



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.
- 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)  Client Speaker Training (2 ½ hours)
- Single Session Lecture (HIV Overview, 1 ½ hours)  Fair/Resource Table (Time varies)
- 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.*

1<sup>st</sup> choice: \_\_\_\_\_ Time: \_\_\_\_\_ AM  PM

2<sup>nd</sup> choice \_\_\_\_\_ Time: \_\_\_\_\_ AM  PM

3<sup>rd</sup> choice \_\_\_\_\_ Time: \_\_\_\_\_ AM  PM

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"/> Cultural Issues & AIDS |
| <input type="checkbox"/> Condoms                | <input type="checkbox"/> Counseling/Support Issues | <input type="checkbox"/> HIV Testing            |
| <input type="checkbox"/> Discrimination         | <input type="checkbox"/> Disease Process           | <input type="checkbox"/> Prevention Strategies  |
| <input type="checkbox"/> LIAAC Services         | <input type="checkbox"/> Parent/Teen Communication | <input type="checkbox"/> Substance Use          |
| <input type="checkbox"/> Referrals              | <input type="checkbox"/> Social Context of AIDS    | <input type="checkbox"/> Treatment              |
| <input type="checkbox"/> Teens & AIDS           | <input type="checkbox"/> Transmission              | <input type="checkbox"/> Psychosocial Issues    |
| <input type="checkbox"/> Women & AIDS           | <input type="checkbox"/> Community Involvement     |   |
| <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

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

*We provide the following services, please indicate which you would like:*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> HIV Testing                     | <input type="checkbox"/> HCV Testing                     | <input type="checkbox"/> STI Testing                     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

***HIV & HCV testing requires a private room, STI testing requires both a private room and bathroom.***

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

\_\_\_\_\_  
Name & Signature of Authorized Organization Representative

\_\_\_\_\_  
Date