

# 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 a 6-week class
- ◆ Classes meet on Tuesdays and Thursdays, from 10am to 1pm
- ◆ Online Course
- ◆ Graduates receive a stipend

**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.

Photo by Kaytee Riek

*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: knuscis@fight.org  
Project TEACH  
1233 Locust Street, 3rd floor  
Philadelphia, PA 19107  
Phone: 215-985-4448, ext. 377; fax: 215-985-4952

**Project TEACH will be virtual to meet the communities' needs and keep participants and staff safe.** Class will be 6 weeks long and meet twice a week. Project TEACH is 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!

Today's 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  
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

## General Questions

1. What is your gender?

- Female
- Male
- Transgender MTF
- Transgender FTM
- (self-identify)\_\_\_\_\_

2. 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

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

4. 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)\_\_\_

5. How did you hear about Project TEACH?

6. Why do you want to participate in the program?

7. Please let us know what kind of class schedule works best for you:

- I can attend daytime classes
- I need an evening class
- I would attend either day or evening classes

8. Would you need any assistance, special arrangements, or electrical device in order to participate?

- Yes    No

If you answered yes, please explain: \_\_\_\_\_

9. Have you ever completed any of the following TEACH Programs?

- Latino TEACH                      what year? \_\_\_\_\_
- TEACH Outside                      what year? \_\_\_\_\_
- Women's TEACH                      what year? \_\_\_\_\_
- Youth TEACH                      what year? \_\_\_\_\_
- Project TEACH                      what year? \_\_\_\_\_