

Pennsylvania Office of Mental Health & Substance Abuse Services Network Provider LBGTQI Experience/Expertise Survey

Instructions:

Please complete this survey for each network provider, making additional copies of page three if needed. Return the survey by June 18, 2010, to:

Heather Huff Mercer 3131 E. Camelback Road, Suite 300 Phoenix, Arizona 85016	Fax number: +1 602 957 9573 Attention: Heather Huff
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If you have any questions about the information requested, please feel free to contact Heather Huff +1 602 522 6518.

Section One: Provider Agency Information

Name: _____

Street Address: _____

Street Address: _____

City: _____

County: _____

Zip Code: _____

Telephone: _____

Website: _____

Section Two: Specialty Services for LGBTQI Consumers

Lesbian: A woman who identifies primarily as being attracted relationally and sexually to other women.

Gay: A man who identifies primarily as being attracted relationally and sexually to other men. Although it can be used for any sex (e.g. gay man, gay woman, gay person), "*lesbian*" or other terms are used more frequently for women who are attracted to women.

Bisexual: A person who identifies as being attracted relationally and sexually to men as well as women.

Transgender: A person who lives either full or part time in a gender role other than the gender assigned to them at birth. This may include *transsexuals*, cross dressers, drag queens, drag kings, *genderqueer* people and *intersex* people.

Questioning: A person who is unsure about their *sexual orientation* and/or *gender identity*, or chooses at a given time to hold off in defining their *sexual orientation* and/or *gender identity*.

Intersex: A term used for "a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male."¹ Intersex people may have various combinations of genitalia, reproductive organs, secondary sex characteristics and combinations of sex chromosomes.

Please describe any specialty programs or services your organization provides for members of the LGBTQI community.

LGBTQI Service or Program	Additional Information (i.e., contact information, specific age group, description of program, etc.)

¹ Website of Intersex Society of North America, http://www.isna.org/faq/what_is_intersex

Section Three: Staff Members with LGBTQI Experience and Expertise

Please provide detailed information about individual staff members with expertise and experience with the LGBTQI community.

Staff Name & Credentials	Area of Expertise	Years Experience	Training, Specialties, or Other Information
	<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> Intersex	<input type="checkbox"/> 0 – 3 years <input type="checkbox"/> 4 – 9 years <input type="checkbox"/> 10 years + <input type="checkbox"/> 0 – 3 years <input type="checkbox"/> 4 – 9 years <input type="checkbox"/> 10 years + <input type="checkbox"/> 0 – 3 years <input type="checkbox"/> 4 – 9 years <input type="checkbox"/> 10 years + <input type="checkbox"/> 0 – 3 years <input type="checkbox"/> 4 – 9 years <input type="checkbox"/> 10 years + <input type="checkbox"/> 0 – 3 years <input type="checkbox"/> 4 – 9 years <input type="checkbox"/> 10 years + <input type="checkbox"/> 0 – 3 years <input type="checkbox"/> 4 – 9 years <input type="checkbox"/> 10 years +	
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Section Four: Referrals to out of network, community or private providers

If you do not provide services to LGBTQI individuals, please tell us of any referrals you make to out of network, community or private providers.

Out of network, community or private providers	Additional Information (i.e., contact information, specific age group, description of program, etc.)