Department of Public Safety and Correctional Services
Facility Housing and Transfer Request Review Form

Section .01 – Incarcerated Individual Information

Name of Incarcerated Individual: _____

SID Number: _____ CL Number: _____

Current Facility: _____ Current Housing Tier: _____

Gender Identity: _____ Sex Assigned at Birth: _____

Chosen Name: _____

Preferred Pronouns: _____ Date of Gender Identity Interview: _____

Section .02 – Nature of Request

□ **Intra-facility Housing Reassignment Request**

- □ Reassignment to another cell within the correctional facility
- □ Reassignment to another unit or tier within the correctional facility
- □ Limited term of modified non-restrictive housing as described under § H of OPS.200.0006
- □ Consideration for assignment to single-cell housing within a general population housing tier
- □ Other (*specify*): _____

□ **Inter-facility Housing Reassignment Request**

- □ Transfer to a male-designated facility
- □ Transfer to a female-designated facility
- □ Transfer to a gender-affirming or specialized unit (*if available*)
- □ Other (*specify*): _____

Section .03 – Statement for Reason for Request

To be completed by the incarcerated individual or PREA Compliance Manager based on interview.

Please explain why the current housing placement is unsafe or inconsistent with your gender identity, mental health needs, or personal safety preferences. Attach supporting documentation.

Section .04 – Transfer of Housing Request Review

PREA Compliance Manager:

Name: _____

Rank: _____

Interview Completed: □ Yes □ No

Date Interview Completed: _____

Summary of Concerns and Observations:

_____

_____

_____

_____

Recommendation:

□ Approve reassignment/transfer

□ Deny (*specify*): _____

_____ _____

Signature Date

Facility Managing Official:

Name: _____

Review Date: _____

□ Approve reassignment/transfer

□ Denied

Reason for Denial:

_____

_____

_____

_____

_____ _____

Signature Date

Section .05 – PREA Coordinator Review

Department PREA Coordinator:

Name: _____

Review Date: _____

Case Review Summary:

_____

_____

_____

_____

Recommendation:

□ Approve reassignment/transfer

□ Deny (*specify*): _____

_____ _____

Signature Date

Section .06 – Commissioner Review

Name: _____

Review Date: _____

□ Approve reassignment/transfer

□ Denied

Reason for Denial:

_____

_____

_____

_____

_____ _____

Signature Date