

Statewide Classification Committee (SCC) Referral Form

FACILITY CLASSIFICATION COMMITTEE:

Offender Name: _____ GDC# _____ Date of Birth: _____

Height _____ Weight: _____

Intersex: ☐ Yes ☐ No If, yes what gender does the offender identify as? ☐ Male ☐ Female

Gender: ☐ Transgender Female: Biologically male; identifies as female
☐ Transgender Male: Biologically female; identifies as male

What pronoun does the offender prefer to be called? ☐ Female Pronouns ☐ Male Pronouns

What facility-type does the offender prefer? (Explain) ☐ Female Facility ☐ Male Facility _____

Medical Profiles: _____

Does the offender receive hormone treatments? ☐ Yes ☐ No

PREA Risk Screening Result: ☐ Victim ☐ Aggressor ☐ BOTH, Victim AND Aggressor

Has the offender ever been convicted of a sex offense? ☐ Yes (explain) ☐ No _____

Does the offender have a disciplinary history of a sexual nature? ☐ Yes (explain) ☐ No _____

Has the offender ever been convicted of a violent offense? ☐ YES (explain) ☐ No _____

Does the offender have a disciplinary history of assaultive behavior? ☐ Yes (explain) ☐ No _____

Would you recommend this offender to be placed/remain in the offender's preferred facility type? (Explain) ☐ Yes ☐ No

Classification Chairperson (Print Name)

Chairperson's Signature

Date

Warden's Recommendation/Comments: _____

Warden's Signature

Date

SCC HOUSING RECOMMENDATIONS:

PREA Coordinator: ☐ Remain in Current Facility Type ☐ Transfer to facility based on gender identity

Justification: _____

PREA Designee Signature

Date

Medical Director: ☐ Remain in Current Facility Type ☐ Transfer to facility based on gender identity

Justification: _____

Medical Designee Signature

Date

Mental Health Director: ☐ Remain in Current Facility Type ☐ Transfer to facility based on gender identity

Justification: _____

Mental Health Designee Signature

Date

Facilities Director: ☐ Remain in Current Facility Type ☐ Transfer to facility based on gender identity

Justification: _____

Facilities Designee Signature

Date

Assistant Commissioner: ☐ Remain in Current Facility Type ☐ Transfer to facility based on gender identity

Justification: _____

Assistant Commissioner, Facilities Signature

Date