

OKLAHOMA DEPARTEMENT OF CORRECTIONS
Referral for Gender Associated Requests
This form must be completed by the referring staff member

Referring Facility: _____ Date: _____

Inmate's Name: _____ DOC #: _____

Reason for review: Housing Clothing Hormone Treatment

Description of reason for referral: _____

Recommendations: _____

Scan and email this form to: PIARA@doc.ok.gov

PIARA Action:

Request approved: Special housing Hormone therapy Bras Boxers
 Other: _____

Request denied

Chairperson's signature: _____ Date: _____

Return a copy of the sign document to the inmate, facility head, correctional health services administrator, and facility's PREA compliance manager.