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

INCARCERATION DATES:	BEGIN DATE	END DATE	STILL INCARCERATED? ☐ YES ☐ NO

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

I. DIAGNOSIS OF MEDICAL CONDITION:

Pregnant? ☐ Yes ☐ No *If Yes,* Please provide estimated due date ____________

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.

SSA DISABILITY CRITERIA CATEGORIES

Check all that apply: (See Reverse Side)

Musculoskeletal	☐	**Visual/Speech**	☐
Respiratory	☐	**Cardiovascular**	☐
Digestive	☐	**Renal Disorders**	☐
Hematological	☐	**Skin Disorders**	☐
Endocrine	☐	**Multiple Systems**	☐
Neurological	☐	**Malignancy**	☐
Immune Sys.	☐	**Mental Disorders**	☐

None of the Above Apply ☐

II. MEDICAL TREATMENT: Please list the emergency medical treatment needed for each diagnosis.

III. TREATMENT DATES:	BEGIN DATE	END DATE

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 *(Please Print)*	DATE	E-MAIL ADDRESS	TELEPHONE NUMBER

(For more information see reverse side)

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; Hiradenitis 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 erythematosis; 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**