OKLAHOMA DEPARTMENT 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: __________________________________________

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____________________________________________________________________

Recommendations: __________________________________________

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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 signed document to the inmate, facility head, correctional health services administrator, and facility’s PREA compliance manager.