

Project TEACH

Treatment Education Activists Combating HIV

Are you living with HIV/AIDS? You are not alone.

Project TEACH is an education program for people living with HIV/AIDS. We believe AIDS activists have made the world better, and we all can be a part of this movement.

- ◆ *Project TEACH* is an 8 week class
- ◆ Classes meet on Tuesdays and Thursdays, from 10am to 1pm
- ◆ Lunch is served after class, from 1pm to 2pm
- ◆ Tokens are provided every class
- ◆ Graduates receive a stipend

We are always accepting applications.

If you need help filling out this application, please let us know!



Photo by Kaytee Riek

This photo is from 2007, when Project TEACH was in danger of having its funding cut. Activists in the community joined together to save Project TEACH.

Project TEACH teaches participants about HIV treatment information, ways you can stop the spread of HIV, knowing your rights in health care decisions, and more...



Project TEACH

Philadelphia FIGHT • 1233 Locust St • Philadelphia, PA 19107 • 215-985-4448

For more information on Project TEACH or any of the education programs, please contact Tina Radin, Intervention Coordinator, at 215.985.4448 ext. 233 or tradin@fight.org

Project TEACH Application

Are you living with HIV/AIDS?
You are not alone.

Return To: Tina Radin, Interventions Coordinator
1233 Locust Street, 3rd floor
Philadelphia, PA 19107
Phone: 215-985-4448, ext. 233; fax: 215-985-4952

Project TEACH is an eight week class for anyone living with HIV/AIDS. TEACH stands for Treatment Education Activists Combating HIV. The program is sponsored by Philadelphia FIGHT. The training focuses on treatment and secondary prevention education, advocacy and peer counseling skills.

Please Print Clearly!

Today's Date: _____

Name: _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

If you don't answer, can we leave a message?: ___ YES ___ NO

Where can we say we are calling you from?: ___ Project TEACH ___ Philadelphia FIGHT ___ Education

If we can't reach you at the numbers you listed above, is there someone else we can contact?:

Contact #1
Name: _____

Contact #2
Name: _____

Phone: _____

Phone: _____

Can we leave a message?: ___ YES ___ NO
Where can we say we are calling from?: ___ Project TEACH
___ Philadelphia FIGHT
___ Education

Can we leave a message?: ___ YES ___ NO
Where can we say we are calling from?: ___ Project TEACH
___ Philadelphia FIGHT
___ Education

Mailing Address:

If you are in a halfway house or other program:
Program Name: _____
Counselor Name: _____
Counselor's Number: _____

Do you need a confidential envelope? YES NO

E-mail Address: _____

Can we add you to our email list? ___ YES ___ NO

Staff Referral? ___ yes ___ no Name of staff referring: _____

1. How did you hear about Project TEACH?
2. Why do you want to participate in the program?
3. Where do you get your information about HIV/AIDS treatment issues?
4. What **questions** do you have about staying healthy with HIV/AIDS, HIV/AIDS treatment, or medical care issues?
5. What **skills** would you bring to Project TEACH, based on past training, employment or volunteer experience?
6. Would you be willing and able to commit 6 hours per week for 8 weeks?
 Yes No
7. Would you need any assistance or special arrangements in order to participate?
 Yes No
If yes, please explain:
8. Have you ever been in prison or jail? (county/state/federal)
 Yes No If yes, which? _____
9. Have you graduated from Project TEACH Outside in the past?
 Yes No If yes, in what year?: _____