

Self Report Form
(Reception Centers and Receiving Facility)

Name _____ DOC # _____

Gender _____ Race _____ Age _____ Number of Prior ODOC Commitments _____

To be completed by the Inmate::Check any of the following that apply; provide additional explanation where necessary:

Do you have any persons from which you must be separated? Yes No

If so, list: _____

Have you ever been convicted for any offense which was against another inmate? Yes No

If so, list: _____

Have you ever assaulted or been assaulted by another inmate? Yes No Explain.

Have you ever been involved in inmate disturbances? Yes No Explain.

Have you ever participated with any group which advocates superiority or aggression towards other groups?

Yes No Explain.

Is your sexual orientation lesbian, gay, bisexual, transgender, or intersex? Yes No

If you choose to identify your sexual orientation please circle one of the choices in the list above. (PREA 115.41 (d) (7))

If you answered "no" to the question above, do you believe you are perceived to be a lesbian, gay, bisexual, transgender or intersex? _____

Do you feel you may be vulnerable and/or at risk for sexual victimization? (PREA 115.41 (d) (8)) If so, explain:

To be completed by the screener:

If the inmate answered "yes" to three or more of the questions above, restricted cell/housing and/or referral to Medical/Mental Health Services is required.

After assessment of all information on this inmate, check the applicable housing/cell assignment status below:

_____ Random Eligible/Unrestricted _____ Restricted

If restricted, explain specific restriction:

This is a temporary assignment and will be reevaluated with additional information during intake.

Signature of Screener _____

Date _____