

AIDS Service Organization Designation Request

Instructions: Use this form to apply for an [AIDS Service Organization](#) (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 <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	
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"/>	
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"/>	