

# PROJECT H.E.A.L.T.H.:

## Harnessing Education, Advocacy & Leadership for Transgender Health

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Lyon Martin Health Services, in partnership with the Transgender Law Center and Equality California, has begun an initiative to challenge barriers and improve access to community healthcare for transgender people throughout the state of CA. Project H.E.A.L.T.H. will organize and network existing efforts at a number of organizations bridging between health care providers and advocates in a coherent, comprehensive, and transformative way. We ultimately seek to ensure that all transgender people can access comprehensive, quality, culturally-sensitive health care within their own communities.

**By forming regional Health Councils around the state of California, we plan to join community members and providers together to address health care issues that are imperative to transgender and gender-queer communities locally. We hope that by having a group of dedicated individuals, we can affect specific local change and be better advocates to our immediate communities.**

### APPLICATION FORM Bay Area Health Council

**\*Application due by October 5, 2009 at 9:00 am\***

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#### Name

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

MI

#### Contact Information

\_\_\_\_\_

Number and Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

\_\_\_\_\_

Email Address

\_\_\_\_\_

Phone Number

#### Optional Information:

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Preferred Pronoun: \_\_\_\_\_

Ethnicity/Race: \_\_\_\_\_

Do you have any special needs that require accommodation?

No

Yes, specify: \_\_\_\_\_

In a few words please answer the following questions below. If more room is needed, please use the back side of this page.

**Explain your involvement/experience in transgender health care.**

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**Why do you want to join Project HEALTH's health council? Please feel free to note any special skills or abilities you think are relevant.**

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**What would you like to see the health council change in local transgender health care?**

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**What is your time commitment to be on the health council?**

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**Please submit completed applications to ATTN: Kara Nostrand either by mail or fax  
1748 Market St. Suite 201, San Francisco CA 94103, Fax: (415) 252-7512  
For more information contact Kara Nostrand at (415) 565-7667 ext. 318**