



Case Management Collaborative Leadership Council
(CMCLC)
Membership Application

Personal Information

Name Agency Name

Job Title Address

e-mail address/Telephone number

Organizational Funded Case management services (please check all that apply):

RW Part A__ RW Part B__ RW Part C/D__ DRS__ Corrections__ PACPI__ other__

Please answer the listed questions

- 1. Please describe your desire to be a member of the Case Management Collaborative Leadership Council:
2. Please describe your current experience/role within HIV Case Management:
3. Please describe any involvement you may have with committee work, board participation, planning groups, HIV advocacy:
4. Please describe any assets that you feel you can add as a Council member:

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CMCLC membership commitment

- Must be willing to actively participate in CMCLC Meetings and Conference calls.
- Must be willing to commit to attending at least one hour conference call and one hour general meeting scheduled within consecutive months. With no more than two unexcused absences from either meeting without prior alternative agency representation approved by the Council.
- Membership is contingent upon attendance and participation.
- Must be willing to work with the focus of the entire case management collaborative in mind and be willing to advocate for clarity, transparency, and implementation of all case management services provided.
- Must be willing to work in a committee/council setting and respect diversity and differences in a professional manner while maintaining confidentiality of other members.

Signature

The CMCLC under the jurisdiction of the AIDS Foundation of Chicago (AFC) provides guidance, leadership, and advocacy for the highest quality of case management services throughout the collaborative.

By signing below you agree to the above commitments and authorize the Case Management Collaborative Leadership Council to consider your application.

Name

Date