



HOUSING REVIEW 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: _____

Facility: _____ Date assigned to facility: _____ Last review date: _____ MDT review date: _____

Gender Identity: Transgender Intersex Gender Non-Conforming

Prisons Only – Date of interview with Classification Counselor: _____

CURRENT HOUSING

<input type="checkbox"/> Any general population housing unit within the facility.	OR	<input type="checkbox"/> A specified area within the facility based on the following information: Housing unit: _____ Basis for recommendation: _____ Any additional housing restrictions (e.g., single cell): _____
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MULTIDISCIPLINARY TEAM MEMBERS

Name/Title	Name/Title

Housing Assignment Review Factors	Comments
What has the adjustment been with regard to work and programming assignments? Detail any specific issues and include input from work supervisors/program facilitators.	
What has the adjustment been with regard to housing assignments? Detail any specific issues and include input from housing officers and Unit Sergeant.	

Name: _____

DOC Number: _____

What has the adjustment been overall, including programming, social skills, interactions with other individuals, community support, etc.? Detail any specific issues and include input from the assigned Counselor.	
Have there been any security and/or management issues since the last review?	
Are there any changes in medical and/or mental health needs? If yes, can they be met by the services available at the current facility?	
Are there any changes to the individual's physical appearance since the last review?	
Have there been any reported instances of abuse in which the individual was the victim?	
Have there been any instances of abuse in which the individual was the suspect?	
What is the individual's own view with respect to their safety with the continuation of the current housing assignment?	
What shower arrangements are currently in place?	
What is the individual's own view with respect to showering arrangements currently in place? Detail any issues expressed.	
Evaluate the appropriateness of continuation of the current housing assignment.	
Additional information/comments:	

Name: _____

DOC Number: _____

FACILITY REVIEW TEAM RECOMMENDATIONS

<input type="checkbox"/> 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"/> Housed 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

Determination:

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. Upon completion, the data classification category may change.

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