OKLAHOMA DEPARTMENT OF CORRECTIONS Referral for Gender Associated Requests This form must be completed by the referring staff member

Referring Facility: Inmate's Name: Reason for review: Housing			Date:			
			ODOC #:			
			☐ Hormone	Treatment		
Description of reason fo	or referral:					
Recommendations:						
Scan and email this form	m to: PIARA@doc.ol	k.gov				
PIARA Action:						
☐ Request approved:	Special housingOther:					
☐ Request denied						
Chairperson's signature) :			Date: _		
Return a copy of the si	gned document to the	ne inmate,	, facility head, co	orrectional h	ealth services	

Return a copy of the signed document to the inmate, facility head, correctional health services administrator, and facility's PREA compliance manager.