



National HIV Health Literacy Technical Assistance Program

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Participant Application & Needs Assessment

**Initial 2-Day Training: February 19<sup>th</sup> – 20<sup>th</sup> 2013**

**\*Follow-up date TBD\***

Please return to Lisa Frederick, Associate Director of HIV Health Literacy  
by fax or mail to the address below by February 15th, 2013

AIDS COMMUNITY  
RESEARCH  
INITIATIVE  
OF AMERICA

**Please Print**

Name: \_\_\_\_\_

Agency (if applicable):

\_\_\_\_\_

Home or Agency Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

What kind of work do you do?

\_\_\_\_\_

What services does your agency provide to people living with HIV/AIDS?

\_\_\_\_\_

\_\_\_\_\_

Does your agency provide health literacy education? Yes  No

**Who in your agency provides HIV education to clients?**

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**Who are your clients / constituencies (estimate the percentages)?**

African American \_\_\_\_\_%      Substance user's \_\_\_\_\_%      Women \_\_\_\_\_%  
Youth \_\_\_\_\_%      Men who have sex with men \_\_\_\_\_%      Recent immigrants' \_\_\_\_\_%  
Other \_\_\_\_\_%      Other \_\_\_\_\_%

**If you are currently doing prevention work, how will you incorporate health literacy education into the services you offer?**

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**Based on your experience, what specific concerns do members of your community have regarding health literacy education issues?**

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**What *specific* skills do you need to develop or improve in order to help educate clients and other community members about HIV and other health issues?**

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**Anything else that would help us design the HIV health literacy training for you and the members of your community?**

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