Statewide Classification Committee (SCC) Referral Form

FACILITY CLASSIFICATION COMMITTEE: Offender Name: _____ GDC#____ Date of Birth: 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? \square Yes \square 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) Would you recommend this offender to be placed/remain in the offender's preferred facility type? (Explain) \Box Yes \Box No Classification Chairperson (Print Name) Chairperson's Signature Date Warden's Recommendation/Comments:

Retention Schedule: Upon completion, this form shall become a permanent part of the offender's institutional file.

Date

Warden's Signature

SCC INTERVIEW WITH OFFENDER:

a. Are	re you transgender (is your gender identity, how yo	ou feel inside, different from yo	ur assigned sex at birth)?	
□ Ye	es 🗆 No		□ Declined to answer	
b. Are	re you intersex? (have you been told by a doctor th	nat you have an intersex medica	al condition?)	
□ Ye	es 🗆 No		□ Declined to answer	
[NO]	OTE: If the inmate in custody answers "YES" to	Question a. or b., ask the follo	owing:]	
1.	1. What is your gender pronoun? — He/him	n/his She/her/hers		
2.	2. What is your sexual orientation (Who are you sexually attracted to)? □ Males □ Females □ Both □ Declined to answer			
3.	3. Would you feel safer being housed in a male or female facility? (Say: we cannot guarantee your choice will be available to you, but we use your choice as a factor in determining where you will be housed.)			
	☐ Male facility ☐ Female facility ☐	No preference		
4	4. Do you prefer underwear and hygiene products for women or men? Do you need a bra?			
	□ Male underwear/hygiene items □ Female	underwear/hygiene items	□ Needs bra	
5. Do you have any concerns for your safety we should know before we decide where to house you? Yes: (explain)				
	□ No			
Interv	rviewer's Comments:			
Staff S	f Signature	Date		
Inmate Signature		Date		

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Justification:	
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PREA Designee Signature Medical Director: Remain in Current Facility Type	Date ☐ Transfer to facility based on gender identity
Justification:	
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Medical Designee Signature	Date Transfer to facility based on gonder identity
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 Assistant Commissioner: Remain in Current Facility Type	Date
Assistant Commissioner: ☐ Remain in Current Facility Type	\square Transfer to facility based on gender identity
Justification:	