



LGBTQIA+ HEALTH PASSPORT

LGBTQIA+ HEALTH PASSPORT

[**www.diverseandresilient.org/passport**](http://www.diverseandresilient.org/passport)

TABLE OF CONTENTS

ABOUT THIS BOOKLET	2	INFORMATION SPECIFIC	
A Message to LGBTQIA+ Community	2	TO LGBTQIA+ COMMUNITY	18
A Message to Health Care Professionals ...	2	Preventative Care	20
A Message About Gendered Language	3	Colon Cancer	21
General LGBTQIA+ Health Considerations .	4	Colon Cancer Screening History	21
ABOUT ME	4	Lung Cancer	21
Legal Information	6	Lung Cancer Screening History	22
Confidentiality	6	Breast And Cervical Cancer	22
MY SEXUAL HEALTH HISTORY	7	Breast Cancer Screening History	22
Sexual Activity	7	Cervical Cancer Screening History	23
GENDER AFFIRMING CARE	9	Prostate Cancer	23
Medical Transition History	9	Testicular Cancer	24
Goals For Transition	9	Anal Cancer	24
MY HEALTH HISTORY	10	Blood Pressure	24
Medications & Other Drugs	10	Diabetes Screening	25
Mental Health	11	Chlamydia, Gonorrhea, And Syphilis	25
Medical History.....	13	Osteoporosis	25
Allergies And Drug Reactions	13	YOUR HEALTH CARE RIGHTS	26
Medications.....	14	ORGANIZATIONS.....	27
Medications Continued	15		
Surgical History.....	16		
Medical Devices & Implants	16		
MY HEALTH HABITS	17		
Exercise	17		
Smoking	17		
Ready To Quit?.....	17		
Drinking	18		

ABOUT THIS BOOKLET

A MESSAGE TO OUR LGBTQIA+ COMMUNITY

At Diverse & Resilient, we believe you deserve to be informed, empowered, and recognized for your authentic self. We see a future in which queer, lesbian, gay, bisexual, transgender, and gender diverse people in Wisconsin thrive, living healthy, satisfying lives in safe, supportive communities.

The purpose of this passport is to help you receive the best quality healthcare. We hope it will make it easier to share personal information with your health care providers. Some topics may not apply to you, so you may choose to answer all or some of the questions. This passport can be a valuable tool for people of all sexual orientations and gender identities understand their personal health and talkingtalk with health care professionals.

<http://www.diverseandresilient.org/passport>

A MESSAGE TO OUR HEALTH CARE PROFESSIONALS

As a health care provider, we'd like you to consider some of the reasons that LGBTQIA+ people deserve special attention.

1. Overall, LGBTQIA+ people have more physical and mental health struggles than cisgender, heterosexual people. Please look for opportunities to learn about LGBTQIA+ patients during patient-clinician interactions.
2. The gender identity and/or sexual orientation of a person is not always included in the documents and conversations shared between patients and healthcare professionals. When intake forms, interviewing techniques, and medical records exclude or offend LGBTQIA+ people, they feel unwelcome, and unseen.

3. It is not easy for transgender people to find clinicians who are comfortable and knowledgeable about transgender health. Sometimes, transgender people are denied care for their health issues.
4. In some cases, routine preventive services are not offered to or used by LGBTQIA+ people appropriately. One example of this is that LGBTQIA+ people who have a cervix are far less likely to get needed routine Pap tests. Another is that recommendations such as hepatitis A and B immunization for LGBTQIA+ people who have penetrative anal sex, are not widely known.

It is important to understand the health disparities facing the LGBTQIA+ community. For more information on the health concerns for the LGBTQIA+ community or for tips on how to provide culturally competent care to LGBTQIA+ people, please visit www.diverseandresilient.org/passport.

A MESSAGE ABOUT GENDERED LANGUAGE

A person's gender identity is defined as an internal, deeply held sense of who they are. There are many ways to describe gender, including but not limited to, girl/woman/female, boy/man/male, a combination of both, and neither. Despite the growing understanding for the meaning of gender, we live in a society where people are often treated differently based on two perceived genders, man and woman. Gender-based disparities in health care are real and can impact the quality of your care you receive. These ideas can influence the quality of care that LGBTQIA+ people receive, and therefore, in certain sections of this booklet you will find the words man and woman.[this section will be referenced in special considerations]

GENERAL LGBTQIA+ HEALTH CONSIDERATIONS

LGBTQIA+ people are twice as likely to smoke tobacco as the general population. Tobacco is the single biggest killer of LGBTQIA+ people.

Due to stigmatization and marginalization, LGBTQIA+ people are more likely to experience mental health challenges, (depression, anxiety, and suicide) than non-LGBTQ+ people.

Bisexual and transgender people have the highest rate of mental health concerns.

Intimate partner violence in same-gender relationships is more likely to go unrecognized by health professionals.

Regardless of sexual partners and sexual behaviors, everybody ages 9 to 26 should be offered the quadrivalent or 9-valent human papillomavirus (HPV) vaccine. The vaccine prevents cancers of the mouth, throat, genitals, and anus.

The Centers for Disease Control (CDC) recommends HIV screening in all people ages 13 to 64 at least once a year. If you are an individual that is considered high risk, testing is recommended every 3-6 months. Risk of getting HIV depends on a person's sexual behaviors. Work together with your health care provider to estimate your HIV risk based on an accurate history of sexual behavior.

ABOUT ME

This page can be used to make sharing who you are easier. Health care professionals need this information to provide you with the best care.

The name I would like to be called:

My pronouns are:

he, him *she, her* *they, them* *other:* _____

Are your pronouns different from what is listed on your legal ID?

yes no

My gender identity is:

male / female / nonbinary / _____

My gender identity is different from the sex I was assigned at birth.

yes no

I describe my sexual orientation as:

straight gay lesbian bisexual pansexual

something else (explain): _____

My emergency contacts are:

1.) Name: _____

Phone number: _____

This person's relationship to me: _____

2.) Name: _____

Phone number: _____

This person's relationship to me: _____

Primary care provider/doctor: _____

Location: _____

Phone number: _____

The following page asks for sensitive information.

LEGAL INFORMATION

My legal name:

The sex I was assigned at birth...

male / *female* / _____

My legal documents (ID, insurance information, health records) reflect my gender identity and name?

yes *no*

This is the person who takes care of me when I am unwell:

These are the people I consider my family:

Please check one:

I *do* *do not* have healthcare power of attorney document.

I *do* *do not* have a living will.

CONFIDENTIALITY

Being out to friends, family, and co-workers about your transition and/or expressing your gender by using a different name, pronouns, clothing, or jewelry can be described as social transition. When healthcare professionals understand where you are in your social transition they will be able to maintain your privacy and keep you safe. Keep this in mind as you fill out the next page.

These are the people who know my personal information:

These are the people that I can count on for support:

I am not out to the following people, for example, my mother will call me by my legal name, my brother doesn't know I am gay etc. Please explain:

MY SEXUAL HEALTH HISTORY

Clinicians should ask about sexual activities in a clear, logical, and nonjudgmental fashion. Important information includes but is not limited to: number of recent partners, ways of prevent sexually transmitted diseases (e.g., condoms or PrEP), ways of preventing pregnancy, and past history of sexually transmitted infections.

SEXUAL ACTIVITY

To help your medical provider understand who you are and how to serve you, please answer the following

I am sexually active yes no

I could be pregnant yes no don't know N/A

In the past, the bodies of my sexual partners have had a penis vagina

Recently, the bodies of my sexual partners have had a: penis vagina

In the past, I have been diagnosed with human papilloma virus(HPV?)

yes no

In the past, I have been diagnosed with sexually transmitted infections (STI) below:

DIAGNOSIS

YEAR

I have HIV? yes no I don't know

I have been tested for HIV

Yes once or twice Yes, a few or more times No

My risk of getting HIV is

No risk low medium high

I use condoms or other protection during sex

Never rarely sometimes almost always always N/A

I use PrEP or other HIV prevention

Never sometimes always

GENDER AFFIRMING CARE

MEDICAL TRANSITION HISTORY

I use hormone therapy to affirm my gender

- Yes, currently Yes, I have in the past No No, but I would like to
-

If you have used or currently use gender affirming hormone therapy

Where do you get your hormone therapy?

Who, if anyone, manages your hormone therapy?

I have had surgical procedures to align my body to my gender identity

- yes no in progress does not apply

(Provide relevant surgical history in surgical history section.)

GOALS FOR TRANSITION

These are my personal transition goals:

Is there anything else you'd like to share about your transition or your gender identity?

MY HEALTH HISTORY

MEDICATIONS & OTHER DRUGS

List the prescription and over the counter medications you are taking, including supplements, homeopathic medicines, vitamins, and alternative medications. If you stop taking one, cross it out.

Health care professionals are here to help you. To provide the correct services and medications, it is important to share your history of drug use including taking medications in a way other than instructed. In the following space, please be honest and list any drugs or other substances you have taken in the last 6 months:

MENTAL HEALTH

I have a history of the following (*Check all that apply.*)

- Depression
- Bipolar disorder
- Anxiety
- Post-traumatic stress disorder (PTSD)
- Misuse of drugs, medications, or other substances
- Excessive drinking
- Suicidal ideation
- Self harm ideation
- Self harm
- Suicide attempts
- Desire to harm or kill others

If you are thinking about harming yourself or attempting suicide, tell someone who can help right away:

- Call your doctor's office or call 911 for emergency services
- Go to the nearest hospital emergency room
- Call the toll-free, 24-hour hotline of the National Suicide Prevention Lifeline to be connected to a trained counselor at a suicide crisis center near you: 1-800-273-TALK (1-800-273-8255)

SENSITIVE TOPICS

Some experiences, like sexual abuse or addiction, are difficult to talk about. Use the space below to share issues you would like your medical provider to talk about with a sensitive approach. If you would like your provider to ask your consent before discussing what you have shared here, please check this box

MEDICAL HISTORY

Condition	Year diagnosed	Chronic?
		yes / no

ALLERGIES AND DRUG REACTIONS

Substance or drug	Reaction type

MEDICATIONS

List the medications you take. If you stop taking one, cross it out. Include supplements and alternative medicines.

MEDICATIONS CONTINUED

SURGICAL HISTORY

Surgery	Year

MEDICAL DEVICES & IMPLANTS (INCLUDING INJECTIONS)

MY HEALTH HABITS

EXERCISE

In general, adults should get 2hr 30min of moderate intensity exercise, like brisk walking, or 1hr 15min of vigorous intensity exercise, like running, every week. That is just 30 minutes of moderate intensity exercise five days weekly, or 15 minutes of high intensity exercise five days weekly. However, any amount of exercise is beneficial to your health. At least two days a week, try to do activities that use muscles of your limbs, abdomen, chest, and shoulders.

What are some of the things you do to stay healthy?

SMOKING

Are you a smoker?

yes sometimes no, I quit no, I have never smoked

What do you smoke?

Brand (if applicable):

How many per day? For how many years?

I would like information on how to quit smoking yes no

READY TO QUIT? CALL THE TOLL-FREE QUITLINE AT

1-800-QUIT-NOW. Quitlines have counselors trained specifically to help smokers quit. Quitlines deliver information, advice, support, and referrals to tobacco users in all states. They may also provide cessation aids like nicotine patches and information on cessation medications.

DRINKING

A standard drink is one shot of hard liquor, 4oz of wine, or 12oz of beer. In one evening, up to how many drinks might you have? _____

About how many drinks do you have a week? _____

I think I may have a problem and would like support for my drinking yes no

If you think you have a drinking problem, you should consult your doctor or another medical professional immediately.

INFORMATION SPECIFIC TO THE LGBTQIA+ COMMUNITY

*Before you read this section, please read *A Message About Gendered Language* on page 3.*

As a result of marginalization and stigmatization, LGBTQIA+ people are significantly more likely to experience depression and anxiety than their cisgender, heterosexual peers. In particular, gay and bisexual men and transgender people are more likely to attempt or complete suicide than any other group of people, with very high risk during adolescence.

Anyone having penetrative vaginal or anal sex should be vaccinated against hepatitis A and B.

In urban areas, there have been outbreaks of meningococcal disease. This is an illness that targets men who have anal sex, and is often deadly, although vaccine preventable. Vaccination is available and recommended for LGBTQIA+ people living in or visiting areas with outbreaks.

Being sexually inactive, in a long-term monogamous relationship, and knowing your HIV status lowers your risk for HIV.

Most sexually active people should be tested several times yearly for HIV. Medical providers and patients must work together to estimate HIV risk based on an accurate history of sexual behavior.

Pre-exposure prophylaxis (PrEP) may be appropriate LGBTQIA+ people at high risk of HIV. PrEP requires taking medication daily and having frequent medical follow-up. Ask your doctor for more information or visit www.dhs.wisconsin.gov/aids-hiv/prep.htm.

LGBTQIA+ people with a cervix have higher breast cancer risk, due to several factors: higher likelihood of overweight and obesity, higher levels of alcohol use, and having fewer pregnancies and later pregnancies.

Lesbians, bisexual women, and women who have sex with women should get cervical cancer screening as recommended.

Lesbian and bisexual women are at particularly high risk of substance dependence, commonly alcohol.

Mental health and overall feelings of wellness improve even with small increases in physical activity.

According to the National Alliance on Mental Illness (NAMI), LGBTQ+ youth are six times more likely to experience symptoms of depression than the general population.

Transgender people experience higher levels of stress, especially when their gender identity is not affirmed. This puts them at much higher risk for suicide compared to cisgender, heterosexual people.

Transgender people—especially transgender women—are at high risk of experiencing violence. To find shelters and social service agencies that are inclusive of transgender people, go to _____

Only take hormones prescribed by a doctor.

Pumping (injecting substances to augment body features) can

be unsafe, and techniques and substances used can be physically harmful. Often, the substances are not medical quality. Infections like HIV and hepatitis C can be transmitted by using unclean needles or sharing needles when pumping.

Breast binding and the practice of using binders or restrictive underclothing to conceal or displace breast tissue. It helps people achieve desired gender expression, but it can cause musculoskeletal problems. It is important to research and discuss safer binding methods and materials with your provider.

Transgender men on hormones should have their blood pressure and lipids (cholesterol numbers) followed closely.

Transgender women account for a high number of new HIV infections.

Bone mineral density screening (DEXA) for transgender men taking testosterone is complex. However, it is not routine for anyone under 50. Please see guidelines at the Center of Excellence for Transgender Health (<http://transhealth.ucsf.edu>).

PREVENTATIVE CARE

*A NOTE ABOUT BODY SIZE AS A RISK FACTOR:

All bodies are beautiful! Although we know this, guidelines for health screenings often mention body size and weight. More specifically, many medical professionals describe “being overweight or obese” as risk factors to our health. It is important to acknowledge that although body weight can be a risk factor to some health problems, there are many other risk factors that can cause someone to develop health issues.

CANCER SCREENING

COLON CANCER

Do you have a family history of colon cancer? yes no don't know

Colon cancer screening is recommended for everyone starting at age 50. If you have a biological parent or sibling who had colon cancer or a genetic condition, early screening may be recommended. Different tests are available. Colonoscopy is usually recommended for every ten years, while other kinds of test are usually yearly.

COLON CANCER SCREENING HISTORY

	mo/yr	mo/yr	mo/yr	mo/yr	mo/yr
Colonoscopy					
FOBT (Fecal occult blood test)					
FIT (Fecal immunoglobulin test)					

LUNG CANCER

(For current and past smokers) Have you ever received a low-dose CT scan to screen for lung cancer? yes no

If you are a current or former smoker over the age of 50 screening is used to detect lung cancer early, when it is more likely to be curable. If lung cancer is caught before it spreads, the likelihood of surviving 5 years or more improves significantly.

LUNG CANCER SCREENING HISTORY

	mo/yr	mo/yr	mo/yr	mo/yr	mo/yr
Low-dose CT scan					

BREAST AND CERVICAL CANCER

Do you have a family history of breast cancer?

yes no don't know N/A

Do you get mammograms every 2 years? yes no N/A

A mammogram is recommended for every 2 years for anyone ages 40-74 with breasts. Screening may be started sooner in higher-risk people (depending on family history). Although transgender men who have had complete chest reconstruction usually do not need mammograms, they are recommended for those who have had breast reduction and for reasons such as body size, hormone use, and family history.

Major medical organizations, including the American Cancer Society, advise against regular breast self-examinations (BSEs) as a routine screening tool for breast cancer. The reasoning behind this is that evidence suggests BSEs do not significantly reduce breast cancer mortality rates and can lead to a high rate of false positives, resulting in more medical harm than they prevent.

BREAST CANCER SCREENING HISTORY

	mo/yr	mo/yr	mo/yr	mo/yr	mo/yr
Low-dose Mammogram					

CERVICAL CANCER SCREENING HISTORY

	mo/yr	mo/yr	mo/yr	mo/yr	mo/yr
Pap test					
HPV test					

A Pap test(or Pap smear) is recommended for anyone with a cervix every 3 years, this includes some transgender people. From ages 21-65,Pap tests are recommended every 5 years with HPV testing. Pap tests are not needed for people with a surgically-made neovagina.

I *do* *do not* receive regular Pap tests.

I *have* *never have* had an abnormal Pap test.

PROSTATE CANCER

Aside from non-melanoma skin cancer, prostate cancer is the most common cancer among men in the United States. It is also one of the leading causes of cancer death among men of all races and Hispanic origin populations. The U.S. Preventive Services Task Force recommends against prostate specific antigen (PSA) –based screening for people who do not have symptoms. However, if you are African American or have one or more close relatives who developed prostate cancer, please discuss prostate cancer tests with your clinician by age 40.

Transgender women who have had medical surgeries still have a prostate and should discuss prostate cancer tests with their provider.

TESTICULAR CANCER

Testicular cancer is most common in people in their late 20s and early 30s, with an average age of diagnosis of 33 years old. Testicular cancer is one of the most highly treatable cancers. With the proper treatment, the risk of dying from this cancer is very low. If you have lumps, pain or tenderness, fluid build-up, or a change in size of one or both testicles you should see a doctor right away, however, some people with testicular cancer have no symptoms at all.

ANAL CANCER

Having multiple sex partners increases the risk of infection with acquiring HIV and HPV. It also increases the risk of anal cancer. Receptive anal sex also increases the risk of anal cancer. Yearly anal Pap tests may be appropriate for HIV-positive persons people living with HIV. HIV- positive people People living with HIV with a penis who have anal sex with people with a penis appear to have the highest risk of anal cancer and are the primary group targeted for anal Pap tests currently. Medical guidelines are evolving in this area, so please discuss this issue together with your clinician.

BEYOND CANCER: OTHER HEALTH MAINTENANCE

BLOOD PRESSURE

Normal blood pressure is between 120/80 and 139/89. People ages 18-35 with normal blood pressure and no other risk factors should screen their blood pressure every 3-5 years. Anyone with increased risk and/or over age 40 should have their blood pressure checked annually.

	year	year	year	year	year
Blood pressure	/	/	/	/	/

DIABETES SCREENING

Screening is appropriate at least every three years if blood pressure $> 135/80$ or for people who take blood pressure medication, have a first-degree relative with diabetes, or are African American, Native American, or Pacific Islander. Being overweight or obese can put a person at risk for diabetes but not all people who are overweight will have diabetes, and not all people who have type 2 diabetes are overweight.

CHLAMYDIA, GONORRHEA, AND SYPHILIS

Chlamydia screening is recommended yearly for all sexually active women and anyone participating in receiving penetrative sex under age 25. For everybody else, testing for chlamydia, gonorrhea, and syphilis is based on risk factors or the presence of symptoms. Be aware that these infections can also affect the anus and rectum and be transmitted through anal sex. People with multiple or anonymous partners may benefit from more frequent testing.

OSTEOPOROSIS

A bone density scan is recommended at age 65 for most cisgender women. Younger people who have gone through menopause and have risk factors should have bone density screening for osteoporosis. Health care providers may also recommend screening for transgender women if they have had testes removed and have been off estrogen for 5+ years.

YOUR HEALTH CARE RIGHTS

Though LGBTQIA+ civil rights are improving, fair treatment is not guaranteed in every situation. Here are some suggestions to protect yourself and to cope with difficult situations.

LGBTQIA+ people building families should be prepared with physical or online copies of legal documents that verify relationships with partners and children, especially when traveling. These important documents include healthcare power of attorney, adoption papers, marriage licenses, birth certificates, etc. See resources from the Family Equality Council.

www.familyequality.org



Hospitals receiving Medicare and Medicaid funds must allow patients to designate their own visitors during a hospital stay, including a same-sex partner. This does not require being married. An employee can take time off under the Family and Medical Leave Act to care for a partner's child, even where the partner does not have a legal or biological relationship to the child.

<http://www.dol.gov/whd/fmla>



Lambda Legal is the oldest and largest national legal organization whose mission is to achieve full recognition of the civil rights of LGBT people and those with HIV. They can provide helpful advice in many circumstances and are able to direct you to regional offices that know law in your area.

Toll free number: 1-866-542-8336 • www.lambdalegal.org

ORGANIZATIONS

Diverse & Resilient provides HIV/STI testing, and youth and young adult programming on anti-violence, sexual health, substance abuse, mental health, acceptance, and leadership development. Statewide.

2429 North Holton Street, Milwaukee, WI 53212

414.390.0444 • www.diverseandresilient.org

Room to Be Safe, a program by Diverse & Resilient, is Wisconsin's first Statewide Anti-Violence Program serving LGBTQ survivors of intimate partner, sexual, bullying, and hate based violence, as well as religious, police and state sanctioned violence. Individuals seeking support can talk or text with advocates via phone, virtual option, or in person. Statewide.

414.856.LGBT (5428) • www.roomtobesafe.org

The Center, 7 Rivers LGBTQ Connection is an LGBTQIA+ centered agency in the Seven Rivers Region striving to create spaces for connection, community, education and advocacy to the LGBTQIA+ community and beyond.

230 6th St S, La Crosse, WI 54601 • 608.784.0452 • www.7riverslgbtq.org

Fair Wisconsin Inc. works to build a fair, safe, and inclusive Wisconsin for all lesbian, gay, bisexual, transgender and queer (LGBTQ) people by advancing, achieving, and protecting LGBTQ civil rights through lobbying, legislative advocacy, grassroots organizing, coalition building and electoral involvement. Statewide.

608.441.0143 • www.fairwisconsin.com

FORGE is a national transgender anti-violence organization. FORGE reduces the impact of trauma on trans/nonbinary communities by empowering service providers, advocating for systems reform, and connecting trans individuals to healing possibilities. National.

414.559.2123 • forge-forward.org • www.trans-survivors.com

Freedom, Inc. is a Black and Southeast Asian non-profit organization that works with low-to no-income communities of color to achieve social justice through coupling direct services with leadership development and community organizing that will bring about social, political, cultural, and economic change resulting in the end of violence against women, gender-non-conforming and transgender folks, and children. Dane County.

608.716.7324 • freedom-inc.org

GSAFE increases the capacity of LGBTQ youth, students, educational staff, and families to create school environments where all LGBTQ youth and students thrive. GSAFE programming develops leadership in youth, supports Gay-Straight Alliances, trains educators, advances educational justice, and deepens racial, gender, trans, and social justice. Statewide.

608.661.4141 • gsafewi.org

Chippewa Valley LGBTQ+ Community Center is a non-profit, run mostly by volunteers striving to make the world a better place for LGBT people and their allies through advocacy, programming, and outreach.

715.552.LGBT (5428) • <https://www.cvlgbt.org>

Milwaukee LGBT Community Center provides Crisis and Victims Services with recovery coaching, LGBTQ re-entry assistance, as well as a transgender and nonconforming program, the youth program, Project Q, other support groups, and services. Milwaukee.

315 W Court St, Milwaukee, WI 53212 • 414.271.2656 • www.mkelgbt.org

OutReach LGBTQ+ Community Center offers many programs for lesbian, gay, bisexual and transgender people. These include resource identification and referral, publications, a cybercenter, lending library, speaker's bureau, social and support groups, events, health programs, and fiscal sponsorship to six smaller nonprofit projects. Madison.

2701 International # 101, Madison, WI 53704 • 608.255.8582 • lgbtoutreach.org

Pathfinders Milwaukee, Inc. provides services for youth ages 11-17, including a drop-in center, year round shelter, and anti-sexual violence in addition to other programs. Milwaukee.

414.964.2565 • 1614 E Kane Pl, Milwaukee, WI 53202

Youth shelter: 1614 E Kane Pl, Milwaukee, WI 53202

866.212.SAFE (7233) • www.pathfindersmke.org

PFLAG (Parents, Families, & Friends of Lesbians and Gays) Support meetings, resource library, and community meeting space. There are many chapters in Wisconsin. Statewide.

ph: +14142711560 • PFLAG Milwaukee

milwaukee-pflag.org • pflag.org/findachapter/

Transforming the Valley is a volunteer organization working to provide support and resources for anyone under the transgender or gender non-conforming umbrella (including non-binary, gender fluid, intersex, etc.). Chippewa Valley.
www.transformingthevalley.org

All **University of Wisconsin** LGBTQ+ offices can be found at
www.wisconsin.edu/lgbtq-resources/lgbtq-directors





diverseandresilient.org

2439 N. Holton St. Milwaukee, WI 53212

414.390.0444