**HOUSING PROTOCOL FOR TRANSGENDER,**

**INTERSEX, AND NON-BINARY INDIVIDUALS**

This form is subject to public disclosure per RCW 42.56. **Do not include** confidential information regarding medical or mental health treatment.

Name: DOC number:

Sending facility:       Date:

Currently housed in the Infirmary or Extended Observation Area? [ ]  Yes [ ]  No If no, why?

Gender identity: [ ]  Transgender man [ ]  Transgender woman [ ]  Non-binary

Sex at birth: [ ]  Male [ ]  Female [ ]  Intersex

PREA Hold in OMNI? [ ]  Yes [ ]  No End date of PREA Hold:

Verified current PREA Risk Assessment accurately reflects LGBTI status? [ ]  Yes [ ]  No

Requesting a gender affirming facility? [ ]  Yes [ ]  No

**Prisons Only** – Dates of interview with:

Case manager       Medical       Mental Health

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| **MULTIDISCIPLINARY TEAM (MDT) MEMBERS** |
| **Name/Title** | **Name/Title** |
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| **Housing Assignment Review Factors** |  |
| How do identified medical and mental health needs affect housing assignment considerations? Include in the considerations the ability of health services to deliver any needed medication and/or health care needs, as well as provide identified mental health support services. List facilities that would not be appropriate for their care due to lack of ability to provide care. |       |
| What is the length of incarceration? |       |
| Is there a history of victimization and/or predation? |       |
| Does the individual demonstrate the ability to stand up for themselves without resorting to violence or aggression? |       |
| Is the individual requesting to receive or have they been issued alternative undergarments? |       |
| As applicable based on offense history, is there appropriate sex offender treatment programming available at recommended facility? |       |
| Detail the management and/or security concerns. |       |
| How has the individual been housed during prior incarcerations, including jails? |       |
| Is there a history of security or management issues regarding prior incarcerations, including jails? |       |
| List crime history: |       |
| List programs completed to address history: |       |
| What shower arrangements are in place in the recommended housing area? |       |
| What is the individual’s own view with respect to showering arrangements? Detail any issues or preferences expressed. |       |
| What is the individual’s own view with respect to their safety for each housing option? |       |
| Is a mental health/custody override appropriate to maintain the individual in a facility of the same gender but with a lower custody level (e.g., AHCC vs. WSP; MCCCW vs. WCCW)? |       |
| What housing options have been considered? (e.g., men’s facility, women’s facility, special needs unit, mental health unit, single cell) |       |

| **MULTI-DISCIPLINARY TEAM (MDT) RECOMMENDATIONS** |
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| Keep separates:       Prohibited placements:       Facility placement options per HQ Classification (include staff name):       Sending facility recommendation:[ ]  Retain at current facility [ ]  Transfer to (be specific):       Can the incarcerated individual be temporarily housed in general population at a reception center while in-transit: [ ]  Yes [ ]  No(Attach current DOC 02-420 Preferences Request form)Additional comments:        |

      

Superintendent/designee Signature Date

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| **HOUSING DETERMINATION** |
| [ ]  Housing review was completed with local facility review committee. The following housing is approved:      | **OR** | [ ]  Housing will be reviewed by the Headquarters’ MDT. The individual will be housed as follows pending review:       Final housing determination following Headquarters’ MDT review. Include members participating in review.       |

      

Deputy Assistant Secretary Signature Date

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| **RECEIVING FACILITY MDT MEMBERS** |
| **Name/Title** | **Name/Title** |
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|       |       |
|       |       |
|       |       |

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| **Review above housing protocol for information** | **Comments/Answers** |
| Ensure medical and mental health are advised of upcoming transfer. Mental health provider’s name? |       |
| What shower arrangements are in place in the recommended housing area? |       |
| Make notification to unit team of any accommodations before arrival. |       |

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| **RECEIVING FACILITY REVIEW TEAM RECOMMENDATIONS** |
| [ ]  May be housed in any general population housing unit within the facility.**NOTE:** Recommendations for transfer of the individual to another facility will require completion of a new DOC 02-384 Housing Protocol for Transgender, Intersex, and Non-binary Individuals with Deputy Assistant Secretary for Prisons approval PRIOR to transfer. | **OR** | [ ]  Housing in a specified area within the facility based on the following information:Housing unit:       Basis for recommendation:       Any additional housing restrictions (e.g., singe cell):       **NOTE:** Any movement from this housing assignment will require completion of a DOC 02-385 Housing Review for Transgender, Intersex, and Gender Non-binary Individuals with Deputy Assistant Secretary for Prisons approval PRIOR to movement unless exigent circumstances exist. The review must then be completed and submitted as soon as possible following the movement. |

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| Comments:      |

      

Superintendent/Reentry Center Manager Signature Date

Final approval before moving:

      

Deputy Assistant Secretary Signature Date

      

Deputy Secretary Signature Date

**The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.**

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