**TRANSGENDER, INTERSEX, AND NON-BINARY**

**HOUSING MULTI-DISCIPLINARY TEAM**

Meeting date:

|  |  |
| --- | --- |
| **MULTI-DISCIPLINARY TEAM PARTICIPANTS** | |
| Name/Position/Title | Name/Position/Title |
|  |  |

           

Name DOC number Earned Release Date

            /

Current facility  Prison  Reentry Center Date of birth/Age Request date

Gender identity:  Transgender woman  Transgender man  Non-binary

Sex at birth:  Male  Female  Intersex

|  |
| --- |
| **REQUESTED ACTION** |

Individual’s request:

Facility request/recommendation:

|  |
| --- |
| **DISCUSSION/DECISION OF MULTI-DISCIPLINARY TEAM** |



Chairperson 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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