

PREA Screening Assessment/Reassessment Form

Facility: _____

Date: _____

Resident Name: _____

DOC#: _____

Age: _____

Race: _____

Is inmate detained solely for civil immigration purposes: YES NO

Gender: Male or Female (As noted on classification document)

LGBTI: YES NO

If yes, specify: _____

(Whether or not the offender is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming)

Physical Build:

Height: _____ Weight: _____

Frame Type: Small Medium Large

Resident History:

Length of Sentence: _____ Number of Incarcerations: _____

Does the offender have any criminal history of violence? YES NO

Sexual Assault Screening for Victimization:

Have you experienced prior victimization? YES NO

Do you feel that you are vulnerable or at risk of being victimized? YES NO

Have you been forced or pressured to have sex against your will? YES NO

Have you been touched sexually against your will, as a child or an adult? YES NO

PREA Screening Assessment/Reassessment Form

Intake Staff Review and Conclusion:

Has the resident experienced prior sexual victimization? YES NO

Based on the above information, is this resident at risk for victimization? YES NO

Determining factors for Staff Conclusion:

Mental Health Screening:

Has the resident experienced prior sexual victimization? YES NO

Based on the above information, is this resident at risk for victimization? YES NO

Document supporting factors for responses to the above questions:

MDOC Known History and Events:

Are there any previous reports that this person is/was a victim of a sexual predator? YES NO

Are there any prior reports or criminal history that this offender has been convicted for sex offenses against an adult or child? YES NO

Are there any reports of mental health conditions for this resident? YES NO

Are there any reports of alcohol or drug abuse for this resident? YES NO