

Trans*Ponder Form Info

Hack for a Cause 2018

COMMUNITY MEMBER NOMINATION FORM INFO

1. Type of nomination categories:

- a. Medical
 - i. Doctor / PCP
 - ii. Endocrinologist
 - iii. Gynecologist
 - iv. Other / Misc
- b. Mental Health
 - i. Therapist
 - ii. Counselor
 - iii. Psychologist
 - iv. Addictions
- c. Surgical
 - i. Chest Surgery
 - ii. Bottom Surgery
 - iii. Other / Misc
- d. Health / Beauty / Bodywork
 - i. Hair Stylists / Barbers
 - ii. Physical Fitness
 - iii. Hair Removal
 - iv. Other / Misc

2. Provider name

3. Office / Clinic name (if applicable)

4. Address

5. Ph#

6. Email

7. Web address

8. Your feedback

- a. Provide open ended text box asking "What would you like us to know about this provider (please be as specific as possible)?"

9. Additional comments or things you'd like us to know

- a. Provide an open-ended text box for any additional information or notes about the provider

10. Rate your experience

- a. Provide a 1 - 5 star scale (1 being worst, 5 being best)

11. SUBMIT

- a. Be sure to use CAPTCHA to successfully submit

PROVIDER NOMINATION FORM INFO

1. Type of nomination categories:
 - a. Medical
 - i. Doctor / PCP
 - ii. Endocrinologist
 - iii. Gynecologist
 - iv. Other / Misc
 - b. Mental Health
 - i. Therapist
 - ii. Counselor
 - iii. Psychologist
 - iv. Addictions
 - c. Surgical
 - i. Chest Surgery
 - ii. Bottom Surgery
 - iii. Other / Misc
 - d. Health / Beauty / Bodywork
 - i. Hair Stylists / Barbers
 - ii. Physical Fitness
 - iii. Hair Removal
 - iv. Other / Misc
2. Provider name
3. Office / Clinic name (if applicable)
4. Address
5. Ph#
6. Email
7. Web address
8. Does this provider take OHP (yes/no)
9. Does this provider take Private insurance (yes/no)
 - a. If yes, give a text box to specify what providers they take (optional)
10. Does this provider take Medicare (yes/no)
11. Does this provider offer sliding scale payment options (yes/no)
 - a. If yes, give a text box to say more about their sliding scale program (optional)
12. If Medical Provider (as indicated by category)
 - a. ask if the provider can prescribe or monitor hormones?
13. If Mental Health provider (as indicated by category)
 - a. Ask (via checkboxes - of which they can choose as many as are applicable) if they are able to write letters to assist patients in accessing: hormones, gender affirmation surgery, or identification documentation changes
14. Additional comments or things you'd like us to know
 - a. Provide an open-ended text box for any additional information or notes about the provider
15. SUBMIT
 - a. Be sure to use CAPTCHA to successfully submit

VOLUNTEER VERIFICATION FORM INFO

(information already known will auto-populate in this form)

1. The following fields should be auto-populated by the information provided in the nomination form:
 - a. Type of nomination category
 - b. Provider name
 - c. Office / Clinic name (if applicable)
 - d. Address
 - e. Ph#
 - f. Email
 - g. Web address
2. Have you worked with Trans/Gender Diverse patients/clients before? (yes/no)
3. Does this provider take OHP (yes/no)
 - a. This should be auto-populated if it was a provider nomination (vs community nomination)
4. Does this provider take Private insurance (yes/no)
 - a. If yes, give a text box to specify what providers they take
 - b. This should be auto-populated if it was a provider nomination (vs community nomination)
5. Does the provider take Medicare (yes/no)
6. Does this provider offer sliding scale payment options (yes/no)
 - a. If yes, give a text box to say more about their sliding scale program
 - b. This should be auto-populated if it was a provider nomination (vs community nomination)
7. Has staff received Trans/Gender Diversity Awareness Training? (yes/no)
 - a. If yes, ask for
 - i. When that training occurred? (month/year)
 - ii. Who delivered it? (person or organization)
 - iii. Who was required to take this training (office staff, case workers, doctors, nurses, admin staff, all staff, etc)?
8. Does intake paperwork include more gender options than just M or F? (yes/no)
 - a. If yes, provide a text box to tell us what options are available beyond M or F
9. Does intake paperwork ask for pronoun? (yes/no)
10. Does intake paperwork ask for preferred name (name that you go by vs legal name)? (yes/no)
11. If Medical Provider (as indicated by category) ask if the provider can monitor hormones? (yes/no)
12. Notes field for any additional information or notes about the provider

ADMIN VERIFICATION FORM INFO

1. All the same information as the Volunteer form with the added following:
 - a. Name of Admin who reviewed this listing
 - b. Publish to the web (yes/no)
 - i. If yes, information will be flagged to be displayed on website
 - ii. If no, ask the following:
 1. Does this information require further follow up? (yes/no)
 - a. If yes -- provide a comment box to explain what is needed for further follow up
 - i. This should trigger a resubmittal for the listing to be verified by a volunteer and should provide the admin comments at the top of the submission to advise the volunteer what specific information needs to be followed up on.
 - b. If no -- display "Archive listing for historical purposes and remove from the volunteer verification list?" (yes/no)
 - i. If yes -- archive listing and remove from volunteer verification list. Show end-user a confirmation message.
 - ii. If no -- Provide a comment box to explain what needs to be done with this listing (what's the next step?).
 1. There should be a "submit for further investigation" button that should resubmit the request to go back through the admin verification process with the comments provided at the top of the email/form.

Other notes:

- Admins need the ability to remove/update listings from the website. My vision for this is a web UI to show all published listings with the ability to edit or archive (remove from website)