

THIS FORM ONLY VERIFIES OR DISCONFIRMS CLAIMED PHYSICAL DISABILITIES LISTED IN SECTION B

INMATE NAME:	CDC NUMBER:	INSTITUTION:	HOUSING ASSIGNMENT:	DATE FORM INITIATED:
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Sections A - B to be completed by licensed medical staff.

SECTION A: REASON FOR INITIATION OF FORM		SECTION B: DISABILITY BEING EVALUATED	
<input type="checkbox"/> Inmate self-identifies to staff	<input type="checkbox"/> Third party evaluation request	<input type="checkbox"/> Blind/Vision Impaired	<input type="checkbox"/> Speech Impaired
<input type="checkbox"/> Observation by staff	<input type="checkbox"/> Medical documentation or Central File information	<input type="checkbox"/> Deaf/Hearing Impaired	<input type="checkbox"/> Mobility Impaired

Sections C - G to be completed by a physician only.

SECTION C: PERMANENT DISABILITIES IMPACTING PLACEMENT	SECTION D: PERMANENT DISABILITIES NOT IMPACTING PLACEMENT
1. <input type="checkbox"/> FULL TIME WHEELCHAIR USER - DPW Requires wheelchair accessible housing and path of travel.	1. NO CORRESPONDING CATEGORY
2. <input type="checkbox"/> INTERMITTENT WHEELCHAIR USER - DPO Requires lower bunk, wheelchair accessible path of travel and does not require wheelchair accessible cell.	2. NO CORRESPONDING CATEGORY
3. <input type="checkbox"/> MOBILITY IMPAIRMENT - With or Without Assistive Device (Wheelchairs shall not be prescribed) - DPM Orthopedic, neurological or medical condition that substantially limits ambulation (cannot walk 100 yards on a level surface without pause). Requires lower bunk, no triple bunk, and no stairs in path of travel.	3. <input type="checkbox"/> MOBILITY IMPAIRMENT (Lower Extremities) - DNM Walks 100 yards without pause with or without assistive devices. <input type="checkbox"/> No Housing Restrictions <input type="checkbox"/> See HOUSING RESTRICTIONS in Section E <input type="checkbox"/> Requires relatively level terrain and no obstructions in path of travel. Do not place at: CCI, CMC-E, CRC, CTF-C, FSP, SAC, SCC I or II, SOL, or SQ. (CDC 128-C: _____)
4. <input type="checkbox"/> DEAF/HEARING IMPAIRMENT - DPH Must rely on written communication, lip reading or signing as residual hearing, with assistive devices, will not enable them to hear, understand or localize emergency warnings or public address announcements.	4. <input type="checkbox"/> HEARING IMPAIRMENT - DNH With residual hearing at a functional level with hearing aid(s).
5. <input type="checkbox"/> BLIND/VISION IMPAIRMENT - DPV Not correctable to central vision acuity of better than 20/200 with corrective lenses in at least one eye (See HOUSING RESTRICTIONS IN SECTION E).	5. NO CORRESPONDING CATEGORY
6. <input type="checkbox"/> SPEECH IMPAIRMENT - DPS Does not communicate effectively speaking or in writing.	6. <input type="checkbox"/> SPEECH IMPAIRMENT - DNS Does not communicate effectively speaking, but does when writing.

SECTION E: ADDITIONAL MEDICAL INFORMATION

<p>CSR ALERT:</p> <input type="checkbox"/> Requires relatively level terrain and no obstructions in path of travel <input type="checkbox"/> Complex medical needs affecting placement <input type="checkbox"/> CDC 128-C _____ <p>ASSISTANCE NEEDED WITH ACTIVITIES OF DAILY LIVING:</p> <input type="checkbox"/> Feeding or Eating <input type="checkbox"/> Bathing <input type="checkbox"/> Grooming <input type="checkbox"/> W/C transferring <input type="checkbox"/> Toileting <input type="checkbox"/> Other: _____ <input type="checkbox"/> CDC 128-C(s) dated: _____ <p>HOUSING RESTRICTIONS: <input type="checkbox"/> Lower bunk <input type="checkbox"/> No stairs <input type="checkbox"/> No triple bunk. CDC 128-C(s) dated: _____</p>	<p>HEALTH CARE APPLIANCE / IDENTIFICATION VEST:</p> <input type="checkbox"/> Cane <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Leg/Arm prosthesis <input type="checkbox"/> Vest <input type="checkbox"/> Other: _____ <input type="checkbox"/> CDC 128-C(s) dated: _____ <p>OTHER DPP DESIGNATIONS:</p> <input type="checkbox"/> NONE _____; _____ CODE DATED CODE DATED
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SECTION F: EXCLUSIONS

VERIFICATION OF CLAIMED DISABILITY NOT CONFIRMED: My physical examination or other objective data DOES NOT SUPPORT **claimed** disability. (Explain in Comments Section and CDC 128-C dated _____).

REMOVAL FROM A DPP CODE: Removal from previous DPP code: _____. (Explain in Comments Section and CDC 128-C dated: _____.)

REMOVAL FROM ENTIRE PROGRAM: Removal from DPP code(s): _____. (Explain in Comments Section and CDC 128-C dated: _____.)

SECTION G: EFFECTIVE COMMUNICATION FACTORS

Uses Sign Language Interpreter (SLI) Reads Braille Communicates with written notes Requires large print or magnifier

Reads lips NO "EFFECTIVE COMMUNICATION" ISSUES OBSERVED OR DOCUMENTED IN THE UNIT HEALTH RECORD

PHYSICIAN'S COMMENTS: *(Focus on affected systems and functional limitations. No specific diagnosis or other confidential medical information.)*

PHYSICIAN'S NAME (Print)	PHYSICIAN'S SIGNATURE	DATE SIGNED
HEALTH CARE MANAGER'S / DESIGNEE'S NAME (Print)	HEALTH CARE MANAGER'S / DESIGNEE'S SIGNATURE	DATE SIGNED

NOTE: After review by the Health Care Manager or Chief Physician & Surgeon, health care staff shall retain green copy for the UHR, send the inmate copy via institutional mail, and route the original and remaining copies to the C&PR/RC CC-III for tracking and further distribution according to the instructions below.

DISABILITY PLACEMENT PROGRAM VERIFICATION (DPPV)

CDC 1845 (Rev. 01/04)

GENERAL INSTRUCTIONS

This process does not require nor is it to result in the automatic screening of all inmates to identify disabilities. This process ensures standardization of CDC policy and procedures dealing with the verification of a disability, the refuting of a disability claimed by an inmate if necessary, and placement of inmates with disabilities listed in Section B of this form. The use of this form will be initiated only in response to one or more of the following actions as noted in Section A:

- The inmate self-identifies or claims to have one of the disabilities listed in Section B;
- Staff observes that the inmate may have one of the disabilities listed in Section B;
- The health or central file record contains documentation regarding one of the disabilities listed in Section B; or
- A third party (such as a family member) requests an evaluation of the inmate for a disability listed in Section B.

Identification of inmates who may meet the Disability Placement Program (DPP) parameters, will usually occur during reception center (RC) processing, but if an inmate appears to meet disability criteria indicated on the form, all of the institutions/facilities will use the DPPV. Any staff member can initiate a referral for verification by directing a CDC 128-B to the institution's/facility's health care services department.

Responsibility for verification of the disability through completion of the DPPV rests with the health care service physicians. The verifying physician shall follow the "Protocols for Verifying Disabilities" in Exhibit B of the Armstrong Remedial Plan or other official CDC document that includes protocols. Upon completing the DPPV, the physician shall sign in the signature block. Health care staff shall forward the completed DPPV to the Classification and Parole Representative (C&PR) or RC Correctional Counselor (CC)-III for tracking.

COMPLETION OF THE FORM: Enter identifying information about the inmate and the date the DPPV was initiated.

SECTION A: Check the appropriate box to indicate the reason for initiating the form. Any licensed medical staff may complete sections A and B.

SECTION B: The licensed medical staff shall mark the category of disability being evaluated every time a CDC 1845 is completed.

SECTION C: A mark made in any of these boxes, indicates a need for special housing or programming and will result in placement in one of the designated institutions or facilities. **NOTE:** The word *permanent* is defined as a condition not expected to improve within six months. Check all boxes that apply using the definitions below:

--IF THE INMATE:

- Uses a wheelchair full time due to a **permanent** condition and requires use of the wheelchair, both within and outside the assigned cell/housing unit, check box 1.
- Has a permanent disability that requires the use of a wheelchair outside a cell (does not require use of a wheelchair inside a cell), requires lower bunk, wheelchair accessible path of travel and **does not** require wheelchair accessible housing, check box 2.
- Due to orthopedic, neurological, or medical condition that substantially limits ambulation (cannot walk 100 yards on a level surface without pausing) and **does not** require a wheelchair, check box 3. This condition requires lower bunk, no triple bunk, and no stairs in path of travel.
- Must rely on written communication, lip reading, or signing, because his/her residual hearing, even when augmented by aids, will not enable him/her to hear, understand, or localize an emergency warning or public address announcement, check box 4.
- Is permanently blind or has a vision impairment not correctable to central vision acuity of better than 20/200 **with** corrective lenses, check box 5 and note any housing restrictions in Section E.
- Has a permanent speech impairment resulting in indiscernible speech or **NO** speech and does not communicate effectively in writing, check box 6.

SECTION D: A mark made in any of these boxes will not necessarily result in the placement of the inmate in one of the designated institutions/facilities. The exception to this is if a disability in Section C exists. Check all boxes that apply using the definitions below: (Please note numbers 1, 2, and 5 indicate there are no corresponding categories, i.e., there are no DNW, DNO, or DNV categories.)

--IF THE INMATE:

- Has a lower extremity ambulatory impairment but can walk 100 yards on a level surface without pausing with or without aids, check box number 3. If there are no housing restrictions, check the "No housing restrictions" box. If the condition requires a lower bunk, no triple bunk, or no stairs, check the "See HOUSING RESTRICTIONS" box and all applicable boxes in Section E "HOUSING RESTRICTIONS." If it is determined the inmate requires level terrain and no obstructions in the path of travel, check the corresponding box in Section D.3.
- Has a hearing loss but follows conversation at normal speaking levels and can hear an emergency warning using a hearing aid(s), check box 2.
- Has indiscernible or no speech but communicates effectively in writing, check box 4.

SECTION E: The physician shall complete this section based on Unit Health Record (UHR) review, observation of, and interaction with the inmate. Check all boxes that apply using the definitions below:

--IF THE PHYSICIAN:

--Finds the inmate is designated as DNM and requires placement in an institution with level terrain with no obstruction in the path of travel, the physician shall check the "Requires relatively level terrain and no obstructions in path of travel" box and complete a CDC 128-C. If the physician finds the inmate has a complex medical need that is better facilitated by placement in a more centralized institution to facilitate outside medical treatment, check the "Complex medical needs affecting placement" box and complete a CDC 128-C explaining the reason for this recommended placement.

--Finds the inmate needs assistance with activities of daily living, appropriate boxes are to be checked.

--Determines there are housing restrictions in conjunction with disabilities verified in Sections C or D, number 3, check the box listing the appropriate restriction.

--Prescribes an assistive device such as a cane, crutch, walker, etc., check the applicable box, enter the date of the supporting CDC 128-C(s) related to that prescription.

--Finds other valid CDC 1845's in the UHR indicating a disability other than the current review, enter the corresponding DPP code and date of the CDC 1845.

SECTION F: The physician is to check the appropriate box specifically to the stated check box as follows:

--IF THE PHYSICIAN:

--Cannot verify a claimed disability through an examination or objective clinical data in the UHR, check the category of disability box being evaluated in Section B and the first box in Section F. The physician shall not check this box for cases pending outside consultation.

--Finds inmate no longer qualifies for a previously verified disability (e.g., cataract surgery restores sight) but has another verified disability that keeps him/her in the DPP, check the second box in Section F and enter the DPP code from which the inmate is being removed on the line provided. Explain the reason for removal in the Comments Section and complete a CDC 128-C.

--Finds the inmate no longer has a previously verified disability or any other CDC 1845 disability and is to be removed from the DPP, check the third box in Section F, enter the DPP code(s) on the line provided, explain in the Comments section, complete a CDC 128-C explaining reasons for removal from the program, and enter the date of the CDC 128-C on the line provided.

SECTION G: If during the initial or subsequent examination(s), the physician discovers the need for a sign language interpreter or if an alternate form of communication is required, the physician shall check all applicable box(es). The physician might have to query the inmate for this information. If none of these factors exist, **and** there are no additional factors or information, mark the "NO EFFECTIVE COMMUNICATION ISSUES OBSERVED OR DOCUMENTED IN THE UHR" box. The physician shall print, sign, and date the form in the appropriate boxes.

COMMENTS SECTION: This section is to reflect notes, references, explanation of disabilities and any information not listed elsewhere on the DPPV. The physician is to reserve his/her comments focusing on affected systems and functional limitations. No specific diagnosis, impairments, or other confidential medical information is to be entered on this document.

DISTRIBUTION: The Health Care Manager or Chief Physician & Surgeon shall review the completed form before distribution. Health care staff shall place the green copy in the chronology of the UHR, send gold copy to inmate via institution mail, and send original and remaining copies to C&PR/CC-III. The original shall be placed on top of the "General Chrono" section of the central file. The C&PR/CC-III shall retain the canary copy and forward the pink copy to the assigned CC-I.