

**Self Report Form**  
**(Reception Centers and Receiving Facility)**

Name \_\_\_\_\_ ODOC # \_\_\_\_\_  
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

Facility Name \_\_\_\_\_ Review Date \_\_\_\_\_ Signature of Screener \_\_\_\_\_

Facility Name \_\_\_\_\_ Review Date \_\_\_\_\_ Signature of Screener \_\_\_\_\_

If the inmate's status has changed, a new "Self Report Form" must be completed.