

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

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

2223 West Loop South, Suite 240; Houston, Texas 77027
Phone 832-927-7926 ♦ Fax 713-572-3740 ♦ www.rwpchouston.org

APPLICATION FOR PROJECT LEAP CLASS OF 2020

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 April through July 2020. Are you able to attend the Project LEAP class schedule? Yes No

Please return your completed application form to:
Ryan White Planning Council Office of Support
2223 West Loop South, Suite 240; Houston, TX 77027
Fax: 713-572-3740
Email: Diane.Beck@cjo.hctx.net

Applications are due by 5:00 pm on Friday, February 28, 2020. If you wish to apply after February 28th, please call the Office of Support: 832 927-7926.

An in-person interview with Office of Support staff is also required. Interviews will take place at the address above as applications are received. All applicants will be notified by Friday, March 27, 2020.