

AIDS Service Organization Designation Request

Instructions

Use this form to apply for an [AIDS Service Organization](mailto:DHSGranteeHIV@dhs.wisconsin.gov) (ASO) designation. Email DHSGranteeHIV@dhs.wisconsin.gov with any questions and to submit your application. Include this completed form and a narrative of 500 words or fewer describing how your organization meets the criteria below.

Organizations must meet the following criteria to be designated as an ASO:

- The organization is a nonprofit corporation or public agency.
- The organization intends to provide, or arrange for the provision of, comprehensive services to prevent HIV infection and comprehensive health and social services for persons who have HIV infection.
- The organization has experience working directly with HIV-affected populations.
- The organization has a demonstrated ability to connect patients to health or social services it does not directly provide.
- The organization has experience **directly** providing at least one of the services listed on this form.

Agency name: _____

Agency type: ☐ Nonprofit ☐ Public agency ☐ Other, specify: _____

Address – Street: _____

City: _____ State: _____ ZIP code: _____

Contact name: _____

Phone number: _____ Email address: _____

Service	As an AIDS Service Organization, will your organization provide the following services directly, or will you refer clients to another organization or agency for this service?	If you selected "Will refer", please list any and all organizations you will refer clients to for this service.
Financial, medical, legal, social, or pastoral services	☐ Will provide ☐ Will refer	
Counseling and therapy	☐ Will provide ☐ Will refer	
Homecare services	☐ Will provide ☐ Will refer	
Case management services	☐ Will provide ☐ Will refer	
Early intervention services	☐ Will provide ☐ Will refer	
HIV prevention services	☐ Will provide ☐ Will refer	