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| <p>SUBJECT:</p> <p>Placement Procedure for Transgender or Gender-Nonconforming (TGNC) Clients</p> | <p>APPLICABLE TO:</p> <p>DHS in the Divisions of Adult Services, Street Homeless Solutions and HERO, and provider staff in directly operated and provider operated Adult or Street facilities</p> | <p>ISSUED:</p> <p>08/25/2021</p> |
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| <p>ADMINISTERED BY:</p> <p>Division of Adult Services Street Homeless Solutions Housing Emergency Referral Operations (HERO)</p> | <p>APPROVED BY:</p> <p>Joslyn Carter, Administrator Department of Social Services/ Department of Homeless Services</p> |
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■ INTRODUCTION

Accountability, empathy, and equity are central to the Department of Homeless Services’ (“DHS” or “Agency”) mission of preventing homelessness, providing safe temporary shelter, and connecting homeless New Yorkers to sustainable housing options. At the time of the Callahan v. Carey decision, the city and state of New York’s mandate was to provide shelter to single adult men. In the ensuing decades, the city and state’s mandate expanded to include single adult women, adult families, and families with children.¹

DHS recognizes that additional transformation is needed to provide safe temporary housing options for transgender and gender non-conforming (TGNC) clients, particularly single adults who face obstacles due to the binary division of facilities (“female” and “male”). As the Agency expands capacity for TGNC clients, this procedure seeks to strengthen its services by connecting eligible clients to placements that are most affirming to their gender.

¹ *The Callahan Legacy: Callahan v. Carey and the Legal Right to Shelter.* Coalition For The Homeless. (n.d.). <https://www.coalitionforthehomeless.org/our-programs/advocacy/legal-victories/the-callahan-legacy-callahan-v-carey-and-the-legal-right-to-shelter/>.

■ PURPOSE

- A. To reduce gender-based harassment or other safety concerns in congregate sites on the basis of non-binary, intersex, transgender, or gender-nonconforming status.
- B. To inform DHS and provider staff of placement options for TGNC clients.
- C. To define and describe the new coding for TGNC reserved placement.
- D. To provide options for clients who request gender-affirming placement when a specific TGNC unit is unavailable.

■ TERMINOLOGY

DHS is committed to using respectful, inclusive, and anti-oppressive language in all interactions and documentation. With this in mind, this procedure uses the terms below. See the **DHS LGBTQI+ Glossary of Terms (DSS-6b)** for additional terms and definitions.

- A. **Gender-affirming** - Services and facilities that support and validate a person's self-determined gender experience, identity, and expression. Services that are gender-affirming can either be accessed by anyone regardless of gender (e.g., single use bathrooms) or are designed with the needs of TGNC folks in mind (e.g., trans-specific health services).
- B. **TGNC client** - Transgender and gender non-conforming. An umbrella term used to describe any one whose gender does not align with the legal gender they were assigned at birth. Examples include transgender, non-binary, intersex, gender-nonconforming, genderqueer, and gender-fluid.

Note: Use person-centered language when speaking to or about TGNC clients. For example, say "a transgender person" or "someone who is transgender" rather than "a transgender."

- C. **TGNC-coded units** - Refers specifically to units that are reserved for TGNC clients. For the purpose of this procedure, TGNC-coded beds, rooms, wings, and/or facilities will be referred to as "units."

■ PROCEDURE

A. TGNC-Coded Units

DHS categorizes the vast majority of beds for single adult clients as either "M" (male) or "F" (female) in the Building Compliance System (BCS) and the Client Assistance and Rehousing System (CARES). In 2020, DHS brought on a number of units coded "TGNC" rather than "M" (male) or "F" (female). These units are available to eligible clients (see section B, Eligibility) who request them at intake or when requesting a transfer. As the Agency continues to expand capacity and add additional TGNC coded units, they will be added to CARES and BCS for placement purposes.

Note: Long-term placement in TGNC-coded units is reserved *exclusively* for clients who meet the eligibility criteria in *section B* and request placement in such units. Non-TGNC clients may only be placed in a TGNC unit in cases where there are no other beds coded “M” or “F” as appropriate to the client’s gender identity in the DHS system. Such placements should only occur when a client needs an overnight bed. These placements should be minimized to reduce disruption for all clients and staff. Further, non-TGNC clients may only be temporarily placed in TGNC-coded units that are single rooms (or double, if neither bed is occupied), and not in multi-bed units, floor, or wings of a facility.

B. Eligibility

In general, DHS places clients in units according to the gender they report during the intake process. The most important eligibility requirement for placement in TGNC units is the client’s self-identification as TGNC. Because TGNC clients may not always select CARES options that reflect or indicate TGNC status, for example the “X” gender marker, facility staff must determine eligibility through a conversation with the client.

Regardless of reported gender in CARES, eligibility will be determined when the client has discussed the option of TGNC placement with staff. In collaboration with DHS, providers may introduce additional screening tools at their discretion to ensure the client is a good fit.

Clients who select “M” or “F” and do not otherwise indicate they are TGNC are ineligible for TGNC placement. Clients who do indicate they are TGNC should be offered TGNC placement as an option, but are not required to pursue it.

CARES may provide some further indicators that staff should discuss TGNC-coded unit placement with a client. These may include, but are not limited to:

- Case notes indicating TGNC identity, or related placement or services;
- Complaints or inquiries indicating TGNC identity or related concerns;
- Recorded name change; or
- Preferred name different from legal name.

Note: The only reliable way to learn whether TGNC-specific placement is a good option for a client is to discuss the client’s needs and previous shelter or safe haven experiences openly and respectfully. In general, facility staff should take a client’s request for a TGNC-coded unit at face value and pursue gender-affirming placement. If there are any concerns, facility staff can contact the Department of Social Services (DSS) Office of Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) Affairs at lgbtqi@dss.nyc.gov.

C. Placement

Facility staff will review placement requests for TGNC-coded units on a case-by-case basis and make placements according to availability and need. **Placement in a specific site, facility or type of unit is not guaranteed.**

To ensure that clients are placed in gender-affirming units, staff should follow the protocols below.

1. Client Rights
 - a. TGNC clients may request placement in a TGNC-coded unit, and DHS will make every attempt to place them in such sites;
 - b. TGNC clients may request a single room or smaller unit (e.g. dorm) for safety purposes;
 - c. TGNC clients may request a safety transfer for the purposes of identifying a more suitable placement due to safety concerns (i.e. threats, harassment, assaults) because of the client's gender identity or expression;
 - d. Otherwise, placements in congregate sites must meet the needs of the individual client.

2. Gender-Affirming Placements

TGNC clients frequently report discrimination, violence, and harassment in DHS facilities and in society. Spaces where relevant incidents consistently occur are:

- a. Bathrooms
- b. Showers
- c. Congregate settings/dorms
- d. Shared living spaces/rooms
- e. In public spaces (e.g., the sidewalk and areas surrounding a facility)

When paired with staff training and accountability, TGNC-specific placement can reduce the frequency of dangerous incidents in DHS facilities. However, there may be more requests for TGNC placement than there are available units, or available units may not meet the needs of the individual client. In either of these events, staff should seek out alternative options that may be more affirming than standard facility placement until the client can be moved to an appropriate TGNC placement. As is the case with all placements, staff must work with clients to identify a placement that will allow them to utilize DHS services and leave temporary shelter into secure and permanent housing.

Options that may be more gender-affirming for TGNC clients:

- a. Beds in single-occupancy rooms
- b. Beds in limited-occupancy (<5 beds) rooms
- c. Rooms with access to single-occupancy bathrooms
- d. Rooms with access to limited-occupancy bathrooms, or bathrooms accessible to a limited number of rooms
- e. Placement with providers that have received TGNC-affirming training (contact DSS Office of LGBTQI Affairs for assistance).

D. Additional TGNC-Specific Considerations When making Placements Or Transfers

Unfortunately, TGNC clients may experience challenges related to their gender identity at their assigned DHS facility. If applicable, TGNC clients can be offered new accommodations at their currently assigned site or a new placement at a facility that can accommodate their needs. This section provides guidance on a few common concerns that may arise when considering new placement for TGNC clients.

1. Transfers for Safety Reasons

In general, transfers for safety reasons are laid out in the [Client Transfer Process](#) procedure (03-402)² and the [Safe Haven Transfer Procedure](#) (18-402). TGNC clients are at increased generalized risk for harassment or violence and may experience the same issues regardless of which site they are placed in. In the case of gender-based incidents where transfer is discussed, staff should have a conversation with clients to determine the nature and severity of the client's safety risk before transferring them.

In many cases, TGNC clients may prefer to remain in their current placement rather than start over from a case management perspective, especially if they are otherwise able to access services such as healthcare and rehousing support from that facility. In such cases, staff may consider transferring the other party to the incident instead. Clients who choose to decline the offer of a safety transfer should sign the refusal form, which can be found in the Transfer Procedure.

Some questions staff should discuss with the client include:

- a. Would you feel/be safer if you transferred to a different facility?
- b. Would transfer to another placement disrupt community connections, access to services, or access to employment?
- c. Would you like to pursue action such as a police report or Ombudsman report describing the incident(s) that have occurred?
- d. How else can staff support your safety in this facility?

2. Reasonable Accommodations

Clients do not need to request a reasonable accommodation (RA) when requesting gender-affirming amenities (for example, proximity to a single-occupancy bathroom). However, some clients may provide documentation supporting an accommodation request for any physical and/or mental health matters related to their gender experience. Staff must accept this documentation, and accompanying requests when they refer to a reasonable accommodation. Staff should treat requests that do not meet RA criteria as requests for gender-affirming placement. For further information on accommodations for clients with disabilities, see the [Interim Reasonable Accommodation Request](#) procedure (DHS-PB-2020-12).

² See pg. 402-2

3. Mental Health Placement

Clients who identify as transgender, non-binary, or intersex experience disproportionate rates of disorders such as Post-Traumatic Stress Disorder (PTSD) (Reisner et al., 2016) and some may be triggered by placement in the larger dorms that are available in mental health shelters.

If clients qualify for placement in a behavioral health site, they should be placed according to Agency procedure. In the case that there are no available behavioral health sites with TGNC-specific beds, staff should follow typical practice by placing clients in a site or unit with the gender categorization that the client selects.

It is important to note that in some cases, placement in a TGNC-specific or otherwise gender-affirming unit may help alleviate a client's symptoms for disorders such as PTSD by reducing incidents of violence, discrimination, and harassment.

4. Check Name and Pronouns When Transferring between Facilities

If a client requests a transfer from one facility type to another (e.g., a single men's facility to a single women's facility), provider staff must review the "Name" and "Demographics" categories in CARES with the client to confirm their information is correct. Follow existing procedures for making demographic changes.

Note: TGNC clients who previously requested placement in a male or female facility are entitled to change their selection, and DHS must grant their request.

5. Confidentiality:

A client's preferred name and gender pronouns are communication preferences and are not confidential. However, information about a person's sexual orientation, transgender status, non-binary status, intersex status, medical history, or assigned sex at birth **is** confidential. Staff at all levels must be mindful of what is considered protected information and must only share confidential information when required for program purposes. For more information, see the [Client Confidentiality and Data Protection Policy](#) procedure (12-150).

For more information on fulfilling transfer requests, including notice to clients, see the [Client Transfer Process \(03-402\)](#).

■ RELATED ITEMS

- A. [Transgender, Non-binary and Intersex Clients](#) (TGNBI) (DHS-PB-2019-015)
- B. [Single Adult Bed Management](#) (DHS-PB-2020-20 (R1))

■ ATTACHMENTS

- A. [Action Taken on Request to Change Gender, Add Preferred Name, Gender Pronoun in CARES, or Move From a Gender-Based Facility](#) (DHS-45)
- B. [Improving Services for LGBTQI Clients](#) (DHS-45a)
- C. [DSS/HRA/DHS Welcome Here Cards](#) (PALM-4)
- D. [LGBTQI+ Glossary of Terms](#) (DSS-6b)

■ CONTACTS

[LGBTQI Affairs](#)

The DSS LGBTQI Affairs Office is dedicated to ensuring that the agency is able to meet the needs of LGBTQI staff and clients. The LGBTQI Affairs unit is available to answer questions about LGBTQI policies, best practices and client issues for DSS, DHS and HRA. Contact lgbtqi@dss.nyc.gov or (929) 221-8553 for more information.

[Office of the Ombudsman](#)

The Office of the Ombudsman supports individuals and families experiencing homelessness in New York City. The Office is charged with resolving constituent issues and concerns through alternative dispute resolution methods, including mediation services.

Constituents can contact the Office directly at (800) 994-6494 Monday through Friday between 9 a.m. and 5 p.m., or submit a [Constituent Grievance Form](#) (DHS-38) in writing to their shelter director or shelter case worker, as a way of presenting grievances concerning DHS-funded services.

[DHS Office of Disability Affairs](#)

The Office of Disability Affairs assists clients who feel they have been discriminated against due to disability. The office also helps by providing support or accommodations to facilitate needed services during the shelter request process, such as reasonable accommodation, and services for those who are deaf or hard of hearing. Contact disabilityaffairs@dss.nyc.gov for more information.

[Disability Access and Functional Needs \(DAFN\)](#)

The DAFN unit supports clients with disabilities during the Intake/Assessment process and assists with access to shelter services, programs and facilities as well as support with reasonable accommodations and shelter placement. Contact DAFNRARequests@dhs.nyc.gov for more information.

[Equal Employment Opportunity Commission](#)

The U.S. Equal Employment Opportunity Commission (EEOC) is responsible for enforcing federal laws making it illegal to discriminate against a job applicant or an employee because of the person's race, color, religion, sex (including pregnancy, transgender status, and sexual orientation), national origin, age (40 or older), disability or genetic information.

■ BIBLIOGRAPHY

Reisner, S. L., White Hughto, J. M., Gamarel, K. E., Keuroghlian, A. S., Mizock, L., & Pachankis, J. E. (2016). *Discriminatory experiences associated with posttraumatic stress disorder symptoms among transgender adults*. *Journal of Counseling Psychology*, 63(5), 509–519. <https://doi.org/10.1037/cou000143>

Effective Immediately

Action Taken on Request to Change Gender, and/or Add Preferred Name, and/or Gender Pronoun in CARES, and/or Move from a Gender-based Facility

Section I – Current Case Information (completed by client or staff)

| | |
|----------------|-------------------|
| Client Name: | |
| CARES ID: | Date of Request: |
| Facility Name: | Facility Address: |
| Phone Number: | Email Address: |

Section II – Acknowledgment and Action Taken

Note to Client: The information entered and the box(es) checked below indicate the action taken in response to the request you made to correct the demographic information that we maintain on file for you, and/or to move facility types due to a gender-based request.

SAMPLE

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| <input type="checkbox"/> CARES updated, preferred name added as (only add one): |
| <input type="checkbox"/> CARES updated, gender pronoun added as (only select one): <input type="checkbox"/> he/him/his (masculine pronouns) <input type="checkbox"/> ze/zir/zirs (neutral pronouns) <input type="checkbox"/> she/her/hers (feminine pronouns) <input type="checkbox"/> ze/hir/hirs (neutral pronouns) <input type="checkbox"/> they/them/theirs (neutral pronouns) <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> CARES updated, gender marker now reads as (only select one): <input type="checkbox"/> Male <input type="checkbox"/> X (Not Male or Female) <input type="checkbox"/> Female <input type="checkbox"/> Don't Know <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Other: _____ <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Refused |
| <u>ADULT SERVICES FACILITIES ONLY</u> |
| For requests to switch facility types based on gender identity: <input type="checkbox"/> Shelter move request submitted/documented: <input type="checkbox"/> Move from male/female shelter (circle one) to a male/female shelter (circle one) |

| | |
|--------------------------|------------------|
| Staff Name: | Staff Signature: |
| Staff Title/Office Name: | Date: |



DHS's GUIDE TO IMPROVING SERVICES FOR LGBTQI CLIENTS FREQUENTLY ASKED QUESTIONS (FAQs)

WHAT SHOULD I KNOW ABOUT LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUESTIONING AND INTERSEX (LGBTQI) HOMELESSNESS?

LGBTQI is an acronym used to refer to Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex communities. It is important to know that LGBTQI individuals - especially transgender and gender non-conforming individuals (TGNC) - may use a wide range of terms to describe themselves. The best practice is to use terms that individuals use to describe themselves. The individual is the best person to determine their own identity. Avoid assigning terminology to identities and using terms that make individuals uncomfortable. Review the [DSS LGBTQI Policy](#) for definitions of all the terms contained in this acronym.

As a social services agency, it is important for staff to understand that LGBTQI people may experience discrimination in society at large due to their sexual orientation or gender, and particularly when accessing services such as shelter. This is especially true for those who are also experiencing structural racism. Homeless services can be especially difficult to navigate for transgender and gender non-conforming clients - clients whose gender identity or expression is different than the sex they were assigned at birth. This is where our support can make the greatest difference.

There are several unique drivers to homelessness for the LGBTQI community. These include:

- Familial rejection due to sexual orientation or gender expression.
 - **Note:** Research shows a strong link between family rejection and negative health and mental health outcomes. Generally, rejection and discrimination of any kind contributes to higher rates of depression, conduct disorder, post-traumatic stress, and suicidal behavior.¹ Up to 40% of transgender people attempt suicide.²
- Housing discrimination and refusal to take on LGBTQI people as tenants.
- Employment discrimination, especially among trans women of color.
 - **Note:** In June 2020, the United States Supreme Court ruled that it is illegal to fire someone because of their sexual orientation or because they are transgender. Prior to that ruling, in most states, it was still perfectly legal to fire someone from their job because they are LGBTQI.
 - **Note:** Due to widespread employment discrimination, many turn to sex work to survive. This has led to negative stereotypes about sex workers and transgender people.
- Higher rates of arrest and incarceration, particularly for youth of color.
 - **Note:** Incarceration can lead to a cycle of housing and employment discrimination.

These obstacles increase the likelihood that LGBTQI people will experience housing insecurity and street homelessness. It is essential that providers understand what our clients may be experiencing when they arrive at intake, safe havens, drop-ins, or are engaged by street outreach workers.

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¹ U.S. Department of Health and Human Services: https://www.samhsa.gov/sites/default/files/programs_campaigns/homelessness_programs_resources/learning-field-programs-serving-youth-lgbtqi2s-experiencing-homelessness.pdf

² The Williams Institute: <https://williamsinstitute.law.ucla.edu/publications/suicidality-transgender-adults/>

WHAT DOES LOCAL AND NATIONAL DATA TELL US ABOUT LGBTQI PEOPLE?

The data below emphasizes the importance for DHS' recent efforts and the acknowledgement to do more. New York City has a robust set of human rights laws to protect New Yorkers from discrimination of different kinds.

- More than 1 in 10 TGNC people in the United States (U.S.) has been evicted from their homes because of their gender identity.³
- 40% of the 1.6 million homeless youth in the U.S. identify as LGBTQ.⁴
- Gender minorities are more likely to experience unsheltered homelessness (e.g., 82% of gender non-binary adults who are experiencing homelessness are unsheltered).⁵
- In a 2015 LGBT Health and Human Services Needs for New York State, 40% of respondents reported experiencing food insecurity within the past year. Nearly 1 in 5 (17.75%) reported having been homeless at some point in their lives. For people of color, 30.2% of respondents had been homeless at some point in their lives.⁶
- LGBTQI youth comprise up to 40% of the homeless youth population.⁷

One third of LGBTQI people have been rejected by their families after they come out, and these children are more likely to experience food insecurity, homelessness, and/or incarceration.⁸

WHAT TOOLS DOES DHS HAVE IN PLACE TO HELP STAFF BETTER SUPPORT AND SERVICE LGBTQI CLIENTS?

Our recent Agency-wide efforts demonstrate a commitment to the LGBTQI community, and we encourage all providers to ensure that staff of all levels are aware of them and practice them with diligence.

1. Policies that apply to all staff and providers:

- DHS released a [Transgender, Non-binary, and Intersex Clients Policy \(DHS-PB-2019-015\)](#) policy that includes:
 - Guidance for appropriate service delivery.
 - Background on terminology and purpose
 - An introduction of gender pronouns and chosen name to Agency procedures.
 - A script for modeling respectful introductions to clients.
- DSS released a comprehensive [LGBTQI policy](#) which covers general use of practices such as pronouns and relevant laws.

2. System Changes to Assist Providers Better Serve LGBTQI Community:

- DHS added a **field in CARES for preferred/chosen name**, a name that clients may use that is different than their legal name.
- CARES **nightly rosters print preferred name** over legal name, which prevents clients from being "outed" as transgender during roster checks.
- DSS provides **LGBTQI training** to all new DHS and HRA staff.
- DSS opened **Marsha's House**, a shelter for LGBTQI adults ages 18-30.
- DSS is **distributing non-discrimination signage** and plans to increase the visibility of rights and resources for all clients.

(Turn Page)

³ National Center for Transgender Equality: <https://transequality.org/issues/housing-homelessness>

⁴ National Center for Transgender Equality: <https://transequality.org/issues/housing-homelessness>

⁵ National Alliance to End Homelessness using HUD data: <https://endhomelessness.org/wp-content/uploads/2019/06/Gender-Minority-Homelessness-Article-Revised-6-24-19-JJ-002.pdf>

⁶ LGBT Health and Human Services Needs in New York State: <https://37vtav3mmzd7nxd582dquu4m-wpengine.netdna-ssl.com/wp-content/uploads/2018/01/Needs-Assessment-WEB.pdf>

⁷ Center for American Progress: <https://www.americanprogress.org/issues/lgbtq-rights/reports/2012/07/12/11954/gay-and-transgender-homeless-youth-face-huge-obstacles/>

⁸ Texas Criminal Justice Coalition: <https://www.njin.org/uploads/digital-library/Out of Sight LGBTQ Youth and Adults in Texas Justice Systems.pdf>; Coalition for Juvenile Justice: https://www.csh.org/wp-content/uploads/2017/03/Principles_FINAL.pdf

WHAT TOOLS DOES DHS HAVE IN PLACE TO HELP STAFF BETTER SUPPORT AND SERVICE LGBTQI CLIENTS? *(continued)*

3. Resources, Referrals and Partnerships:

- DHS is working to improve resources and linkages to strengthen a continuum of services. For example, we are partnering with the Unity Project to distribute resource guides for LGBTQI young adults.
- DHS is working with transgender advocates such as the Solutions Coalition and the Sylvia Rivera Law Project to better understand the needs of TGNC clients.
- The DHS Office of the Medical Director is creating a fact sheet for staff and clients, to assist in the coordination for health-related resources for LGBTQI people experiencing homelessness.
- DSS/DHS hired a consultant, the National Innovation Service, to conduct an evaluation of the needs and experiences of TGNC clients, in order to inform ways to improve service provision.
- DHS, in partnership with the CUNY School of Professional Studies, developed a series of Model of Practice (MOP) foundational trainings that include components of the LGBTQI community.

Note: While the Agency collects gender identity in CARES, some individuals may choose not to disclose. We do not know how many of our clients identify as LGBTQI, since we do not ask for information about sexual orientation. Therefore, the best practice is to implement inclusive practices and procedures.

WHAT CAN I DO TO MAKE MY FACILITY MORE AFFIRMING AND WELCOMING FOR LGBTQI CLIENTS?

We invite you to take charge and be proactive in your efforts. Here are some things you can do:

- 1. Make sure all staff are familiar with the [DHS TNBI Procedure](#) and [DSS LGBTQI Policy](#).** These resources exist to assist staff with any questions they may have and contain information that may be new to some. The materials cover most common needs of TNBI and LGBTQ people, including what the law expects, how to use affirming language like preferred name and pronouns, what to do if you make a mistake, what to do if an employee or coworker comes out to you, and how to make sure CARES provides the most helpful information for serving transgender clients.
- 2. Understand the most common needs of LGBTQI clients:** If client says they are being harassed due to their LGBTQI identity, take their word seriously and help them resolve the conflict. Work with other staff and clients to increase competency and knowledge of LGBTQI identities to minimize the risk of discriminatory incidents.
 - a. Example:** Some client requests require a receipt. These include: name change, gender pronoun change, and requests to transfer. Please refer to form DHS-45(E) attached to the TNBI procedure.
- 3. Privacy and Reasonable Accommodations:** Create opportunities for privacy when possible. For example, transgender clients may request a separate shower time. Contact DSS Disability Affairs for assistance if a client submits a reasonable accommodation request related to their gender identity or sexual orientation. Contact the DSS Office of LGBTQI Affairs (contact information below) if an LGBTQI client needs additional support.
- 4. Attend Training:** Offer your staff effective LGBTQI awareness and cultural sensitivity training and materials. Attend trainings offered by DSS/DHS and research additional training resources within your community. For example, the [Safe Zone Project](#) offers online training resources. You may also contact the [Mayor's Office to End Gender-based Violence](#), which offers LGBTQI trainings related to interpersonal violence, and you may also contact the DSS LGBTQI Affairs Office for guidance on resources.

WHAT CAN I DO TO MAKE MY FACILITY MORE AFFIRMING AND WELCOMING FOR LGBTQI CLIENTS? *(continued)*

5. **Create and Maintain Community Linkages:** Research LGBTQI organizations and health clinics in the local community. Establish a relationship with these organizations and refer clients to them. Share information about them with all clients, not only those who are “out” as LGBTQI. For help finding organizations to work with, please contact the DSS Office of LGBTQI Affairs.
 - a. **Example:** There are many community-based organizations (CBO’s) and non-profits around the city that aim to provide assistance as resources to LGBTQI New Yorkers. For example, contact the [Unity Project](#), a division of the Mayor’s Office, which provides resources and opportunities to LGBTQI young people, and is willing to meet with service providers to discuss their work and available resources. **Providers are encouraged to establish relationships with these groups.**
6. **Enhance the Physical Space:** Display LGBTQI-affirming posters or flags in public spaces. This can be anything from an LGBTQI flag to a poster explaining gender pronouns, in addition to DHS Rights & Responsibilities signs and other approved collaterals.
7. **Distribute Non-Discrimination Statements:** Print out DHS’ [non-discrimination statement](#). When clients arrive at your facility, hand them a copy. Make yourself available to answer questions regarding filing official complaints through the Office of the Ombudsman. You can also access guidance of the NYC Human Rights Law that explains [protections again discrimination based on sexual orientation and gender identity and expression](#).
 - a. **Example:** LGBTQI clients experience housing discrimination at higher rates. Housing specialists should work to identify LGBTQI brokers who are proactive in counteracting discrimination and violations of [NYC Human Rights Law](#).

WHO CAN I CONTACT IF I HAVE QUESTIONS?

- ▶ **DSS Office of LGBTQI Affairs:** Under DSS, this office increases awareness and visibility of LGBTQI issues across DHS and HRA, works with program staff to implement solutions to obstacles faced by LGBTQI participants, coordinates with community organizations, and assist program participants with concerns or complaints related to accessing HRA/DHS services. **Email:** lgbtqi@dss.nyc.gov
- ▶ **DHS/OPDI:** The Office of Program Development and Implementation (OPDI) sits in the DHS Executive Office. OPDI works closely with the Agency’s divisions, as well as our partners at DSS, providing foundational support in the development and implementation of strategic initiatives, trainings, policies, and procedures. **Email:** opdi@dhs.nyc.gov.

A vertical graphic on the left side of the page consisting of several wavy, overlapping bands of color in the rainbow spectrum: red, orange, yellow, green, blue, and purple.

SAMPLE
Welcome
Here.

PALM-4 (E)

NYC
Department of
Social Services

What is an Ally?

- An Ally is a person who recognizes that others may have different needs and experiences, and supports and advocates for them, despite those differences.

Tips for LGBTQI Allies

- LGBTQI stands for Lesbian, Gay, Bisexual, Transgender, Questioning and Intersex.
- DSS, DHS and HRA have policies that support LGBTQI clients, participants, residents, and staff.
- Always respect confidentiality of a person's sexual orientation and transgender status.
- Don't be afraid to ask and use preferred name and gender pronouns.

Please Contact

- **lgbtqi@dss.nyc.gov** for general questions, or to learn about LGBTQ policies, including confidentiality, gender change, name change, health care, or best practices.
- **rainbow@dss.nyc.gov** to get involved with DSS's employee-led group for LGBTQI people and allies.
- DSS's Equal Employment Opportunity Unit at **eeounit@dss.nyc.gov** to report workplace discrimination.



LGBTQI+

GLOSSARY OF TERMS

This document provides common definitions to gender and sexual orientation terms staff may see or hear at the Department of Social Services, Department of Homeless Services, and Human Resources Administration. This document will be updated regularly to reflect the agencies' most up-to-date understanding of these terms.

Please Keep in Mind:

- *Many of the words found herein have more nuanced or expansive meanings, and these meanings vary depending on cultural context and change over time. These definitions have been simplified and should not be considered the final word on the use of any term.*
- *There are a lot of terms! It's normal to feel confused or overwhelmed, particularly if most are new or unfamiliar to you. The following things are most important:*
 - *Ask what people want to be called (what name, what pronouns)*
 - *Do not make assumptions*
 - *Always be respectful*
 - *If you make a mistake, apologize, correct the mistake, and move on*
- *If you have any questions, please contact the Department of Social Services Office of Lesbian, Gay, Bisexual, Transgender, Questioning and Intersex Affairs at lgbtqi@dss.nyc.gov.*



**Department of
Social Services**

Human Resources
Administration

Department of
Homeless Services

A

Agender

Someone who identifies as not having a gender.
Also: “No gender,” “genderless,” “gender neutral.”

Ally

Someone who recognizes that others may have different needs and experiences, and who supports and advocates for them

Aromantic

A person who experiences little or no romantic attraction. Use of this term varies from person to person.

Also see: *Asexual, Demisexual*

Asexual

A person who experiences little or no sexual attraction. Use of this term varies from person to person.

Also see: *Aromantic, Demisexual*

Assigned Sex at Birth

The sex a person was given at the time of birth. This is usually decided based on the child’s visible genitalia. This assumption may not be correct, as in the case of transgender and intersex people, who may identify differently.

Also: “birth sex,” “assigned sex”

B

Biological Sex Characteristics

Physiological characteristics commonly used to assign people as female or male.

Bisexual

A word used to describe a person who experiences attraction to more than one gender, or who can experience attraction regardless of sex or gender.

Also see: *Pansexual*

C

Cisgender

A person whose gender matches their assigned sex at birth.

Chosen Name

A name a person uses that differs from their legal or documented name.

Also: “preferred name,” “name in use,” “name you go by”

D

Demisexual

A person who only feels sexual or romantic attraction when they also feel an emotional bond. Use of this term varies from person to person.

Also see: *Asexual, Aromantic*

Deadname

The previous name of someone who has changed their name, especially the first name of a trans person before gender transition. “Deadnaming” refers to harming someone by using their previous name against their wishes

G

Gay

Someone who identifies as a man and who is attracted to men. May also be used to refer to virtually any aspect of LGBTQI communities.

Gender

The state of being male, female, or non-binary in relation to cultural and social roles associated with those identities

Gender Binary

A way of seeing gender as either male or female exclusively. This idea defines many aspects of our lives, including jobs, education, sports, clothing, access to spaces such as bathrooms, and more.

Gender Dysphoria

Distress associated with conflict between a person’s gender and the sex they have or were assigned at birth. A more modern understanding of what was once known as Gender Identity Disorder.

Gender Non-Conforming

A person who does not conform to typical cultural expectations for their gender or assigned sex.

Also: “Genderqueer,” “gender variant,” “gender diverse”

Gender Transition

The process of bringing a person’s external presentation in line with their internal experience of gender. These changes may include legal or medical procedures, or may be entirely social.

Examples: *using a different name or pronouns, wearing different clothing, taking hormone replacement medication.*

G

Gender X

“X” is a legal gender marker like M or F used to reflect a non-binary gender identity. This is similar to the way M is used to reflect Male and F is used to reflect Female. Adults 18+ in New York City may change the gender listed on their birth certificate to “X” as of 2019.

H

Heteronormativity

Assumptions, practices, and institutions that privilege and reward binary gender roles within society. These can sometimes invalidate or erase TGNC identities and relationships.

Heterosexism

Individual or systemic discrimination against those who do not conform to binary gender roles.

Intersex

An umbrella term referring to people born with physical traits that do not fit typical understandings of male and female bodies.

Legal Name

The name on a person’s legal or government-issued documents.

Also: *“government name,” “name on documents”*

Lesbian

Someone who identifies as a woman and who is attracted to women.

N

Nonbinary

A term used to describe people whose gender does not fall into one of the binary categories of male or female.

Also see: *Agender*

P

Pansexual

A person whose attraction to others is not based on gender. Use of this term varies from person to person.

Also see: *Bisexual*

Q

Queer

An umbrella term encompassing any non-cisgender, non-heterosexual identity, relationship, or behavior. May also be used to refer to virtually any aspect of LGBTQI communities.

Note: *“Queer” is a reclaimed term with a formerly derogatory meaning, and should not be used to refer to a person unless they use it to identify themselves.*

Questioning

A person who is exploring some aspect of their gender identity or expression, or sexual orientation.

S

Same-Gender Loving (SGL)

A culturally-affirming Afrocentric description for Black people who are attracted to others of the same gender, intended to affirm and engage the history and cultures of people of African descent.

Sexual Orientation

A person’s identity in relation to the gender(s) to which they are sexually or romantically attracted. This includes attraction to the same gender, a different gender, or multiple genders.

Transgender

An umbrella term for people whose gender identity or expression is different from their sex assigned at birth. The opposite of “cisgender.”

Traditional Gender Roles

Gender roles as broadly understood in the United States, many of which were established by European colonists in North America. Cultural traditions vary widely, and some are more inclusive of TGNC identities.

Transsexual

An outdated term referring to people who identify as transgender.

Note: *This term may be considered derogatory and should not be used to refer to a person unless they use it to identify themselves.*

Also see: *Transgender*

Two-Spirit

An umbrella term used by some Indigenous North Americans to describe Native American and First Nations people who fulfill a traditional third-gender or gender-variant role in their cultures.

Additional Terms Related to Gender

Gender Experience

A person's overall experience of gender. May include gender identity, expression, or other factors such as life experiences.

Gender Expression

External expression of gender. Includes observable characteristics that we tend to think of as either masculine or feminine. Examples: clothing choice, vocal tone, mannerisms.

Gender Identity

Internal expression of gender. A person's sense of their own gender, which may or may not match their sex assigned at birth or gender expression.

Gender Socialization

The things people learn about gender from their family, culture, and the place they live or grew up.

Examples: *clothing and toys given to children, sports and activities we make available based on gender, clothing in separate departments, education, employment, parenting, etcetera.*

Also: "gender role"

SAMPLE