

\_\_\_\_\_  
Name DOC number Facility

**HISTORY OF VIOLENCE**

Yes  No Has the individual murdered another person during any period of confinement in an institutional setting?

Yes  No Was the person assigned to the same cell/room/dorm?

Reference documents (e.g., Judgment and Sentence, jail incident reports, serious infraction reports):

\_\_\_\_\_

\_\_\_\_\_

Yes  No Has the individual committed an aggravated assault resulting in great bodily harm\* during any period of confinement in an institutional setting:

Yes  No Was the other person assigned to the same cell/room/dorm as the individual?

Reference documents (e.g., Judgment and Sentence, jail incident reports, serious infraction reports):

\_\_\_\_\_

\_\_\_\_\_

Yes  No Has the individual committed an aggravated sexual assault of another individual during any period of confinement in an institutional setting?

Yes  No Was the other person assigned to the same cell/room/dorm as the individual?

Reference documents (e.g., Judgment and Sentence, jail incident reports, serious infraction reports):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Referred by Signature Date

**HEALTH SERVICES REQUESTS**

Medical condition as recommended by the Chief Medical Officer/designee.

Health Services has notified the case manager of the need to initiate a single cell screening.

Mental health condition as recommended by Director of Mental Health/designee.

Mental health professional has notified the case manager of the need to initiate a single cell screening.

Narrative - **Must be completed:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Referred by Signature Date

Submit for review/override:

\_\_\_\_\_  
Reviewed by Signature Date

**FACILITY MULTIDISCIPLINARY TEAM REVIEW**

Narrative - **Must be completed:**

Team members present:

Medical: \_\_\_\_\_ Mental health: \_\_\_\_\_

Classification: \_\_\_\_\_ Custody: \_\_\_\_\_

Other: \_\_\_\_\_

- Recommend single cell assignment
- Do not recommend single cell assignment
- Submit for review/override

\_\_\_\_\_  
 Chair (Superintendent/designee)                      Signature    Date

**HEADQUARTERS MAX CUSTODY COMMITTEE REVIEW AND APPROVAL**

Narrative - **Must be completed:**

Team members present:

- Approve single cell assignment      Valid until: \_\_\_\_\_       No end date
- Deny single cell assignment
- Submit for review/override (If MDT does not concur with facility recommendation)

\_\_\_\_\_  
 Committee chair    Signature    Date

**SENIOR DIRECTOR OF COMPREHENSIVE CASE MANAGEMENT SERVICES/DESIGNEE**

- Approve single cell assignment      Valid until: \_\_\_\_\_       No end date
- Deny single cell assignment

\_\_\_\_\_  
 Senior Director/designee                                      Signature    Date

**DEFINITIONS:** *RCW 9A.04.110* - "Great bodily harm"\* means bodily injury which creates a probability of death, or which causes significant serious disfigurement, or which causes a significant permanent loss or impairment of the function of any bodily part or organ (e.g., strangulation, disfigurement, results in permanent loss or impairment of function/intellectual ability of any bodily part or organ.)

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