



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: Transwoman Transman Intersex Non-binary

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.

Distribution: **ORIGINAL** - Imaging file **COPY** - Sending facility, Receiving facility