63rd</p> <p><input type="checkbox"/> BYC</p> <p><input type="checkbox"/> Counseling Center</p> <p><input type="checkbox"/> Sheridan</p> | <p>HIV/STI Testing</p> <p><input type="checkbox"/> Clinic: _____</p> <p><input type="checkbox"/> Sheridan Walk-In</p> <p><input type="checkbox"/> In the community</p> <p>Drop-in Services</p> <p><input type="checkbox"/> After Hours</p> <p><input type="checkbox"/> Sexual & Reproductive Health</p> <p>Additional Services</p> <p><input type="checkbox"/> Brown Elephant Retail Store</p> <p><input type="checkbox"/> BYC Programming/Services</p> <p><input type="checkbox"/> Dental</p> <p><input type="checkbox"/> Care Coordination/Patient Navigation</p> <p><input type="checkbox"/> Case Management</p> <p><input type="checkbox"/> Elder Services</p> <p><input type="checkbox"/> Research Participant</p> <p><input type="checkbox"/> Special Events</p> <p><input type="checkbox"/> Support Group</p> <p><input type="checkbox"/> Other: _____</p> |
|--|--|

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

| | |
|--|--|
| <p>Medical Services</p> <p><input type="checkbox"/> 47th/Thresholds</p> <p><input type="checkbox"/> 55th</p> <p><input type="checkbox"/> 63rd</p> <p><input type="checkbox"/> BYC</p> <p><input type="checkbox"/> Clark</p> <p><input type="checkbox"/> Diversey</p> <p><input type="checkbox"/> Halsted</p> <p><input type="checkbox"/> La Casa Norte</p> <p><input type="checkbox"/> Sheridan</p> <p><input type="checkbox"/> TPAN</p> <p>Behavioral Health/Therapy</p> <p><input type="checkbox"/> 47th/Thresholds</p> <p><input type="checkbox"/> 55th</p> <p><input type="checkbox"/> 63rd</p> <p><input type="checkbox"/> BYC</p> <p><input type="checkbox"/> Counseling Center</p> <p><input type="checkbox"/> Sheridan</p> | <p>HIV/STI Testing</p> <p><input type="checkbox"/> Clinic: _____</p> <p><input type="checkbox"/> Sheridan Walk-In</p> <p><input type="checkbox"/> In the community</p> <p>Drop-in Services</p> <p><input type="checkbox"/> After Hours</p> <p><input type="checkbox"/> Sexual & Reproductive Health</p> <p>Additional Services</p> <p><input type="checkbox"/> Brown Elephant Retail Store</p> <p><input type="checkbox"/> BYC Programming/Services</p> <p><input type="checkbox"/> Dental</p> <p><input type="checkbox"/> Care Coordination/Patient Navigation</p> <p><input type="checkbox"/> Case Management</p> <p><input type="checkbox"/> Elder Services</p> <p><input type="checkbox"/> Research Participant</p> <p><input type="checkbox"/> Special Events</p> <p><input type="checkbox"/> Support Group</p> <p><input type="checkbox"/> Other: _____</p> |
|--|--|

Please complete the following questions.

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

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 | | |
| Address | City | State | Zip |
| Phone number | Email Address | | |

| | | | |
|------------------------------|---------------|-------|-----|
| Second Reference Name | Relationship | | |
| 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: **CABApplication2019_FIRSTNAME_LASTNAME**

Send your completed document to QI@howardbrown.org

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