

**COMPASS E-FORM NUMBER**

**CAO/CU USE ONLY - CASE IDENTIFICATION**

CO	RECORD NUMBER	CAT	CSLD	DIST
RECORD NAME				DATE
WORKER				

Pennsylvania Department of Human Services  
**STATE CORRECTIONAL INSTITUTION INPATIENT ELIGIBILITY FORM**

**APPLICANT'S INFORMATION**

NAME	BIRTH DATE	INMATE NUMBER	SOCIAL SECURITY NUMBER
STATE CORRECTIONAL FACILITY (SCI) ADDRESS		SCI CONTACT PHONE NUMBER	INCARCERATION DATE
<b>INCARCERATION DATES:</b>	BEGIN DATE	END DATE	STILL INCARCERATED? <input type="checkbox"/> YES <input type="checkbox"/> NO

**TO BE COMPLETED BY MEDICAL PROVIDER** *(must be a licensed physician, physician's assistant, certified nurse practitioner or psychologist)*

<b>I. DIAGNOSIS OF MEDICAL CONDITION:</b>  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 SCI, such as History and Physical (H&P), discharge summary, progress notes, x-rays, labs to verify the condition is/was an emergency.	<b>SSA DISABILITY CRITERIA CATEGORIES</b> Check all that apply: (See Reverse Side)															
	<table> <tr> <td><b>Musculoskeletal</b> <input type="checkbox"/></td> <td><b>Visual/Speech</b> <input type="checkbox"/></td> </tr> <tr> <td><b>Respiratory</b> <input type="checkbox"/></td> <td><b>Cardiovascular</b> <input type="checkbox"/></td> </tr> <tr> <td><b>Digestive</b> <input type="checkbox"/></td> <td><b>Renal Disorders</b> <input type="checkbox"/></td> </tr> <tr> <td><b>Hematological</b> <input type="checkbox"/></td> <td><b>Skin Disorders</b> <input type="checkbox"/></td> </tr> <tr> <td><b>Endocrine</b> <input type="checkbox"/></td> <td><b>Multiple Systems</b> <input type="checkbox"/></td> </tr> <tr> <td><b>Neurological</b> <input type="checkbox"/></td> <td><b>Malignancy</b> <input type="checkbox"/></td> </tr> <tr> <td><b>Immune Sys.</b> <input type="checkbox"/></td> <td><b>Mental Disorders</b> <input type="checkbox"/></td> </tr> <tr> <td colspan="2"><b>None of the Above Apply</b> <input type="checkbox"/></td> </tr> </table>	<b>Musculoskeletal</b> <input type="checkbox"/>	<b>Visual/Speech</b> <input type="checkbox"/>	<b>Respiratory</b> <input type="checkbox"/>	<b>Cardiovascular</b> <input type="checkbox"/>	<b>Digestive</b> <input type="checkbox"/>	<b>Renal Disorders</b> <input type="checkbox"/>	<b>Hematological</b> <input type="checkbox"/>	<b>Skin Disorders</b> <input type="checkbox"/>	<b>Endocrine</b> <input type="checkbox"/>	<b>Multiple Systems</b> <input type="checkbox"/>	<b>Neurological</b> <input type="checkbox"/>	<b>Malignancy</b> <input type="checkbox"/>	<b>Immune Sys.</b> <input type="checkbox"/>	<b>Mental Disorders</b> <input type="checkbox"/>	<b>None of the Above Apply</b> <input type="checkbox"/>
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**II. MEDICAL TREATMENT:** Please list the emergency medical treatment needed for each diagnosis.

<b>III. TREATMENT DATES:</b>	BEGIN DATE	END DATE
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**IV. HOSPITAL INFORMATION:**

HOSPITAL NAME	HOSPITAL MA PROVIDER NUMBER	HOSPITAL PHONE NUMBER
HOSPITAL ADDRESS		

As Department of Corrections (DOC) 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.

\_\_\_\_\_  
*DOC Health Care Official Signature*

DOC Health Care Official <i>(Please Print)</i>	DATE	E-MAIL ADDRESS	TELEPHONE NUMBER
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## 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](mailto:ra-scima@pa.gov)