



TRANSGENDER, INTERSEX, AND NON-BINARY HOUSING MULTI-DISCIPLINARY TEAM

Meeting date: _____

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

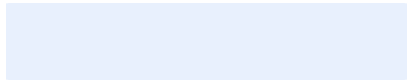
Name _____ DOC number _____ Earned Release Date _____
 _____ / _____
 Current facility Prison Reentry Center Date of birth/Age _____ Request date _____
 Gender identity: Transgender woman Transgender man Non-binary
 Sex at birth: Male Female Intersex

REQUESTED ACTION

Individual's request:

Facility request/recommendation:

DISCUSSION/DECISION OF MULTI-DISCIPLINARY TEAM

 _____ Date _____
 Chairperson signature

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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