



HOUSING PROTOCOL FOR TRANSGENDER, INTERSEX, AND GENDER NON-CONFORMING 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 Intersex Gender Non-Conforming

PREA Hold in OMNI? Yes No End Date of PREA Hold: _____

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

Prisons Only – Dates of interview with: Classification Counselor _____ Medical _____ Mental Health _____

MULTIDISCIPLINARY TEAM (MDT) MEMBERS	
Name/Title	Name/Title

Housing Assignment Review Factors	Comments	
Are there any medical or mental health issues to consider in making the best housing assignment? (An official diagnosis of Gender Dysphoria (GD)/Gender Identity Disorder is required for consideration of opposite gender housing options) <input type="checkbox"/> Yes <input type="checkbox"/> No		
How do identified medical and mental health needs affect housing assignment considerations? Include in considerations the ability of health services to deliver any needed medication as well as provide identified mental health support services.	Men's facility	Women's facility
What is the length of incarceration?		
Is there a history of victimization and/or predation?		
What is the likelihood of the individual being taken advantage of in each housing option?	Men's facility	Women's facility
Does the individual demonstrate the ability to stand up for themselves without resorting to violence or aggression?		
To what extent does the individual physically resemble individuals of the opposite gender?		

Name: _____

DOC number: _____

Is the individual requesting to receive alternative undergarments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the individual approved to receive alternative undergarments?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, notate in the electronic property record	
As applicable based on offense history, is there appropriate sex offender treatment programming available?	Men's facility	Women's facility
Detail the management and/or security concerns for each housing option.	Men's facility	Women's facility
How has the individual been housed during prior incarcerations, including jails?	Men's facility	Women's facility
Is there a history of security or management issues regarding prior incarcerations, including jails?	Men's facility	Women's facility
What are potential concerns/identified risks with regard to cellmates for each housing option? (e.g., housing a female individual that strongly physically resembles a male with a female cellmate who has prior domestic violence issues; housing a male individual with very effeminate features or mannerisms with a male cellmate with a history of sexual predation)?	Men's facility	Women's facility
What shower arrangements are in place in the recommended housing area?	Men's facility	Women's facility
What is the individual's own view with respect to showering arrangements? Detail any issues expressed.	Men's facility	Women's facility
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)?	Men's facility	Women's facility
What housing options have been considered? (e.g., men's facility, women's facility, special needs unit, mental health unit, single cell)		

SENDING FACILITY MDT RECOMMENDATIONS

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
 (Attached current Preference form)
 Additional comments:

Name: _____

DOC number: _____

Superintendent/CCS

Signature

Date

DEPUTY DIRECTOR PRISONS, COMMAND B HOUSING DETERMINATION

<input type="checkbox"/> Housing review was completed with local facility review committee. The following housing is approved:	OR	<input type="checkbox"/> Housing will be reviewed by the Headquarters' Multi-Disciplinary Team (MDT). The individual will be housed as follows pending review: Final housing determination following Headquarters' MDT review. Include members participating in review.
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Deputy Director

Signature

Date

Upon approval, the receiving facility will be notified by the Headquarters' PREA unit and provided a copy of this form. A review will be conducted by the receiving facility regarding the housing of the individual.

Receiving facility: _____

RECEIVING FACILITY MDT MEMBERS

Name/Title	Name/Title

Housing Assignment Review Factors

Comments

<p>What is the individual's own view with respect to their safety for each housing option?</p> <p>NOTE: A telephone meeting with the incarcerated individual must occur prior to the transfer. If circumstances exist and this does not occur, the individual will be temporarily assigned to the least restrictive housing pending final outcome of the MDT and a housing recommendation has been approved by the Deputy Director.</p>	
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Name: _____

DOC number: _____

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 expressed.	

RECEIVING FACILITY REVIEW TEAM RECOMMENDATIONS

<input type="checkbox"/> 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 Gender Non-Conforming Individuals with Deputy Director approval PRIOR to transfer.	OR	<input type="checkbox"/> House in a specified area within the facility based on the following information: Housing unit: _____ Basis for recommendation: _____ Any additional housing restrictions (e.g., single cell): _____ NOTE: Any movement from this housing assignment will require completion of a DOC 02-385 Housing Review for Transgender, Intersex, and Gender Non-Conforming Individuals with Deputy Director 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/CCS

Signature

Date

Approval:

Deputy Director

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.

Distribution: **ORIGINAL** - Imaging file **COPY** - Classification and Case Management Administrator