



**QUESTIONNAIRE FOR *SILVER LINING*,
A RESOURCE DIRECTORY FOR THE LESBIAN, GAY, BISEXUAL,
AND TRANSGENDER (LGBT) ELDER COMMUNITY**

Name of Business:

Description of Services (please limit to 25 words):

Address:

Contact name:

Phone:

Fax:

Email:

Web site address:

Please answer the following:

Do you have an anti-discrimination policy for your agency?

If you have an anti-discrimination policy, does it include sexual orientation and gender identity? If yes, please send a copy.

Do you use inclusive language on your agency's forms? (I.e. using the word partner instead of spouse.) If yes, please send a copy.

Can you estimate the number of LGBT clients that you may have currently?

Do you have someone on your staff that has taken Project Visibility General Training?

Has your staff received Project Visibility one-hour staff training?

If you answered no, would you be interested in scheduling a Project Visibility staff training during the coming year?

If you answered no, how do you train your staff on lesbian, gay, bisexual and transgender issues?

Send to:

**Silver Lining
Boulder County Aging Services Division
PO Box 471
Boulder, CO 80306
Email address: tdeanni@bouldercounty.org
Phone: 303-441-4995
Fax: 303-441-4550**

Name and Title: _____

Signature and date: _____