

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: _____ ODOC #: _____

Reason for review: ☐ Housing ☐ 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

☐ 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.