

LGBTSeniorHousingandCare.com info@LGBTSeniorHousingandCare.com 973-669-0600

## Application for LGBTQ+ Older Adult Affirming Sensitivity Training Program

First name:			Middle name:			Last name:			
Prefix:									
	Mr.	Mrs.	Ms.	Mx.	M.	Other			
Pronou	n:								
	She/Her	He	/Him	They/Th	nem	Other			
Title:									
Email:			Phone:			Mobile*:			
Company/Agency Name:									
Websit	e:								
Street A	Address:		City:			State:	Zip Code:		
Is your organization tax-exempt? Yes No									
Are you looking to fulfill any of the following State mandates?									
	Califor	nia	Massach	nusetts	1	New Jersey			

Are you looking for a quote for LGBTQ+ Older Adult Affirming Sensitivity Training for:

Government Agency	Hospital	Not-for-Profit	
Long-term Care Facility (Rehabilitation, Nursing,	Healthcare agency	Non-Governmental Organization	
Memory Care, Assisted Living, Independent	Business	Advasasy Croup	
Living)	School/University	Advocacy Group	
Home Care	Professional Service	Individual	
Adult Day Care	Service Organization		

How many individual facilities are included in your training needs?

How many Executive Level or Administrative staff do you have at your organization?

How many staff and employees (full, part time or per diem) do you have at your organization?

Check the delivery method of training that you prefer. (Select all that apply)

In-person seminars, full or half day

Live webinars

Online, self-study modules

What are the best upcoming dates to schedule a meeting with you to discuss your training request?

Please email your completed form to:

in fo @LGBTS enior Housing and Care.com

