



## Guaranteed Income for Trans People (GIFT) Program Application

Lyon-Martin Community Health Services & The Transgender District, in partnership with the Mayor's Office of Trans Initiatives, the San Francisco Treasury, and the Mayor's Office of Housing & Community Development is proud to present the first Guaranteed Income Program specifically for Transgender people. GIFT is a financial assistance program for low-income Transgender, Non-Binary, Gender Non-Conforming, and Intersex (TGI) people who reside in the City and County of San Francisco, CA. This program is currently only available for those 18 years of age and older.

If enrolled, the City and County of San Francisco will provide \$1,200.00 per month to those who maintain eligibility for the program for 18 months. Eligibility is determined based on multiple factors including city of residence, income, priority population, and availability of funds. You may use the funds to pay for anything. **The only additional requirement to stay enrolled in the program is the completion of a survey every 3 months.**

We can assist you with the application if you schedule an appointment with one of our Economic Empowerment Coordinators (in person, by phone, or by virtual visit) by calling (415) 213-1717, emailing [GIFT@lyon-martin.org](mailto:GIFT@lyon-martin.org), or by dropping into our clinic at 1735 Mission Street in San Francisco during our hours of operation.

Or you may apply on your own without assistance by submitting the following documents to us online through our website [www.GIFTincome.org](http://www.GIFTincome.org) or via email at [GIFT@lyon-martin.org](mailto:GIFT@lyon-martin.org)

- This application form
- A copy of your photo ID (if you have one)
- A copy of proof of residence in the City & County of San Francisco
- A copy of documents that verify your income



Please answer the following questions to the best of your ability:

General Information	
Name	Legal Name (on ID, if different)
Date of Birth	Phone Number
Email Address	Mailing Address
Social Security Number (if you have one)	Preferred Language
Emergency Contact Name	Emergency Contact Phone Number or Email
What is your preferred method of communication? <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Case Manager/Friend/Family member: _____	
Insurance or Coverage Plan Name	Insurance or Coverage Plan ID Number

Income	
Gross Income per Month (before taxes & expenses)	Number of People in Household
Check all income sources that apply to you	<input type="checkbox"/> Employment <input type="checkbox"/> Cash Economy Work <input type="checkbox"/> Unemployment <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Social State Disability Insurance (SSDI)



	<input type="checkbox"/> CalWORKS <input type="checkbox"/> County Adult Assistance Program (CAAP) <input type="checkbox"/> Cash Assistance Linked to Medi-Cal (CALM) <input type="checkbox"/> Cash Assistance Program for Immigrants (CAPI) <input type="checkbox"/> Refugee Cash Assistance <input type="checkbox"/> Student Financial Aid <input type="checkbox"/> Not Listed: _____
Check any non-cash assistance programs you are currently enrolled in	<input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Healthy San Francisco <input type="checkbox"/> CalFresh (Food Stamps) <input type="checkbox"/> Not Listed: _____

**Please include proof of income such as:**

- W2
- Bank Statement(s)
- Pay Stubs
- Unemployment Award Letter
- SSI Award Letter
- SSDI Award Letter
- CalWORKS Award Letter
- CAAP/CALM/CAPI Award Letter
- Financial Aid Award Letter
- Self-Attestation Letter

**Please include proof of residence such as:**

- Lease
- Mail
- Utility Bill (internet, phone, or PGE, etc)
- Homeless verification letter (from an agency such as shelter, drop in center, social services organization, or healthcare provider)

What district/neighborhood of San Francisco do you live in? \_\_\_\_\_

Demographics	
Trans Status (Check all that apply)	<input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Intersex <input type="checkbox"/> None of the above
Pronouns (Check all that apply)	<input type="checkbox"/> She/her/hers <input type="checkbox"/> He/him/his <input type="checkbox"/> They/them/theirs <input type="checkbox"/> It/its/its <input type="checkbox"/> Co/co/cos <input type="checkbox"/> Zie/zim/zis <input type="checkbox"/> Ze/hir/hirs <input type="checkbox"/> Xe/xem/xyrs <input type="checkbox"/> Ey/em/eirs <input type="checkbox"/> E/em/eirs <input type="checkbox"/> Per/per/pers <input type="checkbox"/> Fae/faer/faers <input type="checkbox"/> Ae/aer/aers <input type="checkbox"/> Tey/ter/ters <input type="checkbox"/> Ve/ver/vis <input type="checkbox"/> No pronouns/just name <input type="checkbox"/> Declined <input type="checkbox"/> Not Listed: _____
Gender Identity (Check all that apply)	<input type="checkbox"/> Cis-gender woman <input type="checkbox"/> Woman <input type="checkbox"/> Transgender Woman <input type="checkbox"/> Woman of Trans experience <input type="checkbox"/> Woman with a history of gender transition <input type="checkbox"/> Trans feminine <input type="checkbox"/> Feminine-of-center <input type="checkbox"/> MTF (male-to-female) <input type="checkbox"/> Demigirl <input type="checkbox"/> T-girl <input type="checkbox"/> Transgirl <input type="checkbox"/> Sistergirl <input type="checkbox"/> Cis-gender man <input type="checkbox"/> Man <input type="checkbox"/> Transgender man

<input type="checkbox"/> Man of Trans experience
<input type="checkbox"/> Man with a history of gender transition
<input type="checkbox"/> Trans masculine
<input type="checkbox"/> Masculine-of-center
<input type="checkbox"/> FTM (female-to-male)
<input type="checkbox"/> Demiboy
<input type="checkbox"/> T-boy
<input type="checkbox"/> Transguy
<input type="checkbox"/> Brotherboy
<input type="checkbox"/> Trans
<input type="checkbox"/> Transgender
<input type="checkbox"/> Transsexual
<input type="checkbox"/> Non-binary
<input type="checkbox"/> Genderqueer
<input type="checkbox"/> Agender
<input type="checkbox"/> Xenogender
<input type="checkbox"/> Fem
<input type="checkbox"/> Femme
<input type="checkbox"/> Butch
<input type="checkbox"/> Boi
<input type="checkbox"/> Stud
<input type="checkbox"/> Aggressive (AG)
<input type="checkbox"/> Androgyne
<input type="checkbox"/> Tomboy
<input type="checkbox"/> Gender outlaw
<input type="checkbox"/> Gender non-conforming
<input type="checkbox"/> Gender variant
<input type="checkbox"/> Gender fluid
<input type="checkbox"/> Genderfuck
<input type="checkbox"/> Bi-gender
<input type="checkbox"/> Multi-gender
<input type="checkbox"/> Pangender
<input type="checkbox"/> Gender creative
<input type="checkbox"/> Gender expansive
<input type="checkbox"/> Third gender
<input type="checkbox"/> Neutrois
<input type="checkbox"/> Omnigender
<input type="checkbox"/> Polygender
<input type="checkbox"/> Graygender

	<input type="checkbox"/> Intergender <input type="checkbox"/> Maverique <input type="checkbox"/> Novigender <input type="checkbox"/> Two-spirit <input type="checkbox"/> Hijra <input type="checkbox"/> Kathoey <input type="checkbox"/> Muxe <input type="checkbox"/> Khanith/Xanith <input type="checkbox"/> X-gender <input type="checkbox"/> MTX <input type="checkbox"/> FTX <input type="checkbox"/> Bakla <input type="checkbox"/> Mahu <input type="checkbox"/> Fa'afafine <input type="checkbox"/> Waria <input type="checkbox"/> Palao'ana <input type="checkbox"/> Ashtime <input type="checkbox"/> Mashoga <input type="checkbox"/> Mangaiko <input type="checkbox"/> Chibados <input type="checkbox"/> Tida wena <input type="checkbox"/> Bixa'ah <input type="checkbox"/> Alyha <input type="checkbox"/> Hwame <input type="checkbox"/> Lhamana <input type="checkbox"/> Nadleehi <input type="checkbox"/> Dilbaa <input type="checkbox"/> Winkte <input type="checkbox"/> Ninauposkitzipxpe <input type="checkbox"/> Machi-embra <input type="checkbox"/> Quariwarmi <input type="checkbox"/> Chuckchi <input type="checkbox"/> Whakawahine <input type="checkbox"/> Fakaleiti <input type="checkbox"/> Calabai <input type="checkbox"/> Calalai <input type="checkbox"/> Bissu <input type="checkbox"/> Acault <input type="checkbox"/> Travesti
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	<input type="checkbox"/> Questioning <input type="checkbox"/> I don't use labels <input type="checkbox"/> Declined <input type="checkbox"/> Not Listed: _____
Sex Assigned at Birth	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> Unknown <input type="checkbox"/> Not Recorded <input type="checkbox"/> Declined
Sexual Orientation (Check all that apply)	<input type="checkbox"/> Aromantic <input type="checkbox"/> Asexual <input type="checkbox"/> BDSM/Kink <input type="checkbox"/> Bisexual <input type="checkbox"/> Demisexual <input type="checkbox"/> Dyke <input type="checkbox"/> Faggot <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Non-monogamous <input type="checkbox"/> Pansexual <input type="checkbox"/> Polyamorous <input type="checkbox"/> Queer <input type="checkbox"/> Same-Gender Loving <input type="checkbox"/> Skoliosexual <input type="checkbox"/> Heterosexual (Straight) <input type="checkbox"/> T4T (Trans 4 Trans) <input type="checkbox"/> Don't Know <input type="checkbox"/> Not Listed: _____
Are you Latine/Latinx/Hispanic?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline
Which best describes your Race? (Check all that apply)	<input type="checkbox"/> Indigenous <ul style="list-style-type: none"> <li><input type="radio"/> American Indian/Native American (Specific Group: _____)</li> <li><input type="radio"/> Indigenous from Mexico, the Caribbean, Central America, or South America (Specific Group: _____)</li> <li><input type="radio"/> Other Indigenous: _____</li> </ul>

	<input type="checkbox"/> Asian <ul style="list-style-type: none"> <li><input type="radio"/> Chinese</li> <li><input type="radio"/> Filipinx</li> <li><input type="radio"/> Japanese</li> <li><input type="radio"/> Korean</li> <li><input type="radio"/> Mongolian</li> <li><input type="radio"/> Central Asian</li> <li><input type="radio"/> South Asian</li> <li><input type="radio"/> Southeast Asian</li> <li><input type="radio"/> Other Asian: _____</li> </ul> <input type="checkbox"/> Latine <ul style="list-style-type: none"> <li><input type="radio"/> Caribbean</li> <li><input type="radio"/> Central American</li> <li><input type="radio"/> Mexican</li> <li><input type="radio"/> South American</li> <li><input type="radio"/> Other Latine: _____</li> </ul> <input type="checkbox"/> Black <ul style="list-style-type: none"> <li><input type="radio"/> African</li> <li><input type="radio"/> African American</li> <li><input type="radio"/> Caribbean, Central American, South American or Mexican</li> <li><input type="radio"/> Other Black: _____</li> </ul> <input type="checkbox"/> Middle Eastern/West Asian or North African <ul style="list-style-type: none"> <li><input type="radio"/> North African</li> <li><input type="radio"/> West Asian</li> <li><input type="radio"/> Other Middle Eastern or North African</li> </ul> <input type="checkbox"/> Pacific Islander <ul style="list-style-type: none"> <li><input type="radio"/> Chamorro</li> <li><input type="radio"/> Native Hawaiian</li> <li><input type="radio"/> Samoan</li> <li><input type="radio"/> Other Pacific Islander: _____</li> </ul> <input type="checkbox"/> White <ul style="list-style-type: none"> <li><input type="radio"/> European</li> <li><input type="radio"/> Other White: _____</li> </ul>
Housing Status	<input type="checkbox"/> Currently not homeless, but at risk of homelessness <input type="checkbox"/> Currently not homeless, but was homeless in the last 12 months <input type="checkbox"/> Living in car or van <input type="checkbox"/> Living in shelter <input type="checkbox"/> Living with friends or family, but not paying rent



	<input type="checkbox"/> Renting or owns own apartment or house <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Single Room Occupancy Hotel (SRO) <input type="checkbox"/> Living on/at/by Street, Camp, Bridge <input type="checkbox"/> Transitional Housing or Residential Treatment Facility
Are you disabled or chronically ill?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Declined
Do you have HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Declined
Have you ever been incarcerated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined
Are you a current sex worker? (Check all that apply; only answer if comfortable)	<input type="checkbox"/> Yes, I am a current in person sex worker <input type="checkbox"/> Yes, I am current online/phone sex worker <input type="checkbox"/> No, I am a former sex worker <input type="checkbox"/> No, I have never been a sex worker <input type="checkbox"/> Declined
Are you a migrant worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a seasonal worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Military Status	<input type="checkbox"/> None/No previous experience <input type="checkbox"/> Active Duty <input type="checkbox"/> Inactive Duty <input type="checkbox"/> Reservist <input type="checkbox"/> Veteran <input type="checkbox"/> Declined

Lyon-Martin Community Health Services is a primary care clinic specializing in providing healthcare to TGI people and Queer cis-gender women. Are you interested in receiving medical, mental health, or case management services from us?

- Yes  
 No  
 Unsure, I would like to learn more



If yes, we will now create a chart for you in our system. Can we send you a text or email to sign up for our patient portal, MyChart?

- Yes, please text me
- Yes, please email me
- No, I'm not interested

Is there anything you would like us to know?