

# Project TEACH

Treatment Education Activists Combating HIV

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

*Project TEACH* is an education program for people living with HIV/AIDS.

We believe AIDS activists have made the world better,  
and we all can be a part of this movement.

- *Project TEACH* is an 8 week class
- Classes meet on Tuesdays and Thursdays, from 10am to 1pm
- Lunch is served after class, from 1pm to 2pm
- Tokens are provided every class
- Graduates receive a stipend

**We are always accepting applications.**

If you need help filling out this application,  
please let us know!



Photo by Kaytee Riek

*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.*

*Project TEACH* teaches participants about HIV treatment information, ways you can stop the spread of HIV, knowing your rights in health care decisions, and more....



***Project TEACH***

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

For more information on Project TEACH or any of the education programs,  
please contact Project TEACH, at 215.985.4448 ext. 232 or [projectteach@fight.org](mailto:projectteach@fight.org)

# Project TEACH Application

Are you 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 projectteach@fight.org

Project TEACH is an eight week class for anyone living with HIV/AIDS. 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

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**If we can't reach you at the numbers you listed above, is there someone else we can contact?:**

Contact #1

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

Contact #2

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

**Phone:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Can we leave a message?:**  YES  NO  
**Where can we say we are calling from?:**  Project TEACH  
 Philadelphia FIGHT  
 Education

**Can we leave a message?:**  YES  NO  
**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: \_\_\_\_\_

Project TEACH

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

# Project TEACH Application

Are you living with HIV/AIDS?  
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## 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?

- \$0.00
- \$1.00 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

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. What is the month and year of your diagnosis as HIV positive? (month) \_\_\_\_\_ (year) \_\_\_\_\_

11. Has a doctor or health care provider ever told you that you have AIDS? \_\_\_\_YES \_\_\_\_NO

a. What was the month and year of that diagnosis? (month) \_\_\_\_\_ (year) \_\_\_\_\_

# Project TEACH Application

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

1. How did you hear about Project TEACH?
  
  
  2. Why do you want to participate in the program?
  
  
  3. Where do you get your information about HIV/AIDS treatment issues?
  
  
  4. What **questions** do you have about staying healthy with HIV/AIDS, HIV/AIDS treatment, or medical care issues?
  
  
  5. What **skills** would you bring to Project TEACH, based on past training, employment or volunteer experience?
  
  
  6. Would you be willing and able to commit 6 hours per week for 8 weeks?     Yes     No
  
  
  7. Please let us know what kind of class schedule works best for you:  
 I can attend day time classes  
 I need an evening class  
 I would attend either day or evening classes
  
  8. Would you need any assistance or special arrangements in order to participate?     Yes     No
- If you answered yes, please explain: \_\_\_\_\_
9. Have you ever been in prison or jail? (county/state/federal)     Yes     No
  
  10. Have you ever completed any of the following TEACH Programs?  

<input type="checkbox"/> Latino TEACH	what year? _____
<input type="checkbox"/> TEACH Outside	what year? _____
<input type="checkbox"/> Womens TEACH	what year? _____
<input type="checkbox"/> Youth TEACH	what year? _____
<input type="checkbox"/> Project TEACH	what year? _____