

Internal use only:
Date received: _____
Date of interview: _____
Selected: Yes No

**Houston Area HIV Services Ryan White Planning Council
Office of Support**

Phone 832-927-7926 ♦ Fax 713-572-3740 ♦ <http://rwpchouston.org>

APPLICATION FOR PROJECT LEAP CLASS OF 2025

APPLICANT INFORMATION:

DATE: _____
FIRST NAME: _____ NICKNAME: _____ LASTNAME: _____
ADDRESS: _____ APT/UNIT #: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ CELL: _____ EMAIL: _____
If applicable: EMPLOYER: _____

POSITION/TITLE: _____

PHONE: _____ *EMAIL:* _____ Can we contact you at work? No Yes
PREFERRED COMMUNICATION: Home phone Cell phone Home email Work phone Work email
• **Have you ever been in Project LEAP?** No Yes, but did not graduate Yes, graduated. Year: _____ *
**If you graduated, were you appointed to the Ryan White Planning Council?* No Yes I don't know

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP TO YOU: _____
PHONE: _____ EMAIL: _____

DEMOGRAPHIC INFORMATION:

THE PROJECT LEAP SERVICE DEFINITION REQUIRES THE COLLECTION OF CERTAIN DEMOGRAPHIC INFORMATION ABOUT ALL APPLICANTS. THIS INFORMATION WILL NOT BE USED FOR ANY OTHER PURPOSE THAN FOR THE SELECTION OF PROJECT LEAP PARTICIPANTS.

Please check one box for each item below:

Gender: Male Female Transgender/Gender Non-Conforming
Race/Ethnicity: White/non-Hispanic Black/non-Hispanic Hispanic/Latino
 Asian American Pacific Islander American Indian/Alaskan Native Other
Age: Under 18 18 – 24 25 – 34 35 – 44 45 – 49 50+

THE PROJECT LEAP SERVICE DEFINITION REQUIRES THE HIV STATUS OF APPLICANTS BE DOCUMENTED BY THE OFFICE OF SUPPORT. YOU WILL BE ASKED YOUR HIV STATUS DURING THE APPLICATION INTERVIEW. THIS INFORMATION WILL NOT BE USED FOR ANY OTHER PURPOSE THAN FOR THE SELECTION OF PROJECT LEAP PARTICIPANTS. YOU MAY DECLINE TO PROVIDE THIS INFORMATION.

HOW DID YOU HEAR ABOUT PROJECT LEAP? *Please check all that apply:*

- Name of person who referred you (optional): _____
- Case manager/social worker Educator/outreach worker Email distribution list Facebook/other social media
- Friend/family member Flyer Former LEAP student Health fair/event Media (e.g., magazine, newspaper)
- Planning Council or CPG *member* Planning Council or CPG *staff* Other: _____
- At an agency, please specify: _____

APPLICATION QUESTIONS:

PLEASE KNOW THAT PROJECT LEAP APPLICATIONS ARE CONSIDERED PUBLIC DOCUMENTS. THEREFORE, ANY INFORMATION YOU PROVIDE BELOW INCLUDING HIV STATUS OR OTHER HEALTH OR PERSONAL INFORMATION COULD BE VIEWED BY MEMBERS OF THE PUBLIC UPON REQUEST.

1. Please tell us about yourself including any experience you have working or volunteering in the HIV community in Houston or other areas.

2. Why do you want to be in Project LEAP?

3. Project LEAP meets weekly for 17 weeks for 4 hours each week from Cwi wvthrough Fgeember 2025. Are {qw'able to attend the Project LEAP class schedule? Yes No

Please return your completed application form to:

Ryan White Planning Council Office of Support
c/o Tori Williams 1809 W. 14 ½ Street 77008-3401
Fax: 713-572-3740 or Email: Diane.Beck@harriscountytexas.gov

Ryan.White@harriscountytexas.gov

Applications are due by 5:00 pm on Friday, July 9, 2025. If you wish to apply after July 9th, please call the Office of Support: 832 927-7926.

An in-person (virtual) interview with Office of Support staff is required. Interviews will be scheduled as applications are received. Applicants will be notified if they have been accepted into the class or not by Friday, July 21, 2023.