*Internal use only:*

Date received:

Date of interview:

Selected:  Yes  No

**Southeastern MI HIV/AIDS Council (SEMHAC)**

**Office of Support**

100 Mack, #359, Detroit, MI 48202

313-876-0616; Fax 313-202-9850

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

**APPLICATION FOR PROJECT LEAP CLASS OF 2021-22**

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, INCLUDING HIV STATUS. THIS INFORMATION WILL NOT BE USED FOR ANY OTHER PURPOSE THAN TO HELP WITH THE SELECTION OF PROJECT LEAP PARTICIPANTS. YOU MAY DECLINE TO PROVIDE HIV STATUS INFORMATION.

***Please check one box for each item below:***

HIV Status:  Person Living with HIV  NOT Living with HIV  Prefer not to answer

Gender:  Male  Female  Transgender/Gender Non-Conforming

Pref. Pronoun:  He  She  Other\_\_\_\_\_\_\_\_\_\_\_\_

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+

Geographic jurisdiction in which you reside/live:

 City of Detroit  Lapeer County  Macomb County  Monroe County  Oakland County  St. Clair  Wayne County

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 member  Planning Council 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 PLANNING COUNCIL MEMBERS WHO PRACTICE AND RESPECT HIPAA REGULATIONS.

1. **Please tell us about yourself including any experience you have working or volunteering in the HIV community or other areas.**
2. **Why do you want to be in Project LEAP?**
3. **Project LEAP meets weekly for 10 weeks for 4 hours each week from November 2021 through January 2022. Are you able to attend the Project LEAP class schedule?**  Yes  No

Project LEAP dates are as follows:

* + - Week 1 - November 4, 2021 - 10:00am – 2:00pm
		- Week 2 – November 11, 2021– 10:00am – 2:00pm
		- Week 3 – November 18, 2021 – 10:00am – 2:00pm
		- Week 4 – December 2, 2021 – 10:00am – 2:00pm
		- Week 5 – December 9, 2021 – 10:00am – 2:00pm
		- Week 6 – December 16, 2021 – 10:00am – 2:00pm
		- Week 7 – January 6, 2022 – 10:00am – 2:00pm
		- Week 8 – January 13, 2022 – 10:00am – 3:00pm
		- Week 9 – January 20, 2022 – 10:00am – 3:00pm
		- Week 10 – January 27, 2022 – 10:00am – 2:00pm
		- GRADUATION CEREMONY – TBD

**Please return your completed application form to:**

SEMHAC Office of Support

100 Mack, Suite 359

Detroit, MI 48202

Fax: 313-202-9850

Email: ugoodwin@semhac.org

Attn: Project LEAP

An in-person interview with LEAP workgroup member and/or Office of Support staff is also required.