

| COMPASS E-FORM NUMBER |
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| COUNTY PRISON NAME |
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| CAO/CU USE ONLY - CASE IDENTIFICATION | | | | |
|---------------------------------------|---------------|-----|------|------|
| CO | RECORD NUMBER | CAT | CSLD | DIST |
| RECORD NAME | | | | DATE |
| WORKER | | | | |

Pennsylvania Department of Human Services
COUNTY PRISON INPATIENT ELIGIBILITY FORM

| APPLICANT'S INFORMATION |
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|-----------------------------|--------------|--------------------|--|
| NAME | BIRTH DATE | INMATE NUMBER | SOCIAL SECURITY NUMBER |
| COUNTY PRISON ADDRESS | PHONE NUMBER | INCARCERATION DATE | |
| INCARCERATION DATES: | BEGIN DATE | END DATE | STILL INCARCERATED? <input type="checkbox"/> YES <input type="checkbox"/> NO |

| TO BE COMPLETED BY MEDICAL PROVIDER <i>(must be a licensed physician, physician's assistant, certified nurse practitioner or psychologist)</i> |
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| I. DIAGNOSIS OF MEDICAL CONDITION: Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, Please provide estimated due date _____</i> Appropriate clinical information must be on file at the county prison, such as History and Physical (H&P), discharge summary, progress notes, x-rays, labs to verify the condition is/was an emergency. | SSA DISABILITY CRITERIA CATEGORIES Check all that apply: (See Reverse Side) | | | | | | | | | | | | | | | |
| | <table border="0"> <tr> <td>Musculoskeletal <input type="checkbox"/></td> <td>Visual/Speech <input type="checkbox"/></td> </tr> <tr> <td>Respiratory <input type="checkbox"/></td> <td>Cardiovascular <input type="checkbox"/></td> </tr> <tr> <td>Digestive <input type="checkbox"/></td> <td>Renal Disorders <input type="checkbox"/></td> </tr> <tr> <td>Hematological <input type="checkbox"/></td> <td>Skin Disorders <input type="checkbox"/></td> </tr> <tr> <td>Endocrine <input type="checkbox"/></td> <td>Multiple Systems <input type="checkbox"/></td> </tr> <tr> <td>Neurological <input type="checkbox"/></td> <td>Malignancy <input type="checkbox"/></td> </tr> <tr> <td>Immune Sys. <input type="checkbox"/></td> <td>Mental Disorders <input type="checkbox"/></td> </tr> <tr> <td colspan="2">None of the Above Apply <input type="checkbox"/></td> </tr> </table> | Musculoskeletal <input type="checkbox"/> | Visual/Speech <input type="checkbox"/> | Respiratory <input type="checkbox"/> | Cardiovascular <input type="checkbox"/> | Digestive <input type="checkbox"/> | Renal Disorders <input type="checkbox"/> | Hematological <input type="checkbox"/> | Skin Disorders <input type="checkbox"/> | Endocrine <input type="checkbox"/> | Multiple Systems <input type="checkbox"/> | Neurological <input type="checkbox"/> | Malignancy <input type="checkbox"/> | Immune Sys. <input type="checkbox"/> | Mental Disorders <input type="checkbox"/> | None of the Above Apply <input type="checkbox"/> |
| Musculoskeletal <input type="checkbox"/> | Visual/Speech <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Respiratory <input type="checkbox"/> | Cardiovascular <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Digestive <input type="checkbox"/> | Renal Disorders <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Hematological <input type="checkbox"/> | Skin Disorders <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Endocrine <input type="checkbox"/> | Multiple Systems <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Neurological <input type="checkbox"/> | Malignancy <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Immune Sys. <input type="checkbox"/> | Mental Disorders <input type="checkbox"/> | | | | | | | | | | | | | | | |
| None of the Above Apply <input type="checkbox"/> | | | | | | | | | | | | | | | | |

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| II. MEDICAL TREATMENT: Please list the emergency medical treatment needed for each diagnosis. _____ _____ _____ |
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| III. TREATMENT DATES: | BEGIN DATE | END DATE |
|------------------------------|------------|----------|

| IV. HOSPITAL INFORMATION: | | |
|---------------------------|-----------------------------|-----------------------|
| HOSPITAL NAME | HOSPITAL MA PROVIDER NUMBER | HOSPITAL PHONE NUMBER |
| HOSPITAL ADDRESS | | |

As County Prison Medical staff, I certify that all of the information provided on this form is true and correct to the best of my professional knowledge. I understand and agree that the diagnosis and supporting documentation may be subjected to review by the Department of Human Services.

County Prison Health Care Official Signature

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|--|------|----------------|------------------|
| County Prison Health Care Official <i>(Please Print)</i> | DATE | E-MAIL ADDRESS | TELEPHONE NUMBER |
|--|------|----------------|------------------|

SSA Disability Criteria Category Impairments

Musculoskeletal: Major dysfunction of any joint; Reconstructive surgery/surgical arthrodesis of a major weight bearing joint; Disorders of the spine resulting in nerve root compression, arachnoiditis, or stenosis; Amputation of hands, extremities, or hemipelvectomy/hip disarticulation; Fracture of femur, tibia, pelvis or tarsal bones with nonunion and inability to ambulate; Fracture of upper extremity with nonunion; Soft tissue injury with impairment of major function > 12 months

Visual/Speech: **BLIND**= Loss of visual acuity with residual acuity in better eye <20/200; Contraction of visual field in better eye; Loss of visual efficiency with better eye 20% or less after best correction; Disturbance of labyrinthine-vestibular function; Loss of speech; **DEAF**= Hearing loss threshold >90DB Air or 60DB Bone +/- cochlear implant

Respiratory: Chronic pulmonary insufficiency; Asthma, poorly controlled; Cystic fibrosis; Pneumoconiosis; Bronchiectasis; Sleep-related breathing disorders; Lung transplant

Cardiovascular: Chronic heart failure; Ischemic heart disease; Recurrent arrhythmias; Symptomatic congenital heart disease; Heart transplant; Aneurysm of aorta or major branches; Chronic venous insufficiency; Peripheral arterial disease

Digestive: Gastrointestinal hemorrhage requiring blood transfusion; Chronic liver disease; Inflammatory bowel disease; Short bowel syndrome; Weight loss due to any digestive disorder; Liver transplantation

Renal: Impaired renal function-hemodialysis; transplantation; elevated creatinine; Nephrotic syndrome

Hematologic: Chronic anemia; Sickle cell disease or variant; Chronic thrombocytopenia; Hereditary telangiectasia; Coagulation defects; Polycythemia vera; Myelofibrosis; Chronic granulocytopenia; Aplastic anemia with bone marrow or stem cell transplantation

Skin Disorders: Ichthyosis; Bullous disease; Chronic infections of skin or mucous membranes; Dermatitis; Hidradenitis suppurativa; Genetic photosensitivity disorder; Burns

Endocrine: Disorders of pituitary; thyroid, parathyroid; adrenal; pancreatic glands; Complications of diabetes mellitus

Multiple Systems: Non-mosaic Down Syndrome

Neurological: Epilepsy-convulsive & non-convulsive; Central nervous system vascular accident; Benign brain tumors; Parkinsonian syndrome; Cerebral palsy; Spinal cord or nerve root lesion; Multiple sclerosis; Amyotrophic lateral sclerosis; Anterior poliomyelitis; Myasthenia gravis; Muscular dystrophy; Peripheral neuropathies; Subacute combined cord degeneration (Pernicious Anemia); Degenerative diseases (Huntington's Chorea, Freidrich's Ataxia); Cerebral trauma; Syringomyelia

Malignancy: Tumor of skin; soft tissue; bone; or other body organ/gland; Lymphoma; Leukemia; Multiple myeloma; Tumor of unknown origin; Tumor treated by bone marrow/stem cell transplantation

Immune System: Systemic lupus erythematosus; Systemic vasculitis; Systemic sclerosis (Scleroderma); Polymyositis and dermatomyositis; Undifferentiated & mixed connective tissue disease; Immune deficiency disorder; Human immunodeficiency disorder with infectious or non-infectious complication; Inflammatory arthritis; Sjögren's syndrome

Mental Disorders: Organic mental disorders; Schizophrenia & other psychotic disorders; Affective disorders; Mental retardation; Anxiety-related disorders; Somatoform disorders; Personality disorders; Substance addiction disorders; Autistic disorder & other pervasive developmental disorder

For Full text: <http://www.ssa.gov/disability/professionals/bluebook/AdultListings.htm>

Central Unit Contact Information

(Preferred Method) Electronic Fax Number: **1-866-322-2678**

E-mail: **ra-scima@pa.gov**