



SPECIAL
TREATMENT
AND
RESEARCH

State University of New York Downstate Medical Center

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**COMMUNITY ADVISORY GROUP
MEMBERSHIP APPLICATION**

IMPORTANT – PLEASE READ BEFORE COMPLETING THIS APPLICATION:

Client feedback about STAR Program services is the best way for us to know how we are doing and how to continue to develop programs that meet our ongoing needs. Based upon this application, STAR Program clients, staff, and community representatives will be selected to represent the STAR Program Community Advisory Group (CAG). The STAR Program CAG members fulfill their commitment by participating in meetings every other month over the course of the year.

If you would like to be considered for participation on the STAR Program CAG, please complete and return this application.

PART I

Name: _____ Street Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Cel Phone: _____

If Applicable:

Position/Title: _____ Organization: _____

Address: _____ City: _____ State: _____ ZIP: _____

Work Phone: _____ Brief Job Description: _____

Referred/Nominated By: _____

PART II

1. Please indicate which program(s) you receive services from (check as many as applicable):

- a. STAR Health Center _____
- b. Family Centered Care Program _____
- c. Mental Health or Support _____
- d. Hepatitis C Services _____
- e. Medication Adherence Services _____
- f. Educating People at Risk (EPAR) _____
- g. Women’s Interagency HIV Study (WIHS) _____
- h. Adolescent Education _____
- i. Other (specify): _____

2. How long have you been receiving services from this program(s)?

- a. _____ Less than 3 months
- b. _____ 3-6 months
- c. _____ 6-12 months
- d. _____ 1-3 years
- e. _____ 4+ years

3. How many times have you been hospitalized in the past 12 months?

- a. _____ None
- b. _____ 1-3
- c. _____ 4-6
- d. _____ 7-10
- e. _____ 10+

PART III

4. Why are you interested in joining the STAR Program Community Advisory Group?

5. What skills and/or experience do you think will benefit this group as they work to ensure quality services for Community Advisory Group consumers?

6. In what way(s) are you currently involved with HIV/AIDS issues? Describe any current activities.

7. In what way(s) have you been involved with HIV/AIDS issues in the past? Describe your past activities.

8. Have you ever served on any type of Community Advisory Group or Board?

_____ YES

_____ NO

If YES, when? _____ Describe: _____

If you have any questions about this application or the development of STAR Program services, please contact **Michelle Melendez, STAR Program Behavioral Health Director, at (718) 270-6391 or STARCAG@downstate.edu**

THANK YOU!