*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

713-572-3724; Fax 713-572-3740

[www.rwpchouston.org](http://www.rwpchouston.org)

**APPLICATION FOR PROJECT LEAP CLASS OF 2015**

APPLICANT INFORMATION:

DATE:

FIRST NAME: NICK NAME: LAST NAME:

ADDRESS:

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*

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 – 54 ⬜ 55+

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 March through July 2015. 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

Attn: Project LEAP

**Applications are due by 5:00 pm on Monday, February 2, 2015.**

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 6, 2015.