



LONG ISLAND ASSOCIATION FOR AIDS CARE, INC. (LIAAC)
 60 Adams Avenue, Hauppauge, NY 11788
 Tel: (631) 385-2451 Fax: (631) 656-7234
 Prevention Education Program – Request for Presentation
 www.liaac.org



Today's Date: _____

Name of Organization/Agency: _____

Mailing Address: _____
Address City State Zip

Daytime Phone: _____ Cell: _____ Fax: _____

Contact: _____ Position/Title: _____

Email Address _____

How did you learn about our education services? (Please check all that apply and/or explain)

- Mailing Previous Presentation Website Word of Mouth
 Health/Wellness Fair: _____ Other: _____

Due to funding obligations we may not be able to fulfill some requests for HIV education programs. Although it is not mandatory, monetary donations to LIAAC and/or participation in LIAAC fundraising events are greatly appreciated and can assist us with conducting programs that are not mandated by our funding sources.

Will your organization be making a donation to LIAAC? Yes No

If yes, donation amount: _____

Is your organization interested in participating in a World AIDS Day Fundraising event? Yes No

If yes, please list contact person: _____

Please check preferred format for the presentation:

- Healthy Relationships**
 Healthy Relationships is a 10 hour program small-group, skills-based behavioral intervention for men and women living with HIV/AIDS. Intervention sessions also enhance decision making skills for self-disclosing. Intervention sessions are conducted separately for men and women in groups of 6-10 participants.
- Street Smart**
 Street Smart is conducted over a six to eight week period with 10 – 12 youths. The intervention focuses on providing access to health resources, making condoms available, training youth on personal skills, and training staff to help support the youth in changing their behavior. The intervention focuses on positive self-talk to build self esteem, help with difficult situations, and increase self-efficacy for safer sex. The program consists of eight 1 ½ - 2 hour group session, one individual counseling session, and one visit to a community-based organization that provides healthcare.
- Focus on Youth (FOY)**
 Focus on Youth (FOY) is an 8-session intervention delivered to small naturally formed peer friendship groups (3-10 youths) via discussions, games, and multimedia formats. Seven 90-minute sessions focused on decision-making, which include discussions concerning extrinsic rewards with exercises related to communication and negotiating skills and information regarding the high prevalence of peer condom use. The primary intervention series concludes with the eighth session, which is an all-day field trip in which projects are presented and a “graduation” ceremony is conducted.
- Peer Education Training (1 ½ - 2 hour session) Train the Trainer Workshop/Staff In-Service
 Single Session Lecture (HIV Overview, 1 ½ hours) Fair/Resource Table (Time varies)

Client Speaker Training (2 ½ hours)

Presentation by Educator and Client Speaker (Minimum of 90 minutes required.)

Client Speakers cannot be guaranteed. If a Client speaker is unavailable on the day of presentation do you want an Educator only presentation? Yes No

Other Single Session Lecture: _____

Please indicate specific focus topic or requirement(s) for this program if any: _____

Size of audience: _____ Audience Demographics: _____

Location where program will be held: _____

Program dates are not guaranteed until confirmed by our coordinator. *Please include day, date and time.*

1st choice: _____

2nd choice _____

3rd choice _____

Please check presentation equipment available at your organization/agency:

TV/VCR Chalk/Dry Erase board Easel Overhead Projector

LIAAC EDUCATIONAL PROGRAM/LITERATURE CONSENT

Acting on behalf of my organization, I have requested an education program and/or written materials from the Long Island Association for AIDS Care, Inc. (LIAAC). I consent to the inclusion of the following topics in this presentation.

- | | | |
|--|--|---|
| <input type="checkbox"/> AIDS & Human Sexuality | <input type="checkbox"/> AIDS on Long Island | <input type="checkbox"/> Community Involvement |
| <input type="checkbox"/> Condoms | <input type="checkbox"/> Counseling/Support Issues | <input type="checkbox"/> Cultural Issues & AIDS |
| <input type="checkbox"/> Discrimination/Legal Issues | <input type="checkbox"/> Disease Process | <input type="checkbox"/> HIV Testing |
| <input type="checkbox"/> LIAAC Services | <input type="checkbox"/> Parent/Teen Communication | <input type="checkbox"/> Prevention Strategies |
| <input type="checkbox"/> Referrals | <input type="checkbox"/> Social Context of AIDS | <input type="checkbox"/> Substance Use |
| <input type="checkbox"/> Teens & AIDS | <input type="checkbox"/> Transmission | <input type="checkbox"/> Treatment |
| <input type="checkbox"/> Women & AIDS | <input type="checkbox"/> Workplace Issues | <input type="checkbox"/> Psychosocial Issues |
| <input type="checkbox"/> Other: _____ | | |

I also agree to the distribution of the following HIV literature:

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> LIAAC Publications | <input type="checkbox"/> General HIV Information | <input type="checkbox"/> Prevention |
| <input type="checkbox"/> Risk Reduction/Condoms | <input type="checkbox"/> HIV Testing / Legal | <input type="checkbox"/> Women |
| <input type="checkbox"/> Nutrition and Health | | |

I agree to a condom demonstration: Yes No I agree to the distribution of condoms: Yes No
I agree to HIV Testing: Yes No *A private room is required for all testing*

Condom demonstration/distribution is NOT available for Middle Schools or High Schools unless written permission is obtained from school administrators prior to the presentation.

I understand that I may not videotape or audiotape any speaker without prior written permission from LIAAC.

Name & Signature of Authorized Organization Representative

Date

LIAAC AGENCY USE ONLY

Confirmation Date:	
Organization / Agency:	
Date of Presentation:	
Time of Presentation:	<input type="checkbox"/> AM <input type="checkbox"/> PM

Is this demographic population appropriate for seasoned adult project information sessions:

Yes No

LIAAC staff assigned:
Educator(s):
Other Staff Involved:
Client/Peer Assigned:

Program Served:	
<input type="checkbox"/> NYS DOH AI	<input type="checkbox"/> Nassau County
<input type="checkbox"/> SAP	<input type="checkbox"/> Suffolk County
<input type="checkbox"/> OASAS	<input type="checkbox"/> Communities of Color

Type of Activity:	
<input type="checkbox"/> Group Level Intervention:	<input type="checkbox"/> Health Communication / Public Information:
<input type="checkbox"/> Street Smart	<input type="checkbox"/> Health Fair / Resource Table
<input type="checkbox"/> Focus on Youth (FOY)	<input type="checkbox"/> Lecture
<input type="checkbox"/> Healthy Relationships	

Testing Requested: Yes No Not Applicable

Comments:
