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**National Working Positive Coalition (NWPC) 2008 Vocational Training and Employment Survey
Informed Consent Form - Penn State University**

What is the study about? The purpose of this research study is to learn more about the education, training, employment and health needs of people living with HIV. The results will be used to improve access to opportunities for people with HIV.

What will I be asked to do? You will be asked to complete a paper and pencil survey.

Are there any risks to me? There are no known risks in taking this survey. You may skip any questions that you prefer not to answer.

What are the benefits? You can share your ideas on the challenges of employment and what is needed to improve opportunities for people with HIV. Your input will help others with HIV. You will also get information on employment resources.

How much time will it take? The time to complete the survey can vary and takes about 15 to 30 minutes to complete.

Who do I ask if I have questions about the study? Please contact Dr. Liza Conyers, Ph.D. at 302 CEDAR, Penn State University, University Park, PA, 16801, (814) 863-6115 or lmc11@psu.edu with questions, complaints or concerns about the research. You may also call this number if you feel you have been harmed by this study. If you have questions regarding your rights as a research participant, please contact the Office for Research Protections at (814) 865-1775.

Will my information be kept private and confidential? Yes. The survey will not collect any information that can identify you. Your responses will be stored in a secure encrypted database. Only researchers approved for this project will have access to the data. Penn State's Office for Research Protections, the Social Science Institutional Review Board and the Office for Human Research Protections in the Department of Health and Human Services may review records related to this research study. In the event of a publication or presentation resulting from the research, no personally identifiable information will be available. If you take this survey with others or in a group format, others in the group may know your HIV status. However, your identity will not be shared with the researchers or connected to the survey in any way.

Can I change my mind if I decide that I no longer want to participate? Taking the survey is voluntary. You can stop at any time. Refusal to take part in or withdrawing from this study will not affect your access to services.

Is there anything else I should know? You must be 18 years of age or older and have HIV or AIDS to participate in this study. By completing the survey, you are providing your consent to participate. You may write in the margins if you need more space to convey your thoughts. Please keep this form for your records.

This informed consent form (IRB# 24814, Doc. #3) was reviewed and approved by The Pennsylvania State University Social Science Institutional Review Board (IRB) on 1/29/2009. It will expire on 1/20/2010. (JKG)

PWN NWPC 2008 Vocational Training and Employment Survey: Not Working

1. Are you working?

- Yes: **Ask for "Working" survey** No

2. Have you completed this 2008 Vocational Training and Employment Survey before?

- Yes: **Please stop and return survey** No

3. What is your current HIV status?

- HIV Positive I do not have HIV or AIDS: **Return survey**
 AIDS

4. At what age did you find out you were HIV positive? _____

5. How severe were your symptoms when you first found out your HIV status? (Check all that apply)

- No symptoms Mild Moderate Severe AIDS

6. Were you employed at the time you first found out your HIV status?

- Yes No Don't know

7. Do you receive any services from HIV programs/organizations?

- Yes: _____ No

8. What is your gender?

- Male Male to female transgender
 Female Female to male transgender

9. What is your age? _____

10. Are you Latino, Hispanic, or Spanish? If yes, please specify:

- No, not Latino/Hispanic/Spanish Mexican, Mexican American, Chicano
 Cuban, Cuban American Other Latino/Hispanic/Spanish: _____
 Puerto Rican

11. What is your race? (chose only one category)

- Black, Latino/Hispanic American Indian or Alaska Native
 Black, African American Native Hawaiian or Other Pacific Islander
 Black, West Indian/Carribbean Asian: _____
 Black, African Multiracial: _____
 White, European American, not Latino/Hispanic Other: _____
 White, Latino/Hispanic

12. What is your sexual orientation?

- Heterosexual/Straight Gay/Lesbian Bisexual Other: _____

13. What was the highest level of education you have completed?

- Less than high school Trade school Four-year college degree
 Some high school Some college Post-graduate
 High school graduate/GED Two-year college degree

14. How many children do you have? _____

15. Are you a United States...

- Citizen Permanent resident Other

16. What is your approximate yearly household (shared) income?

- 0-10,000 30,001-35,000 55,001-65,000
 10,001-15,000 35,001-40,000 65,001-75,000
 15,001-20,000 40,001-45,000 75,001-99,999
 20,001-25,000 45,001-50,000 100,000-200,000
 25,001-30,000 50,001-55,000 Over 200,000

17. How many people live in your (shared-income) household? _____

18. On a scale of 1 (Cannot Pay) to 7 (No Problem Paying), how able are you to pay your monthly bills?

- 1 2 3 4 5 6 7

19. In general, would you say your health is:

- Excellent Very Good Good Fair Poor

20. Which health insurance do you currently have? (check all that apply)

- No insurance Medicaid AIDS Drug Assistance Program (ADAP)
 Private plan Veterans Administration (VA)
 Medicare Other: _____

21. How many medications are you currently taking for HIV or related symptoms?

- None **Go to #23** 1-2 3-4 5-6 7 or more

22. On a scale ranging from 0 (None or 0%) to 100 (All or 100%), how much of your HIV medication dosages have you been able to take on time, as prescribed?

None: 0%.....>.....>.....>.....100%: All

Enter a number from 0%-100%: _____

23. How has the quality of your life been during the past 4 weeks? That is, how have things been going for you? (Select Only One Answer)

- Very well; could hardly be better
 Pretty bad
 Pretty good
 Very bad; could hardly be worse
 Good and bad parts about equal

24. Which of the following do you know about? (check all that apply)

- State Vocational Rehabilitation
 Extended Medicare
 Americans with Disabilities Act (ADA)
 Trial Work Period
 Family and Medical Leave Act (FMLA)
 Ticket to Work
 Workforce Investment Act (WIA)
 Reasonable Accommodations
 One Stop Career/workforce Centers
 Health Insurance Portability & Accountability Act- HIPAA
 Tribal Vocational Rehabilitation
 None of these

25. In what state do you live: _____

26. Since being diagnosed with HIV/AIDS, what services have you received in the past, are currently receiving, or have never received? (check all that apply)

	Received in Past	Currently Receiving	Never Received
Ongoing medical care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security benefits counseling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case management services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services to help keep a job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling for personal concerns or mental health issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment for drug or alcohol abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One Stop Career/Workforce Center Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State vocational rehabilitation services (such as OVR, VESID, Department of Vocational Rehabilitation, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. What is/are the reason(s) that you have NOT used state vocational rehabilitation services? (check all that apply)

- N/A -I have used vocational rehabilitation
 I can find training and jobs without help
 I applied but I was not eligible
 I prefer to get services from AIDS organizations
 I do not want to work at this time
 I heard negative stories about vocational rehab
 I do not think I qualify
 I do not want to disclose my HIV status to a stranger
 I do not know what services they provide
 Concern about experiencing discrimination
 They are not available in my area
 Other: _____

28. On a scale of 1 Not Satisfied to 6 Extremely Satisfied, how satisfied are/were you with state vocational rehabilitation services? If you did not apply for Vocational Rehabilitation services, skip to next item.

- 1
 2
 3
 4
 5
 6

Please comment on your experience:

29. If you were to see a vocational counselor, it is important that the counselor (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Is the same race/ethnicity | <input type="checkbox"/> Is gay or lesbian | <input type="checkbox"/> Speaks my preferred language |
| <input type="checkbox"/> Is the same gender | <input type="checkbox"/> Is knowledgeable about HIV | <input type="checkbox"/> No specific preference |
| <input type="checkbox"/> Is HIV positive | <input type="checkbox"/> Does not disclose HIV status | <input type="checkbox"/> Other: _____ |

30. Vocational counselors can help me to find jobs that will not cause me to lose all of my disability benefits.

- True
 False
 Don't know

31. Which income benefits have you received in the past, are currently receiving, or have never received? (Check all that apply)

	Received in Past	Currently Receiving	Never Received
Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Disability Insurance (SSDI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private long-term disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing subsidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANF/medical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. How many employment services that serve people with HIV have you heard of in your area?

- None
 1
 2
 3
 4
 5 or more

33. Are you able to work?

- Yes
 No
 Not sure

39. How long have you been unemployed/not working? _____

40. Please check "Yes" or "No" or "NA" - Not Applicable

	Yes	No	N/A
Do you know where to find resources to help you in a job search?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have gaps in your work history that concern you in seeking employment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you like to work to add income to your Social Security benefits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. Check the best response to the below statements:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I have carefully considered the impact of working on all parts of my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting a job is not a priority for me right now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am determined to find a job despite the obstacles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am working towards getting a job instead of just thinking about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having a job might be a positive change in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am ready for work today.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. How important are the following factors when you think about working?

	Very Important	Important	Neutral	Little Importance	No Importance
Maintaining or increasing income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling useful or productive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being around people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being a role model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My identity as a worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to benefits (life insurance, disability, retirement)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work-at-home/telecommuting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. If I had a job... (complete below phrases)

	Increase	Decrease	No change
my use of alcohol would	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
my drug use would	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
my amount of unprotected sex would	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
my number of sex partners would	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
my quality of self-care would	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
my T-cell count would	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
my viral load would	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
taking my HIV medications as prescribed would	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

44. Have you experienced employment discrimination based on any of the following? (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> HIV status | <input type="checkbox"/> Being male | <input type="checkbox"/> Incarceration or convictions |
| <input type="checkbox"/> Race | <input type="checkbox"/> Being transgender | <input type="checkbox"/> Disability (other than HIV) |
| <input type="checkbox"/> Age | <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Immigration status |
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Religion | <input type="checkbox"/> None - skip next item |
| <input type="checkbox"/> Being female | <input type="checkbox"/> English 2nd language or accent | <input type="checkbox"/> Other: _____ |

45. Have you ever reported your experiences with employment discrimination to...(check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> N/A - No discrimination | <input type="checkbox"/> Your employer | <input type="checkbox"/> Friends/Family |
| <input type="checkbox"/> Legal Aid Service | <input type="checkbox"/> Equal Employment Opportunity Commission (EEOC) | <input type="checkbox"/> Other: _____ |

46. Please check the best response to the below statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I am confident that I can cope with discrimination and not let others discourage me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable asking for help when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want others to know that I am HIV positive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I prefer to be around others who are HIV positive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I prefer to be around others who belong to my racial/ethnic group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I sometimes feel worthless because I am HIV positive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I sometimes feel worthless because of my sexual orientation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
None of my family members know my HIV status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the overall support I get from my friends and family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others would think less of me if they knew I was HIV positive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others would think less of me if they knew my sexual orientation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47. Please check the best response to the below statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I am concerned about my use of alcohol or drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is very difficult for a person with HIV to become employed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would seek out professional help when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48. How many HIV positive people...

	None	1-2	3-4	5-6	7+
Do you know?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you know who are working?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

64. How often during the past 4 weeks:

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
Did you feel weighed down by your health problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you discouraged by your health problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel despair over your health problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you afraid because of your health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

65. How much of the time, during the past 4 weeks:

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
Did you have difficulty reasoning and solving problems, for example, making plans, making decisions, learning new things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you forget things that happened recently, for example, where you put things and when you had appointments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you have trouble keeping your attention on any activity for long?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you have difficulty doing activities involving concentration and thinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

66. Please check the one answer that best describes whether each of the following statements is true or false for you.

	Definitely true	Mostly true	Not sure	Mostly false	Definitely false
I am somewhat ill.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am as healthy as anybody I know.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My health is excellent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been feeling bad lately.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

67. As best as you can remember...

What was your most recent T-cell count? _____

What is your most recent viral load count? _____

68. What type(s) of other health concerns or disabilities do you have in addition to HIV? (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Mental health/psychiatric | <input type="checkbox"/> Neuropathy (numbness/tingling) |
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Deaf or hearing loss | <input type="checkbox"/> Bowel or bladder problems |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Cancer | <input type="checkbox"/> Night sweats or insomnia |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Liver problems | <input type="checkbox"/> Cough/Cold or temp over 101 |
| <input type="checkbox"/> Alcohol or drug use problems | <input type="checkbox"/> Asthma | <input type="checkbox"/> Fat/muscle gain/loss |
| <input type="checkbox"/> Sexually transmitted diseases | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Other: _____ |

69. Have you ever experienced: (Check all that apply)

- Homelessness Incarceration Domestic violence
 Problems with mental health Problems with substance use Sexual abuse

70. Which best describes your current sexual partner(s)?

- Same sex Opposite sex Same & opposite sex None

71. How concerned are you about the following issues related to work?

	Extremely Concerned	Very Concerned	Moderately Concerned	Somewhat Concerned	Not Concerned
Long work hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited paid sick leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exposure to health risks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New hire probationary periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeping medical appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balancing work and other life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical duties (standing, lifting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited break time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

72. In which do you live?

- Large city Small city Suburb Small town Rural area

73. What is your zip code? _____

74. Since being diagnosed with HIV/AIDS, have you had any help considering work options or finding work?

- Yes No

If Yes, please describe the help you received: _____

75. In what ways does working and/or not working impact your overall health?

76. What recommendations do you have for government programs (SS, SVR, HOPWA, etc.) and AIDS service organizations to reduce barriers to employment for people with HIV?

77. What else would you like us to know about your vocational training, services or employment needs?

78. Do you need more information about employment resources and services?

Yes

No

If you would like employment resources, please see the employment resources sheet in your packet.

Thank you for completing this survey. We really appreciate your time and effort and wish you the very best! In order to best advocate for your needs and those of others living with HIV, we need to have as many responses to this survey as possible. Please take an additional copy or two of the survey and give it to others with HIV to complete. All responses are confidential. You can return the completed survey to your agency or mail them directly to:

**Liza Conyers
302 CEDAR Building
Penn State University
University Park, PA, 16802**

Employment Resources

Employment Resources

National Working Positive Coalition (NWPC) www.workingpositive.net The National Working Positive Coalition employment resources page provides information and advice regarding employment issues (such as, disclosing HIV status or not; requesting reasonable accommodations, mapping a future) as well as a resource list of employment services in different states. <http://www.workingpositive.net/resources.htm> Contact: Liza Conyers, Ph.D. (814) 863-6115; lmc11@psu.edu

Ask the Experts About Workplace & Insurance Issues The Body Complete HIV-AIDS Resource

<http://www.thebody.com/Forums/AIDS/Workplace/index.html>

State Vocational Rehabilitation Services By contacting your local vocational rehabilitation office, you will tap into a wealth of resources related to employment options for people with disabilities. Vocational Rehabilitation (VR) assists individuals with disabilities to gain access to vocational training and employment opportunities. Locate your state (and local) vocational rehabilitation agency online: www.jan.wvu.edu/SBSES/VOCREHAB.HTM

SSA's Work Incentives Planning and Assistance (WIPA) Program If you receive disability benefits from the Social Security Administration, and are interested in working or learning more about how working would affect your benefits, you can get help from a community organization known as a Work Incentive Planning and Assistance (WIPA) project. Locate your local WIPA program online:

<http://www.socialsecurity.gov/work/ServiceProviders/WIPADirectory.html#service> or call: 866-426-1132 9 a.m. to 7 p.m. Eastern Standard Time.

Job Accommodation Network (JAN) JAN is a free consulting service designed to increase the employability of people with disabilities by: 1) providing individualized worksite accommodations solutions, 2) providing technical assistance regarding the ADA and other disability related legislation, and 3) educating callers about self-employment options. If you have a question: <http://www.jan.wvu.edu/JANonDemand.htm> or call: 800-526-7234 (V) ☐ 877-781-9403 (TTY)

Disability Program Navigator Initiative This Initiative promotes comprehensive services and work incentive information for SSA beneficiaries and other people with disabilities, through the One Stop system. Employment and Training Resources <http://www.doleta.gov/disability/etr.cfm> Locate your local Disability Program Navigator Initiative http://www.doleta.gov/disability/new_dpn_grants.cfm

Deciding Whether or Not to Disclose HIV Status at Work <http://www.workingpositive.net/article1.htm>

GMHC Treatment Issues: Work and HIV This special issue of the Gay Men's Health Crisis is devoted to work and HIV. Topics include: Learning to Really Live with HIV; Looking for Support; KEEPing it Real; Mapping a Future; Work FAQ; Fear of Failing and Why Work? For more information: <http://www.gmhc.org/health/treatment/ti/ti1803.html>

Where to Go for Help with Employment Discrimination This website lists agencies in California and nationwide that provide assistance with employment discrimination. http://www.bkohlenberg.com/where_to_go.htm

Please copy the below link to the on-line version of the survey and email it to as many people with HIV as you can: <https://www.surveymk.com/NWPC>