

Transgender Resource and Referral List Information Form

Please use this form to add or update your organization's information to the Transgender Resource and Referral List. We want to provide our clients with the best possible access to services and your help is crucial. Information on this form will be provided to anyone requesting the Transgender Resource & Referral List.

Name of Individual or Organization

Geographic Area Served

Address

City/County, State, Zip

Telephone

Fax

Hotline if applicable

Days and hours of operation

E-mail address and/or website

Do you accept walk-ins? YES ☐ NO ☐

Is there a waiting list for services? YES ☐ NO ☐

If Yes, how long? _____

Services

Which of the following services do you provide for your trans or gender non-binary clients?

☐ Primary care services

☐ Hormone therapy

☐ OB/GYN services

☐ Dental services

☐ Support services

☐ Legal services

☐ Psychiatric services

☐ Psychotherapy & Counseling
(indicate: individual / group)

☐ Laser hair removal and/or
electrolysis

☐ Psychological evaluation

☐ Other (please list) _____

Surgical Procedures

Which of the following surgical procedures do you provide for your trans or gender non-binary clients?

☐ Not Applicable

☐ Gender Affirmation Surgery for transgender women or transfeminine spectrum persons

☐ Gender Affirmation Surgery for transgender men or transmasculine spectrum persons

☐ Chest surgery for transgender men or transmasculine spectrum persons

☐ Breast augmentation for transgender women or transfeminine spectrum persons

☐ Other procedures (please list) _____

Payment

Is there a sliding fee scale available? YES ☐ NO ☐

Is full fee required at time of services? YES ☐ NO ☐

Do you accept Medicaid? YES ☐ NO ☐

Do you accept Medicare? YES ☐ NO ☐ If yes, are there any restrictions? (please list) _____

What insurance plans, if any, does your facility accept? _____

Please check the statements below that are true for you and/or your agency:

☐ I am currently licensed in the jurisdiction in which I offer service(s).

☐ I am willing to provide services pro bono to a number of clients that I specify.

☐ I am cognizant of the Ethical Principles and Standards for my profession.

☐ I am familiar with the World Professional Association for Transgender Health Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People.

How long and in what capacity have you worked with trans or gender non-binary community members?

How did you receive your training/knowledge of trans or gender non-binary communities?

How do clients find out about your services?

What is the biggest obstacle for you in providing care to trans or gender non-binary community members?

What licenses do you currently hold?

Do you have persons on site who speak languages other than English? If yes, please list languages.

Do you have trans or gender non-binary identified staff? YES ☐ NO ☐

Are gender neutral bathrooms available at your facility? YES ☐ NO ☐

Is your facility accessible for people with mobility impairment? YES ☐ NO ☐

Please provide two references who can vouch for your work with members of trans and gender non-binary communities:

Name	Phone	Email	Relationship to Provider

Name and title of contact person

Telephone

Please return this form to:

Virginia Department of Health, Division of Disease Prevention
ATTN: Ted Heck
Transgender Resource and Referral List
P.O. Box 2448, Room 326
Richmond, VA 23218-2448
Contact Number: 804-864-8012
Fax: 804-864-8053
Ted.Heck@vdh.virginia.gov

PLEASE NOTE: The Virginia Transgender Resource & Referral List ("the List") is intended as an informational resource only. Providers included here have not been endorsed, certified, or vetted by the Virginia Department of Health beyond fulfilling the requirement to complete and send in the Transgender Resource and Referral List Information Form. VDH can make no guarantees about providers listed here. VDH contacts all entities included on the List annually to check that each organization's information is accurate and up to date, but cannot guarantee accuracy throughout the year.

Further, websites and other materials developed or produced by these providers are solely the responsibility of those entities. VDH cannot censor external sites' content, so it is possible that some individuals who choose to browse an outside website may encounter materials or information that they consider offensive or inappropriate. If you have questions or comments about content on a provider's website, please contact the provider directly to address your concerns.