

TRANSGENDER PREFERENCE FORM

To be filled out either by a staff member with input from the youth or the youth

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 _____

Urine Testing:

Minor will be tested by same sex as selected for searches.