Frontline TEACH is an education program for HIV negative people who want to learn about HIV.

Participants have included partners, family members, friends, AIDS activists, service providers, and community members. We believe AIDS activists have made the world better, and we all can be a part of this movement.

- **Frontline TEACH** is a 4 week class
- Attend 1 meeting per week
- Tokens are provided every class
- Graduates receive a gift card

We are always accepting applications. If you need help filling out this application, please let us know!

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.

Frontline TEACH teaches participants about:

HIV treatment information, ways you can stop the spread of HIV, effective advocacy and activism, communication skills, and more…

Project TEACH

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

For more information on Frontline TEACH or any of the education programs, please contact Project TEACH, at 215.985.4448 ext. 232 or projectteach@fight.org
Frontline TEACH Application

Know someone living with HIV/AIDS?
You are not alone.

Return To: Project TEACH
1233 Locust Street, 3rd floor
Philadelphia, PA 19107
Phone: 215-985-4448, ext. 232; fax: 215-985-4952, email: projectteach@fight.org

Frontline TEACH is a 4 week training program for people who are affected by the HIV pandemic and do not qualify for our Project TEACH or TEACH Outside training programs. Frontline TEACH is for case managers, care outreach specialists, partners, parents, children, care givers, and other community members who are directly impacted by HIV and AIDS in Philadelphia. 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!

Todays 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 Contact #2

Name: ____________________________ Name: ____________________________

Phone: ____________________________ Phone: ____________________________

Can we leave a message?: ____YES ____NO Can we leave a message?: ____YES ____NO

Where can we say we are calling from?: ____Project TEACH ____Philadelphia FIGHT ____Education

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: ____________________________

Frontline TEACH
Philadelphia FIGHT | 1233 Locust St | Philadelphia, PA 19107 | 215-985-4448

revised 1/2017
Frontline TEACH Application

Know someone living with HIV/AIDS?
You are not alone.

General Questions

1. What is your gender?
   - Female
   - Male
   - Transgender MTF
   - Transgender FTM
   - (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 ethnicity?
   - Hispanic
   - Non-Hispanic
   - Other

4. 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)________________

5. What is your current employment status?
   - Unemployed
   - Disabled
   - Part-time
   - Full-time
   - Income generated in non-traditional ways (i.e., street economy)
   - Don’t know

6. Do you utilize some form of health insurance?
   - NO
   - YES
   - If you answered yes, what type?
     - Medical Assistance (Medicare, Medicaid, MAWD, etc…)
     - Private Insurance: ______________
     - Other: _________________________

7. What is your yearly income range?
   - Up to $10,830
   - $10,831 - $14,570
   - $14,571 - $18,310
   - $18,311 - $22,050
   - $22,051 - $25,790
   - $25,791 - $29,530
   - $29,531 - $33,270
   - $33,271 - $37,010 and more
   - Prefer not to answer

8. How many household members does this income support? _______________

9. Where have you been staying during the past seven days?
   - Your own place, a room, apartment, or house that is your home
   - Temporarily doubled up with others, in someone else’s house/apartment/room
   - A temporary or transitional housing program
   - SRO (Single Room Occupancy) facility, or a welfare hotel or motel
   - In a shelter for homeless people
   - In jail, prison, or a halfway house
   - In drug treatment, a detox unit, or drug program housing
   - In a hospital, nursing home, or hospice
   - In an abandoned building, a public place like a bus station, a store or another place not intended for sleeping
   - On the street, or anywhere outside such as a park/under a bridge, in a campground
   - Someplace else

10. How many people live in your household? _______

11. How many people living in your household are living with HIV/AIDS? _______
1. How did you hear about Frontline TEACH?

2. Why do you want to participate in the program? Who are you hoping to support?

3. Where do you get your information about HIV/AIDS treatment issues?

4. What **skills and questions** would you bring to Frontline TEACH, based on past training, employment or volunteer experience? (you may also submit a resume)

5. How comfortable are you using a computer? (please circle your response)

- Not at all
- A little bit
- Somewhat
- Moderately
- Very comfortable

6. Do you know anyone who has been hospitalized for an HIV related illness, symptom or condition? Please describe how you were involved:

7. Are you a member, volunteer, client or employee of any Philadelphia area community service organizations?  ____YES  ____NO

8. If yes, which organizations, and what do you do there?

9. Do you receive payment at any of these organizations?

10. Would you be willing and able to commit 4 hours per week for 4 weeks?  ____YES  ____NO

11. Would you prefer night or day classes?  ____Day  ____Night  ____No Preference

12. Would you need any assistance or special arrangements in order to participate?

- ____YES  ____NO

  If yes, please explain: