LGBTQ SAFE ZONE PROGRAM
Application Checklist

We ask that you provide evidence to verify each response in the application. This checklist will help guide which materials you will want to prepare before you begin the application. You may submit these materials via the file upload feature in the application. If you're unable to provide all of the necessary materials using the file upload feature, you will have a chance to provide additional materials via email to bcbsrisafezone@bcbsri.org after submitting the application.

We recommend preparing the following materials before you begin the application:

- Patient forms, procedure, training materials, or capture of EMR software that highlights the collection of a patient's name, pronouns, gender identity, and parent information (if applicable).

- Patient non-discrimination policy and photo of non-discrimination policy placement in a common area.

- Procedure or training materials describing:

  o How patients are called from the waiting area in a way that affirms their identity.

  o Patient information that is reviewed annually.

  o How sexual orientation and gender identity is communicated when referring a patient to another provider.

- Photo of gender-neutral bathroom exterior including restroom signage.

- Policy or training materials describing patient access to hormone therapy and personal belongings that support their gender expression (if applicable).

- Evidence that staff have completed the required trainings, including name of training, facilitator, and date of training; overview of topics covered in the training; and participation records, attendance records, or certificate of completion for each staff member.

- Evidence that new staff members are informed about the facility's commitment to LGBTQ inclusion, such as New Hire training materials, onboarding information, or statement of commitment communicated to staff.

- Photo, scan, or brief description of resources available for LGBTQ patients.