**Trans Health Fund Application**

**York University Faculty Association**

**Deadline: XXXXX**

**Fund information**

The Trans Health Fund is a new entitlement for YUFA members to support transgender health services. It was gained during bargaining in 2015-16 and appears as Article 26.11 in the 2015-18 Collective Agreement. The Fund was originally a joint-fund between YUFA and the Employer, but will now be administered solely by YUFA’s Trans Health Fund Committee. The fund has a value of $30,000 per annum, and any remaining funds from one year will be carried forward to the next.

For the 20XX-XX academic year, the Fund will be disbursed by the end of XXXXX. There are no remaining funds from the 2017-18 year, so the value of the 20XX-XX fund is $30,000.

**Eligibility**

The Trans Health Fund Committee understands “trans” to be a broad and inclusive term, which includes genderqueer, transgender, transsexual, gender-variant, and Two-Spirit, among others needing gender affirming services. All trans members of YUFA are eligible to apply.

For the 2017-18 academic year, the Fund will prioritize costs incurred/to be incurred by YUFA members, but depending on the number and value of the applications, funds may be made available to YUFA members’ spouses/partners or dependents. First time applicants will also be prioritized over applicants who received support in the past (whether for themselves or their spouses/partners or dependents).

The Fund aims to help members cover the costs of day-to-day life necessities as well as surgeries. Members can draw on the Fund to an annual maximum of $5,000—depending on the number of applicants. Given the likely interest in the Fund, the Committee anticipates that the amount disbursed to each applicant will be lower than the maximum. The Committee recognizes that surgeries and other procedures can be very expensive and will accordingly consider the particular needs of each applicant. The Committee will consider claims for costs already incurred—as long as the applicant was a member of YUFA *at the time the costs were incurred*.

**On Confidentiality**

This YUFA Administered Fund strictly abides by a double blind process whereby the selection committee is not provided with any identifying information about applicants. Only YUFA staff required to be directly involved in receiving the applications and dispersing the cheques will have access to identifying information. The York University Administration (the Employer) will not have access to names or applicant files.

The Committee will review each application by XXXXXX.

**Instructions:** Complete the four sections below. Print clearly or type. Submit only pages 2 and 3 of this form, along with any relevant supporting documentation.

**1. Please provide your contact information.**

|  |  |
| --- | --- |
| **Contact information** | |
| Name: | Phone: |
| Email: | |
| Address: | |
| City: | Postal Code: |
| Employee #: | YUFA member since (year/month/date): |
| Academic unit: | |

**2. Please provide a description of your costs.** If costs have already been incurred, please attach any anonymized receipts. If costs have not yet been incurred, please provide any available documentation that demonstrates the expected cost.

Costs may include, but are not limited to, the following items: surgeries and other procedures, clothes, name change and associated expenses, electrolysis, binders, packers, jane belts, wigs, breast forms, etc., including a broad range of social support services. Please feel free to include any additional items not listed here.

|  |  |
| --- | --- |
| **Item** | **Amount** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **TOTAL** |  |

If you require more space, please attach a separate page.

**3. Please provide a brief statement that explains the needs for which you are requesting funds.** If any costs listed above require further explanation, please include it in your statement.

|  |
| --- |
| **Statement** |
|  |

If you require more space, please attach a separate page.

**4. Please sign and date your application.**

I certify that all the information presented herein is true and accurate, to the best of my knowledge.

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

You will be notified by XXXXX by email or phone of the Committee’s decision. All decisions are final.

Application should be submitted in a sealed envelope marked “personal and confidential” and **delivered in person** to:

**Trans Health Fund Committee**

York University Faculty Association

240 York Lanes

**Alternatively, members may submit their application by email** (including scans of anonymized receipts) to [yufa@yorku.ca](mailto:yufa@yorku.ca). Please use subject line: Trans Health Fund Application – CONFIDENTIAL.

For more information about the Trans Health Fund Committee, please email [yufa@yorku.ca](mailto:yufa@yorku.ca).

The YUFA Trans Health Fund Committee gratefully acknowledges the work of the CUPE 3903 Trans Fund Committee, whose application form is the basis of this one, and whose application and disbursement processes have helped us develop our own. Thank you!

At the end of each disbursement period, the Committee will review its application and disbursement criteria based on feedback from members.