



<u>ADMINISTRATIVE REGULATION</u>		REGULATION NUMBER 700-14	PAGE NUMBER 1 OF 7
 COLORADO DEPARTMENT OF CORRECTIONS		CHAPTER: Offender Health Services	
		SUBJECT: Practices Concerning Transgender Offenders	
RELATED STANDARDS: ACA Standards: None		EFFECTIVE DATE: April 1, 2022	
		SUPERSESSION: 11/18/19	
OPR: OCS/DOP	REVIEW MONTH: FEBRUARY	 Dean Williams Executive Director	

I. POLICY

It is the policy of the Colorado Department of Corrections (DOC) to provide appropriate treatment services to offenders identified as meeting the criteria for a diagnosis of gender dysphoria or who are otherwise identified as transgender offenders pursuant to this AR and to maximize the protection offered to offenders under the Prison Rape Elimination Act while maintaining security and safety of staff and offenders.

II. PURPOSE

It is the purpose of this administrative regulation (AR) to provide guidance in the management of transgender offenders.

III. DEFINITIONS

- A. Gender Dysphoria Treatment Committee: This committee will be established and maintained by Clinical Services. The purpose of the Gender Dysphoria Treatment Committee is to make individualized recommendations about Transgender Offenders' clinical treatment, privacy, housing and programming assignments in collaboration with mental health, medical and operations staff. Those recommendations will consider whether placement or accommodation in a facility designated for the offender's identified gender or for the offender's gender assigned at birth could potentially present management or security problems in order to ensure the transgender offender's safety. The Gender Dysphoria Treatment Committee will be composed of the chief medical officer, chief of behavioral health services, chief of psychiatry (chair), and the mental health program administrator. In addition, a medical specialist in the treatment of gender dysphoria (endocrinology or psychiatry) from the community, and/or a person, persons, or agency trained to provide services to transgender individuals, may be retained as a consultant on specific cases. If the offender is identified as a sex offender, a representative from the Sex Offender Treatment and Monitoring Program will participate as a member of the Gender Dysphoria Treatment Committee. This committee will convene at a minimum on a quarterly basis.
- B. Multidisciplinary Staffing Review: A case-by-case review process used to determine whether a transgender offender will be assigned to a facility consistent with their self-identified gender or gender assigned at birth. The review will occur when the offender enters the Department as an intake or when the Gender Dysphoria Committee refers the Transgender Offender for review. The review will involve a collaboration between the health services administrator(s) (HSA), the office of Offender Services, PREA coordinator(s), facility warden(s) and the Gender Dysphoria Committee.
- C. Offender Support Community (OSC): A volunteer living unit providing offenders the opportunity to build a meaningful life foundation by utilizing pro-social and positive coping skills. This unit encourages offenders to offer support to each other during stressful events. To be referred to the OSC, the offender will express interest and be willing to sign a consent form agreeing to promote a positive community culture.

CHAPTER	SUBJECT	AR #	Page 2
Offender Health Services	Practices Concerning Transgender Offenders	700-14	04/01/22

IV. GENERAL INFORMATION

- A. The DOC will ensure that staff effectively interact professionally and respectfully toward transgender and intersex offenders. This population may require a more non-traditional approach to best satisfy their housing, security, programming and other needs.
- B. Intentional misuse of gender pronouns and titles with transgender or intersex offenders is prohibited. Transgender and intersex offenders will be referred to by their preferred pronoun or as offender and their last name or by last name only. Unprofessional and derogatory references toward offenders is not allowed under any circumstances.
- C. When a new arrival offender self-identifies with a gender other than the one that was assigned at birth or the offender's genital status is unknown, a health care provider will determine at intake whether the offender shall be categorized as a transgender offender for purposes of this policy. The determination will be made by reviewing available medical records or, if necessary, as part of a broader medical examination conducted in private by a health care provider (**115.15(e), 115.215(e)**). DOC employees will not search or physically examine a transgender offender for the sole purpose of determining the offender's genital status (**115.15(e), 115.215(e)**).
- D. Transgender offenders, regardless of facility placement, may request garments typically assigned to their identified gender or gender assigned at birth, for a combined total of garments in any given category not to exceed the maximum state issue. (e.g. transgender offenders may request any combination of t-shirts for a combined total of 5 shirts and boxers or underpants for a combined total of 5 undergarments. In addition, transgender offenders may request up to 5 sports bras and 2 pairs of sleeping shorts, regardless of facility placement.)

V. PROCEDURES

A. Facility / Housing Assignment

1. In making facility, cell/unit housing and programmatic assignments for transgender offenders, the DOC will consider, on a case-by-case basis, by and through a multidisciplinary staffing review, whether the assignment would ensure the offender's health and safety, and whether the assignment would present management or security problems (**115.42(c), 115.242(c)**).
2. Transgender offenders may be placed into general population of their assigned gender, general population of their identified gender, or placed in a support community.
3. Transgender offenders will be screened for facility placement during the initial intake process at DRDC. Post intake placement reassessments will occur at the currently assigned facility.
4. Placement Review Processes:
 - a. Intake Screening Process
 - 1) The reception, intake and orientation processes include thorough offender identification, security screening, physical and mental health screening and assessments, and programming and service recommendations. These processes are detailed in AR 850-07, *Offender Reception and Orientation*. Initial offender classification is detailed in AR 600-01, *Offender Classification* and AR 550-01, *Integrated Case Management System*.
 - 2) The mental health clinician will conduct a mental health appraisal which will consist of the offender's presenting emotional status, suicide risk, risk of becoming a victim and determining their behavioral

CHAPTER	SUBJECT	AR #	Page 3
Offender Health Services	Practices Concerning Transgender Offenders	700-14	04/01/22

health needs. The mental health clinician will document all statements and information, including the offender's actual statements that they identify their gender as different from that assigned at birth, on the Mental Health Appraisal Form in the subjective notes in the electronic health record.

- a) If an offender does not want to disclose gender-related issues during the intake process, they may contact mental health at any time during their incarceration.
 - b) As part of the initial intake exam, the health care provider will assess the overall health of the offender to include the presence or absence of physical characteristics that would draw attention to a transgender offender in either a male or female facility.
 - c) Information obtained during the orientation, assessment, and screening process along with initial Sexually Aggressive Behavior (SAB) and Sexually Vulnerability Risk (SVR) information will be used to determine whether the initial housing placement will be in a facility consistent with the offender's self-identified gender or gender assigned at birth within one business day.
- 3) All offenders will be screened within 72 hours of their arrival into the reception and diagnostic facility and again upon transfer between facilities, for potential risk of sexual vulnerability or potential risk of sexually aggressive behavior utilizing the SAB and SVR Assessment in PCDCIS (**28 C.F.R. § 115.41(a)** and **115.241(a)**). The screening will be in person and conducted in a private location in accordance with AR 100-40, *Prison Rape Elimination Procedure*.
 - 4) Without regard to whether an offender has been categorized as a transgender offender, pursuant to IV. C., an offender who self-identifies as transgender during the intake process will be seen by a mental health clinician, intake psychiatric provider, health care provider and a diagnostic programmer (CO III or equivalent) within three business days of the intake screening process. Initial assessments will be documented on AR Form 700-14A, Gender Review Intake Evaluation and any additional mental health information will be documented on the Mental Health Appraisal Form, in the electronic health record.
 - a) The Gender Review Intake Evaluation Form will include an assessment of the offender's treatment and life experiences prior to incarceration (including hormone therapy, completed or in-progress surgical interventions, real life experiences consistent with an offender's gender identity, and/or private expressions that conform to the preferred gender and counseling). If the diagnosis of Gender Dysphoria is considered, the offender will be referred for a comprehensive evaluation by a psychiatric provider. For purposes of this determination, the Diagnostic and Statistical Manual (DSM) diagnosis of Gender Dysphoria will not solely be used in the recommendation as this determination requires a more comprehensive evaluation, unless the diagnosis has been made previously by an outside consultant.
 - (1) During this evaluation, a behavioral health or substance use disorder diagnosis may be secondarily determined but this is not the primary purpose of this evaluation. A follow-up evaluation will be needed to diagnose any concomitant conditions.
 - b) AR Form 700-14A, Gender Review Intake Evaluation will be forwarded to the Gender Dysphoria Treatment Committee for review and completion. The Gender Dysphoria Treatment Committee will complete its review process.
 - 5) Once the Gender Dysphoria Treatment Committee has completed its review, a multidisciplinary staffing will be conducted within 3 business days of the offender's arrival to determine whether a transgender offender will be assigned to a facility consistent with their self-identified gender or gender assigned at birth for final placement.

CHAPTER	SUBJECT	AR #	Page 4
Offender Health Services	Practices Concerning Transgender Offenders	700-14	04/01/22

b. Post-Intake Screening Process

- 1) An offender who has not been processed at intake using AR Form 700-14A, Gender Review Intake Evaluation Form, and who self-identifies as transgender or with a gender other than the one assigned at birth, or otherwise makes known that they would like to be treated like a transgender offender for purposes of this AR, shall be referred to a mental health clinician and a psychiatric provider for additional screening.
- 2) The mental health clinician, medical provider and a living unit supervisor (CO III or equivalent) will complete AR Form 700-14B, Post Intake Gender Evaluation Form and send it to the Gender Dysphoria Treatment Committee for assessment within fourteen calendar days of the offender making the request.
- 3) Within fourteen (14) calendar days, the Gender Dysphoria Treatment Committee will review and forward AR Form 700-14B, Post Intake Gender Evaluation Form as appropriate to the multidisciplinary staffing team for review. The multidisciplinary staffing review will follow the procedures outlined in Section V.A. 5-14 and will prepare a Gender Review Checklist with a placement recommendation.

c. Placement Reassessment

- 1) Transgender offenders who have been assigned to a facility pursuant to the Intake Screening or Post Intake Screening process, will be re-assessed by the mental health clinician, primary health care provider and the living unit supervisor (CO III or equivalent) every six months using AR Form 700-14C, Gender Review Reassessment Form to review housing arrangements, program and work assignments and any threats to safety experienced by the offender. AR Form 700-14C, Gender Review Reassessment Form will be sent to the Gender Dysphoria Treatment Committee for review. The Gender Dysphoria Treatment Committee will then determine what cases are forwarded to the multidisciplinary staffing team for review. The multidisciplinary team will complete AR Form 700-14D, Gender Review Checklist for every offender reviewed.
5. Offenders being screened for facility placement will be reviewed by a multi-disciplinary team. This team will review the completed AR Form 700-14A, Gender Review Intake Evaluation Form or AR Form 700-14B, Post Intake Gender Evaluation Form or AR Form 700-14C, Gender Review Reassessment, the mental health appraisal, psychiatric evaluation and the medical exam.
6. The Multidisciplinary Staffing Review will consider various factors, including but not limited to:
 - Health and safety of the transgender offender to assist with mitigating risk to the transgender offender, to include but not limited to; cell and/or unit assignments, application of management variables and programming requirements.
 - Whether placement would threaten the management and security of the institution and/or pose a risk to other offenders in the facility (violent conviction, violent assault, sexual conviction).
 - Behavioral history and overall demeanor.
 - Physical attributes of the transgender offender transferring (feminizing or masculinizing with noticeable results).
 - Prior surgical procedures (initiated or completed).
 - Adjustment to incarceration including the gender they adopted while incarcerated.
 - Preference for assignment of gender facility.
7. As part of the Multidisciplinary Staffing Review, the DOC will complete AR Form 700-14D, Gender Review Checklist. Upon consideration of all relevant factors the DOC will make a recommendation with respect to whether a transgender offender will be assigned to a facility consistent with their self-identified gender or

CHAPTER	SUBJECT	AR #	Page 5
Offender Health Services	Practices Concerning Transgender Offenders	700-14	04/01/22

gender assigned at birth and will document that recommendation in AR Form 700-14D, Gender Review Checklist.

8. Once the initial facility assignment is completed, this information will be conveyed to the facility shift commander, the administrative head, and the facility PREA coordinator of the recommended facility(ies) to determine whether the offender could be safely housed there.
9. Transgender offenders will be housed in the least restrictive environment; while providing safety, security, and meeting the individual's medical or mental health needs.
10. A transgender offender's own views with respect to their own safety will be given serious consideration **(115.42(e), 115.242(d))**. A transgender offender can notify living unit staff of any safety issues verbally or in writing. Living unit staff will notify the facility PREA coordinator so that the offender's safety issues can be addressed.
11. DOC will not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such offenders **(115.42(g), 115.242(f))**.
12. If at any time during the facility and housing assessment, the DOC receives new information that the offender has experienced prior sexual victimization or previously perpetrated sexual aggressiveness, whether in an institutional setting or in the community, the offender will be offered a follow-up meeting with a mental health or a SOTMP clinician to occur within 14 days **(115.81(a), (115.81(b))**.
13. Transgender offenders may request to be housed in a facility of their self-identified gender or an offender support community.
 - a. Transgender offenders who have been recommended for placement into a facility of their self-identified gender will be required to review and sign AR Form 700-14E, Preferred Gender Facility Assignment Agreement.
 - b. Only offenders recommended by the Multidisciplinary Staffing Team for change in gender-based facility assignment will be processed in the following administrative manner.
 - 1) Offender will be moved to DRDC/DWCF for intake / assessment for update.
 - 2) DRDC diagnostic staff will change the sex identification coding electronically and initiate reclassification utilizing the recommended gender specific classification instrument.
 - 3) Offender Services will finalize the classification document and issue a transfer request for movement from DRDC/DWCF to the appropriate facility in accordance with the committee's recommendation.
 - c. Transgender offenders placed in an offender support community will be required to review and sign AR Form 700-14F, Offender Support Community Agreement.
14. If an offender requests placement in a facility of their self-identified gender and it is denied, the request may be re-reviewed on a case-by-case basis, at a frequency determined by the Gender Dysphoria Committee who may then request a multidisciplinary staffing, which will follow the procedures outlined in this Section V.D.3-11.

B. Gender Dysphoria

CHAPTER	SUBJECT	AR #	Page 6
Offender Health Services	Practices Concerning Transgender Offenders	700-14	04/01/22

1. If a diagnosis of gender dysphoria is made, a proposed individualized treatment plan will be developed which promotes the physical and behavioral stability of the offender. The development of the treatment plan is not solely dependent upon services provided or the offender's life experiences prior to incarceration. The treatment plan may include services that were, or were not, provided prior to incarceration, including but not limited to: real life experiences consistent with the prison environment, hormone therapy, and counseling.
2. Treatment plans will be reviewed every six (6) months and updated as necessary by the mental health clinician and/or the psychiatric provider.
3. The Gender Dysphoria Treatment Committee will review and approve the offenders' current behavioral health treatment plan for each offender. This treatment plan will address medical, mental health and personal adjustment needs. The approved treatment plan and AR Form 700-14C, Gender Review Reassessment Form will be scanned into the electronic health record.

VI. RESPONSIBILITY

- A. It is the responsibility of the chief medical officer, the chief of behavioral health, the chief of psychiatry, the director of Clinical Services and the director of Prisons to enforce and maintain this AR.

VII. AUTHORITY

- A. C.R.S. 17-1-103. Duties of the executive director.
- B. House Resolution 18-1007 Safety for Transgender Inmates
- C. Prison Rape Elimination Act of 2003

VIII. HISTORY

November 18, 2019
September 1, 2019
May 20, 2019
March 6, 2019
Reinstated January 1, 2019
Abolished March 13, 2018
April 1, 2017
July 1, 2016
April 15, 2015
April 1, 2013
January 1, 2012
December 1, 2010
November 1, 2009
November 1, 2008
November 1, 2007
November 1, 2006
November 1, 2005
September 1, 2005

ATTACHMENTS:

- A. AR Form 700-14A, Gender Review Intake Evaluation Form

CHAPTER	SUBJECT	AR #	Page 7
Offender Health Services	Practices Concerning Transgender Offenders	700-14	04/01/22

- B. AR Form 700-14B, Post Intake Gender Evaluation Form
- C. AR Form 700-14C, Gender Review Reassessment Form
- D. AR Form 700-14D, Gender Review Checklist
- E. AR Form 700-14E, Preferred Gender Facility Assignment Agreement
- F. AR Form 700-14F, Offender Support Community Agreement
- G. AR Form 100-01A, Administrative Regulation Implementation/Adjustments

GENDER REVIEW INTAKE EVALUATION FORM

Offender Name: _____ DOC#: _____

Date of Review: _____ Facility: _____

This section (1-6) to be completed by a Mental Health Clinician:

- 1. Gender assigned at birth: Male Female
- 2. Gender Self-Identification: Male Female Other: _____
- 3. Which gender was the offender living life as before most recent incarceration? Male Female
Other: _____
 - a. How long has offender been living as that gender? _____
- 4. Is there evidence of a strong and persistent cross-gender identification, which is the desire to be, or the insistence that one is of the other gender? Yes No
- 5. Is there evidence of persistent discomfort about one’s assigned gender or a sense of inappropriateness in the gender role of that gender? Yes No
- 6. In the opinion of the mental health clinician, are there any characteristics, mannerisms, gestures, verbal cues that possibly would identify this offender as transgender and at risk for sexual exploitation? Yes No

Mental Health Clinician Printed Name	Mental Health Clinician Signature	Date
--------------------------------------	-----------------------------------	------

This section (7-11) to be completed by a Medical Provider:

- 7. Has the offender had any form of gender-affirming surgery? Yes No Declined to answer
Type(s) of surgery: _____
- 8. Is the offender on any medicine or hormone therapy related to gender identity? Yes No Declined to answer
 - a. If yes, how long have they been taking these medications? _____
 - b. Has the prescription been verified? Yes No
- 9. Has the offender been told by a medical provider that they have Gender Dysphoria? Yes No Declined to answer
- 10. In the opinion of the medical provider, are there any characteristics, mannerisms, gestures, verbal cues that possibly would identify this offender as transgender and at risk for sexual exploitation? Yes No
- 11. Is there any suggestion of an adverse reaction to gender altering hormone therapies such as ascites, edema, hirsutism, breast or testicular atrophy? Yes No

Medical Provider Printed Name	Medical Provider Signature	Date
-------------------------------	----------------------------	------

POST-INTAKE GENDER EVALUATION FORM

Offender Name: _____ DOC#: _____

Date of Review: _____ Facility: _____

Offender present: Yes No

This section (1-4) to be completed by a **Mental Health Clinician**:

- 1. Gender assigned at birth: Male Female
- 2. Gender Self-Identification: Male Female Other _____
- 3. Which gender was the offender living as before most recent incarceration? Male Female Other _____
- 4. If either of the above answers differ from the offender’s physical sex at birth, provide answers to the following:
 - a. How long has the offender been living as that gender? _____
 - b. What name(s) is the offender using, if different than the offender’s legal name? _____

Mental Health Clinician: _____ **Date:** _____
(signature)

This section (5-10) to be completed by a **Medical Provider**:

- 5. Has the offender had any form of gender-affirming surgery? Yes No Declined to answer
 - a. Type(s) of surgery: _____
- 6. Is the offender on any medicine or therapy related to gender identity? Yes No Declined to answer
 - a. If yes, how long have they been taking these medications? _____
- 7. Does the offender understand they can request placement in a facility that is consistent with their gender identity and that the decision is made on a case-by-case basis? Yes No
- 10. Has the offender been told by a medical provider that they have Gender Dysphoria? Yes No Declined to answer

Medical Provider: _____ **Date:** _____
(signature)

This section (11-14) to be completed by a **CO III or equivalent:**

11. Has the offender had a legal name change: Yes No Decline to answer

12. Has the offender taken any steps to legally change the gender marker on legal ID cards/documents (i.e.; Driver's License, Social Security Card, birth certificate, other)? Yes No Decline to answer
If yes, which one(s): _____

13. Does the offender feel that being transferred to a facility of the opposite gender than the current facility, would be safer or present fewer security concerns?

14. Does the offender present as a gender nonconforming individual (i.e. does appearance or manner differ from typical gender expectations)? Yes No

15. Preferred Facility Placement: _____

Living Unit Supervisor (CO III or equivalent): _____ **Date:** _____
(signature)

** Scan completed form to the Gender Dysphoria Treatment Committee*

Gender Dysphoria Treatment Committee **Date of Review:**

Gender Dysphoria Treatment Committee recommendation:

Referral to Multidisciplinary Committee? Yes No

Chief of Psychiatry

Chief of Behavioral Health

Chief Medical Officer

Mental Health Program Administrator

cc: Offender Services

GENDER REVIEW REASSESSMENT FORM

Offender Name: _____ DOC#: _____

Date of Review: _____ Facility: _____

Offender present: Yes No

This facility will consider numerous items regarding the safety and care of transgender offenders. Facility staff from each designated area will meet individually with a transgender offender every six months regardless of whether they agree to participate in the meeting. For each individual, the following questions will be asked and an assessment made regarding the current placement of the offender.

This section (1-2) to be completed by a Medical Provider:

1. Is the offender on any medication related to their gender identity? Yes No Declined to answer

a. If yes, have the medications been changed / adjusted since their last review? _____

b. Is the offender 100% compliant with the medications and the recommended dosages?

Yes No Declined to answer

2. Does the offender have any medical concerns related to gender identity? Yes No Declined to answer

a. If yes, please explain any concerns since the last review: _____

Medical Provider (signature): _____ **Date:** _____

This section (3-6) to be completed by a Mental Health Clinician:

3. Is the offender receiving any therapeutic services related to gender identity? Yes No Declined to answer

4. Did the Gender Dysphoria Treatment Committee make any programming recommendations since the last review?

Yes No Declined to answer

a. Has the offender taken advantage of the recommended opportunities? Yes No Declined to answer

5. Have the recommendations assisted the offender in their adjustment to the facility? Yes No Declined to answer

6. Does the offender feel these recommended services would continue to benefit the offender's well-being?

Yes No Declined to answer

Mental Health Clinician or Psychiatric Provider (signature): _____ **Date:** _____

This section (7-11) to be completed by a CO III or equivalent:

7. Do you feel safe at this facility? Yes No Declined to answer

a. If no, please explain: _____

b. Have you disclosed concerns about your safety to staff? Yes No Declined to answer

c. If yes, please explain: _____

8. Are your current housing arrangements, program and work assignments working for you?

Yes No Declined to answer

a. If no, please explain: _____

9. Have you experienced any sexual abuse or sexual harassment related to gender identity since your last review?

Yes No Declined to answer

a. If yes, please explain: _____

10. Is there anything else you would like to disclose as it concerns your gender identity and current housing? _____

11. SAB/SVR review completed? Yes No

12. Preferred Facility Placement: _____

Living Unit Supervisor or CO III or equivalent: _____ **Date:** _____
(signature)

(scan completed form to Gender Dysphoria Treatment Committee Chair)

Gender Dysphoria Treatment Committee	Date of Review:
---	------------------------

Gender Dysphoria Treatment Committee recommendation:

Referral to Multidisciplinary Committee? Yes No

This offender's treatment plan has been reviewed: Yes No

Chief of Psychiatry

Chief of Behavioral Health

Chief Medical Officer

Mental Health Program Administrator



GENDER REVIEW CHECKLIST
For use during multidisciplinary staffing review

Offender Name: _____ DOC#: _____

Date of Review: _____ Form Completed By: _____

Offender's Current Facility: _____ Offender's Preferred Facility: _____

Considerations for placement at Transgender Offender's preferred/requested gender facility:

(1) Transgender offender has reported safety concerns related to their gender identity associated with their current or recommended facility assignment:

- Yes
- No
- Supporting

Detail: _____

(2) Information and documentation reviewed substantiates that a transfer to the transgender offender's preferred/requested facility would reduce the transgender offender's risk of harm or harassment. The information may include but not limited to the following: information reported by the offender, previous institutional history, criminal history and clinical recommendations:

- Yes
- No

Supporting Detail: _____

(3) Transgender offender has been successfully housed with preferred/requested populations in an institutional setting, either currently or previous incarcerations?

- Yes
- No

Supporting Detail: _____

(4) Transgender offender has physical attributes consistent with the gender of their preferred facility:

- Yes
- No

Supporting Detail: _____

(5) Transgender offender has lived their daily life in accordance with a consistent commitment to their gender identity for an extended period of time of no less than one year:

- Yes
- No

Supporting Detail: _____

(6) Transgender offender has shown consistent compliance with all relevant medical and mental health treatments (e.g., mental health orders, medical and mental health directives as well as prescribed treatment and medications):

- Yes
- No

Supporting Detail: _____

(7) Transgender offender has not exhibited behavior that could pose a safety or security risk to the population of their preferred/requested facility prior to or during incarceration:

- Yes
- No

Supporting Detail: _____

(8) Transgender offender has not exhibited any sexual and/or predatory behavior in the past 10 years that could pose a risk to the safety and security of staff or offenders at their preferred/requested facility:

- Yes
- No

Supporting Detail: _____

(9) Transgender offender does not have a history of violence, abuse and/or predatory behavior towards at risk individuals that could pose a risk to the safety of staff or offenders at their preferred/requested facility:

- Yes
- No

Supporting Detail: _____

(10) No information has been discovered that would indicate that the Transgender offender is seeking to gain access to the preferred/requested facility for reasons not related to their gender identity:

- Yes
- No

Supporting Detail: _____

(11) The Gender Dysphoria Treatment Committee has made a recommendation to place the offender in their preferred/requested gender facility placement:

- Yes
- No

Supporting Detail:

Total 'YES' marks in favor of placement at preferred/requested facility: _____

Total 'NO' marks in favor of remaining at current facility: _____

Other considerations:

This offender will be transferred to their preferred facility: ____Yes ____No

If yes, state the name of the facility: _____

Preferred Gender Facility Assignment Agreement



Offender Name: _____ DOC # _____

Per your request, a review of your preferred facility placement has been conducted by a multi-disciplinary team to include: health services administrator(s), the office of Offender Services, PREA coordinator(s), facility warden(s) and the Gender Dysphoria Treatment Committee. As part of that review it has been determined that you will be housed at a facility in accordance with your request.

I understand that this housing/facility placement will be reviewed at a minimum of every 6 months in accordance with AR 700-14, Practices Concerning Transgender Offenders; or if my placement within the assigned facility poses a significant safety or security risk.

Offenders Name (Print) / Signature

Date

Facility PREA Coordinator (Print) / Signature

Date

Facility Custody/Control Manager (Print) / Signature

Date

Offender Support Community Agreement

Offender Name and DOC # _____

Per your request, you are being assigned to the Offender Support Community based upon a review conducted by a multidisciplinary team to include the health services administrator(s), the office of Offender Services, PREA coordinator(s), facility warden(s) and the Gender Dysphoria Committee (for transgender offenders only).

I understand that this housing facility assignment may be revised at any time if my placement within the community poses a significant safety or security risk.

By signing, I certify that I understand the rules that I must follow while assigned to the support community.

Offender Signature Date

Living Unit Employee Date

