

OYDC INTERSEX 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: _____ Intersex: _____

Name Preference: _____

Pronoun Preference (He/She): _____

Housing Preference

Male Unit: _____ Female Unit: _____ No Preference: _____

Search Preference

Intersex 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