



MIAMI-DADE HIV/AIDS PARTNERSHIP

Housing Committee Meeting Wednesday, August 11, 2021

2:00 p.m. – 4:00 p.m.

Behavioral Science Research
2121 Ponce de Leon Blvd, Ste. 240
Coral Gables, FL 33134

AGENDA

- | | | |
|-------|--|----------------|
| I. | Call to Order/Introductions | Stephen Herz |
| II. | Housekeeping | Marlen Meizoso |
| III. | Resource Persons | Stephen Herz |
| IV. | Floor Open to the Public | Stephen Herz |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of May 11, 2021 | All |
| VII. | Reports | All |
| | • HOPWA Programs Updates (LTRA, Project Based, STRMU) | Roberto Tazoe |
| | • Partnership Report (reference only) | Marlen Meizoso |
| | • Membership Vacancies | Marlen Meizoso |
| VIII. | Standing Business | |
| | • Elections 2021 and Vice Chair | Marlen Meizoso |
| IX. | New Business | |
| | • 2021 HIV/AIDS Housing Needs Assessment | Alicia Apfel |
| X. | Announcements | Marlen Meizoso |
| XI. | Next Meeting: September 16, 2021 at Main Library- Auditorium | Stephen Herz |
| XII. | Adjournment | Stephen Herz |

Please turn off or mute cellular devices – Thank you



For more information, regarding the Miami-Dade HIV/AIDS Partnership's Housing Committee please contact
Marlen Meizoso at 305-445-1076 or marlen@behavioralscience.com

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership/

Partnership Meeting Housekeeping

Revised August 6, 2021

Disclaimer & Code of Conduct

- This meeting is being recorded and will become part of the public record.



- Members serve the interest of the Miami-Dade HIV/AIDS community as a whole. Members do not serve private or personal interests, and shall endeavor to treat all persons, issues and business in a fair and equitable manner.
- Members shall refrain from side-bar conversations in accordance with Florida Government in the Sunshine laws.

Resource Persons

- Behavioral Science Research Corp. staff are the Resource Persons for this meeting.
 - ❖ *Will BSR staff please identify themselves?*
 - ❖ *Please see staff after the meeting if you are interested in membership or if you have a question that wasn't covered during the meeting.*

General Reminders

- Per County mandate, masks are to be worn in all County buildings.
- Place cell phones on mute or vibrate.
 - ❖ *If you need to answer a call, please excuse yourself from the meeting room.*
- Only voting members should be seated at the meeting table.
 - ❖ *You may choose to move your chair if you have concerns about social distancing.*
- If you are at the meeting table, please use the microphone.
- See the front desk attendee to have your parking validated (Library meetings only), or see Staff after the meeting for a parking sticker (available to members of the affected community).

Attendance

- You must sign in to be counted as present.
- Committee members are expected to arrive on time and remain throughout the entire meeting.
 - ❖ *If you expect to arrive late or leave early, please notify staff in advance of the meeting as this may impact quorum.*
- Meetings should start at the posted start time, based on quorum.
 - ❖ *If quorum is not reached within 15 minutes of the meeting start time, the meeting may be cancelled by the Chair.*

Meeting Participation

- All speakers must be recognized by the Chair.
 - ❖ *Raise your hand to be recognized or added to the queue.*
 - ❖ *The Chair will call on speakers in order of the queue.*
- Discussion should be limited to the current Agenda topic or motion.
- Speakers should not repeat points previously addressed.
- Any attendee may be permitted to address the board as time allows and at the discretion of the Chair.

- Important!
 - *Please raise your hand if you need clarification about any terminology or acronyms used throughout the meeting.*

Resources

- Today's presentation and supporting documents are online at <http://aidsnet.org/meeting-documents/>.



- Follow the Partnership on Facebook and Instagram!

Thank you for attending today's meeting!



Housing Committee Meeting
Miami-Dade Public Library, 101 West Flagler Street, Auditorium,
Miami, FL 33130 and Zoom
May 11, 2021

#	Members	Physically Present	Virtually Present	Absent	Guests
1	Ade, Rose	X			Alicia Apfel
2	Alleyne, Karen	X			Nicole Marriott
3	Burks, Laurie Ann			X	
4	Gabriel, Kytaina	X			
5	Herz, Stephen	X			
6	Laso, Carlos			X	
7	McFeely, John	X			
8	Tazoe, Roberto		X		Staff
9	Rodriguez, Israel	X			Christina Bontempo
10	Williams, April		X		Barbara Kubilus
Quorum: 4					Marlen Meizoso

Note that all documents referenced in these minutes were accessible to members and the public prior to (and during) the meeting, at www.aidsnet.org/meeting-documents.

I. Call to Order

Stephen Herz, the Chair, called the meeting to order at 2:01 p.m.

II. Meeting Housekeeping

Marlen Meizoso reviewed the PowerPoint, *Zoom Meeting Housekeeping Items* (copy on file), which briefly explains best meeting practices, the chat box, other commonly used features, and specific instructions for in-person attendees. Members and guests were reminded that this meeting – including video, audio, and chat box input – is being recorded and will become part of the public record.

III. Member Roll Call

Mr. Herz read each member's name into the record. Members who were present verbally acknowledged their attendance; members on Zoom were asked to chat their name to have their attendance recorded.

Mrs. Meizoso read each guest's name into the record and noted the names of support staff present at the meeting. Virtual Guests were asked to send a chat message to have their attendance recorded.

IV. Floor Open to the Public

Mr. Herz opened the floor to the public with the following statement:

"Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any items on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk"

about your concerns. BSR has a dedicated telephone line and email address for statements to be read into the record. No statements were received.”

There were no comments made. Mr. Herz closed the floor for public comment.

V. Review/Approve Agenda

The committee reviewed the agenda and accepted the agenda as presented.

Motion to approve the agenda as presented.

Moved: John McFeely

Second: Kytaina “KiKi” Gabriel

Motion: Passed

VI. Review/Approve Minutes of October 15, 2020

The committee reviewed the minutes of October 15, 2020 and approved them as presented.

Motion to accept the minutes of October 15, 2020.

Moved: Kitania “KiKi” Gabriel

Second: Rose Ade

Motion: Passed

VII. Reports-Membership and Motions Q & A

All reports were posted online. If there are any questions regarding the Motions or Vacancy reports, these may be directed to staff.

VIII. Standing Business

- ***Elections 2021***

Marlen Meizoso

Mrs. Meizoso informed the Committee that elections were not held at the Partnership meeting in March; resulting in the need to conduct a vote at the next (Partnership) meeting as to whether to proceed with the elections (at that meeting) or to postpone until the next cycle. Voting results will be shared with the Committee via email; or the new date for conducting the elections.

- ***HOPWA Programs Update***

Roberto Tazoe

Mr. Tazoe indicated that the HOPWA program is still providing services. The City is still funding the Tenant Base Rental Assistance (TBRA) Program, Project Based Program and Short-Term Rental, Mortgage and Utility (STRMU) programs, one funded by the City with CARES Act money and one by the State. For next fiscal year, the City is expected to receive \$11,924,914 which is a little more than this year.

IX. New Business

- ***Tenet -Based Rental Assistance (TBRA) Program Costs***

Roberto Tazoe

Mr. Tazoe indicated that while the HOPWA program received a slight increase in funds, housing affordability this year has decreased. Fair Market Rents (FMR) determined by Housing and Urban Development (HUD) have dropped but rent prices have risen. In the past, the program served 1,100 households but currently the program is serving 826 households. Additional reductions will need to be made to reduce the total to 770-780 households to maintain program integrity because of rising rent costs. Clients will not be removed but those clients who leave the program will not be replaced. Those clients who are on the waitlist will need to wait until the number (households) drops below 770.

A question was asked if the City had flexibility to carry funds over for next year. Mr. Tazoe indicated carryover funding is anticipated with a projected balance of \$2 million for next year. These additional funds will be carried over to next year as the City does not want to completely expend all funding (this year) in case of a funding shortfall next year.

• ***Health Council of South Florida's Special HOPWA Project***

Alicia Apfel and Nicole Marriott

Alecia Apfel and Nicole Marriott reviewed flyers for two programs sponsored by the Health Council of South Florida (HCSF) (copy on file) for a two-year pilot project. The program helps HIV positive pregnant persons, youth (18-24 years old), transgender and persons with opioid-use disorder (OUD) who inject. The program will offer a rapid rehousing model for nine months of assistance with clients paying 30% of their income. The program can also assist with rentals (STRMU) and deposits and will offer a CTI model of case management. The expected outcome of the program will be to provide stability to those who are homeless or about to be homeless. The HCSF has reached out to several partners who work with the target populations including UM's IDEA Exchange. Members suggested reaching out to the specialty clinics at Jackson, Care Resource and Borinquen who work with the target populations being sought. Staff will post the flyers on the Partnership's social media pages; the information will be included in the weekly community notices and with Quality Improvement staff who work with case managers.

X. Announcements

Mrs. Meizoso indicated all announcements are accessible online but a copy of the public notice announcing the opening of the County's Section 8 next week was distributed (copy on file). The applications will be available at the Main Library.

XI. Next Meeting

The next meeting is scheduled for July 15, 2021.

XII. Adjournment

Motion to adjourn the meeting.

Moved: John McFeely

Second: Karen Alleyne

Motion: Passed

The Chair adjourned the meeting at 2:39 p.m.



Partnership Report to Committees July 14, 2021

Supporting documents related to motions in this report are available online at aidsnet.org/meeting-documents/, or from staff at Behavioral Science Research Corp. (BSR). Contact hiv-aidsinfo@behavioralscience.com for assistance.

The Partnership heard reports and made the following motions:

Care and Treatment Committee

1. Motion to remove the Ryan White Program Letter of Medical Necessity for Antiretroviral Phenotype Resistance Assays for Experienced Patients, retroactively effective from March 1, 2021.
2. Motion to remove the Ryan White Program Letter of Medical Necessity for Testosterone Supplementation, retroactively effective from March 1, 2021.
3. Motion to reduce \$97,997 from Outpatient/Ambulatory Health and \$12,087 from Emergency Financial Assistance in YR 31 MAI funding allocations.
4. Motion to request \$97,997 in unspent YR 30 MAI funds be allocated to Outpatient/Ambulatory Health.
5. Motion to reduce \$236,586 from Medical Case Management, \$416,922 from Outpatient/Ambulatory Health, \$153,253 from Health Insurance Services, \$282,088 from Substance Abuse Residential, \$3,761 from Medical Transportation, and \$88,253 from Emergency Financial Assistance from Part A allocations for YR 31.
6. Motion to request 100% of unexpended YR 30 Ryan White Part A funds be allocated to Food Bank.
7. Motion to authorize the Chair of the Miami-Dade HIV/AIDS Partnership to sign the Letter of Concurrence to HRSA for the Partnership's Ryan White Program service categories, priorities and allocations of Part A and Minority AIDS Initiative (MAI) funds for Fiscal Year (FY) 2021, and corresponding allocations report.

Partnership

8. Motion to waive Section 5.3 (A) of the Miami-Dade HIV/AIDS Partnership Bylaws for Partnership Officers.
9. Motion to waive Section 5.3 (A) of the Miami-Dade HIV/AIDS Partnership Bylaws for the Committees and the Subcommittee Officers.
10. Motion to hold nominations for Partnership Officers in February 2022 and to hold elections in March 2022.
11. Motion to hold Standing Committees and the Subcommittee elections in January 2021.

Details on future meetings are online at <http://aidsnet.org/calendar/> (Partnership Website) and <https://www8.miamidade.gov/global/calendar/global.page> (County Website). Please RSVP: Scan the QR Code to RSVP to August 2021 meetings or contact us at (305) 445-1076, or cbontempo@behavioralscience.com, marlen@behavioralscience.com.





Membership Report

August 9, 2021

The Miami-Dade HIV/AIDS Partnership

The official Ryan White Program Planning Council in Miami-Dade County and Advisory Board for HIV/AIDS to the Miami-Dade County Mayor and Board of County Commissioners

Opportunities for People with HIV

People with HIV who receive one or more Ryan White Program Part A services and who are not affiliated or employed by a Ryan White Program Part A funded service provider are invited to join the Partnership as a Representative of the Affected Community. (8 available seats)

General Membership Opportunities

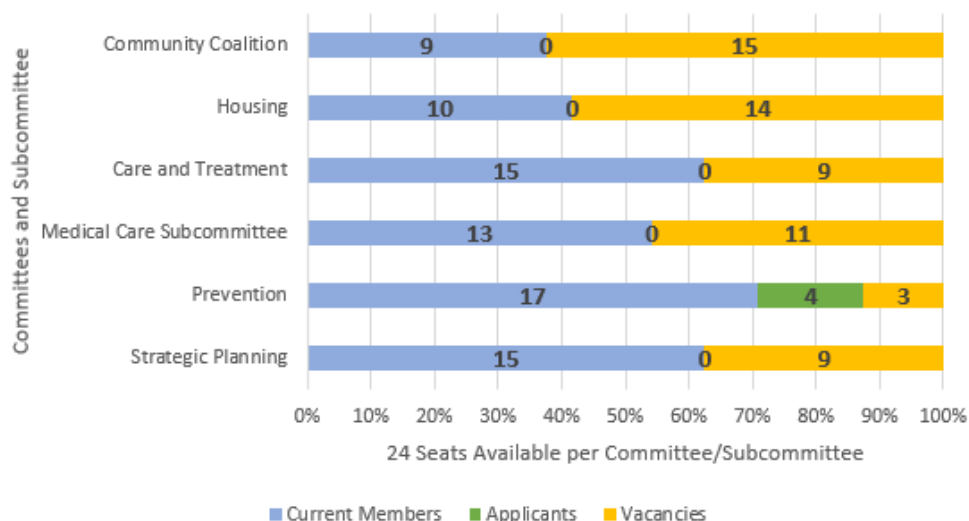
These Partnership positions are open to people with HIV, service providers, and community stakeholders who have reputations of integrity and community service, and possess the knowledge, skills and expertise relevant to these positions:

Representative Co-infected with Hepatitis B or C
Former Inmate of Local, State, or Federal Prison Representative
Hospital or Health Care Planning Agency Representative
Federally Recognized Indian Tribe Representative
Mental Health Provider Representative
Miami-Dade County Public Schools Representative
Non-Elected Community Leader, not an HIV Provider

Partnership Committees

Committees are accepting applications for new members. People with HIV are encouraged to apply.

Committee and Subcommittees Membership

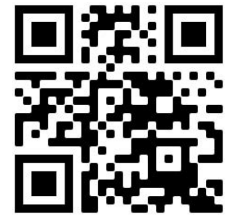


Visit aidsnet.org/membership for the complete list of applications and details on Partnership and committee membership opportunities. Contact us at hiv-aidsinfo@behavioralscience.com or 305-445-1076 for assistance.



Are you a Member?

Thank you for your service to people with HIV!
Be sure to bring a Ryan White client to your next meeting!



Do You Qualify for Membership?

If you answer "Yes" to these questions, you could qualify for membership!

Are you a resident of Miami-Dade County?

Are you a registered voter in Miami-Dade County?

Note: Some seats for people with HIV are exempt from this requirement.

Can you volunteer three to five hours per month for Partnership activities?



Committee Activities

Work with a dedicated team of volunteers on these and more Partnership activities to better serve people with HIV in Miami-Dade County!
People with HIV are encouraged to join!

- ⌘ Allocate more than \$27 million in Ryan White Program funds with the **Care and Treatment Committee**
- ⌘ Develop an Annual Report on the State of HIV and the Ryan White Program in Miami-Dade County with the **Strategic Planning Committee**
- ⌘ Recruit and train new Partnership members with the **Community Coalition**
- ⌘ Work with the City of Miami Housing Opportunities for Persons with AIDS Program to address housing challenges for people with HIV/AIDS with the **Housing Committee**
- ⌘ Oversee updates and changes to medical treatment guidelines for the Ryan White Part/MAI Program with the **Medical Care Subcommittee**
- ⌘ Set priorities for Ryan White Program HIV health and support services in Miami-Dade County with the **Care and Treatment Committee**
- ⌘ Share a meal and testimonials at Roundtable Luncheons with the **Community Coalition**
- ⌘ Develop and monitor the official HIV Prevention and Care Integrated Plan with the **Strategic Planning Committee & Prevention Committee**
- ⌘ Develop your leadership skills and be a committee leader with the **Executive Committee**
- ⌘ Oversee updates and changes to the Ryan White Prescription Drug Formulary with the **Medical Care Subcommittee**
- ⌘ Develop and monitor local Ending the HIV Epidemic activities with the Florida Department of Health in Miami-Dade County with the **Prevention Committee & Strategic Planning Committee**
- ⌘ Be in the know about the latest HIV activities of the Prevention Mobilization Workgroups with the **Prevention Committee**

Visit aidsnet.org/membership for the complete list of applications and details on Partnership and committee membership opportunities. Contact us at hiv-aidsinfo@behavioralscience.com or 305-445-1076 for assistance.

MIAMI-DADE COUNTY HIV/AIDS HOUSING SURVEY

Your answers are completely confidential.

This Survey is about housing for people living with HIV/AIDS in Miami-Dade County. This Survey is being conducted on behalf of the Miami-Dade County HIV/AIDS Partnership and the City of Miami HOPWA Program. The information gathered in this survey will be used to assess the housing and housing-related service needs of people living with HIV/AIDS in order to help with planning.

If you need assistance to complete this survey, please talk with the person who gave it to you. Thank you for participating!

You do not have to complete this survey to apply for HOPWA Assistance.

Si prefiere contestar estas preguntas en español, favor de hablar con la persona que le dio la encuesta.

1. Are you a resident of Miami-Dade County?

☐ Yes ☐ No → **PLEASE STOP HERE! We're sorry, we can only include Miami-Dade residents, thank you for your willingness to participate.**

2. Are you diagnosed with HIV, the virus that causes AIDS?

☐ HIV+ not diagnosed with AIDS
☐ HIV+ diagnosed with AIDS
☐ Not HIV+ /diagnosed with AIDS → **PLEASE STOP HERE! This is a survey of persons living with HIV/AIDS.**

3. How long ago were you diagnosed as HIV+?

☐ Less than 6 months ☐ 6 to 12 months ☐ 1-5 years ☐ 6 or more years

4. Is your viral load undetectable at this time? ☐ Yes ☐ No

5. Which best describes you?

☐ Male ☐ Female ☐ Transfeminine/Transgender Woman ☐ Transmasculine/Transgender Man
☐ Non-Binary ☐ Agender ☐ Prefer to Self-Describe _____ ☐ Prefer Not to Answer

6. How old are you? Mark the age range that indicates your age.

☐ 18-24 ☐ 25-34 ☐ 35-44 Years Old ☐ 45-54 Years Old
☐ 55-64 ☐ 65-74 ☐ 75 and Older

7. Which best describes you? Please check only one.

☐ Gay Male ☐ Lesbian ☐ Bisexual ☐ Pansexual ☐ Heterosexual
☐ Queer ☐ Asexual ☐ Prefer not to say

8. Please check all that apply:

<input type="checkbox"/> Hispanic	<input type="checkbox"/> Haitian	<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> Middle Eastern/North African
<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Multi-racial: _____

9. How many people are in your household? # of Adults _____ # of Children _____

YOUR HOUSING

10. Right now, where you are living? *Select One.*

- | | |
|---|---|
| <input type="checkbox"/> Rental housing. | <input type="checkbox"/> Emergency shelter. |
| <input type="checkbox"/> Home I own. | <input type="checkbox"/> Motel or hotel paid by a service provider or government program. |
| <input type="checkbox"/> Friends or relatives; I can stay <i>only for a short while.</i> | <input type="checkbox"/> Streets, in parks, in a car and/or in places not meant to be lived in. |
| <input type="checkbox"/> Friends or relatives; I can stay <i>as long as I want.</i> | <input type="checkbox"/> Short-term housing for domestic violence survivors. |
| <input type="checkbox"/> Permanent Supportive Housing with case management support and other services as I need them. | <input type="checkbox"/> Residential treatment program. |
| <input type="checkbox"/> Housing for formerly homeless youth (18 years to 24 years old) | <input type="checkbox"/> Half-way house for sober living. |
| <input type="checkbox"/> Assisted living facility (ALF) or nursing home. | <input type="checkbox"/> Short-term housing for persons who are returning from incarceration. |

11. Are you receiving help paying for your housing?

- ☐ I have a Section 8 voucher.
- ☐ I am receiving HOPWA Long-Term Rental Assistance.
- ☐ I am receiving HOPWA Short-Term Rental or Mortgage Assistance under the STRMU Program.
- ☐ I live in public housing.
- ☐ I live in an affordable housing development.
- ☐ I live in permanent supportive housing for formerly homeless persons with disability.
- ☐ I am getting help paying for my housing from family or friends.
- ☐ I'm not getting any help with my housing.

12. Are you on a housing program waiting lists? *Check all that apply.*

- ☐ I am waiting for a Section 8 voucher.
- ☐ I am waiting for HOPWA Long-Term Rental Assistance.
- ☐ I am waiting for public housing.
- ☐ I am waiting for an affordable housing development unit.
- ☐ I am waiting for permanent supportive housing for formerly homeless persons with disability.
- ☐ I am waiting for another long-term housing program for persons with disability.

13. Where would you prefer to live? *Select one.*

- ☐ Live in an apartment by myself.
- ☐ Move in with friends and share rent.
- ☐ Find a roommate to share rent.
- ☐ Move in with family.
- ☐ Live in Permanent Supportive Housing with case management support and other services as I need them.
- ☐ Live in an assisted living facility (ALF) or nursing home.
- ☐ Live in a half-way house for sober living.
- ☐ Live in a half-way house for persons who are returning from incarceration.

14. I prefer to live in a building where:

- ☐ All of the residents are persons living with HIV/AIDS.
- ☐ Residents are not all persons living with HIV/AIDS.
- ☐ It doesn't matter to me.

15. If you had to move next month to a place you could afford, where would you prefer to move?

- ☐ Miami ☐ Miami Gardens ☐ Homestead ☐ South Dade
- ☐ Miami Beach ☐ Hialeah ☐ North Dade ☐ Other: _____

16. If you ever been denied housing, tell us why? Check all that apply.

- ☐ Not enough income.
- ☐ Not enough money for security deposit, first and last months' rent.
- ☐ Landlord would not accept my housing voucher.
- ☐ My rental history, including evictions or poor landlord references.
- ☐ My credit history—no credit or bad credit.
- ☐ My criminal history or prison record.
- ☐ My immigrations status.

17. Have you ever experienced housing discrimination and, if so, please describe your experience.

- ☐ Yes
- ☐ No

If yes, describe your experience of discrimination: _____

18. Do you have any conditions that impact your housing needs or ability to get and keep housing? Check all that apply.

- ☐ Physical impairment that affects my ability to get around
- ☐ Cognitive impairment, such as problems with my memory or thinking
- ☐ Substance or alcohol abuse
- ☐ Depression
- ☐ Mental illness

19. Do you need any of these housing services? Check all that apply.

<input type="checkbox"/>	Emergency rental or mortgage assistance to prevent eviction prevention assistance
<input type="checkbox"/>	Legal assistance with eviction
<input type="checkbox"/>	Assistance with first and last months rent and security deposit
<input type="checkbox"/>	Help fixing problems with my credit history
<input type="checkbox"/>	Help to expunge or seal my criminal record
<input type="checkbox"/>	Help finding housing that I can afford
<input type="checkbox"/>	Help with finding landlords willing to rent to me with a poor credit history or criminal history

<input type="checkbox"/>	Help filling out housing applications and other forms
<input type="checkbox"/>	Assistance with reviewing or negotiating lease with a landlord/property manager.
<input type="checkbox"/>	Someone to take me around to look at apartments
<input type="checkbox"/>	On-going housing stability case management
<input type="checkbox"/>	Other kind of housing services (please describe): _____

20. Have you ever been homeless (meaning have to sleep in a place not meant to live in (e.g. lived on the streets, parks, in a car, safe haven program or emergency shelter)?

- ☐ **Yes** → Please answer #20a through 20c.
- ☐ **No** → Skip to #21.

20a. Tell us how long you have been homeless. Check all that apply.

- ☐ Longer than a year, including time I lived in a shelter, Safe Haven, a place not meant for human habitation or institutional care for 90 days or less such as jail, substance abuse or mental health treatment or hospital).
- ☐ Homeless four or more times during the last three years.

20b. I became homeless because (check all that apply):

<input type="checkbox"/>	No income from a job or from benefit payments.	<input type="checkbox"/>	Substance abuse that affected my housing stability.
<input type="checkbox"/>	Not enough income from a job or from benefit payments.	<input type="checkbox"/>	Lived in housing that was sold and the owner would not renew my lease.
<input type="checkbox"/>	Rent increase.	<input type="checkbox"/>	Lived in a building that was condemned by local authorities.
<input type="checkbox"/>	Evicted.	<input type="checkbox"/>	Lived in a condo/house that was foreclosed upon.
<input type="checkbox"/>	Domestic violence.	<input type="checkbox"/>	Released from the hospital without anywhere to go.
<input type="checkbox"/>	Family, partner or roommate made me move.	<input type="checkbox"/>	Released from jail or prison without anywhere to go.
<input type="checkbox"/>	Moved to Miami-Dade and had no money, friends, or family.	<input type="checkbox"/>	Released from residential treatment without anywhere to go.
<input type="checkbox"/>	Mental illness affected my housing stability.	<input type="checkbox"/>	Another reason

20c. If you stayed at an emergency shelter or homeless housing program, have you felt comfortable or uncomfortable sharing your HIV/AIDS status with the program staff?

- ☐ Comfortable ☐ Uncomfortable

YOUR INCOME

21. What is your household's combined monthly income? \$ _____

22. How much does your household pay in rent or mortgage every month? \$ _____

23. Would you have to move if your rent increased by \$50? ☐ Yes ☐ No

24. Are you employed or earn money for work that you do? ☐ Yes ☐ No

25. If you are not working:

25a. Do you have a disability that prevents you from working? ☐ Yes ☐ No

25b. Are you able to work? ☐ Yes ☐ No

25c. Would you like to go back to work? ☐ Yes ☐ No

26. Do you receive income, benefits or health insurance/care from any of the following programs?
Check all that apply.

Income & Benefits		Health Insurance & Care	
<input type="checkbox"/>	SSI (Supplemental Security Income).	<input type="checkbox"/>	Medicaid Managed Care
<input type="checkbox"/>	SSDI (Social Security Disability Insurance).	<input type="checkbox"/>	Medicaid LTC Care (Home-Based Care)
<input type="checkbox"/>	TANF (Temporary Assistance for Needy Families – formerly AFDC).	<input type="checkbox"/>	Medicare.
<input type="checkbox"/>	Food Stamps	<input type="checkbox"/>	Ryan White Care
<input type="checkbox"/>	Veteran's Benefit	<input type="checkbox"/>	Employer's Health Insurance Plan.
<input type="checkbox"/>	Social Security Retirement Income	<input type="checkbox"/>	Affordable Care Marketplace Health Plan (Obamacare)
<input type="checkbox"/>	Other Retirement Income	<input type="checkbox"/>	Private Disability Insurance.
<input type="checkbox"/>	Unemployment Insurance	<input type="checkbox"/>	Florida's AIDS Drug Assistance Program (ADAP).
<input type="checkbox"/>	Alimony	<input type="checkbox"/>	Other Health Insurance.
<input type="checkbox"/>	Child Support	<input type="checkbox"/>	No Health Insurance.
<input type="checkbox"/>	Other Income Benefit		

27. If you are not receiving SSI or SSDI, have you ever applied for such disability benefits?

☐ Yes

- ☐ I have applied but have not been approved or denied yet.
- ☐ I was denied and am appealing the denial.
- ☐ I was denied and did not appeal the denial.

☐ No, I have never applied.

- ☐ But I believe that I am eligible for SSI or SSDI.
- ☐ Because I would not be eligible for disability benefits.

IMPACT OF COVID-19

28. Have you been evicted in the last 6 months for failure to pay rent? ☐ Yes ☐ No
29. Are you facing eviction now for failure to pay rent? ☐ Yes ☐ No
30. Has COVID-19 affected your HIV/AIDS treatment? ☐ Yes ☐ No
31. Has COVID-19 affected your overall health? ☐ Yes ☐ No
32. Are you experiencing or have experienced emotional distress as a result of COVID-19? ☐ Yes ☐ No
33. Have you accessed mental health services during COVID-19? ☐ Yes ☐ No
34. Have you had difficulty paying for one or more of the following because of COVID 19?
Check all that apply.
- ☐ Rent
☐ Mortgage
☐ Utilities
☐ Food
35. Have you or your household applied for and/or received assistance with rent, mortgage, utilities and/or food? *Check all that apply.*





	Rent Assistance		Utility Assistance		Food Assistance	
	Applied	Received	Applied	Received	Applied	Received
HOPWA STRMU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City of Miami	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miami-Dade County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Local Municipality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank You!

Please return the completed survey to the person who gave it to you.

September 2021

Ryan White Part A/MAI Program and Miami-Dade HIV/AIDS Partnership Calendar

S	Monday	Tuesday	Wednesday	Thursday	Friday	S
<p>All events listed on this calendar are open to the public. Meetings of the Clinical Quality Management Committee and Minority AIDS Initiative Clinical Quality Management Team are held via Zoom; all other meetings are held in person at the locations indicated on this calendar.</p> <p>PLEASE RSVP Scan the QR Code to RSVP or contact us at cbontempo@behavioralscience.com, marlen@behavioralscience.com or (305) 445-1076.</p> 			1	2 Miami-Dade HIV/AIDS Partnership Care & Treatment Committee 10:00 AM – 12:00 PM Miami-Dade County Main Library 101 West Flagler Street, Auditorium Miami, FL 33130	3 <div>  </div>	4
5	6 Labor Day (BSR Offices Closed)	7 Miami-Dade HIV/AIDS Partnership Executive Committee (meets as needed)	8	9	10 Miami-Dade HIV/AIDS Partnership Strategic Planning Committee 10:00 AM – 12:00 PM Miami-Dade County Main Library 101 West Flagler Street, Auditorium Miami, FL 33130	11
12	13	14	15	16 Miami-Dade HIV/AIDS Partnership Housing Committee 2:00 PM – 4:00 PM Miami-Dade County Main Library 101 West Flagler Street, Auditorium Miami, FL 33130	17 Clinical Quality Management Committee 9:30 AM – 11:30 AM Zoom Meeting – RSVP Required*	18
19	20 Miami-Dade HIV/AIDS Partnership 10:00 AM – 12:00 PM Miami-Dade County Main Library 101 West Flagler Street, Auditorium Miami, FL 33130	21	22	23 Miami-Dade HIV/AIDS Partnership Prevention Committee 10:00 AM – 12:00 PM Miami-Dade County Main Library 101 West Flagler Street, Auditorium Miami, FL 33130	24 Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee 9:30 AM – 11:30 AM Miami-Dade County Main Library 101 West Flagler Street, Auditorium Miami, FL 33130	25
26	27  Miami-Dade HIV/AIDS Partnership Community Coalition Roundtable Luncheon 12:00 PM – 2:00 PM Empower “U” Inc. 7900 NW 27th Ave. Miami FL 33147	28 MAI CQM Team 9:30 AM – 11:30 AM Zoom Meeting – RSVP Required*	29	30 <div>  </div>	To request material in accessible format, a sign language interpreter, CART (Communication Access Real-time Translation) services, and/or any other accommodation to participate in this or any other Miami-Dade HIV/AIDS Partnership meeting, please contact Marlen Meizoso or Christina Bontempo at (305) 445-1076 or send an e-mail to hiv-aidsinfo@behavioralscience.com at least five (5) calendar days in advance to initiate your request. TTY users may also call 711 (Florida Relay Services).	