

# Equal Access for Transgender People

Supporting Inclusive Housing and Shelters



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The authors are solely responsible for the accuracy of the statements and interpretation contained in this publication. Such interpretations do not necessarily reflect the views of the Government. The substance and findings of the work are dedicated to the public.

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## Requirements of the Equal Access Rule

Individuals and families seeking services from HUD funded homeless projects have nowhere else to go. In fact, this is one of several criteria HUD established for individuals and families in need. Too many LGBT youth and adults meet this standard and have nowhere to turn other than a HUD funded project. Acknowledging their need for assistance and seeking help is often its own struggle for those who have sacrificed much simply to recognize themselves. Among homeless youth, a population estimated annually somewhere between 400,000 and 2.8 million, LGBT youth are significantly overrepresented, accounting for up to 40% of the population<sup>1</sup>.

Transgender individuals in particular are impacted by violence and discrimination in ways that both contribute to their homelessness and keep them from accessing necessary shelter and services. One in ten transgender individuals reports being evicted based on their gender expression. One in five reports being denied an apartment or home based on gender expression. Even when seeking shelter, transgender individuals are at significant risk of harassment and physical and sexual assault. Nearly 30% of homeless transgender individuals report being turned away from a shelter due to their transgender status and 22% report experiencing sexual assault perpetrated by staff or other shelter residents<sup>2</sup>.

[The Equal Access Rule](#) clearly prohibits these discriminatory actions. HUD funds welcoming and inclusive housing programs open to all eligible individuals; the requirements of Equal Access Rule and follow-up guidance ensure that local projects know how to implement and enforce this requirement.

HUD programs are built on a strong foundation of partnerships with both national and local organizations. HUD has worked with partners that are leading the effort to ensure individuals receive fair treatment when accessing HUD funded programs, from providing mortgages to accessing emergency shelter. Locally, the Continuums of Care (CoCs) and government partners target HUD resources to meet the unique needs in each community.

These training materials provide CoCs and projects with the framework to create welcoming and inclusive projects for transgender and gender non-conforming people and to be in compliance with the requirements of the Equal Access Rule. Transgender and gender non-conforming people sometimes face different issues of discrimination, so this sourcebook sometimes addresses transgender-specific topics, and at other times, addresses transgender and gender non-conforming topics.

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[Check out the work of NCTE in developing policies across the social service, criminal justice and healthcare industries.](#)

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[Get up-to-date information on the work True Colors is doing to understand the extent and nature of homelessness among LGBT youth and how to end it.](#)

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<sup>1</sup> Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling, *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*, Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011, Page 107.

<sup>2</sup> *Ibid*, Page 106.



## Introduction to the Equal Access Rule in Shelters

This section provides an overview of the US Department of Housing and Urban Development's (HUD) Equal Access Rule requirements related to accessing emergency shelter services. This section covers:

- Suggested language for transgender-inclusive projects to use in discussions and written materials;
- What to include in a project site's anti-discrimination policy; and
- How to request technical assistance or additional guidance from HUD.

Announced in January 2012, the Equal Access Rule codified HUD's commitment to the fair administration of its funded projects "regardless of marriage status, sexual orientation or gender identity." Following that announcement, in September 2016, HUD further required that decisions related to placement and accommodations in single-sex shelters and facilities must be made in accordance with the resident's gender identity.

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Check out the full  
Equal Access Toolkit  
developed for HUD  
funded projects [here](#).

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This sourcebook familiarizes project staff with best practices consistent with HUD's Equal Access Rule requirements in order to establish and support transgender-inclusive projects. It also provides projects with a framework for policies and practices that foster inclusive projects. Readers can find information about how project staff and facilitators can:

- Employ transgender-inclusive language in discussions and written materials;
- Intervene in conflicts to promote the safety of all residents while upholding expectations of appropriate behavior; and
- Hold staff and residents consistently accountable regarding standards of behavior within HUD-funded shelters and projects.

Few situations are more fraught with anxiety and fear than an individual seeking lifesaving services, shelter or food from service providers. Transgender and gender non-conforming people have the added anxiety of wondering whether they will face discrimination when they seek help. Concern that a miscommunication with a staff member could result in their expulsion, or that a misunderstanding with another resident may escalate to threaten their safety, are heavy burdens.

To best support these individuals during such critical times, gender identity must and gender expression should be included in a shelter's non-discrimination policy so that transgender residents and gender non-conforming residents are explicitly covered by the policy. Related policies and procedures that support non-discrimination should be developed with input from all of a provider's stakeholders and should promote practices that respect the diverse range of people seeking shelter at HUD-funded projects. State and municipal laws may also require providers to incorporate additional specific protections into an anti-discrimination policy. Every provider must be aware of and in compliance with their state and municipal anti-discrimination regulations. This document focuses on developing, communicating, and enforcing policies and procedures that support transgender and gender non-conforming inclusiveness, as well as creating spaces that support these residents to begin the process of re-establishing their self-sufficiency.

As a beginning step in creating transgender and gender non-conforming inclusive environments, subject matter experts, members of the transgender community, advocates and service providers have identified terms that convey respect when discussing diverse gender identities and expressions. Using respectful language communicates that a project welcomes all eligible residents. However, it is important to remember that clients make the final decision about how to identify and express themselves, including their gender pronouns.

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[Links to NCTE National Transgender Discrimination Survey.](#)

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[HUD maintains a list of state fair housing authorities. Look here to find your state.](#)

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**Gender Non-Conforming clients may not identify as either male or female. A spectrum of gender expression exists that is a mix of attributes traditionally considered male or female. Gender non-conforming individuals express their internal gender identity through characteristics from across the gender spectrum.**

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## Introducing Transgender-Inclusive Language

**Provider Goal:** To use appropriate, inclusive language in communication, publications and training that affirms the provider's commitment to serving residents in accordance with the Equal Access Rule.

**Problem:** When entering a HUD-funded project many transgender and gender non-conforming residents report fearing that staff may be shocked, hostile or rude.

### Discriminating/Affirming Language

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If your project does provide healthcare, check out the Health Care for the Homeless Report "[Seeing People as They See Themselves](#)".

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This document discusses some terms commonly used among members of the LGBTQ community. However, if a resident reports that a term is offensive to them, reasonable efforts should be made to respect their wishes and use their preferred terms.

First, understanding gender transition is important. "Transition" refers to the time period that many transgender people go through to live according to their gender identity, instead of their sex assigned at birth. A significant part of transitioning is the social aspect: going by a new name, pronoun, and changing one's outer appearance (clothing, hairstyle, etc.) so that their gender expression matches their gender identity. For some, this process includes medical treatments, like hormones or surgery.

**Pronouns.** Staff should always refer to residents by the name and pronouns they request (this may be fluid depending on the individual's perception of safety at the time). Some residents may choose to be referred to using the pronouns they, them and their instead of gendered pronouns, such as he or she. While traditionally thought of as plural pronouns, these terms have been adopted by members of the community as a comfortable way to identify themselves.

**Personal Questions.** As a general standard, staff should avoid asking personal questions unrelated to the provision of housing or shelter, especially regarding medical treatment. Questions like: "have you had surgery?" are not appropriate.

Additionally, staff should avoid using language such as "transgendered" or "a transgender," which reduces an individual to a single defining attribute and fails to respect the entire individual. Diminishing an individual in this manner, intentional or not, can convey disrespect.

# Glossary of Gender Identifying Terms and Definitions

Below are some common respectful terms and their definitions along with links to other resources.

## Assigned/Designated Sex at Birth:

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- Frequently a binary designation of “male” or “female”.
- Based on the person’s internal or external anatomy at birth.
- Assigned at birth, typically by a medical professional (e.g., sex listed on birth certificate).
- May or may not correspond to one’s gender identity.

## Cisgender

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- Refers to a non-transgender person.
- The prefix “cis” means “matches”. So, cisgender means that one’s sex assigned at birth “matches” one’s gender identity.

## Gender Identity

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- Internal or innate sense of being male, female, or another gender.
- May or may not match their assigned sex at birth.
- May not be visible based on outward appearance.

## Gender Expression:

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- External expression of gender identity (note that many times people do not feel they can safely express their gender identity).
- Exhibited through: behavior, clothing, hairstyle, body language, and voice.
- Does not always correspond to a person’s gender identity.
- May change over time or even day-to-day.

## Sexual Orientation:

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- Describes who an individual experiences physical or emotional attraction to.
- Distinct from one’s gender expression or identity.

## Gender Non-Conforming

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- Someone who does not conform to traditional gender roles or stereotypes.
- Traditional roles and stereotypes vary based on different cultural and societal ideals.
- Individuals may be perceived as having a different gender than their outward appearances (behavior, clothing, hairstyle, body language, voice).

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NCTE maintains a [primer on trans issues and information about respectful, inclusive language](#).

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MTPC produced a [guide for shelter providers that includes incorporating inclusive language](#).

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Remember, the Equal Access Rule prohibits discrimination on both actual and perceived gender identity.

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### Non-Binary Person

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- A person who does not identify as male or female (male/female are the two ends of the gender spectrum).

### Gender-Neutral

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- Language used to describe “all gender” or unisex spaces, (i.e., gender-neutral or all gender bathrooms), language about relationships (spouse or partner, instead of wife/husband or boyfriend/girlfriend), etc.

### Transitioning (Gender Transition):

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- Process that some (but not all) transgender people go through to begin living as the gender with which they identify, rather than the sex assigned to them at birth.
- Transitioning does not require medical treatment.

### Transgender

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- Umbrella term for people whose gender identity is different from their assigned sex at birth.
- Occasionally, an individual may determine they no longer identify as transgender after they transition.

### Trans Woman

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- Someone who lives or identifies as a woman, even though they were assigned male at birth may or may not have undergone medical treatments.
- Sometimes referred to as “Male-to-Female” or “MTF,” but these terms may not be preferred as they can over-emphasize that the person was born male rather than her current identity.

### Trans Man

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- Someone who lives or identifies as a man, but was assigned female at birth. May or may not have undergone medical treatments.
- Sometimes referred to as “Female-to-Male” or “FTM,” but these terms may not be preferred as they can over-emphasize that the person was born female rather than his current identity.





## Fair Housing and Anti Discrimination Policies

The federal Fair Housing Act prohibits discrimination because of gender identity in housing. The Fair Housing Act covers nearly all housing and housing-related services, including shelter programs. Under the Act, it is unlawful for a housing or shelter provider to deny access, impose different terms or conditions, or harass a person because of they are transgender or because of their actual or perceived gender identity. In creating transgender-inclusive environments, providers must document clear standards in personnel handbooks and other policy documents, and publicly post policies where residents, volunteers, visitors and staff can view them. Each of the subsequent sections reviews elements of a comprehensive policy. This sourcebook does not articulate every aspect of fair housing and anti-discrimination policy. States and many local communities have established their own rules and regulations related to fair housing in addition to those established by HUD. [Check out HUD's Office of Fair Housing and Equal Opportunity](#).

Many states have developed resources for shelter and housing providers to use in complying with state fair housing laws. Many states and cities have also established additional regulations and statutes to create enhanced protections and consequences for discriminatory actions. Contact your state fair housing enforcement authority for additional information related to comprehensive fair housing practices and incorporate them into your internal policy and personnel handbooks.

Once staff and contractors are up to date on the required policy changes, the next logical step is communicating them to residents.

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[New York City has established a law to describe precisely what actions constitute harassment. This is an example of a community implementing protections that exceed those established by HUD. Click this link to learn more about this law.](#)

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[See the Office of Fair Housing and Equal Opportunity \(FHEO\) website for more information on fair housing enforcement.](#)

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[Check out Seattle/ King County's "Guide to Fair Housing for Nonprofit Housing and Shelter Providers".](#)

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The document below was developed by a project in Boston, MA. It communicates concisely the provider's commitment to equal treatment for all residents. Each resident acknowledges the policy upon project enrollment.

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This document was modeled on one developed by The Network/La Red. [Check out other materials they've developed.](#)

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## **SAMPLE DOCUMENT:**

### **Communicating Anti-Discrimination Policy to Clients**

(Project Name) welcomes individuals who are heterosexual, bisexual, gay, lesbian, transgender queer and/or gender non-conforming of different races, classes, religions, ages and backgrounds. I will be respectful of the other program participants and staff. I understand that any oppressive or abusive language or actions are not acceptable. If I have any questions about this policy, I can ask a staff member to explain it to me.

If a program participant or staff member is acting in an abusive or oppressive way towards me, I know that I can report this behavior to a staff member. If I feel that the issue has not been addressed, I can then report it to the project coordinator, \_\_\_\_\_. If the issue has still not been appropriately addressed, I can bring the issue to the executive director, \_\_\_\_\_.

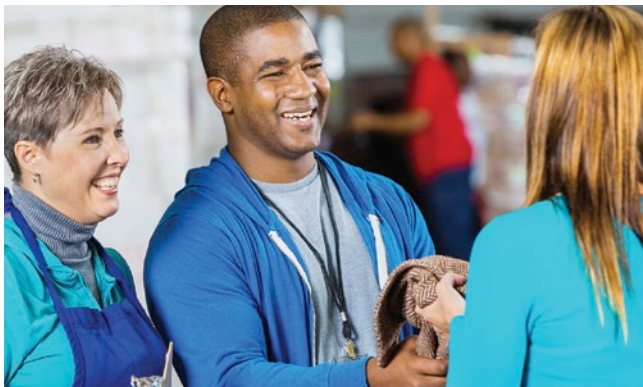
Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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HUD has provided a [Notice](#) that providers can publicly post to inform staff and residents about requirements of the Equal Access Rule.

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## Inclusive Policy Standards for Staff and Residents

*This section explains:*

- What policies a provider can implement to build an inclusive project and community;
- How policies can mitigate risk to transgender and gender non-conforming residents; and
- What elements to include in policies to increase their effectiveness.

Given the increased occurrence of discrimination affecting transgender and gender non-conforming residents, HUD-funded projects must take precautions to ensure a project is free of discrimination and inform residents of their fair housing rights. Likewise, if a resident encounters discrimination, a clear protocol must be in place for addressing discriminatory behavior towards transgender and gender-non conforming residents and intervening to address and prevent harassment, including trauma-informed interventions that prioritize survivor safety, work with perpetrators to address and alter their behavior, and lead up to disciplining or expelling the perpetrator if they do not alter their behavior.

Staff and volunteers should be trained in inclusivity and equal access, and given support to think through the most equitable way to handle situations they may need guidance in addressing using this framework. Contractors should be told that they are expected to abide by these standards of inclusivity, especially if those contractors have direct contact with shelter residents. Resident orientation should also share the project's standards and expectations around inclusivity in clear and accessible language. Clear guidelines defining unacceptable behavior, the process for reporting violations of the policy and corrective actions allow all members of the shelter community to participate with consistent expectations.

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[Link to National Coalition for the Homeless "Transitioning Our Shelters" Report.](#)

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**[A recent study by the Center for American Progress found that only 33% of 100 shelters across four states correctly admitted transgender identified residents.](#)**

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## Inclusive Policy Standards: Staff

Implementing the Equal Access Rule requires upholding consistent standards for all project staff, contractors and volunteers. Multiple studies have found that transgender individuals are at a higher risk than other members of the homeless community of becoming the subject of harassment and assault. Best practices for mitigating these risks include establishing policies to meet discriminatory conduct with a consistent organizational response. Language and actions that are discriminatory in nature, regardless of the intent, cannot be tolerated. With this in mind, projects should have policies on what language and behavior is unacceptable for staff and volunteers to use in any interaction within the project.

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[Check out what the Connecticut Coalition to End Homelessness is doing to train their Continuum!](#)

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Project staff may speak or act out of ignorance, inadvertently using offensive language. A staff member may carelessly or intentionally use the wrong pronoun and name to refer to a transgender or gender non-conforming resident. Projects should actively communicate with staff to ensure the provider's commitment to transgender-inclusive language and programming is clearly understood. By establishing personnel actions that encompass both educational and corrective goals, site managers can identify appropriate next steps. Incorporating these guidelines into training and initial hire orientation promotes consistent expectations of behavior among all staff, volunteers and contractors.

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[For more information about the US Equal Employment Opportunity Commission and the impact of harassment see this link.](#)

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Actions, especially those that are egregious, malicious, or severe in nature, may warrant termination or a more serious legal response. Projects should clearly articulate which actions are opportunities for education or additional training, and which actions will result in more serious personnel consequences. Communicating and consistently applying these parameters creates shared expectations among the entire project team.

In creating safe, supportive and inclusive environments, an important part of staff responsibilities is addressing conflict that may arise. Managing conflict can be challenging and uncomfortable, and staff might improperly focus their attention on the more cooperative harassed individual, and not on the aggressor, to resolve a conflict. Conflicts that could escalate to expulsion from the project are among the most challenging for staff to approach. It is important that training incorporates multiple methods for addressing and resolving impermissible conduct among residents to ensure that all staff and volunteers possess strategies that will work for them. Training may include role-playing, providing sample language and utilizing onsite or on-call senior staff to manage complex situations.

## STANDARDS OF BEHAVIOR:

### Across the Coordinated Entry Process

It is important that all organizations involved in referrals support transgender and gender non-conforming inclusive projects. Unfortunately, a recent study by the Center for American Progress found inconsistent practices. The survey of 25 shelters in each of four states found only 30% of projects correctly offering shelter to test callers who identified as transgender<sup>3</sup>. With CoCs working to design common intake procedures and single-points-of-entry, it is critical that all eligible people know they are welcome. From the first contact with a 2-1-1 operator to the last interaction with the CoC, all people should be free from discrimination. CoCs should look closely at each step in the process to identify opportunities to improve their practices. Possible improvements may be:

#### Triage/Pre-Assessment

- Training phone operators to avoid gendered greetings such as “sir” and “ma’am”
- Ensuring all forms allow for transgender and gender non-conforming selections by clients (for example, on a form that asks residents to list their title, list options as Mr., Ms., or Mx.)
- Creating space on forms for all people to indicate their preferred name and pronouns

#### Referrals

- Supporting transgender individuals’ enrollment and placement based on their gender identity in single-sex options to ensure correct procedures are followed throughout the Continuum
- Only sharing necessary information about individuals when making a referral
- Listening to callers and respecting their choices to access any options for which they are eligible without requiring “proof”

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[This guide, developed by the Fenway Institute in Boston, MA, provides examples of question formats and answers for use by practitioners when inquiring about sexual orientation and gender identity. Check it out!](#)

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3 Caitlin Rooney, et al, “Discrimination Against Transgender Women Seeking Access to Homeless Shelters,” Center for American Progress (January 2016), <https://www.americanprogress.org/issues/lgbt/report/2016/01/07/128323/discrimination-against-transgender-women-seeking-access-to-homeless-shelters/>



## Inclusive Policy Standards: Residents

Regardless of the size, mission or staffing, all HUD-funded projects are expected to be free of discrimination and harassment. Providers communicate the absence of bias by using inclusive language in:

- Signage within the project;
- Interactions with staff and residents;
- Publications about the project; and
- Intake forms that give residents the option to reveal or omit their transgender or gender non-conforming status.

Most providers have created codes of conduct that describe expected behavior in simple, straightforward language. Smaller projects and those with long-term residents might provide residents with a written copy of these expectations, while larger emergency shelters that exit all residents every morning might post the code of conduct in public spaces within the shelter.

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[Check out the District of Columbia's Office of Human Rights campaign to support inclusive bathroom signage.](#)

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Ensuring that residents adhere to these codes of conduct can be challenging. Projects can be chaotic, requiring residents to interact with strangers constantly and, at times, with little control over their environment. Transgender residents have the added threat of discrimination and rejection if projects do not work to create inclusive environments. Harassment creates unwelcoming atmospheres, creating or exacerbating conflict between residents. Although this conflict may be initiated by another resident, it risks the expulsion of all parties involved, aggressor and subject alike.

Directors and managers must craft policies that enable all eligible residents to access services. As frontline staff are largely responsible for enforcing these policies, it is imperative that clear expectations are documented and communicated to assist staff in their roles. Managers and senior staff help set an inclusive tone for the project, which can be done in part through modeling appropriate language and behavior at all times. This will help set a standard of inclusiveness among both staff and residents.



Projects employing inclusive language on forms, internal signage and external publications about the project communicate their commitment to a transgender-inclusive project. This is a component of supporting all eligible participants. Once admitted to a project, an individual's interactions with staff and fellow residents in the community play a role in their progress towards ending their homelessness. Projects should have policies and procedures in place that support a transgender and gender non-conforming inclusive environment. Policies and procedures should:

**Use gender neutral standards. For example, dress codes should articulate which areas of a resident's body should be covered rather than focusing on gender-specific articles of clothing (e.g., residents must be covered from the base of their neck to their knees when in public areas of the project). This removes any reference to particular types of clothes that individuals must wear.**

**Incorporate the same standards of respectful behavior into employee, resident, volunteer and contractor training to establish consistent expectations.**

It is fundamental that all project policies reinforce that an individual's identity as transgender or gender non-conforming does not create a risk to others' health and safety. Rather, maintaining an inclusive community enhances safety for all residents. Some residents may initially present concerns about transgender or gender non-conforming residents to project staff and managers. Staff should treat those concerns as opportunities to educate and refocus the resident on their own progress. But even then, conflict may persist and complaints may escalate to verbal or physical harassment. Whether directed at another resident within the project or off-site, harassment jeopardizes the health and safety of community members. Providers should have policies and procedures in place to support residents and staff in addressing and resolving conflicts that escalate to harassment. Policies and procedures should:

- Include specific behaviors that violate standards of respectful behavior, such as language, actions and non-verbal intimidation.
- Escalate corrective actions if an individual repeats the same violation of standards after educational opportunities are offered.
- Focus corrective actions on aggressors who violate project rules, not on the subject of their harassment.
- If a resident continues to disrespect a transgender individual, consider as interim steps:
  - » requiring that the harassing resident stay away from the transgender individual,
  - » making changes in sleeping arrangements without limiting the freedom of the transgender individual, or
  - » pursuing other interventions that do not result in the expulsion of the harassing resident.

In no instances should interim or final steps involve expulsion of the harassed client.

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Transgender and gender non-conforming clients are at significantly increased risk of being the victim of physical and sexual assault. Identifying as transgender does not create risks for anyone other than the transgender individual.

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## Creating Inclusive Standards: Transgender and Gender Non-Conforming Individuals' Access to Projects

*The questions and factors listed below address some of the components providers will need to consider when creating inclusive policies. Providers likely have additional requirements based on [state and local statutory and regulatory requirements](#). CoC and providers may want to share the costs of legal advice to ensure comprehensive compliance.*

### Is the project or service permitted by statute or regulation to segregate services based on gender?

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Check out this report from FORGE on serving transgender survivors of violence.

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The Department of Justice has established that Violence Against Women Act (VAWA)-funded projects must be able to demonstrate that sex-segregation of services are essential to the operation of the project. <http://www.justice.gov/sites/default/files/ovw/legacy/2014/06/20/faqs-ngc-vawa.pdf>

HUD has established that emergency shelter and other facilities are permitted to operate single-sex projects when the project consists of a single structure with shared bedrooms or bathing facilities such that the considerations of personal privacy and the physical limitations of the configuration of the housing make it appropriate for the housing to be limited to one sex. See regulations at: [https://www.hudexchange.info/resources/documents/CoCProgramInterimRule\\_FormattedVersion.pdf](https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf)

### If the provider is permitted to segregate services based on gender, the provider must create policies that ensure housing and services to all eligible individuals identifying with that gender, including those individuals whose gender identity does not match the sex assigned at their birth.

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Center for American Progress just put out a new report about difficulties obtaining identification if you are a homeless LGBT youth. Check it out [here](#).

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HUD recognizes a difference may exist between an individual's gender identity and their sex assigned at birth.

HUD has established that providers may not deny access to a single-sex emergency shelter or facility because the provider possesses identity documents indicating a sex different than the gender with which the resident or potential client identifies.

A provider may not consider the resident or potential resident ineligible for an emergency shelter or other facility because their appearance or behavior does not conform to gender stereotypes.

A provider may not ask questions or otherwise seek information or documentation concerning a person's anatomy or medical history related to their gender identity or expression.

## **If the provider is not permitted to segregate services based on gender, then the provider must serve all individuals who are eligible for the project.**

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HUD-funded family shelters may not deny services to clients of any gender if they are eligible.

HUD-funded family shelters may never discriminate on the basis of gender. Some projects have erroneously established a policy of not housing males over the age of 13 or requiring them to seek other housing, thus separating them from their families. This involuntary separation is prohibited by 578.93(e) of the [CoC Program Interim Rule](#) and is a violation of the Equal Access Rule and may also violate the Fair Housing Act.

## **Transgender and gender non-conforming clients have access to projects according to their gender identity.**

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Clients may choose to disclose their transgender status at some projects within a community while not disclosing at other projects. For instance, a client may want to disclose their transgender status at a health clinic to receive appropriate healthcare but not at a project where one's sex assigned at birth is not relevant to the services provided.

A transgender client may elect to share their transgender status with project staff, or not. In the event that a client discloses being transgender, staff should consult that client about whether the client prefers to have the HMIS data element for "gender" reflect their transgender status or not. For instance, if a client identifies as a transgender man but would prefer not to have this reflected in his HMIS record, then the staff person would select a gender category that does not indicate transgender status. Staff can still note in a confidential case management note, if this feature is available in the HMIS, an individual's transgender status if it is appropriate and necessary to the provision of services.

Clients reporting different gender identities or presenting different gender expressions at multiple projects within the same CoC are not violating standards for accurate collection of information. Clients decide to which projects they will disclose potentially sensitive information. Project staff should enter the self-reported information as directed by the client.

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HUD maintains a list of Frequently Asked Questions (FAQs). For more information on the definition of "family" under the Equal Access Rule, [go here](#).

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## Creating Inclusive Spaces: Facilities

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Self-determination is fundamental to all clients in HUD projects. While shelter and project staff may offer accommodations based on safety concerns or other valid professional considerations, at no time are staff permitted to require a transgender or gender non-conforming client accept an accommodation based on gender identity.

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Some projects, particularly emergency shelters, may be based in physical facilities that were not designed for the purpose of providing shelter or housing, or for the number of residents they currently serve. Additionally, facilities may have been developed in accordance with outdated regulations that have since been updated to reflect the importance of accessibility, privacy and safety. Given the scope of existing resources, projects may not be able to immediately alter the physical spaces of the project. While this limitation restricts the extent to which a project can adapt, there are several strategies that projects can implement to meet residents' privacy and safety needs.

Staff must take non-discriminatory steps that may be necessary and appropriate to address privacy concerns raised by residents. The provider must ensure that its policies do not isolate or segregate clients within the project based upon transgender and gender non-conforming status unless a specific privacy request is made. In both the use of bathrooms and bed assignment, a variety of methods may be effective at addressing a resident's privacy needs.

Staff may offer a resident a room, floor or bed that is in proximity to staff workstations.

Staff may offer a resident access to rooms, floors or beds set aside for residents with increased vulnerability. However, the accommodation should be available to clients based on a variety of factors that can increase one's vulnerability, and not just be restricted for use by transgender or gender non-conforming residents.

Staff may offer to assist a resident in identifying an alternate project that will provide comparable services and provide a referral. Staff should make reasonable efforts to ensure a vacancy exists, that the resident is eligible for that project, and that the client is able to enroll in the alternate project.

A strategy of last resort could be to offer a client a hotel or motel voucher. However, to be a comparable option, the voucher must be offered for the full period of time the original project site would be able to shelter the client, and the client has access to comparable services and resources either via an outreach team or a supportive service project.

The use of bathroom and shower facilities for every client is an important part of maintaining hygiene and dignity. Many cities and communities have established bathrooms that are for individual use and do not have a gender marker on the door. Some facilities have designed bathrooms that permit congregate use by all genders, with individual stalls designed to maintain privacy and dignity. These options may or may not be reasonable for a given project. Regardless, strategies exist to accommodate any client with a need for individual or private showers or bathrooms. Clients with special health concerns, trauma histories or other needs may also make reasonable requests for accommodations. Some options for staff are:

Establish a single use bathroom for client use at specific intervals during the day. Often an existing staff member bathroom may be made available for this purpose without compromising the requirements of staff members.

Provide certain times during the day that a bathroom can be scheduled by any client with a request to use a congregate facility privately.

Ensure that toilet and shower stalls have locking doors or, at a minimum, curtains to allow for modesty and dignity.

For shower use, consider implementing a schedule for all clients if communal showers are the only available type of shower.

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If your project has a health care component, [check out the Center of Excellence for Transgender Health at the University of California, San Francisco for some excellent examples for creating an inclusive program.](#)

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Some federal agencies use the terms “sex” and “gender” synonymously. Other departments use them to accurately distinguish the physical anatomy of an individual’s body (sex) and their internal sense of identity (gender). An added complexity for projects is that some statutory language uses different definitions. In general, project staff should review formal guidance from federal program staff for clear definitions. HUD grantees can submit question using the Ask-A-Question feature on [www.hudexchange.info](http://www.hudexchange.info) for program specific guidance.

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## Confidentiality: Sex Assigned at Birth

Clients often share very personal and private information as they seek services. Every HUD-funded project has policies related to confidentiality. However, most staff training fails to instruct staff that a client's sex assigned at birth is confidential information. Staff that have not been trained to understand the impact that disclosure can have on a client's physical and mental well-being may inadvertently delay or derail a client's progress towards ending homelessness. It is essential that all staff, from the chief executive officer and the board of directors to contracted security, receive training on confidentiality to avoid jeopardizing client welfare.

CoCs and projects should consider including sex assigned at birth on their list of confidential information. Transgender residents of projects have a higher likelihood of suffering harassment or physical harm based on the disclosure of the difference between their gender identity and their sex assigned at birth. This is true both within the physical structure of the project and outside the project.

Additionally, clients may elect not to disclose their transgender status in certain spaces or at certain moments for health and safety reasons. The decision to disclose one's transgender status lies solely with the client.

If a staff member has questions regarding disclosure of an individual's transgender status, they should seek additional training from their human resources department or guidance from their supervisor.



## Confidentiality: Medication

Almost every project has policies related to accessing both prescription and non-prescription medications. Some shelters incorporate outside programs into their operations (e.g., Health Care for the Homeless or mobile healthcare providers who visit project sites on a regular basis to provide primary care). Many projects also require residents to submit their belongings to a search by staff to deter the introduction of weapons and illegal drugs to the project. Given the range in types of both medical and housing services, and the different security measures used across projects, medication access policies vary broadly.

In some projects, staff secure prescription medication and must be present when clients access the medication. Some shelters have medication lockers that clients use to secure their medication, while other sites are licensed for the administration of medication and are more involved in the process. Whether a client is cisgender or transgender, their prescription medication should be subject to all of the same standards of the shelter.

Transgender individuals may have a variety of medical needs, related or unrelated to their transgender status. They may carry hypodermic needles for the use of insulin to control diabetes (unrelated) or for injecting prescribed hormones (related). A resident's reason for using a particular medication is generally irrelevant; once staff members have documented that a medication is properly prescribed, then standard policies should apply to all residents.

Some people experiencing homelessness who identify as transgender may use hormones or other medication as part of their gender-affirming healthcare regimen. Because access to prescription medication requires access to both a healthcare provider and the funding to purchase these medications, some individuals may be using medications from illicit or outside sources, acquired through the Internet or on the street. If staff members are concerned that any client is using medication improperly (e.g., without a prescription or from an unregulated source) they should follow local project policies for reviewing these concerns with a client. Shelter staff can assist residents in obtaining health insurance or if currently enrolled, finding a healthcare provider that will support the resident's transition-related health care needs.

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If you have clients without health insurance, check to see if the Affordable Care Act has created access to healthcare in your community. [Link to ACA marketplace site.](#)

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The US Department of Health and Human Services has proposed a new Rule that prohibits discrimination in healthcare coverage related to transgender status. For more information, check out this [HHS website](#).

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## What's Next? Next steps and where to go for help.

Looking for resources and examples for materials to incorporate into your project? Be sure to check out the links referenced in this sourcebook! If these don't address your informational needs, take a look at the resources developed by some of the organizations working on these issues, including:

- [The National Center for Transgender Equality](#)
- [The Ali Forney Center](#)
- [The True Colors Fund](#)
- [The National Network to End Domestic Violence](#)
- [The National Resource Center on Domestic Violence](#)
- [The Massachusetts Transgender Political Coalition](#)
- [FORGE](#)
- [The Washington State Coalition Against Domestic Violence](#)
- [The Anti-Violence Project](#)

[HUDEXchange.info](#) is the place to go for formal program guidance and to request technical assistance. Looking for an answer to a specific question not addressed here? Submit it to the [Ask-A-Question](#) feature on the HUDEXchange.

For questions or specific complaints related to Fair Housing Act enforcement, HUD's Office of Fair Housing and Equal Opportunity maintains several options for registering a complaint, including:

- [How to File a Fair Housing Complaint](#)



U.S. Department of Housing and Urban Development  
Office of Special Needs Assistance Programs  
Washington, DC 20410-6000

