

## OYDC TRANSGENDER PREFERENCE FORM

To be filled out by the Gender Classification Specialist (GCS) with input from the youth

### *Identification*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

File #: \_\_\_\_\_

Birth Sex: \_\_\_\_\_

Gender Identification: Male: \_\_\_\_\_ Female: \_\_\_\_\_

Transgender: MTF: \_\_\_\_\_ FTM: \_\_\_\_\_

Name Preference: \_\_\_\_\_

Pronoun Preference (He/She): \_\_\_\_\_

### *Housing Preference*

Male Unit: \_\_\_\_\_ Female Unit: \_\_\_\_\_ No Preference: \_\_\_\_\_

### *Search Preference*

Transgender youth may request that a male or female staff member conduct (pat and strip) searches as necessary.

I prefer to be searched by a staff member that is:

Male: \_\_\_\_\_ Female: \_\_\_\_\_ No Preference: \_\_\_\_\_

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Gender Certification Specialist Signature

\_\_\_\_\_  
Date