Exhibit 23

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

Signature

RAP Meeting Date: 1/3/2024 Date IAC Received 1824: 12/29/2023 1824 Log Number: 498625
Inmate's Name: Housing: D5-1888
RAP Staff Present: ADA Coordinator N. Scaife, Chief Executive Officer A. Banerjee, Chief Medical Executive G. Ugweze, Chief Psychologist Dr. J. Howard, Health Care Grievance Representative Country, Custody Appeals Representative Covernmental Program Analyst (No. 1), Health Program Manager III (No. 1), Registered Nurse (No. 1), Field Training Lieutenant (No. 1), Vice Principal (No. 1), Vi
Summary of Inmate's 1824 Request: Inmate alleges they were advised they are eligible for new iPhone and watch technology due to their hearing impairment; Inmate requests speech to text technology and a new watch.
Interim Accommodation:
No interim accommodation required: You are currently accommodated with hearing aids and a Personal Sound Amplification Device (PSAD).
RAP Response:
RAP is able to render a final decision on the following: Inmate alleges they were advised they are eligible for new iPhone and watch technology due to their hearing impairment; Inmate requests speech to text technology and a new watch.
Response: On 1/3/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.
You do not have a severe hearing impairment impacting placement. You are accommodated with hearing aids, pocket talker, and access to the caption phone. Your current Effective Communication (EC) methods of hearing aids and need staff to speak loudly and clearly are sufficient to maintain EC during due process and all general communication. You do not require an iPad/ iPhone with live captioning or a vibrating watch to access Programs, Services, or Activities (PSA)s.
You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.
Direction if dissatisfied : If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.
N. Scaife Date sent to inmate:

JAN 2 5 2024

ADA Coordinator/Designee

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

				Page 1 of 1
INSTITUTION (Staff use only)	LOG NUMBER (Staff Use On	N)		IVED BY STAFF:
1 5/1/4	1 4480 X	5	(Cs	ATE OFFICE
**********TALK TO STAFF IF YOU HAVE AN EMERGENCY*************				
DO NOT use a CDCR 1824 to request health			DE	C 29 ₂₃₂₃
may delay your access to health care. Insi				
INMATE'S NAME (PI	CDCB NUMBER	T	OFG	HOUSING
The state of the s	CLACE	Rec-aid	·	D-5-
		LEC-HIO		0-3
INSTRUCTIONS:		,		
You may use this form if you have a physic	al or mental disability or if you	believe you have	a physical or n	nental disability.
You may use this form to request a specific aggregate in a symmetry or collision.	reasonable accommodation	Which, if approved	, will enable yo	u to access and/or
participate in a program, service or activity. • Submit this form to the Custody Appeals O	. Tou may also psa this ionn (Meo	o suomit an allegi	idau ot disabili	ry-based discrimination.
The 1824 process is intended for an individ		Fach individual's	request mouil	rae a easo hu easo roviou
The CDCR 1824 is a request process, not:	an appeal process. All CDCR	1824 requests wi	l receive a resi	nas a cese-by-cese leview. Donsa
 If you have received an 1824 decision that 	you disagree with, you may su	ibmit en appeal (C	DCR 602, or (DCR 602-HC If you are
disagreeing with a medical diagnosis/treatm	nent decision).		•	
WHAT CAN'T YOU DO / WHAT IS THE	PROBLEM2			
	I LIAS	Informe	1 ml -61	Co Back
Il am Elizelable K	es the iphore	Las Day		O do
not use sien lang		La la	Juap	LE WHOOD
		EGGE ES	1 4	logy: AND
N 1 - 4 (1) 11	accomodation			
1 Tablet Persuant	To November	2023, A	s Well Ay	Yrove the WAtch:
WHY CAN'T YOU DO IT?		118:0	/	1-11
The Personnel HA	ont 1ssued	The I fly	rone; or	1 Tablet
				
				· · · · · · · · · · · · · · · · · · ·
WHAT DO YOU NEED?	111 P- D	./: 0	1	1. 1
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Such speaks to Text	- Technology w	A A	Reas	malele
- ma frame: Plan	se accomod	ate they	braking	Alana WATCh
- Kel	Recharge K	egnes	+ 0	
		(Use the bac	k of this form it	more space is needed)
DO YOU HAVE DOCUMENTS THAT DE	CODIDE VOLES DIO 4 DIV			
	SCHIBE TOUR DISABILI	TY? Yes [☐ No ☐	Not Sure 🔲
List and attach documents, if available:				
			···	
			·	
I understand that staff have a right to interview	v or examine me, and my failu	re to connecte m	av causa thin -	proposite he decession
<u>-</u>			~ t ###################################	edesor in na disabbibised"
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Last Name	First Name		Signatu	re
			~.D.~16	

Case 4:94-cv-02307-CW Document 3630-7 Filed 10/16/24 Page 4 of 56 Interim Accommodation Procedure (IAP) / Interview Worksheet

DRAFT

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.

Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate:	CDCR #:	CDCR 182	24 Log #: 498625	
STEP 1 INTERIM ACCOMMODATION A Does the inmate raise issues being processed? Base your	on the CDCR 1824 that may	Date CDCR 1824 received	or other serious ha	
Yes / Unsure (Complete S	teps 2 &/or 3)	nmate's claim, assuming one of the issues below are oformation for RAP by com	e present) [Note: IAC	; may still
	l for falling. upper bunk. • Cannot • Seizure	safely navigate stairs. disorder and is assigned g or vision claims that may cess dining hall, carry food	an upper bunk. jeopardize safety. d tray, shower, use to	/ 23
STEP 2 CDCR 1824 INTERVIEWS		te Step 3 when Step 1 was		
Date assigned:/// Assigned to:/	Due back to IAC:		urned to IAC:/	
Information needed:				
Note 1: Attach a DECS printout listing Note 2: IAC and/or RAP may assign t	j inmate's current status (inclu	iding DPP codes, DDP codes, but the telephonically or in r	des, TABE score. et	0.)
Inmate Interview Date/Time:				
Interviewer notes:				
Staff Interviewed:			Interview date:	
Staff Interviewed: Interviewer Notes:				
Notes: ISSUANCE OF THE IPHONE LOSS. I/M IS CURRENLTY DE POCKET TALKER. I/M'S CUI	ESIGNATED DNH AND IS B	EING ACCOMMODATED	WITH HEARING AT	DS AND A
Interviewer (Print Name)	Title	Signature	/	_/ nieted

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IAP / Interview Worksheet

DRAFT

Inmate	e:	CDCR #:	CDCR 1824 Lo	g #: 498625
Step 3:	An Interim Accommodation	HETHER AN INTERIM ACCOMMODA IS NOT required.	·	Note below)
	An Interim Accommodatio	n <u>IS required</u> .		
	Accommodation(s) prov	ided:		Date provided:////
	Comments:			
	erson Completing Step 3	AGPA Title ove or disprove a claim, consider an in	Signature	01 / 02 / 24 Date Completed

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g, the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand
 issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

As of: 12/29/2023

OFFENDER/PLACEMENT

CDC#: Name:

Facility: SATF-Facility D

Housing Area/Bed: D 005 Placement Score: 841

Custody Medium (A)

Designation:

Housing Program: Sensitive Needs Yard Housing Restrictions: Lower/Bottom Bunk Only

Physical Limitations No Rooftop Work

to Job/Other: Permanent - 12/31/9999

DISABILITY ASSISTANCE

Current DDP Status: NDD DDP Adaptive None Support Needs:

Current DDP Status Date: 10/21/2005

DPP Codes: DNH

DPP Determination Date: 11/18/2021 Current MH LOC: CCCMS Current MH LOC Date: 06/06/2019

SLI Required: No

Interview Date: 04/30/2016

Primary Method(s) - Hearing: Hearing Aids

Alternate Method - Hearing: Need Staff to Speak Loudly and

Clearly

Non-Formulary Already posseses a Dual

Accommodations/Comments: Vision/Hearing Vest.

Learning Disability: Initial Reading Level: 03.0

Initial Reading Level Date: 02/25/2020 Durable Medical Equipment: Hearing Aid

Ankle Foot Orthoses/Knee Ankle

Foot Orthoses (AFO/KAFO)

Eveglass Frames Incontinence Supplies

Partial Upper Denture - Acrylic

Languages Spoken:

IMPORTANT DATES

Date Received: 10/12/2000

Last Returned

Date:

Release Date: 10/21/2034

Release Type: Minimum Eligible Paroie Date

WORK/VOCATION/PIA

Privilege Group: A Work Group: A1

AM Job Start 12/30/2022

Date:

Status: Full Time Position #: REC.002.005 Position Title: D-5 3/W REC WRKR

Regular Days On: Tue, Wed, Thu, Fri, Sat (14:30:00 -

17:00:00)

Tue, Wed, Thu, Fri, Sat (18:00:00 -

22:00:00)

Exhibit 2

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REASONABLE ACCOMMODA	TION PANEL (RAP) RESPONSE	
RAP Meeting Date: 7/24/2024	Date IAC Received 1824: 7/11/2024	1824 Log Number: 590923
Inmate's Name:	CDCR#:	Housing: D5-
Chief Medical Executive Dr. G. Ugwuez	(A) A. Iversen, Associate Warden J. Ourique, a e, Psychologist Dr. Healthcare Complia , Office of Grievance Representative	ance Analyst Registered Nurse
Summary of Inmate's 1824 Request: and in person resulting in him missing a text-to-speech iPad, and personal notifi	innouncements for Programs, Services, and A	naving trouble understanding staff both over the PA Activities (PSA)s; Inmate requests a vibrating watch,
Interim Accommodation:		
☑ No interim accommodation required	d: You are safely accessing PSA's.	
RAP Response:		

RAP is able to render a final decision on the following: Inmate reports being hearing impaired and having trouble understanding staff both over the PA and in person resulting in him missing announcements for Programs, Services, and Activities (PSA)s; Inmate requests a vibrating watch, text-to-speech iPad, and personal notifications.

Response: On 7/17/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request. It was determined more time was required to review your request and gather information. Your request was scheduled to be seen again in RAP on 7/24/2024.

On 7/24/2024, the RAP reconvened to discuss your request.

A review of Strategic Offender Management System (SOMS) Effective Communication (EC) history page shows that you had four documented EC interactions with staff in the month of June a review of documentation from those EC interactions shows that staff were able to effectively communicate with you through a combination of your primary method of EC: hearing aids and your secondary method of EC: needing staff to speak loudly and clearly.

Per the Interim Accommodation Procedure (IAP) worksheet, dated 7/18/2024, you were observed accessing PSA's and being notifies of every announcement that pertains to the facility or personal notifications.

You will not receive a text to speech iPad as you are not designated DPH, and you currently achieve effective communication through existing accommodations.

Per memo titled "Issuance of Vibrating Watches as a Reasonable Accommodation for Permanent Hearing-Impaired, Impacting Placement Incarcerated Persons," your request for a vibrating watch will be reviewed by the RAP. If request is disapproved, vibrating watches were made available for the incarcerated population to purchase via the quarterly package process at the beginning of the month.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife ADA Coordinator/Designee

Signature

Date sent to inmate: AUG 0 9 2024

STATE OF CALIFORNIA REASONABLE ACCOMMODATION REQUEST CDCR:1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

	The second second	<u>د در در د</u>		Fede 1:01.1
INSTITUTION (Staff use only)	LOG NUMBER (Staff Use Onl	ÿĴ	DATE RECEIVED BY	MEGINET 1
and the second s	UHAVE AN EMERGENCY			1.2024
DO NOT use a CDCR 182440 request heal. may delay your access to health care: Inst			of GRIE	VENCE:
INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT	HOUSIN	l G
INSTRUCTIONS		1.5		
 You may use this form if you have a physic You may use this form to request a specific participate in a program; service or activity Submit this form to the Custody Appeals O The 1824 process is intended for an individent of the CDCR 1824 is a request process; not If you have received an 1824 decision that 	c reasonable accommodation v . You may also use this form to iffice. fual's accommodation request; an appeal process. All CDCR	vhich, if approved o submit an allega Each individual's 1824 requests wi	, will enable you to accu ation of disability, based s request requires a cas Il receive a response:	ess and/or discrimination: e-by-case review.
disagreeing with a medical diagnosis/treatr		nitiit att appeai (c	DOR GOZ, OF ODOR GO	z-no,ii you are.
WHAT CAN'T YOU DO NWHAT IS THE	ONE PROblems	commu	icodina w	Hristoff
and increstancing		en an	GIRECTION	<u> </u>
aso regularia mi				
medical appointment				
WHY CANTYOU DO IT?	cation barrier	- I Can	not hear th	e P.A
system clearly transla	te the message	CO.	NNOT RECO	officers?
irps clearing conver		miss +	ne transi	astion of
WHAT DO YOU NEED?	ed for the "Hi	ultifunction	N Pedometër	Brocelet"
uibrating watch so T start/end times for u	can notify mus	o spect	PROINTINENTS	a NG Yarad
so I can have transce	IDTIONS OF CON	UERSOON	ons to make	SURCIL
See and understand to come to my dook it	SHERY WORD	idi als	<u>o keed ow</u>	officer NK for
medical appointments.	jara, etc.		ck of this form if more s	to the second of
DO YOU HAVE DOCUMENTS THAT D	ESCRIBE YOUR DISABILI	TY? Yes	☐ No ☐ Not S	Sure 🗌
List and attach documents, if available:				
			N 199 N 19 N 20 19 10 10 10 10	
I understand that staff have a right to intervie	w or examine me, and my fajlu	re to cooperate n	nay cause this request t	o be disapproved.
		DAT	E SIGNED	
Assistance in completing this form was provi	ded by: WOFFICE			
Last Name	First Name		Signature	

Interim Accommodation Procedure (IAP) / Interview Worksheet

DRAFT

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.

Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate:	CDCR #:	CDCR 1824 Log #: 590923
STEP 1 INTERIM ACCOMMODATION A	SSESSMENT Dat	te CDCR 1824 received by IAC: 7 / 11 / 2024
		e the inmate injury or other serious harm while it is te's claim, assuming the claim is true.
Yes / Unsure (Complete St	obtain informa	the issues below are present) [Note: IAC may still ation for RAP by completing Step 2]
*	nate injury or other serious harm	
 Falling or the potential Cannot safely access 	•	ly navigate stairs. order and is assigned an upper bunk.
Workplace safety cond	• •	ision claims that may jeopardize safety.
		dining hall, carry food tray, shower, use toilet).
Maintenance, repair, c	·	ances which involve safety concerns.
Person Completing Step 1	SSA	Signature 7 / 11 / 2024 Date Completed
Ferson Completing Step 1	1100	Ognature Date Completed
STEP 2 CDCR 1824 INTERVIEWS	Note: Be sure to complete Ste	ep 3 when Step 1 was "Yes/Unsure"
Date assigned://	Due back to IAC:/_	/ /
Assigned to:		Title:
Information needed:		
Note 1: Attach a DECS printout listing Note 2: IAC and/or RAP may assign t		DPP codes, DDP codes, TABE score, etc.) telephonically or in person.
		1:
Interviewer notes:		
Staff Interviewed:	Title: Conu	ρ ξη . Interview date: <u></u> <u> </u>
Interviewer Notes: HU Plaff	conacd is di	ours accessing PSA's andis
holifized of even any	Duncement that pe	tains to the facility or personal
notification of		•
Staff Interviewed: Notes	Title: Notes	/ Interview date://
		ory page indicates that you had four documented EC
		of the documentation from those EC interactions e with you through a combination of your primary
		hod of EC: need staff to speak loudly and clearly.
		accommodation for permanent hearing-impaired,
		st for a vibrating watch will be reviewed by the RAP. If for the incarcerated population to purchase via the
quarterly package process on		, ,
	TOPL	07/18/24
Interviewer (Print Name)	Title	Date Completed

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IAP / Interview Worksheet

DRAFT

nmate:	CDCR #:	CDCR 1824 Log	₃ #: <u>590923</u>
ep 3: Decision regarding wh	ETHER AN INTERIM ACCOMMODAT	ION IS NECESSARY (See I	lote below)
An Interim Accommodation	IS NOT required.		
Reason:			
An Interim Accommodation	IS required.		
Reason:			
Accommodation(s) prov	ided:		Date provided:
			//
Person Completing Step 3	Title	Signature	Date Completed

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g., the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: CHSS035C

DPP Disability/Accommodation Summary

Thursday July 11, 2024 11:00:35 AM

As of: 07/11/2024

OFFENDER/PLACEMENT

CDC# Name:

Facility: SATF-Facility D

Housing Area/Bed: D 005 Placement Score: 841 Custody Designation: Medium (A) Housing Program: Sensitive Needs Yard

Housing Restrictions: Lower/Bottom Bunk Only Physical Limitations to No Rooftop Work Job/Other: Permanent - 12/31/9999

EOP Accommodation Recommendations:

DISABILITY ASSISTANCE

Current DDP Status: NDD DDP Adaptive None Support Needs:

Current DDP Status Date: 10/21/2005 DPP Codes: DNH DPP Determination Date: 11/18/2021 Current MH LOC: CCCMS

Current MH LOC Date: 06/06/2019 SLI Required: No Interview Date: 04/30/2016

Primary Method(s) - Hearing Alds Hearing:

Alternate Method - Hearing: Need Staff to Speak Loudly and Clearly

Non-Formulary Already posseses a Dual Vision/Hearing Vest. Accommodations/Comments:

Learning Disability: Initial Reading Level: 03.0 Initial Reading Level Date: 02/25/2020 Durable Medical Equipment: Hearing Ald

Ankle Foot Orthoses/Knee Ankle Foot Orthoses

(AFO/KAFO) Eyeglass Frames

Hearing Impaired Disability Vest Incontinence Supplies Partial Upper Denture - Acrylic Therapeutic Shoes/Orthotics

Languages Spoken:

IMPORTANT DATES

Date Received: 10/12/2000 Last Returned Date:

Release Date: 10/21/2029

Release Type: Earliest Possible Release Date

WORK/VOCATION/PIA

Privilege Group: A Work Group: A1 AM Job Start Date: 05/11/2024 Status: Half-Time

Position #: REC.002.006 Position Title: D-5 3W REC WORKER

Regular Days On: Tue, Wed, Thu, Fri, Sat (13:00:00 - 17:00:00)

CHSS033C

Name:

Effective Communication

CDC #: PID #:

Tuesday August 13, 2024 02:15:11 PM

Interaction Date: 08/10/2024 Interaction Type: Delivered RAP Response Interaction Time: 11:55:00 Related Key: None

Communication Barriers

Documented Communication Barriers

Offender requires EC on this Interaction Date: 08/10/2024

Disability Placement Program - Hearing:

DPP Code: Hearing Impairment NOT Impacting Placement

DPP Determination Date: 11/18/2021

Reading Level:

Reading Level: 03.0 Reading Level Date: 02/25/2020

Sign Language Interpreter Needed: No

Primary Method(s) - Hearing: Hearing Aids

Alternate Method - Hearing: Need Staff to Speak Loudly and Clearly Non-Formulary Accommodations/Comments: Already posseses a Dual Vision/Hearing Vest.

Other Communication Barriers not listed (mandatory if none are documented above)

#590923

Accommodations and Assistance Provided

Accommodation/Assistance Type

Spoke loudly & clearly

Primary Method(s) of EC used?: No Reason Primary EC Not Used: Hearing Aids not present or not functioning

Additional Information for Accommodations and Assistance Provided

Spoke loud and clear inmate was able hear and understand

Other Persons

Name	Role
No Rows Found	

Staff Assistant Participation

Staff Assistant Assigned?: No Institution/Parole Region: UNKNOWN Name of Staff Assistant: Unknown

Name of Person: Interaction of the Staff Assistant was: N/A

Method Used to Determine if Communication was Effective

Method

Offender provided appropriate, substantive responses...

Method Used Notes

None

Related Electronic Documents

Type Date Title Source Nbr of Pages	
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Page 2 of 2 Case 4:94-CV-02307-CW Document 3630-7 Filed 10/16/24 Page 14 of 56 Printed: 08/13/2024 02:15 PM

Туре	Date	Title	Source	Nbr of Pages
			No Rows Found	

Effective Communication Recorded By

[PEBL001] Name: Title: Sergeant

Exhibit 2

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

INSTITUTION (Staff use only)	LOG NUMBER (Staff Use Or	niv)	DATE DEC	Page 1 of 1
L SAME	29023	7'	MAIE REC	EIVED BY STAFF:
TALK TO STAFF IF YOU	LUAVE AN EUROPE	Manufacture survey		UU U O OOO!
DO NOT use a CDCR 1824 to request health	CARR OF TO ADDRESS AS A STATE OF			IUL 1 0 2024
may delay your access to health care. Inst	Pad submit a CDC 7200	tre decision. This	0.5	CONTUANICEC
INMATE'S NAME (Driet)		The second secon	OF	GRIEVANCES
	CDCR NUMBER	ASSIGNMENT		HOUSING
INCTOLICTIONS				
INSTRUCTIONS:				
 You may use this form if you have a physica You may use this form to request a specific 	al or mental disability or if you	believe you have a	physical or	montal its a mi
 You may use this form to request a specific participate in a program, service or activity. 	reasonable accommodation v	hich, if approved,	will enable v	Ou to access and
Submit this form to the Custody Appeals Off		odbinit an allegati	on of disabil	tv-based discrimination
• The 1624 process is intended for an individu	alla accomination			i i
The CDCR 1824 is a request process, not at If you have received an 1824 decision that you	a speed process. All CDCD	Each individual's	equest requ	ires a case-by-case review
 If you have received an 1824 decision that you 	ou disagree with you may suit	1824 requests will I	eceive a res	ponse.
If you have received an 1824 decision that you disagreeing with a medical diagnosis/treatment.	ent decision).	an appear (CD	CR 602, or (CDCR 602-HC if you are
WHAT CAN'T YOU DO / WHAT IS THE P	DODI ENO			
Tam missing announced	64 /COMO Vie	Goo		×
meals due to the	COCCATOLAS A	rok med	pas	is and
X 200 11	r inability	40 ho	an.	them.
WHY CAN'T YOU DO IT?		in the second		
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WHAT DO YOU WE		*		
T NEED?	and an artist of			
watch - Milet fourth	isidered for	the N	1 WS	Librating
	ou pedome	eter p	RAC	10+ 7
		Zand	1 (am Not
near It withally			use	1 don't
O D GUALLO CO	and by t	he tim	2 7	do, I've
30	bodm celes.			
		(Use the back of	this form if n	nore space is needed)
DO YOU HAVE DOCUMENTS THAT DESC	PIRE VOLID DISABILIER			
List and attach documents, if available:	KIDE TOOK DISABILITY?	Yes 🗌	No 🗌	Not Sure
4				
Lundania				
I understand the	re to	Cooperate may co	uso this	
		2-6-1	7/	uest to be disapproved.
MMATE'S SIGN	ATURE	DATE		
Assistance in completing this form was provided by		DATE SIG	MED	2
- PRISON LOW	and the same		***	
Last Name	office.			Σ
	First Name		Signature	
8		- Market		

REASONABLE ACCOMMODAT	ION PANEL (RAP) RESPONSE						
RAP Meeting Date: 7/17/2024	Date IAC Received 1824: 7/10/2024	1824 Log Number: 590237					
Inmate's Name:	CDCR#	Housing: A2-					
Compliance Analyst Registe	Scaife, Associate Governmental Program A red Nurse Health Care Grieva utenant Chief Physician and	nce Representative Office of Grievance					
Summary of Inmate's 1824 Request: Inmate reports missing announcements for meals and Med Pass due to being hearing impaired; Inmate reports previously requesting flashing lights; Inmate requests a vibrating watch.							
Interim Accommodation:							
No interim accommodation required:	You are safely accessing Programs, Service	es, and Activities.					
RAP RESPONSE:							

RAP is able to render a final decision on the following: Inmate reports missing announcements for meals and Med Pass due to being hearing impaired; Inmate reports previously requesting flashing lights; Inmate requests a vibrating watch.

Response: On 7/10/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

Per the Interim Accommodation Procedure (IAP) worksheet, dated 7/15/2024, you were observed by a building officer and regularly attend meals, med pass, Division of Rehabilitative Programs (DRP) classes and respond immediately to announcements. Officers are not aware of any prior request for use of flashing lights.

Per CDCR memo, "Issuance of Vibrating Watches as a Reasonable Accommodation for Permanent Hearing-Impaired, Impacting Placement", Incarcerated Person, dated 6/3/2024, all persons not designated DPH may purchase a vibrating watch from any departmentally approved authorized personal property vendor as part of their quarterly package order in keeping with title 15 and the authorized personal property schedule.

A review of Strategic Offender Management System (SOMS) indicates you are designated DNH and are accommodated with hearing aids as well as a pocket talker. You do not meet criteria to be accommodated with a vibrating watch.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee

Signature

Date sent to inmate:

AUG 0 7 2024

Exhibit 2

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REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 3/13/2024	Date IAC Received 1824: 2/23/		Number: 524844
Inmate's Name:	CDCR #:	Housing:	
RAP Staff Present: ADA Coordinator N. Representative Custody Appea Nurse Staff Services Analyst Principle (A)	Staff Services Analyst	Field Training L	ieutenant Assistant
Summary of Inmate's 1824 Request: In population to hear announcements; Inmacontrol the volume.	mate reports difficulty hearing the te requests the implementation o	e dayroom televisions becau f individual transmitters to a	llow the population to personally
Interim Accommodation:			
No interim accommodation required: Caids and Personal Sound Amplification De	Closed captioning is activated on a evice (PSAD) to listen to the telev	ll dayroom televisions. Addit ision while awaiting a respo	ionally, you may use your hearing nse.
RAP RESPONSE:			
RAP is able to render a final decision of is set to allow the population to hear announce to personally control the volume.	uncements; Inmate requests the in	nplementation of individual ti	ansmitters to allow the population
Response: On 2/28/2024, the RAP met a was required to review your request and	and discussed your 1824, Reason gather information. Your request v	nable Accommodation Requivas scheduled to be seen a	est. It was determined more time gain in RAP on 3/13/2024.
The RAP has determined that you are apparent and your Personal Sound Amplification D television at the institution. This will involude amended RAP response for this request	Device (PSAD). However, SATE was procurement and as a result	may take a substantial ar	ount of time. You will receive an
You are encouraged to utilize the appropriate submit a CDCR 602-2 and your concerns	riate avenues to address requests s will be addressed through the In	or concerns. If you disagre mate Appeal Process.	e with this determination, you may
Direction if dissatisfied: If you disagree along with your CDCR 1824 as supporting	with this decision and want to file ng documents.	an appeal/grievance, be sur	e to attach a copy of this response
			10 2 1 MM 073
N. Scaife	1. Suf.	Date sent to inmate:	AR 2 2 2024
ADA Coordinator/Designee	Signature		

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

INSTITUTION (Staff use only)	LOG NUMBER (Staff Use O	nly)	DATE REC	EIVED BY STAFF:
**************************************			EF	B 23 2024
DO NOT use a CDCR 1824 to request healt may delay your access to health care. Ins	th care or to appeal a health ca	are decision. This	OF	GRIEVANCES
INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT	A-Z	HOUSING
		BAL/A	orsel	A-2
INSTRUCTIONS:		-97		
 You may use this form if you have a physic You may use this form to request a specific participate in a program, service or activity Submit this form to the Custody Appeals O The 1824 process is intended for an indivice The CDCR 1824 is a request process, not If you have received an 1824 decision that disagreeing with a medical diagnosis/treater 	c reasonable accommodation You may also use this form office. dual's accommodation request an appeal process. All CDCR you disagree with, you may s	which, if approved to submit an allegation. Each individual's 1824 requests with the submit approved to the submit and the su	, will enable y ation of disable s request requ	ou to access and/or ility-based discrimination. uires a case-by-case review.
WHAT CAN'T YOU DO / WHAT IS THE	PROBLEMS			
TAM HAVER DEFFECULT DAZ ROOMS AS THE CAN HUALTHE OFF PANCYPCE ME, 145 GIA WHY CAN'T YOU DO IT? TELLU'SICH UCLUME SI ALSO THE EXCESSION	ALLES AMONI LES AMONI Les genesas Ard to Her	1 Valume	ICHS C + HA A S. DEFIN ON NO WITH + AY RO	you the the population was the set of the se
these at over 15 STATE	PACHDAY RECO POSISON GINZON A ONCIMENTATION TO PROVIDES AFREE FA HE WY ACTUST HE O NEIP THE POPULIE	Thers A SIM Step to the ARHOLD APP E VOIUME TO ILLAHON NE	of the	hery the sound allow is used with the sound with the sound with the sound with the sound of the
DO YOU HAVE DOCUMENTS THAT DE List and attach documents, if available:	Medica/	TY? Yes 🛚	Ų No □	Not Sure
I understand tha	DIGNATURE	re to cooperate ma	ay cause this 3-24 SIGNED	request to be disapproved.
Last Name	First Name	-	Signat	ure

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Interim Accommodation Procedure (IAP) / Interview Worksheet

DRAFT

CDCR 1824 Log #: 524844

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.

Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

CDCR #:

Inmate:

STEP 1 INTERIM ACCOMMODATION ASS	SESSMENT	Date CDCR 1824 received	by IAC: 02 / 23 / 24			
Does the inmate raise issues or being processed? Base your as	n the CDCR 1824 that may ssessment solely on the	cause the inmate injury or	other serious harm while it is			
Yes / Unsure (Complete Steps 2 &/or 3) No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]						
Issues that may cause the inma						
 Falling or the potential for 		ot safely navigate stairs.				
		e disorder and is assigned an	upper hunk			
Workplace safety conce		ig or vision claims that may jed				
		ccess dining hall, carry food tra				
		appliances which involve safe				
mantenance, repair, or	AGPA	. a				
			02 / 23 / 24			
Person Completing Step 1	Title	Section 1	Date Completed			
STEP 2 CDCR 1824 INTERVIEWS	Note: Be sure to comple	ete Step 3 when Step 1 was "Ye	s/Unsure"			
Date assigned://	Due back to IAC:	// Returne	ed to IAC://			
Assigned to:						
Information needed:						
mornation needed.						
Note 1: Attach a DECS printout listing in Note 2: IAC and/or RAP may assign to s	mate's current status (incluself and obtain information	uding DPP codes, DDP codes either telephonically or in pers	, TABE score, etc.)			
Inmate Interview Date/Time:						
Interviewer notes:						
Staff Interviewed:	Title [.]	Int	erview date://			
			erview date//			
Interviewer Notes:						
Staff Interviewed:	Title:	Int	erview date:/ /			
			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
Interviewer Notes:						
Notes: ADAC WILL REVIEW I/M'S REC	QUEST.					
Interviewer (Print Name)	Title	Signature	Date Completed			

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mate:	CDCR #:	CDCR 1824 Log	g #: <u>524844</u>
3: DECISION REGARDING WHET	HER AN INTERIM ACCOMMO	DATION IS NECESSARY (See 1	Note below)
An Interim Accommodation IS			10.0 20.0
Reason:			
An Interim Accommodation IS			
Reason:			
Accommodation(s) provided	d:		Date provided:
Comments:			
	AGPA		02 / 23 / 24
Person Completing Step 3	Title	Signature	Date Completed

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g., the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

DDAFT

Name:

CDC #: PID #:

CHSS035CDPP Disability/Accommodation Summary Friday February 23, 2024 01:11:01 PM As of: 02/23/2024

OFFENDER/PLACEMENT

CDC#: Name:

Facility: SATF-Facility A

Housing A 002

Area/Bed: Placement Score: 19

Custody Medium (A)

Designation:

Housing Program: Non-Designated Program Facility

Housing Lower/Bottom Bunk Only

Restrictions: Physical Limitations to Job/Other:

DISABILITY ASSISTANCE

Current DDP Status: NCF DDP Adaptive None

Support Needs:

Current DDP Status Date: 03/02/2010

DPP Codes: DNH

DPP Determination Date: 01/27/2023

Current MH LOC: CCCMS

Current MH LOC Date: 01/06/2011

SLI Required: No

Interview Date: 01/30/2020

Primary Method(s) - Hearing: Hearing Aids

Alternate Method - Hearing: Need Staff to Speak

Loudly and Clearly

Non-Formulary

Accommodations/Comments: Learning Disability:

Initial Reading Level: 12.9 Initial Reading Level Date: 10/14/2011

Durable Medical Equipment: Hearing Aid

Compression Stocking

Eyeglass Frames Knee Braces Therapeutic Shoes/Orthotics

Languages Spoken:

IMPORTANT DATES

Date Received: 03/01/2010

Last Returned

Date:

Release Date: 03/28/2058

Release Type: Minimum Eligible Parole Date

WORK/VOCATION/PIA

Privilege Group: A Work Group: A1

AM Job Start 10/06/2022

Date:

Status: Full Time Position #: BAR.002.001 Position Title: A2 BARBER/PORTER

Regular Days Monday through Friday (14:30:00 -

On: 17:00:00)

Monday through Friday (18:00:00 -

22:00:00)

Exhibit 2

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REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE 1824 Log Number: 499490 RAP Meeting Date: 1/3/2024 Date IAC Received 1824: 1/2/2024 CDCR #: Housing: A2-Inmate's Name: RAP Staff Present: ADA Coordinator N. Scaife, Chief Executive Officer A. Banerjee, Chief Medical Executive G. Ugwueze, Chief Custody Appeals Representative Psychologist Dr. J. Howard, Health Care Grievance Representative Registered Nurse Field Training Lieutenant Governmental Program Analyst Health Program Manager III , Vice Principal Summary of Inmate's 1824 Request: Inmate states inability to hear conversations if front of him due to hearing aids not filtering out background noise; Inmate requests a different type of hearing aids. Interim Accommodation: No interim accommodation required: You are not alleging a disability or requesting an accommodation to access Programs, Services, or Activities (PSA)s. RAP RESPONSE: RAP is able to render a final decision on the following: Inmate states inability to hear conversations if front of him due to hearing aids not filtering out background noise; Inmate requests a different type of hearing aids. Response: On 1/3/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request. Due to its nature, your request was forwarded to Health Care Services for input. Health Care Services provided the RAP with a Disability Verification Process (DVP) Worksheet indicating Flame 250 digital hearing aid is the only type of hearing aid available at this time. It is recommended by the Hearing Aid specialist to replace #13 hearing aid batteries every 7-10 days or as needed. You may utilize a 602HC to address disagreement with treatment provided by California Correctional Health Care Services (CCHCS). You are encouraged to utilize the appropriate avenues to address issues, such as submitting a 7362 to Health Care Services for any medical related requests. If you are dissatisfied or disagree with the treatment being provided by Health Care Services, you may submit a 602HC and your concerns will be addressed through the Health Care Grievance Process. If you disagree with this determination, you may submit a CDCR 602-2, and your concerns will be addressed through the Inmate Appeal Process. Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

JAN 3 0 2024

Date sent to inmate:

N. Scaife

ADA Coordinator/Designee

STATE OF CALIFORNIA

JAN 0 2 2024

DEPARTMENT OF CORRECTIONS AND REHABILITATION

REASONABLE ACCOMMODATION REQUEST CDCR 1824 (Rev. 09/17)

OF GRIEVANCES

Page 1 of 1

INSTITUTION (Staff use only)	LOG NUMBER (Staff Use Only)		DATE RECEIVED BY STAFF:		
OPTF	9177F 499490				
***********TALK TO STAFF IF YO	U HAVE AN EMERGENCY"	*****	1/1/24		
DO NOT use a CDCR 1824 to request healt	h care or to appeal a health care		ZAN 0 2 2023		
may delay your access to health care. Inst	tead, submit a CDC 7362 or a C	DCR 602-HC	OF GRIEVANCES		
INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT	HOUSING		
		121/2	0 / 4.7		
INSTRUCTIONS:		OMI	THE .		
You may use this form if you have a physic	cal or mental disability or if you b	oliovo vou bovo	a physical as monthly disphility.		
You may use this form to request a specific	sacconchia accommedation wh	elleve you have	a physical or mental disability.		
narticinate in a program continuo or activity	You may also use this form to	ich, if approved	, will enable you to access and/or		
participate in a program, service or activity. • Submit this form to the Custody Appeals O	. You may also use this form to	submit an allega	ition of disability-based discrimination.		
The 1824 process is intended for an individed. The COOR 1824: The COOR	dual's accommodation request.	ach individual's	request requires a case-by-case review.		
The CDCR 1824 is a request process, not.	an appeal process. All CDCR 18	324 requests will	I receive a response.		
If you have received an 1824 decision that	you disagree with, you may sub	mit an appeal (C	DCR 602, or CDCR 602-HC if you are		
disagreeing with a medical diagnosis/treatr	nent decision).		lla bata akeman dibata d		
WHAT CAN'T YOU DO / WHAT IS THE	PROBLEM?				
HOAC CCALLOGE ALECAS	in Front of M	01/11/	O OKIA. And		
1004	(MITOLE IV	WA'I'	E 105119 1419		
HEALING ATO					
MUY CANIT YOU DO ITS					
WHY CAN'T YOU DO IT?	. 1616 T.	10	101 / 510)		
The current MPAIL	AY HIDS JU	1A-5 91	Ver (Flame 250)		
DOES NOT DIOPELLY	Egite the BE	CK GYa	ind No!5 f. 50		
MOST COF Wh At its	WEAR IS PILL	2 thinus	but who Conversation		
0.1.110.01	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7	777			
4+ AAIG		V			
WHAT DO YOU NEED?	1-4-0 (1100)	161	0.10, 112, 1,00111.1		
There is A differen	TIPE OF HPAI	19 Hid	CUSENTIZI AMITABE		
it is CALLED REXT	CNARCUA AIP3	V			
,	1 -1				
		(Lise the har	k of this form if more space is needed)		
	***************************************	(000 11/0 200	n or the form in more space to necessary		
DO YOU HAVE DOCUMENTS THAT DE	SCRIBE VOLID DISABILITY	? Yes [No ☑ Not Sure □		
	SORIBE TOOK DISABILITY	, les [No Mot Sure		
List and attach documents, if available:					
I understand that	re	to cooperate ma	ay cause this request to be disapproved.		
		17	- 79-72		
		10	0/(-)		
INIVIATES	SIGNATURE	DATE	SIGNED		
Assistance in completing this form was provid	led by:				
Contraction and the second sec	portugency de 💆 del				
Last Name	First Name		Signature		

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Interim Accommodation Procedure (IAP) / Interview Worksheet

DRAFT

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate:	CDCR #:	CDCR 18	324 Log #: 499490	
STEP 1 INTERIM ACCOMMODATION AS	SESSMENT	Date CDCR 1824 rece	ived by IAC: 1	/ 2 / 2024
Does the inmate raise issues o being processed? Base your a	assessment solely on the	inmate's claim, assumin	g the claim is true	e.
Yes / Unsure (Complete Ste	ps 2 &/or 3)	None of the issues below ar information for RAP by cor	e present) [Note: I/ npleting Step 2]	AC may still
Issues that may cause the inma	ate injury or other seriou			
 Falling or the potential f Cannot safely access u 		ot safely navigate stairs.		
Workplace safety conce		re disorder and is assigned ng or vision claims that ma		
		ccess dining hall, carry foo		
		e appliances which involve		
	SSA		1 /2	/ 2024
Person Completing Step 1	Title	Signature	Date Con	npleted
STEP 2 CDCR 1824 INTERVIEWS	Note: Be sure to comp	lete Step 3 when Step 1 was	"Yes/Unsure"	
Date assigned://	Due back to IAC:		turned to IAC:	, ,
Assigned to:				
Information needed:				
<u> </u>				
Note 1: Attach a DECS printout listing in Note 2: IAC and/or RAP may assign to	nmate's current status (inc self and obtain information	luding DPP codes, DDP co either telephonically or in	des, TABE score, operson.	etc.)
Inmate Interview Date/Time:	Lo	ocation:		
Interviewer notes:				
Staff Interviewed:	Title		lata a dan data	
	VIII 10055-111		Interview date:	_//
Interviewer Notes:				
Staff Interviewed:	Title:		Interview date:	
Interviewer Notes:			interview date	
interviewer Notes.				
Notes: Forward to healthcare for inform	nation on digital booring of	do In the future I/M is one	ours and to out mit o	7202 to so al
medical care.	auton on digital nearing all	us. In the future, I/IVI IS enco	ouraged to Submit 8	1 / 302 to seek
Interviewer (Print Name)	Title	Signature	Date Co	mpleted

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IAP / Interview Worksheet

	\Box	
ט	ĸА	_

B: DECISION REGARDING WHETHER AN IN			
B: DECISION REGARDING WHETHER AN IN	ITERIM ACCOMMODATIO	ON IS NECESSARY (See I	Note below)
An Interim Accommodation IS NOT requ	uired.		
Reason:			
1.040011			
An Interim Accommodation IS required			
Reason:			
Accommodation(s) provided:			Date provided: / /
-			
2			
Comments:			
· · ·	10		
Person Completing Step 3	Title	Signature	//
organia organia	inic	Signature	Date Completed

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g, the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name:

CDC #:

CHSS035CDPP Disability/Accommodation Summary Tuesday January 02, 2024 12:51:00 PM

As of: 01/02/2024

OFFENDER/PLACEMENT

CDC#: Name:

Facility: SATF-Facility A

Housing A 002

Area/Bed: Placement Score: 19

Custody Medium (A)

Designation:

Housing Program: Non-Designated Program Facility

Housing Lower/Bottom Bunk Only

Restrictions: Physical Limitations to Job/Other: **DISABILITY ASSISTANCE**

Current DDP Status: NCF DDP Adaptive None

Support Needs: Current DDP Status Date: 03/02/2010

DPP Codes: DNH

DPP Determination Date: 01/27/2023 Current MH LOC: CCCMS

Current MH LOC Date: 01/06/2011

SLI Required: No

Interview Date: 01/30/2020

Primary Method(s) - Hearing: Hearing Aids

Alternate Method - Hearing: Need Staff to Speak

Loudly and Clearly

Non-Formulary Accommodations/Comments: Learning Disability: Initial Reading Level: 12.9

Initial Reading Level Date: 10/14/2011

Durable Medical Equipment: Hearing Aid Compression Stocking

Eyeglass Frames
Hearing Impaired
Disability Vest
Knee Braces
Therapeutic
Shoes/Orthotics

Languages Spoken:

IMPORTANT DATES

Date Received: 03/01/2010

Last Returned Date:

Release Date: 11/27/2057

Release Type: Minimum Eligible Parole Date

WORK/VOCATION/PIA

Privilege Group: A

Work Group: A1

AM Job Start 10/06/2022

Date:

Status: Full Time Position #: BAR.002.001

Position Title: A2 BARBER/PORTER

Regular Days Monday through Friday (14:30:00 -

On: 17:00:00)

Monday through Friday (18:00:00 -

22:00:00)

Disability Verification Process (DVP)
Worksheet
SIDE 1

INMATE'S NAME (Print)		CDCR 1824 LOG NUMBER
	CDCR NUMBER	499490

INSTRUCTIONS

- A SME Shall COMPLETE SECTION 1 prior to or during the INITIAL RAP.
- When the RAP needs more information, the ADA Coordinator shall complete Section 2 during the RAP and assign the DVP for Section 3 to be completed (See back of form).

SECTION 1 – SME FINDINGS	
Person completing worksheet: G. Ugwueze, MD	
Type of Review: Health care review Mental Health review Education / learning disability review	ew
Other review:	
File Review conducted. Documents obtained:	
CDCR 1845 dated://	
CDCR 7536 dated://_ CDC 7221-DME dated:/_/	-
CDCR 128-C3: dated://	
Other: dated://_ Other: dated:/_/_	7.5
	_
Recently evaluated for this issue. Date seen://	
Date seen://	
Evaluation (exam/interview) scheduled. Anticipated date to be seen: / /	
	•
Disability indicated: Yes Unable to Determine	
DPP: DNH	
Summary of findings: <u>DMF: compression stocking, eyeglass, hearing aid, HID vest, knee brace,</u>	_
therapeutic shoes	_
	_
Summary of limitations: bottom bunk	
	_
Comments: Flame 250 digital hearing aid is the only type of hearing aid available at this time. It is	
recommended by the Hearing Aid specialist to replace #13 battery every 7-10 days or as	
needed.	_
- 1 of 202a.	
Signature of Subject Matter Expert Date Signed	

Exhibit 2

Case 4:94-cv-02307-CW Document 3630-7 Filed 10/16/24 Page 32 of 56 REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE RAP Meeting Date: 3/8/2023 Date IAC Received 1824: 3/3/2023 1824 Log Number: SATF-A-23-00491 Inmate's Name: CDCR #: Housing: A2 RAP Staff Present: ADA Coordinator N. Scaife, Chief Medical Executive G. Ugweze, Doctor Chief Psychologist A. Myers, Health Care Compliance Analyst , Health Care Compliance Analyst Registered Nurse . Health Care . Custody Appeals Representative , ADA Staff Services Analyst Education Grievance Representative . Field Training Lieutenant Representative Summary of Inmate's 1824 Request: Inmate requests over the dar headphones for Viapath tablet. Interim Accommodation: No interim accommodation required: You are safely accessing programs, services, and activities. RAP RESPONSE: RAP is able to render a final decision on the following: Inmate requests over the ear headphones for V apath tablet. Response: On 3/8/2023, the RAP met and discussed your 1824, Reasonable Accommodation Request. Viapath conducted training the week of 12/5/2022 and incorrectly advised inmates to submit an 1824 request for over the ear head phones for tablets. SATF does not currently have over the ear headphones to provide. If SATF receives these items, SATF will develop a plan to disseminate them. You may purchase over the ear headphones through quarterly packages. Over the ear headphones are available for purchase through approved vendors and or special purchase orders. The headphones must be clear, they may not be solid colors. You can make purchases through approved vendors. To purchase assistive device items through Maxi Aids, you are required to submit a Special Purchase Order form to the ADA Coordinator (ADAC) for approval. You will need to submit a completed form to the ADA office for review. Once the form is approved by the ADAC, you will send your completed form and source of payment to the authorized vendor. To purchase items from other approved vendors, such as Walkenhorst, simply send your completed order form and source of payment to the authorized vendor. Approval from the ADAC is not required. The RAP encourages you to select an assistive device which meets the guidelines set forth in Department Operations Manuel (DOM) Authorized Personal Property Schedule (APPS). You are encouraged to utilize the appropriate avenues to address flequests or concerns. If you disagree with this determination, you may submit a CDCR 602-1 and your concerns will be addressed through the Inmate Grievance Process. Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response

N. Scaife

ADA Coordinator/Designee

along with your CDCR 1824 as supporting documents.

المسكر المسكر

Date sent to inmate:

dsatf office

MAR 28 2023

OF GRIEVANCES

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

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DO NOT use a CDCR 1824 to request health	n care or to appeal a	health car	e decision. This				
may delay your access to health care. Inste				, O	F GRIEVA	ANCES	
	eau, subiliit a CDC	1302 OI a C		2026			
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 You may use this form to request a specific 				-			
participate in a program, service or activity.	You may also use	this form to	submit an allega	ation of disabil	ty-based dis	scriminatio	n.
• Submit this form to the Custody Appeals Of	ffice.						
• The 1824 process is intended for an individ	ual's accommodation	n request.	Each individual's	s request requ	ires a case-	by-case re	eview.
• The CDCR 1824 is a request process, not a	an appeal process.	All CDCR	1824 requests wi	Il receive a res	ponse.		
• If you have received an 1824 decision that	you disagree with, y	ou may su	bmit an appeal (C	DCR 602, or	CDCR 602-	HC if you a	are
disagreeing with a medical diagnosis/treatn		•					
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I understand that staff have a right to interview	wor examine me, ar	hd my failu	<u>re to c</u> ooperate m	nay cause this	request to b	e disappr	oved.
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STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only)	LO	LOG NUMBER (Staff Use Only)		DATE RECEIVED BY STAFF:			
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DO NOT use a CDCR 1824 to request health may delay your access to health care. Inst		• •					
INMATE'S NAME (Print)		CDCR NUMBER	ASSIGNMENT		HOUSING		
 INSTRUCTIONS: You may use this form if you have a physic You may use this form to request a specific participate in a program, service or activity. Submit this form to the Custody Appeals O The 1824 process is intended for an individ The CDCR 1824 is a request process, not a lif you have received an 1824 decision that disagreeing with a medical diagnosis/treatment 	c reas /. You Office. dual's an ap	sonable accommodation was may also use this form to accommodation request. Opeal process. All CDCR disagree with, you may su	which, if approved to submit an allega Each individual's 1824 requests wi	I, will enable y ation of disabi s request requ ill receive a re	you to access and/or illty-based discrimination. uires a case-by-case review. esponse.		
WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?							
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WHY CAN'T YOU DO IT?					· - ·		
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WHAT DO YOU NEED?			 		<u> </u>		
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·			_ (Use the bac	ck of this form	n if more space is needed)		
DO YOU HAVE DOCUMENTS THAT DE List and attach documents, if available:	ESCI	RIBE YOUR DISABILIT	TY? Yes [□ No □	Not Sure		
I understand that staff have a right to interview	w or e	examine me, and my failur	re to cooperate m	nay cause this	request to be disapproved.		
INMATE'S SIGNATURE		_ DAT	E SIGNED				
Assistance in completing this form was provide				— — — — — — — — — — — — — — — — — — —			
Last Name		First Name	-	Signa	uture		

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Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.

Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate:		CDCR #:]	CDCR	1824 Log #	SATF-A-23-00491
STEP 1 INTERIM	ACCOMMODATION ASSE	SSMENT	Date CDCR 1824 red	eived by I	AC: <u>03 / 03 / 23</u>
			may cause the inmate inju the inmate's claim, assum		
	Unsure (Complete Steps 2	Ob	o (None of the issues below ain information for RAP by c	ompleting	Step 2]
	at may cause the inmate alling or the potential for		ious harm include, but are r annot safely navigate stairs.	not limited t	o:
		-	eizure disorder and is assign	ed an upp	er bunk.
	Vorkplace safety concerns		earing or vision claims that n p., access dining hall, carry fo		
	• •	· I	care ap <u>pliances which invol</u>		·
		CCI		<u> </u>	3 / 03 / 23
Person (Completing Step 1	Title	Oignature		Date Completed
STEP 2 CDCR	1824 INTERVIEWS	Note: Be sure to co	mplete Step 3 when Step 1 w	as "Yes/Un	sure"
Date assigned: 0	03 / 03 / 23	Due back to IAC:	<u>03 / 06 / 23</u> F	≀eturned to	IAC://
_			Title):	
Information neede	ed:				
			(including DPP codes, DDP tion either telephonically or i		BE score, etc.)
	Date/Time:		Location:		
Staff Interviewed	l:	Tit	e:	_ Intervie	w date: / /
Interviewer Note	s:		•		
Staff Interviewed	l:	Tit	e:	Intervie	w date: //
	s:	-			
					
Notes: VIAPATH AN 1824	I CONDUCTED TRAINING TO REQUEST OVER THE	IG THE WEEK OF HE EAR HEAD PHO	2/5/2022 AND INCORRECTIVES FOR TABLETS, SATE	TLY ADVIS	ED I/M'S TO SUBMIT T CURRENLTY HAVE
THE ITE	MS: IF SATF RECEIVES	THESE ITEMS, SA	TF WILL DEVELOP A PLAN THE FAR HEADPHONES	l TO DISSI	EMINATE THE ITEM S
- AUUNL		<u>,</u>			/ /
Interviewer	(Print Name)	Title	Signature		Date Completed

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IAP / Interview Worksheet

Inm	nate: C	DCR#	CDCR 1824 Log #:	SATF-A-23-00491
			· · · · · · · · · · · · · · · · · · ·	
Step	3: DECISION REGARDING WHETHER AN INTER	RIM ACCO	MMODATION IS NECESSARY (See Note	below)
ľ	An Interim Accommodation IS NOT require	∉d.		
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	Reason:			
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	An Interim Accommodation IS required.			
	Peason:			
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	Accommodation(s) provided:			Date provided:
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	Comments:			
				, PARELLE III
_				///
	Person Completing Step 3 Title		Signature	Date Completed
Note:	When information is unable to prove or disprove a cla	aim, consi	der an interim accommodation as a precaut	onary measure.
	IAP processing ins	truction	s for the Appeals Coordinator	
• s	Step 1 must always be completed prior to the init			
	Step 2 should be completed whenever the inma		est is unclear or when additional innu	it from the inmate and/or
	taff will help the RAP better understand the requ		est is unclear, or when additional hipt	it from the inmate and/or
	Step 1 is "Yes/Unsure," proceed to Steps 2 ar		he interviews conducted in Sten 2 wil	heln with the decision in
	Step 3. Step 3 documents the decision. When		,	
re	equest was received the day before the RAP)	steps 2	and 3 may be completed during the F	
1	Inder no circumstances shall a decision regardir	_		
• 0	Consult with the ADA Coordinator when unsure v	vhich box	to check in Step 1.	
• N	Maintain ongoing communication with the ADA C	oordinate	r regarding the interim accommodatior	process.
l , .			ewer Instructions	
	our task is to obtain additional information that vasues raised by an inmate on a CDCR 1824, Re			II (RAP) better understand
			·	2 If you mand
	ake a moment to read the CDCR 1824 and ther larification, contact the Appeals Office or the AD			ız. II you need
	nterview the inmate who filed the CDCR 1824 ar			imate's request
	nmates often have difficulty expressing themselv		•	· ·
	s, and what the inmate wants (e.g., cane, lower t			plainy what the problem
	Reminder. Be sure to return this form to the Inma			Step 2.
		1 1 2	,	,

Page 1 of 1

CHSS035CDPP Disability/Accommodation SummaryFriday March 03, 2023 01:52:24 F

As of: 03/03/2023

OFFENDER/PLACEMENT

CDC# Name:

Facility: SATF-Facility A

Housing Area/Bed: A 002

Placement Score: 19

Custody Medium (A)

Designation:

Housing Program: Sensitive Needs Yard

Housing Lower/Bottom Bunk Only

Physical Limitations to Job/Other:

DISABILITY ASSISTANCE

Current DDP NCF

Status:

DDP Adaptive None

Support Needs:

Current DDP 03/02/2010

Status Date:

DPP Codes: DNH

DPP Determination 01/27/2023

Date:

Current MH LOC: CCCMS

Current MH LOC 01/06/2011

Date:

SLI Required: No

Interview Date: 01/27/2023 Primary Method: Hearing Aids

Alternate Method: Need Staff to Speak Loudly and Clearly

Learning Disability:

Initial TABE Score: 12.9

Initial TABE Date: 10/14/2011 Durable Medical Hearing Aid

Equipment: Eyeglass Frames

Hearing Impaired Disability Vest.

Knee Braces

Therapeutic Shoes/Orthodics

Languages Spoken:

IMPORTANT DATES

Date Received: 03/01/2010

Last Returned

Date:

Release Date: 12/04/2057

Release Type: Minimum Eligible Parole Date

WORK/VOCATION/PIA

Privilege Group: A

Work Group: A1

AM Job Start 10/06/2022

Date:

Status: Full Time

Position #: BAR.002.001

Position Title: A2 BARBER/PORTER (WHT)

Regular Days On: Monday through friday (14:30:00 -

17:00:00)

Monday through Friday (18:00:00 -

22:00:00)

Disability Verification	Process	(DVP)
Worksheet		•
SIDE 1	-	

INMATE'S NAME (Print)	COCR 1824 LOG NUMBER SATF - A
CDCR NUMBER	23-00491

INSTRUCTIONS

- A SME Shall COMPLETE SECTION 1 prior to or during the INITIAL RAP.
- When the RAP needs more information, the ADA Coordinator shall complete Section 2 during the RAP and assign the DVP for Section 3 to be completed (See back of form).

Person completing worksheet:			-
Person completing worksheet: Type of Review: Health care review Mental Health review HCGO Their review:	SECTION 1 - SME FINDINGS		AGPA
Other review: HCGO File Review conducted. Documents obtained: CDCR 1845 dated: /_/ CDCR 7410 dated: /_/ CDCR 7536 dated: /_/ CDCR 7536 dated: /_/ CDCR 7386: dated: /_/ CDCR 7	Person completing worksheet:	Title:	791 A
File Review conducted. Documents obtained: CDCR 1845 dated: _ / CDCR 7410 dated: _ / CDCR 7536 dated: _ / _ / CDCR 7536 dated: _ / _ / CDCR 7386: dated: _ / _ / _ CDCR 7386: dated: _ / _ / _ CDCR 7386: dated: _ / _ / _ GDCR 7386: d		tal Health review Education	/ learning disability review
Evaluation (exam/Interview) scheduled. Anticipated date to be seen:// Disability indicated:YesNoUnable to DetermineNH Summary of findings:	File Review conducted. Documents obtained: CDCR 1845 dated:// CDCR CDCR 7536 dated:/_/_ CDCR CDCR 128-C3: dated:/_/ dated:/_	7221-DME dated://CDCR 1 7386: dated://CDCR 1	7388: dated://
Disability indicated: Yes No Unable to Determine DNH Summary of findings: Summary of limitations: GRIEVANCE REGARDING RAP ISSUE 3/8/2023	÷		
Summary of findings: Summary of limitations: GRIEVANCE REGARDING RAP ISSUE 3/8/2023	Evaluation (examplines view) scrieduled. Anticipated of		
Summary of limitations: Comments: GRIEVANCE REGARDING RAP ISSUE 3/8/2023	7	e to Determine DNH	
Comments: GRIEVANCE REGARDING RAP ISSUE 3/B/2023	Summary of findings:	•	
3/B/2023	Summary of limitations:		
3/8/2023	GRIEVANCE REGARDING RAF	ISSUE	
3/8/2023			
3/8/2023	T. (/)		
3/8/2023	A Line of the Control		
er Expert Date Signed	b.	3/B/20	023
	er Expert	- Date S	igned

Exhibit 2

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REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE
RAP Meeting Date: 12/13/2023 Date IAC Received 1824: 12/11/2023 1824 Log Number: 490926
Inmate's Name: Housing: B1-
RAP Staff Present: ADA Coordinator N. Scaife, Chief Medical Executive G. Ugwueze, Psychologist Dr. Health Care Grievance Representative Analyst G. Custody Appeals Representative Analyst Field Training Lieutenant Field Training Lieutenant
Summary of Inmate's 1824 Request: Inmate requests a Personal Sound Amplification Device (PSAD), an iPad with live captioning, and a magnifier.
Interim Accommodation:
Interim Accommodation Provided: You were offered a card magnifier but refused to accept the accommodation. You were also advised of the availability of the full-page magnifier which is available for checkout in your building.
RAP Response:
RAP is able to render a final decision on the following: Inmate requests a Personal Sound Amplification Device (PSAD), an iPad with live captioning, and a magnifier.
Response: On 12/13/2023, the RAP met and discussed your 1824, Reasonable Accommodation Request.
On 12/11/2023, you were provided a PSAD by a Field Training Sergeant (FTS). Please be advised, you may request battery exchange on a one for one basis by contacting your FTS. The FTS offered to provide you with a card magnifier, but you refused the accommodation. You were advised of the availability of the full-page magnifier which is available for checkout in your building.
You do not have a severe hearing impairment impacting placement. You are accommodated with hearing aids, pocket talker, and access to the caption phone. Your current Effective Communication (EC) methods of hearing aids and need staff to speak loudly and clearly are sufficient to maintain EC during due process and all general communication. You do not require an iPad or iPhone with live captioning to access PSAs.
Due to its nature, your request was forwarded to Health Care Services for input. Health Care Services provided the RAP with a Disability Verification Process (DVP) Worksheet indicating you recently had a vision evaluation with Optometry on 10/13/2023. Your vision with corrective lenses in the right eye is 20/25 and the left eye is 20/20. You are not designated vision impaired; you do not qualify for an LED magnifier at this time.
You are encouraged to utilize the appropriate avenues to address issues, such as submitting a 7362 to Health Care Services for any medical related requests. If you are dissatisfied or disagree with the treatment being provided by Health Care Services, you may submit a 602HC and your concerns will be addressed through the Health Care Grievance Process. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.
Direction if dissatisfied : If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

Date sent to inmate:

N. Scaife

ADA Coordinator/Designee

Signature

JAN 1 0 2024

STATE OF CAMERINA 4:94-CV-02307-CW Document 3630-7 Filed 10/16/24 Page 46 of 56 REASONABLE ACCOMMODATION REQUEST CDCR 1824 (Rev. 09/17)

			Page 1 of 1
INSTITUTION (Staff use only)	LOG NUMBER Staff Use C	nly)	DATE RECEIVED BY STAFF:
SHIP	1 49090	$\lambda \mathcal{Q}$	CSATF OFFICE
*************TALK TO STAFF IF Y			DEC 11 2023
DO NOT use a CDCR 1824 to request he			220 11 2023
may delay your access to health care. I	nstead, submit a CDC 7362 or	2 CDCR 602-HC	OF GRIEVANCES
INMATE'S NAME (Drint)	CDCB NUMBER	ASSIGNMENT	Housing
			D-1-
INSTRUCTIONS:			,
You may use this form if you have a phyYou may use this form to request a spec	sical or mental disability or if yo	u believe you have	a physical or mental disability
participate in a program, service or activ	ity. You may also use this form	to submit an allega	tion of disability-based discrimination.
 Submit this form to the Custody Appeals 	Office.		-
The 1824 process is intended for an indi The CDCR 1824 is a request research.			
 The CDCR 1824 is a request process, ne If you have received an 1824 decision the 			
disagreeing with a medical diagnosis/tre		donni an appear (o	DON GOZ, OF GEORY GOZ-FIGHT YOU AIR
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vie – v			
WHY CAN'T YOU DO IT?			
			
WHAT DO YOU NEEDS			
WHAT DO YOU NEED?	r, wanker-Talke	r, I Pac	Phone Thingie,
Stand alone magnit	er Shank V	7//	,
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		<u> </u>	

		(i.ise the back	of this form if more space is needed)
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DO YOU HAVE DOCUMENTS THAT I	DESCRIBE YOUR DISABILI	TY? Yes 🔽	No Not Sure
List and attach documents, if available:			
understand that st	ınd my failu	re to cooperate ma	y cause this request to be disapproved.
		12-	8-23
		DATE	SIGNED
Assistance in completing this form was prov	rided by:		
	, , , , , , , , , , , , , , , , , , ,		
Last Name	First Name	•	Signature

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Interim Accommodation Procedure (IAP) / Interview Worksheet

DRAFT

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.

Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate	CDCR #:	CDCR 1824 Log	#: 490926
STEP 1 INTERIM ACCOMMODA	TION ASSESSMENT	Date CDCR 1824 received by	IAC: 12 / 11 / 23
	ssues on the CDCR 1824 that may ca	ause the inmate injury or oth	er serious harm while it is
Yes / Unsure (Com		e of the issues below are presonation for RAP by completing	
Issues that may cause	the i <mark>nmate injury or other serious h</mark> a	ırm include, but are not limite	d to:
	-	afely navigate stairs.	
1	• •	isorder and is assigned an up	•
Workplace safe	•	or vision claims that may jeopa	•
•	orm essential manual tasks (e.g., acce epair, or replacement of health care a <u>r</u>	- -	•
ivaintenance, n	·	man as writer invition valuely	
	AGPA		12 / 11 / 23
Person Completing Ste	o 1 Title		Date Completed
STEP 2 CDCR 1824 INTERV	HEIRO NAME DO DOME AS COMPLETO	Step 3 when Step 1 was "Yes/L	language II
	•	· ·	_
Date assigned: 12 / 11 / 2	Due back to IAC: 12 /		to IAC: 12112183
Assigned to: FACILITY B		Title: FTS	
	SSUE I/M A POCKET TALKER. PI		
AND ADV	ISE OF THE AVAILABILITY OF FL	JLL PAGE MAGNIFIER FO	R CHECK OUT.
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			· · · · · · · · · · · · · · · · · · ·
Note 2: IAC and/or RAP may a	t listing inmate's current status (including ssign to self and obtain information eith	ner telephonically or in person	
Inmate Interview Date/Ţime:_	12/11/23 16 US Locat	ion: B1	
Interviewer notes: <u>I/M</u> W	AS ISSUED POCKET TALK	KER. IM REFUSED	CARD MAGNIFER
	OF FULL SIZEP MAGIN		
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Staff Interviewed:	Title:	Interv	riew date://
III(e) Viewer Notes.			
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	****		days data.
Staff Interviewed:	Title:	interv	new date://
Interviewer Notes:			
	·····		
Notes: FORWARD FOR HC F	OR INPUT FOR REQUEST OF MAGNIFICATES I/M DOES NOT HAVE A DO	VIFIER AND VISION RELATE	D REQUESTS. A
•	E OF POCKET TALKER.		
	667		12/11/23
Interviewer (Print Name)	Title	Signature	Date Completed

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IAP / Interview Worksheet

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Inmate:		CDCR #:	CDCR 1824 Log	#: <u>490926</u>
ер 3:	DECISION REGARDING W	HETHER AN INTERIM ACCOMMODA	TION IS NECESSARY (See 1	Note below)
	An Interim Accommodation	on <u>IS NOT required</u> .		
	Reason:			
		•		
	An Interim Accommodation	on <u>IS required</u> .		
	Reason:		· · · · · · · · · · · · · · · · · · ·	
	- • •		· ·	
	Accommodation(s) pro	vided:		Date provided:
	Comments:			
•	· · · · · · · · · · · · · · · · · · ·			
		AGPA		12 / 12 / 23
Per	rson Completing Step 3	Title	Signature	Date Completed

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g, the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name:

CHSS035CDPP Disability/Accommodation Summary Monday December 11, 2023 04:10:42 PM

As of: 12/11/2023

OFFENDER/PLACEMENT

CDC#: Name:

Facility: SATE-Facility B

Housing B 001

Area/Bed: Placement 19 Score:

Custody Medium (A)

Designation:

Housing General Population

Housing Ground Floor-No Stairs Restrictions: Lower/Bottom Bunk Only

Physical Limitations to Job/Other:

DISABILITY ASSISTANCE

Current DDP Status: NCF DDP Adaptive None Support Needs:

Current DDP Status Date: 12/03/2003 DPP Codes: DPM, DNH DPP Determination Date: 09/01/2023

Current MH LOC: GP

Current MH LOC Date: 12/05/2003

SLI Required: No

Interview Date: 05/24/2021

Primary Method(s) - Hearing: Hearing Aids

Alternate Method - Hearing: Need Staff to Speak Loudly and Clearly

Non-Formulary Per CDCR 128-B dated 5-24-21, CCI Accommodations/Comments: updated the Effective Communication Chrono.

Knowles's Primary Method: Hearing Aids.

His Alternative Method: Need Staff to Speak

Loudly and Clearly.

TimeStamp: 24 May 2021 14:05:10 --- User:

Learning Disability: Initial Reading Level: 12.9 Initial Reading Level Date: 12/10/2003 Durable Medical Equipment: Hearing Aid

Ankle Foot Orthoses/Knee Ankle Foot Orthoses

(AFO/KAFO) Wrist Support Brace Compression Stocking

Canes

Mobility Impaired Disability Vest

Eyeglass Frames Full Upper Denture

Hearing Impaired Disability Vest

Knee Braces

Partial Lower Denture - Acrylic Therapeutic Shoes/Orthotics

Walkers

Languages Spoken:

IMPORTANT DATES

Date Received: 11/21/2003

Last Returned Date:

Release Date: 05/09/2278

Release Type: Minimum Eligible Parole Date

WORK/VOCATION/PIA

Privilege Group: B Work Group: A2

AM Job Start Date: Status:

Position #: Position Title: Regular Days On: Disability Verification Process (DVP) Worksheet SIDE 1

INMATE'S NAM	E (Print)	· •	CDCR 1824 LOG NUMBER
	•	, •, • .	490926
	CDCR NUMBER		
		<u>*</u>	41

INSTRUCTIONS

- A SME Shall COMPLETE SECTION 1 prior to or during the INITIAL RAP.
- When the RAP needs more information, the ADA Coordinator shall complete Section 2 during the RAP and assign the DVP for Section 3 to be completed (See back of form).

SECTION 1 SME FINDINGS
Person completing worksheet: G. Ugwueze, MD Title: CME
Type of Review: Health care review Mental Health review Education / learning disability review
Other review:
File Review conducted. Documents obtained:
CDCR 1845 dated:// CDCR 7410 dated:// CDCR 128-C2: dated://_
CDCR 7536 dated:// CDC 7221-DME dated://
CDCR 128-C3: dated:// CDCR 7386: dated:// CDCR 7388: dated://_
Other: dated://_ Other: dated://_
Recently evaluated for this issue. Date seen: / /
Evaluation (exam/interview) scheduled. Anticipated date to be seen: / /
Disability indicated: Ves No Unable to Determine
DPP: DNH, DPM Summary of findings: <u>DME: Permanent: AFO/Knee AFO, cane, compression stocking, eyeglasses.</u>
hearing aid, HID vest, knee braces, MID vest, therapeutic shoes, walker, wrist
support brace
Summary of limitations: Bottom Bunk, Ground Floor- No Stairs
Comments: Patient recently had vision evaluation with Optometry on 10/13/23. Patient's vision with
corrective lenses in right eye is 20/25, left eye 20/20. Patient is not a designated vision
impaired; pt does not qualify for an LED magnifier at this time.
01. CMMLD 12/15/2027
1013/20
Signature of Subject Marier Expert Date Signed

Exhibit 3

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REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE
RAP Meeting Date: 4/10/2024 Date IAC Received 1824: 4/5/2024 1824 Log Number: 543876
Inmate's Name: CDCR #: Housing: E2-
RAP Staff Present: ADA Coordinator N. Scaife, Associate Governmental Program Analyst Physician and Surgeon W. Kokor, Staff Services Analyst Office of Grievance Representative Field Training Lieutenant Field Training Lieutenant
Summary of Inmate's 1824 Request: Inmate reports difficulty carrying items; Inmate reports difficulty hearing announcements; Inmate requests a walker bag and personal notifications.
Interim Accommodation:
No interim accommodation required: You are not alleging a disability or requesting an accommodation to access Programs, Services or Activities (PSA)s.
RAP Response:
RAP is able to render a final decision on the following: Inmate reports difficulty carrying items; Inmate reports difficulty hearing announcements; Inmate requests a walker bag and personal notifications.
Response: On 4/10/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.
A review of Strategic Offender Management System (SOMS) indicates you are prescribed a temporary walker for 6 months. However SATF is currently out of walker bags you have been placed on the waitlist and will receive a bag when stock arrives, and your name is reached on the list. In interim, you may request assistance carrying items from ADA workers.
Per the Interim Accommodation Procedure (IAP) worksheet, dated 4/6/2024, you were interviewed and advised to wear your hearing aid to assist hearing announcements on the PA. You were also issued a pocket talker on 4/9/2024 to further assist you.
You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.
Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee

Signature

Date sent to inmate: APR 2 4 2024

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STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

				Page	1 of 1
INSTITUTION (Staff use only)	LOG NUMBER (Staff Use Only)		DATE RECEIVED BY STAFF:		F:
H OH X A	L SY3874		APR 05	2024	
DO: NOT use a CDCR 1824 to request health care; list	ilcare of to appeal a health ca	re decision athis	OF GRIEVA		!
INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT	но	USING	
INSTRUCTIONS: You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability. You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination. Submit this form to the Custody Appeals Office. The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review. The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response. If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/ireatment decision). WHAT CAN'T YOU DO / WHAT IS THE PROBLEM? I have incontinued to put it smouther when I leave the KOP and I need to be able to put it smouther when I leave the law is a significant when I l					
WHY CAN'T YOU DO IT?	SCACETOCALA				
The MA SOUND VERY ME	•	DNH.			
I need the cloto in	ther to my walk		os via no	I MS I	
voice instal of over	Mr. PA.				
		(Use the back	k of this form if mo	ore space is i	needed)
DO YOU HAVE DOCUMENTS THAT DE List and attach documents, if available:		Υ? Yes [™ No □ N	lot Sure	
I understand that staff have a right to interview INMATE'S S Assistance in completing this form was provide	IGNATURE	<u> 4/3</u>		est to be dis	approved.
Last Name	First Name		Signature	li	

Case 4:94-cv-02307-CW Document 3630-7 Filed 10/16/24 Page 54 of 56 DRAFT Interim Accommodation Procedure (IAP) / Interview Worksheet Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request. CDCR#: CDCR 1824 Log #: 543876 Inmate: Date CDCR 1824 received by IAC: 04 / 05 STEP 1 INTERIM ACCOMMODATION ASSESSMENT Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? Base your assessment solely on the inmate's claim, assuming the claim is true. Yes / Unsure (Complete Steps 2 &/or 3) No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 21 issues that may cause the inmate injury or other serious harm include, but are not limited to: Falling or the potential for falling. · Cannot safely navigate stairs. Cannot safely access upper bunk. · Seizure disorder and is assigned an upper bunk. Workplace safety concerns. Hearing or vision claims that may jeopardize safety. Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet). Maintenance, repair, or replacement of health care appliances which involve safety concerns. **AGPA** Person Completing Step 1 Title Signature Date Completed STEP 2 **CDCR 1824 INTERVIEWS** Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure" Date assigned: 04 / 05 / 24 Due back to IAC: 04 / 06 / 24 Returned to IAC: Of 17/1/24 Assigned to: FACILITY E Title: FTS Information needed: PLEASE ADVISE I/M SATF IS OUT OF STOCK OF WALKER BAGS; I/M HAS BEEN PLACED ON WAITING LIST. PLEASE ADVISE I/M OF THE AVAILABILITY OF POCKET TALKERS AND DETERMINE IF THIS WOULD BETTER ACCOMMODATE THE I/M. Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.) Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person. Inmate Interview Date/Time: Location: El Dayroom ABOUT WAKER BAS ADVISED 14m he would CAMEIN. ALSO IN WAS NOT WEARING HARRING AID AND I ADVISORD ONLY has a proplem Heaving Announcemons on PA. ANG Staff Interviewed: WHEN OFFICER IN CONTROL BOOTH anons the to him. I snoke to officer 5 And Without to him Staff interviewed: Title: Interview date: Interviewer Notes: A REVIEW OF SOMS INDICATES I/M IS PRESCRIBED A TEMP WALKER FOR 6 MONTHS. HOWEVER, SATE IS CURRENTLY OUT OF STOCK OF WHEELCHAIR/WALKER BAGS, I/M HAS BEEN PLACED ON THE WAITING LIST AND WILL RECEIVE A BAG WHEN STOCK ARRIVES. IN INTERIM, I/M MAY REQUEST ASSISTANCE CARRYING ITEMS FROM ADA WORKERS

Notes: I/M IS DESIGNATED DNH, HEARING IMPAIRED NOT IMPACTING PLACEMENT, WITH NEEDS STAFF TO SPEAK LOUDLY AND CLEARLY AS PRIMARY EC. I/M IS PRESCRIBED HEARING AIDS. I/M IS ENCOURAGED TO UTILIZE HEARING AIDS. VIM WAS ISSUED Interviewer (Print Name) Signature

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IAP / Interview Worksheet

IAP processing instructions for the Appeals Coordinator

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

Signature

Step 1 must always be completed prior to the initial RAP.

Person Completing Step 3

- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
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DRAFT

Name: CDC #:

CHSS035CDPP Disability/Accommodation SummaryFriday April 05, 2024 12:46:19 PM

As of: 04/05/2024

OFFENDER/PLACEMENT

CDC#: Name:

Facility: SATF-Facility E

Housing E 001

Area/Bed: Placement 19 Score:

Custody Unclassified

Designation:

Housing Non-Designated Program Facility

Program

Housing Lower/Bottom Bunk Only

Restrictions: Physical Limitations to Job/Other: **DISABILITY ASSISTANCE**

Current DDP Status: NCF DDP Adaptive None Support Needs:

Current DDP Status Date: 04/19/2017

DPP Codes: DNH

DPP Determination Date: 01/11/2024 Current MH LOC: CCCMS Current MH LOC Date: 06/26/2017

SLI Required: No

Interview Date: 01/19/2024

Primary Method(s) - Hearing: Need Staff to Speak

Loudly and Clearly

Alternate Method - Hearing: Reads Lips

Non-Formulary
Accommodations/Comments:
Learning Disability:

Initial Reading Level: 12.0
Initial Reading Level Date: 01/30/2024

Durable Medical Equipment: Hearing Aid

Canes

Eyeglass Frames Hearing / Mobility Impaired Disability

Vest

Incontinence Supplies

Other (Include in Comments)
Walkers

Languages Spoken:

IMPORTANT DATES

Date Received: 12/13/2023

Last Returned Date:

Release Date: 06/27/2026

Release Type: Earliest Possible Release Date

WORK/VOCATION/PIA

Privilege Group: U Work Group: U AM Job Start Date:

Status: Position #: Position Title:

Regular Days On: