

AIDS SERVICE ORGANIZATION DESIGNATION REQUEST

Instructions: Use this form to apply for an [AIDS Service Organization](#) (ASO) designation. Email DHSAIDSprogram@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. Applications will be considered on a rolling basis.

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 two of the services listed on this form.

| | | | |
|--------------------|---|---------------|----------|
| Agency Name | Agency Type <input type="checkbox"/> Nonprofit <input type="checkbox"/> Public agency <input type="checkbox"/> Other, specify: | | |
| Street Address | 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. |
|---|--|--------------------------|---|
| | Will Provide | Will Refer | |
| Needs assessments | <input type="checkbox"/> | <input type="checkbox"/> | |
| Financial, medical, legal, social, or pastoral services | <input type="checkbox"/> | <input type="checkbox"/> | |
| Counseling and therapy | <input type="checkbox"/> | <input type="checkbox"/> | |
| Homecare services | <input type="checkbox"/> | <input type="checkbox"/> | |
| Patient advocacy | <input type="checkbox"/> | <input type="checkbox"/> | |
| Case management services | <input type="checkbox"/> | <input type="checkbox"/> | |
| Early intervention services | <input type="checkbox"/> | <input type="checkbox"/> | |
| HIV prevention services | <input type="checkbox"/> | <input type="checkbox"/> | |