

PROJECT TEACH

TREATMENT EDUCATION ACTIVISTS COMBATING HIV!

What is Project TEACH?

We are people living with HIV/AIDS in the Philadelphia region. We have learned about staying healthy living with the virus. You can too!

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

The members of Project TEACH encourage you to:

- ◆ Educate yourself
- ◆ Get a good doctor who has experience taking care of people with HIV
- ◆ Know and believe that you can live with HIV/AIDS

Project TEACH

Project TEACH is a 54-hour, 9-week class focusing on living with HIV/AIDS, secondary treatment, treatment education, communication skills, and activism. This course is open to all people living with HIV/AIDS. Day and evening classes are available in the Spring and Fall of each year. Graduates of the training program are eligible to join our Peer Educator Team. Potential class members must complete this written application and come in for an interview. For more information, call Matilda O'Neill at 215-985-4448, ext. 233.

**Project TEACH * Philadelphia FIGHT * 1233 Locust St * Philadelphia, PA 19107 *
215-985-4448 * Fax 215-985-4492
matilda@fight.org * <http://www.fight.org/teach/index.asp>**

**If you are living with HIV, and are interested in talking to a Peer Educator, please call
Hassan J. Gibbs at 215-985-4448, x168.**

Project TEACH

Application

Return To: Matilda O'Neill, TEACH Programs Coordinator
1233 Locust Street, 5th floor
Philadelphia, PA 19107;
Phone: 215-985-4448, ext. 233; fax: 215-985-4952

Project 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.

Persons interested in participating are encouraged to answer the following questions. All questions are optional, and your confidentiality will be strictly maintained. Not all participants will be selected. However, no one will be disqualified due to the answers he/she gives on this questionnaire. While all interested people are encouraged to apply, the program is specifically targeted towards low-income and minority people with HIV/AIDS who live in Philadelphia.

Statement of Confidentiality

Any information obtained in connection with this project and which could be identified with you will be kept strictly confidential. Only the Project TEACH staff persons involved directly in recruitment will have access to personal information such as your name, address and birth date and all of the answers you give to the questions below. Otherwise, all personal information will be removed to maintain your confidentiality. Instead, a "confidential identifier" will be issued to track information anonymously. No information obtained will be released without your permission.

Please Print!

Name: _____

Phone: _____

Pager: _____

Email: _____

Address: _____

Can we add you to our mailing list?

_____ Yes _____ No

Date of Birth: _____

By signing below, you give permission for us to call your Emergency Contact.

___ Yes ___ No

Signature

In Case of Emergency, contact:

Name: _____

Phone: _____

Staff Use Only

Detach page 1 and file separately after issuing a confidential identification number

1) How did you hear about Project TEACH?

2) Why do you want to participate in the program?

3) In your opinion, what are the main treatment or health care issues for people living with HIV?

4) Where do you get your information about HIV/AIDS treatment issues?

5. What **questions** do you have about staying healthy with HIV/AIDS, HIV/AIDS treatment, or medical care issues?

6. What **skills** would you bring to Project TEACH, based on past training, employment or volunteer experience? (You may also submit a résumé.)

7. Would you be willing and able to commit 6 hours per week for 9 weeks? Yes No

8. Would you need any assistance or special arrangements in order to participate? Yes No
If yes, please explain:

9. Please check which time(s) would be best for you to attend class:

Project TEACH: Day class (10a.m. -1 p.m.) _____ Night class (6-8:30 p.m.) _____
 Either _____ Other? _____

General Questions

1) What is your gender?

- Female
- Male
- Transgendered
- (self identify)_____

2) What is your sexual orientation?

- I identify myself as lesbian or gay
- I identify myself as bisexual
- I identify myself as straight
- (self identify)_____

3) What is your main racial or ethnic group?

- African American/Black
- White (non Hispanic)
- Latino or Hispanic
- Asian or Pacific Islander
- American Indian /Alaskan Native
- Mixed_____
- (self identify)_____

4) What is the highest year of school that you have ever completed?

- No formal school
- Grades 1 through 8
- Grade 9
- Grade 10
- Grade 11
- Grade 12
- 1st Year College
- 2nd Year College
- 3rd Year College
- 4th Year College
- At least 1 year of post-graduate

5) Where do you live now?

- I am homeless and live on the street, in my car, in an empty building, or a commercial building

- I live in a shelter
- I live in a "half-way" house
- I live in public housing
- I live in transitional housing
- I rent a home or apartment
- I live in a drug and alcohol treatment center or recovery house
- I live in a residence for people with AIDS
- I own a home or condo
- Other_____

6) How many people are in your household?

- Total number of people_____
- Total number of children_____

7) How many people in your household are living with HIV? Total number_____

8) Many people receive money to live on in more than one way. Please look at this list and check off all of your sources of income:

- Wages or salary from job
- Wages or salary from spouse's or partner's job
- Money given to you from friends or family
- Child support
- Disability/Social Security/VA benefits
- Welfare/TANF/ cash assistance
- SSI
- Food Stamps
- Unemployment Insurance or Worker's Compensation
- Savings
- Other_____
- None

HIV/Health Questions

1. What is your current HIV status?

- HIV positive with **no** physical problems
 HIV positive with physical problems
 HIV negative

2. What is the month and year of your diagnosis as HIV positive? (If you cannot remember the month, answer only the year.)

Month Year

3) Has a doctor or health care provider ever told you that you had AIDS?

- Yes No

4) If yes, what was the month and year you were first told that you had AIDS? (If you cannot remember the month, answer only the year.)

Month Year

5) What was your last T-cell count?

- LESS THAN 200
 BETWEEN 200 AND 500
 MORE THAN 500
 DON'T KNOW

6) Do you have a place where you go regularly for HIV-related health care?

Yes.
Where? (Name of doctor or clinic)?

No

7) Have you been treated in the past 12 months for an HIV-related illness, symptom or condition?

____ Yes ____ No

8) If yes, for what illnesses, symptoms or conditions? _____

9) Have you been hospitalized in the past 12 months for an HIV-related illness, symptom or condition?

____ Yes ____ No

10) If yes, for what illnesses, symptoms or conditions? _____

11) If yes, how many days have you spent in the hospital in the past 12 months for HIV-related illnesses?

Number of Days: _____

12) Have you had a TB test since your HIV Diagnosis?

____ Yes – Month and Year: _____
____ No ____ I don't know

13) Do you know your Hepatitis C status?

____ Positive ____ Negative ____ Don't know

If positive, when were you diagnosed

(month and year)? _____

AIDS Organizations Affiliations Questions

1) Are you a member, volunteer, client or employee of any Philadelphia-area AIDS service organizations?

Yes
 No

2) If yes, which organizations?

3) What do you do at this/these organizations?

4) Do you receive any payment from any of these organizations?

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Drug and Alcohol Questions

1) Have you ever used drugs or alcohol?

Yes
 No

2) Are you or have you ever been a user of intravenous/ injection drugs?

Yes
 No

3) I consider myself to be a recreational user

I consider myself to be in recovery.

(How long? _____)

I do not use drugs and alcohol

4) Please identify those substances, if any, which you have used?

Alcohol

Cocaine/crack/freebase

Marijuana

Heroin

Other

(specify: _____)

I do not use drugs or alcohol

5) Do you smoke cigarettes?

Yes

How many packs a week? _____

What brand? _____

I do not smoke

I used to smoke

How many packs a week? _____

When did you quit? _____

How did you quit? _____

Prison Questions

1) Have you ever been in prison or jail? (County, state, federal?)

Yes (which?) _____

No

2) How long were you there?
