

RWHAP Eligibility Affinity Group Application

Application Period: June 23 - August 15, 2025

Application Summary

The Linking Eligibility Across the Ryan White HIV/AIDS Program (RWHAP) Parts (LEAP) Dissemination Assistance Provider invites you to apply for our upcoming RWHAP Eligibility Affinity Group.

What is the Affinity Group?

The Affinity Group is a virtual forum for participants to engage in ongoing information exchange, networking, and community-building with peer jurisdictions to share support, guidance, and feedback on best practices, tools, and resources to help streamline their Ryan White HIV/AIDS Program (RWHAP) eligibility determination and redetermination processes.

Why should we participate in the Affinity Group?

You should participate if you want to:

- Crowdsource tools and resources for streamlining eligibility, especially if you feel like you don't have the tools you need to do so currently.
- Receive coaching from subject matter experts on technical and technological solutions if you've begun streamlining eligibility but are at a roadblock.
- Partner with other jurisdictions or across other RWHAP recipients to streamline eligibility
- Assess your readiness to implement streamlining activities across multiple domains if you already have updated eligibility processes and are ready to move to a centralized system.
- Engage in ongoing peer-sharing, knowledge-building, and staff training to identify and share best practices, opportunities, and lessons learned.
- Contribute to the development and dissemination of new tools and resources .

How is the Affinity Group structured?

- 9 virtual monthly sessions focused on key topics related to streamlining RWHAP eligibility determination processes.
- 9 virtual coaching sessions with an assigned peer exchange coach who will provide support on Affinity Group activities via individual and/or small group coaching sessions
- Practical activities to help you develop a jurisdiction-specific action plan and reinforce key concepts from the monthly full group sessions
- Access to a password-protected website with session materials, templates, activities, discussion forums, a central resource repository, and a shared event calendar
- Ad hoc peer engagement opportunities for participants with common jurisdictional characteristics
- Final in-person meeting in May 2026 with expenses covered

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Who should apply to participate in the Affinity Group?

We plan to create a cohort of up to nine jurisdictional teams from across the country that include:

- Jurisdictions whose RWHAP eligibility determination processes are moderately integrated or plan to integrate eligibility, and who are interested in further streamlining their processes
- Single-state jurisdictions as well as multi-state jurisdictions
- Jurisdictions with one or more RWHAP Part A and RWHAP Part C recipients

Each jurisdictional team should include:

- A representative from your jurisdiction's RWHAP Part B or AIDS Drug Assistance Program (ADAP) who will be responsible for coordinating and submitting the application
- A representative from at least one other RWHAP Part, including Part A, Part C, Part D, and Part F (dental programs) - representation from multiple Parts is encouraged!
- A RWHAP client or person with lived experience who has received RWHAP services
- Representatives from each participating RWHAP Part who can share their knowledge and experience in the following areas on an as-needed basis: program administration, fiscal management, data and IT, and contracting or vendor procurement services

What are the expectations for participation?

- At least one representative from your jurisdictional team should attend each monthly full group meeting.
- Your team should actively participate in monthly individual and/or group coaching sessions.
- Your team should work collaboratively to complete any requested information-gathering activities and develop your jurisdiction-specific action plan.

What is the application process?

- RWHAP Part B representatives should coordinate with representatives from other RWHAP Parts to assemble their jurisdictional team and complete the online application.
- The online application will be open from **June 23 to August 15, 2025**.
- You will be notified of your application status by **August 22, 2025**.
- If your team is selected for participation, you will be matched with a coach who will schedule a virtual meet and greet before the Affinity Group kicks off on **September 8, 2025**.

What if I have questions?

Please send any inquiries to rwhapeligibility@jsi.org.

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RWHAP Part B Recipient Lead Organization Information

On this page, please provide information about the RWHAP Part B Recipient Lead Point of Contact and Agency/Organization, including the name of the person who will serve as your jurisdictional team's lead.

1. RWHAP Part B Jurisdiction*

- | | | |
|--|---|--|
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Maine | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Missouri | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> California | <input type="checkbox"/> Montana | <input type="checkbox"/> Virgin Islands |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Washington, D.C. |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Washington (state) |
| <input type="checkbox"/> Florida | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> New Jersey | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Guam | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> Nevada | <input type="checkbox"/> Marshall Islands |
| <input type="checkbox"/> Iowa | <input type="checkbox"/> New York | <input type="checkbox"/> Mariana Islands |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> Ohio | <input type="checkbox"/> Republic of Palau |
| <input type="checkbox"/> Illinois | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> American Samoa |
| <input type="checkbox"/> Indiana | <input type="checkbox"/> Oregon | <input type="checkbox"/> Guam |
| <input type="checkbox"/> Kansas | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> U.S. Virgin Islands |
| <input type="checkbox"/> Kentucky | <input type="checkbox"/> Puerto Rico | <input type="checkbox"/> Micronesia |
| <input type="checkbox"/> Louisiana | <input type="checkbox"/> Rhode Island | |
| <input type="checkbox"/> Massachusetts | <input type="checkbox"/> South Carolina | |
| <input type="checkbox"/> Maryland | <input type="checkbox"/> South Dakota | |

2. RWHAP Part B Recipient Organization/Agency Name* _____

3. RWHAP Part B Lead Point of Contact - First and Last Name* _____

4. RWHAP Part B Lead Point of Contact - Job Title/Role* _____

5. RWHAP Part B Lead Point of Contact - Email Address* _____

6. RWHAP Part B Lead Point of Contact - Phone Number* _____

7. Will the RWHAP Part B Lead Point of Contact also represent your jurisdiction's AIDS Drug Assistance Program (ADAP)?*

- Yes, this person will also represent the ADAP ([skip to question 12](#))
- No, but we will have someone else on the team representing ADAP
- No, we don't plan to have someone representing our ADAP on the jurisdictional

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team ([skip to question 12](#))

8. ADAP Representative - First and Last Name* _____

9. ADAP Representative - Organization/Agency Name* _____

10. ADAP Representative - Job Title/Role* _____

11. ADAP Representative - Email Address* _____

12. Please include any additional information about the RWHAP Part B/ADAP representation you plan to include in your jurisdictional team. If you plan to invite a team member with expertise in a specific area to join specific sessions, please note that in the box below.

Additional RWHAP Part B Recipient Information

On this page, please provide information about any additional RWHAP Part B jurisdictions who will be participating on your jurisdictional team.

13. Will you have another RWHAP Part B jurisdiction participating on your jurisdictional team? (This may be applicable to you if your jurisdiction's client population has significant cross-state service use.)*

- Yes
- No ([skip to question 22](#))

14. Additional RWHAP Part B Jurisdiction*

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Illinois | <input type="checkbox"/> Nebraska |
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Indiana | <input type="checkbox"/> New Hampshire |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Kansas | <input type="checkbox"/> New Jersey |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Kentucky | <input type="checkbox"/> New Mexico |
| <input type="checkbox"/> California | <input type="checkbox"/> Louisiana | <input type="checkbox"/> Nevada |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> New York |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Maryland | <input type="checkbox"/> Ohio |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Maine | <input type="checkbox"/> Oklahoma |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Oregon |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Missouri | <input type="checkbox"/> Pennsylvania |
| <input type="checkbox"/> Guam | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Puerto Rico |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> Montana | <input type="checkbox"/> Rhode Island |
| <input type="checkbox"/> Iowa | <input type="checkbox"/> North Carolina | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> North Dakota | <input type="checkbox"/> South Dakota |

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☐ Tennessee

☐ Virgin Islands

☐ Wisconsin

☐ Texas

☐ Vermont

☐ West Virginia

☐ Utah

☐ Washington, D.C.

☐ Wyoming

☐ Virginia

☐ Washington (state)

15. Additional RWHAP Part B Recipient Organization/Agency Name* _____

16. Additional RWHAP Part B Representative - First and Last Name* _____

17. Additional RWHAP Part B Representative - Job Title/Role* _____

18. Additional RWHAP Part B Representative - Email Address* _____

19. Does this additional RWHAP Part B representative also represent their jurisdiction's AIDS Drug Assistance Program (ADAP)?*

- Yes, this person will also represent their ADAP
- No

20. Will you have more than two RWHAP Part B jurisdictions participating on your jurisdictional team? *

- Yes
- No ([skip to question 22](#))

21. Please include information about any additional RWHAP Part B jurisdictions who will join your jurisdictional team, including:

- The name of the RWHAP Part B jurisdiction
- The name of the RWHAP Part B recipient organization/agency
- Whether you've discussed participation in the AG with them
- The RWHAP Part B representative's first and last name
- The RWHAP Part B representative's job title/role
- The RWHAP Part B representative's email address
- Whether the RWHAP Part B representative also represents their jurisdiction's ADAP*

RWHAP Part A Participation

On this page, please provide information about any RWHAP Part A representatives who will be participating on your jurisdictional team.

22. Will you have any RWHAP Part A-funded recipients represented on your jurisdictional team?*

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- Yes
- No (*skip to question 31*)

23. RWHAP Part A Jurisdiction*

- | | | |
|---|---|--|
| <input type="checkbox"/> Atlanta | <input type="checkbox"/> Indianapolis | <input type="checkbox"/> Orange County, CA |
| <input type="checkbox"/> Austin | <input type="checkbox"/> Jacksonville | <input type="checkbox"/> Orlando |
| <input type="checkbox"/> Baltimore | <input type="checkbox"/> Jersey City | <input type="checkbox"/> Philadelphia |
| <input type="checkbox"/> Baton Rouge | <input type="checkbox"/> Kansas City | <input type="checkbox"/> Phoenix |
| <input type="checkbox"/> Bergen-Passaic | <input type="checkbox"/> Las Vegas | <input type="checkbox"/> Portland |
| <input type="checkbox"/> Boston | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> Riverside-San |
| <input type="checkbox"/> Charlotte-Gastonia | <input type="checkbox"/> Memphis | <input type="checkbox"/> Bernadino |
| <input type="checkbox"/> Chicago | <input type="checkbox"/> Miami-Dade County | <input type="checkbox"/> Sacramento |
| <input type="checkbox"/> Cleveland-Lorain- | <input type="checkbox"/> Middlesex-Somerset- | <input type="checkbox"/> San Antonio |
| <input type="checkbox"/> Elyria | <input type="checkbox"/> Hunterdon | <input type="checkbox"/> San Diego |
| <input type="checkbox"/> Columbus | <input type="checkbox"/> Minneapolis-St. Paul | <input type="checkbox"/> San Francisco |
| <input type="checkbox"/> Dallas | <input type="checkbox"/> Nashville | <input type="checkbox"/> San Jose |
| <input type="checkbox"/> Denver | <input type="checkbox"/> Nassau Suffolk | <input type="checkbox"/> San Juan |
| <input type="checkbox"/> Detroit | <input type="checkbox"/> New Haven | <input type="checkbox"/> Seattle |
| <input type="checkbox"/> Ft. Lauderdale- | <input type="checkbox"/> New Orleans | <input type="checkbox"/> St. Louis |
| <input type="checkbox"/> Broward County | <input type="checkbox"/> New York | <input type="checkbox"/> Tampa-St. |
| <input type="checkbox"/> Ft. Worth | <input type="checkbox"/> Newark | <input type="checkbox"/> Petersburg |
| <input type="checkbox"/> Hartford | <input type="checkbox"/> Norfolk | <input type="checkbox"/> Washington, D.C. |
| <input type="checkbox"/> Houston | <input type="checkbox"/> Oakland | <input type="checkbox"/> West Palm Beach |

24. Have you discussed participation in the Affinity Group as part of your jurisdictional team with this RWHAP Part A-funded organization/agency?*

- Yes
- No

25. RWHAP Part A Recipient Organization/Agency Name* _____

26. RWHAP Part A Representative - First and Last Name* _____

27. RWHAP Part A Representative - Job Title/Role* _____

28. RWHAP Part A Representative - Email Address* _____

29. Will you have any additional RWHAP Part A-funded recipients represented on your jurisdictional team?*

- Yes
- No (*skip to question 31*)

30. Please include information about any additional RWHAP Part A jurisdictions who will join

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your jurisdictional team, including:

- The name of the RWHAP Part A jurisdiction
 - The name of the RWHAP Part A recipient organization/agency
 - Whether you've discussed participating in the AG with them
 - The RWHAP Part A representative's first and last name
 - The RWHAP Part A representative's job title/role
 - The RWHAP Part A representative's email address*
-
-

RWHAP Part C Participation

On this page, please provide information about any RWHAP Part C representatives who will be participating on your jurisdictional team.

31. Will you have any RWHAP Part C-funded recipients represented on your jurisdictional team?*

- Yes
- No ([skip to question 40](#))

32. RWHAP Part C Recipient Organization/Agency Name* _____

33. This organization/agency is also a ... (check all that apply)*

- ☐ RWHAP Part D Recipient
- ☐ RWHAP Part F - Dental Recipient
- ☐ None of the above

34. Have you discussed participation in the Affinity Group as part of your jurisdictional team with this RWHAP Part C-funded organization/agency?*

- Yes
- No

35. RWHAP Part C Representative - First and Last Name* _____

36. RWHAP Part C Representative - Job Title/Role* _____

37. RWHAP Part C Representative - Email Address* _____

38. Will you have any additional RWHAP Part C-funded recipients represented on your jurisdictional team?*

- Yes

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- No ([skip to question 40](#))

39. Please include information about any additional RWHAP Part C-funded organizations/agencies who will join your jurisdictional team, including:

- The name of the RWHAP Part C-funded organization/agency
 - Whether the organization/agency is also a RWHAP Part D and/or Part F - Dental recipient
 - Whether you've discussed participation in the AG with them
 - The RWHAP Part C representative's first and last name
 - The RWHAP Part C representative's job title/role
 - The RWHAP Part C representative's email address*
-
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RWHAP Part D Participation

On this page, please provide information about any RWHAP Part D representatives who will be participating on your jurisdictional team.

40. Will you have any RWHAP Part D-funded recipients represented on your jurisdictional team?*

- Yes
- No ([skip to question 49](#))

41. RWHAP Part D Recipient Organization/Agency Name* _____

42. This organization/agency is also a ... (check all that apply)*

- ☐ RWHAP Part C Recipient
- ☐ RWHAP Part F - Dental Recipient
- ☐ None of the above

43. Have you discussed participation in the Affinity Group as part of your jurisdictional team with this RWHAP Part D-funded organization/agency?*

- Yes
- No

44. RWHAP Part D Representative - First and Last Name* _____

45. RWHAP Part D Representative - Job Title/Role* _____

46. RWHAP Part D Representative - Email Address* _____

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47. Will you have any additional RWHAP Part D-funded organizations/agencies represented on your jurisdictional team?*

- Yes
- No ([skip to question 49](#))

48. Please include information about any additional RWHAP Part D-funded organizations/agencies who will join your jurisdictional team, including:

- The name of the RWHAP Part D-funded organization/agency
 - Whether the organization/agency is also a RWHAP Part C and/or Part F - Dental recipient
 - Whether you've discussed participating in the AG with them
 - The RWHAP Part D representative's first and last name
 - The RWHAP Part D representative's job title/role
 - The RWHAP Part D representative's email address*
-
-

RWHAP Part F - Dental Participation

On this page, please provide information about any RWHAP Part F - Dental representatives who will be participating on your jurisdictional team.

49. Will you have any RWHAP Part F - Dental funded recipients represented on your jurisdictional team?*

- Yes
- No ([skip to question 58](#))

50. RWHAP Part F - Dental Recipient Organization/Agency Name* _____

51. This organization/agency is also a ... (check all that apply)

- ☐ RWHAP Part C Recipient
- ☐ RWHAP Part D Recipient
- ☐ None of the above

52. Have you discussed participation in the AG as part of your jurisdictional team with this RWHAP Part F - Dental funded organization/agency?*

- Yes
- No

53. RWHAP Part F - Dental Representative - First and Last Name* _____

54. RWHAP Part F - Dental Representative - Job Title/Role* _____

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55. RWHAP Part F - Dental Representative - Email Address* _____

56. Will you have any additional RWHAP Part F - Dental funded recipients represented on your jurisdictional team?*

- Yes
- No (*skip to question 58*)

57. Please include information about any additional RWHAP Part F - Dental funded organizations/agencies who will join your jurisdictional team, including:

- The name of the RWHAP Part F - Dental funded organization/agency
 - Whether the organization/agency is also a RWHAP Part C and/or Part D recipient
 - Whether you've discussed participation in the AG with them
 - The RWHAP Part D representative's first and last name
 - The RWHAP Part D representative's job title/role
 - The RWHAP Part D representative's email address*
-
-

RWHAP Client / People with Lived Experience (PWLE) Participation

On this page, please provide information about any RWHAP clients or people with lived experience who will be participating on your jurisdictional team.

58. Will you have any RWHAP clients or people with lived experience (who have accessed RWHAP services in the past) represented on your jurisdictional team?*

- Yes
- No (*skip to question 63*)

59. Have you discussed participation in the Affinity Group as part of your jurisdictional team with this individual?*

- Yes
- No

60. Will you have any additional RWHAP clients or people with lived experience represented on your jurisdictional team?*

- Yes
- No (*skip to question 63*)

61. Please indicate the following for each additional RWHAP client or person with lived experience who will join your jurisdictional team:

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- Whether you've discussed participation in the AG with them*

Note: If your jurisdictional team is selected to participate in the Affinity Group, we will gather additional information about RWHAP clients and people with lived experience on your team.

Additional Info About Your Jurisdictional Team Composition

62. Please provide any additional information about your jurisdictional team that you would like us to know when considering your application. *(Optional)*

Jurisdiction Assessment

The following questions are intended to assess your jurisdiction's level of eligibility determination integration across RWHAP Parts. Please answer the questions to the best of your ability and reflect on integration efforts across your entire RWHAP jurisdiction, not only among the entities that you have selected to be on your jurisdictional team.

63. Please provide a brief description of your RWHAP Part B program's overall level of integration with regards to client eligibility determination processes across RWHAP Parts within your jurisdiction.*

64. What changes have you made to your jurisdiction's RWHAP Part B eligibility determination processes since [PCN 21-02 \(Determining Client Eligibility and Payor of Last Resort in the RWHAP\)](#) was established in October 2021?*

65. To your knowledge, what changes have other RWHAP Parts (A, C, D, and Part F - Dental programs) in your jurisdiction made to their eligibility determination processes since [PCN 21-02 \(Determining Client Eligibility and Payor of Last Resort in the RWHAP\)](#) was established in October 2021?*

66. Our jurisdiction's RWHAP Part B has coordinated eligibility with at least one RWHAP Part A entity on ... (check all that apply)*

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- ☐ Income
- ☐ Proof of HIV Status
- ☐ Residency
- ☐ None of the Above
- ☐ Not Applicable - No RWHAP Part A entities in our jurisdiction

67. What additional information would you like to share about coordinating with RWHAP Part A?

68. Our jurisdiction's RWHAP Part B has coordinated eligibility with at least one RWHAP Part C entity on ... (check all that apply)*

- ☐ Income
- ☐ Proof of HIV status
- ☐ Residency
- ☐ None of the Above
- ☐ Not Applicable - No RWHAP Part C entities in our jurisdiction

69. What additional information would you like to share about coordinating with RWHAP Part C?

70. Our jurisdiction's RWHAP Part B has coordinated eligibility with at least one RWHAP Part D entity on ... (check all that apply)*

- ☐ Income
- ☐ Proof of HIV status
- ☐ Residency
- ☐ None of the Above
- ☐ Not Applicable - No RWHAP Part D entities in our jurisdiction

71. What additional information would you like to share about coordinating with RWHAP Part D?

72. Our jurisdiction's RWHAP Part B has coordinated eligibility with at least one RWHAP Part F - Dental entity on ... (check all that apply)*

- ☐ Income
- ☐ Proof of HIV status

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- ☐ Residency
- ☐ None of the Above
- ☐ Not Applicable - No RWHAP Part F - Dental entities in our jurisdiction

73. What additional information would you like to share about coordinating with RWHAP Part F - Dental?

Jurisdictional Team Goals and Interests

74. What are your jurisdictional team's goals for participating in the Affinity Group?*

75. What topics or skills are you most interested in learning more about through the Affinity Group?*

76. What else would you like the application review committee to know about your application? (*Optional*)

77. Did someone from your jurisdictional team attend the informational webinar on June 23?*

- Yes
- No
- Unsure

78. What questions do you have? (*Optional*)

Leadership Support

Please review the following commitment statement with representatives from each of the organizations in your proposed jurisdictional team as well as leadership from the RWHAP Part B applicant organization. Your application will not be considered complete without buy-in from RWHAP Part B leadership.

Leadership from my organization supports our application to participate in the 9-month virtual

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RWHAP Eligibility Affinity Group, which will take place from August 2025 through May 2026 and culminate with a final in-person meeting in May 2026. If we are selected, organizational leadership will:

- ★ Ensure that the necessary resources are provided to meet all the commitments associated with participation in the Affinity Group.
- ★ Facilitate the identification of key staff to actively participate in Affinity Group sessions, coaching sessions, and ongoing peer-learning activities.
- ★ Commit to implementing RWHAP integration activities in our jurisdiction during and after the end of the Affinity Group.

79. By checking this box, I certify that leadership from my organization supports our application and agrees to the above items.*

- Yes

80. By submitting this application, I certify that at least one individual from my jurisdiction agrees to participate in all Affinity Group activities.*

- Yes

Thank You!

Thank you for completing the application! We appreciate your interest in joining the RWHAP Eligibility Affinity Group and we will be in touch by August 22, 2025 in regards to your application status. If you have questions, please email us at rwhapelibility@jsi.org.