



# Trans Resource Guide >>>>>

...bring us on your journey!

## LOCATION

DATE LAST REVISED

PROVIDER WEBSITE ADDRESS

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- Substance Abuse Treatment & Mental Health** #

# CRISIS SERVICES

**Agency Name / Abbreviation**

**Address:** ##

**Call:** Phone #                      **Website:** www.

**Other Contact Info:** (for example email)

**Hours:** ##a.m. -

**Description of Services:** (for example HIV testing, primary care, meals served, housing referrals, etc)

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**Agency Name / Abbreviation**

**Address:** ##

**Call:** Phone #                      **Website:** www.

**Other Contact Info:** (for example email)

**Hours:** ##a.m. -

**Description of Services:** (for example HIV testing, primary care, meals served, housing referrals, etc)

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**Agency Name / Abbreviation**

**Address:** ##

**Call:** Phone #                      **Website:** www.

**Other Contact Info:** (for example email)

**Hours:** ##a.m. -

**Description of Services:** (for example HIV testing, primary care, meals served, housing referrals, etc)

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# FOOD PROGRAMS

**Agency Name / Abbreviation**

**Address:** ##

**Call:** Phone #

**Website:** www.

**Other Contact Info:** (for example email)

**Hours:** ##a.m. -

**Description of Services:** (for example HIV testing, primary care, meals served, housing referrals, etc)

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**Agency Name / Abbreviation**

**Address:** ##

**Call:** Phone #

**Website:** www.

**Other Contact Info:** (for example email)

**Hours:** ##a.m. -

**Description of Services:** (for example HIV testing, primary care, meals served, housing referrals, etc)

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# HIV CARE SERVICES

**Agency Name / Abbreviation**

**Address:** ##

**Call:** Phone #                      **Website:** www.

**Other Contact Info:** (for example email)

**Hours:** ##a.m. -

**Description of Services:** (for example HIV testing, primary care, meals served, housing referrals, etc)

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**Agency Name / Abbreviation**

**Address:** ##

**Call:** Phone #                      **Website:** www.

**Other Contact Info:** (for example email)

**Hours:** ##a.m. -

**Description of Services:** (for example HIV testing, primary care, meals served, housing referrals, etc)

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# HOUSING RESOURCES

**Agency Name / Abbreviation**

**Address:** ##

**Call:** Phone #                      **Website:** www.

**Other Contact Info:** (for example email)

**Hours:** ##a.m. -

**Description of Services:** (for example HIV testing, primary care, meals served, housing referrals, etc)

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**Agency Name / Abbreviation**

**Address:** ##

**Call:** Phone #                      **Website:** www.

**Other Contact Info:** (for example email)

**Hours:** ##a.m. -

**Description of Services:** (for example HIV testing, primary care, meals served, housing referrals, etc)

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# HIV PREVENTION, TESTING & PrEP

**Agency Name / Abbreviation**

**Address:** ##

**Call:** Phone #                      **Website:** www.

**Other Contact Info:** (for example email)

**Hours:** ##a.m. -

**Description of Services:** (for example HIV testing, primary care, meals served, housing referrals, etc)

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**Agency Name / Abbreviation**

**Address:** ##

**Call:** Phone #                      **Website:** www.

**Other Contact Info:** (for example email)

**Hours:** ##a.m. -

**Description of Services:** (for example HIV testing, primary care, meals served, housing referrals, etc)

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# PRIMARY & TRANSITION-RELATED MEDICAL CARE

**Agency Name / Abbreviation**

**Address:** ##

**Call:** Phone #

**Website:** www.

**Other Contact Info:** (for example email)

**Hours:** ##a.m. -

**Description of Services:** (for example HIV testing, primary care, meals served, housing referrals, etc)

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**Agency Name / Abbreviation**

**Address:** ##

**Call:** Phone #

**Website:** www.

**Other Contact Info:** (for example email)

**Hours:** ##a.m. -

**Description of Services:** (for example HIV testing, primary care, meals served, housing referrals, etc)

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# RE-ENTRY SERVICES

**Agency Name / Abbreviation**

**Address:** ##

**Call:** Phone #

**Website:** www.

**Other Contact Info:** (for example email)

**Hours:** ##a.m. -

**Description of Services:** (for example HIV testing, primary care, meals served, housing referrals, etc)

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**Agency Name / Abbreviation**

**Address:** ##

**Call:** Phone #

**Website:** www.

**Other Contact Info:** (for example email)

**Hours:** ##a.m. -

**Description of Services:** (for example HIV testing, primary care, meals served, housing referrals, etc)

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# SUBSTANCE ABUSE TREATMENT & MENTAL HEALTH

**Agency Name / Abbreviation**

**Address:** ##

**Call:** Phone #                      **Website:** www.

**Other Contact Info:** (for example email)

**Hours:** ##a.m. -

**Description of Services:** (for example HIV testing, primary care, meals served, housing referrals, etc)

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**Agency Name / Abbreviation**

**Address:** ##

**Call:** Phone #                      **Website:** www.

**Other Contact Info:** (for example email)

**Hours:** ##a.m. -

**Description of Services:** (for example HIV testing, primary care, meals served, housing referrals, etc)

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