

**SUBJECT: SAFPF ELIGIBILITY REQUIREMENTS FOR CSCD OFFENDERS**

**APPLICABILITY:** Substance Abuse Felony Punishment Facility (SAFPF) Program

**PURPOSE:** To establish standards by which Community Supervision and Corrections Departments (CSCD) offenders are eligible to participate in the Substance Abuse Felony Punishment Facility (SAFPF) program.

**POLICY:**

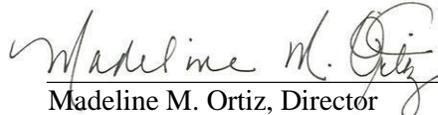
- I. Offenders must meet the following Legislative and Administrative Criteria:
- A. Offenders charged with or convicted of a first, second, third, or state jail felony are eligible, unless they are charged with or convicted of a felony or criminal attempt of a felony under Section 21.11 (Indecency with a Child), 22.011 (Sexual Assault), or 22.021 (Aggravated Sexual Assault) of the Penal Code. Offenders convicted of offenses for which sex offender registration is required are not eligible to participate.
  - B. Offenders convicted of the following 3G offenses are eligible: Aggravated Kidnapping, Aggravated Robbery, or an affirmative finding of the use or exhibition of a deadly weapon in the offense.
  - C. Pretrial detainees are eligible to participate, if ordered to do so, pursuant to a drug court program established under Chapter 469, Health and Safety Code, or a similar program. The detainee must have already been ordered to participate in an outpatient substance abuse treatment program or a residential substance abuse treatment facility, if available, as a condition of a pretrial order for the charges that are currently pending, and have been unsuccessfully discharged from both programs.
  - D. Offenders under the age of 18 are not eligible to participate.
  - E. If the offender has a State Jail Detainer and it expires prior to the completion of the Treatment Program, then the offender's treatment time and State Jail time can run concurrently, while the offender is enrolled in treatment.
  - F. Offenders with a detainer filed by the United States Immigration and Customs Enforcement (ICE), or a felony detainer, or pending charges except as noted above in Section "C" are not eligible to participate, unless the jurisdiction that placed the detainer agrees not to seek custody of the defendant until after the program and Continuum of Care (COC) requirements have been completed. Exceptions may be made on a case by case basis for offenders whose sentences are being served concurrently, provided that the sentence length is the same or less than the term of confinement in the SAFPF.
  - G. Defendants on deferred adjudication are eligible.
  - H. Offenders whose current community supervision (probation) or parole has been revoked are not eligible.

- I. Sentence will be for an indefinite period of 90 days to 12 months; however, as long as the time frame falls within these parameters, the commitment language may vary by jurisdiction.
- J. Offenders shall be chemically dependent.
  1. It is preferred that an offender arrives with an accepted substance abuse screening instrument.
  2. If the offender arrives from the county with an accepted substance abuse screening instrument, an ASI assessment shall be completed by the Primary Counselor (a Licensed Chemical Dependency Counselor (LCDC), or a Counselor Intern, Certified Criminal Justice Professional (CCJP), or Certified Criminal Justice Professional-Applicant (CCJP-A) under the direct supervision of the LCDC while completing the ASI) within five (5) working days of the offender's date-of-entry (enrollment) into the program.
  3. Once the offender has received an ASI score on the Alcohol and/or Drug Section that indicates a need for treatment and he/she has been admitted into the program, the numerical score shall be entered into Substance Abuse Master Plan Information Management System (SAMPIMS) within three (3) working days of completion of the ASI assessment.
  4. If the ASI score does not indicate a need for treatment, the Transitional Care Coordinator shall be responsible for contacting the Community Supervision Officer (CSO). It shall be the responsibility of the CSCD to arrange for the transportation of the offender back to the county jail.
- II. Offenders shall be physically and mentally capable of uninterrupted participation in a Therapeutic Community program.
  - A. Offenders who have been prescribed and are currently taking certain psychotropic and/or opioid analgesic medications, for which detoxification is required, shall not be eligible for admission to the SAFPF (**Attachment B**).
  - B. Offenders with special medical or mental health needs shall meet the eligibility criteria for the Special Needs SAFPF.
    1. Medical/Mental Health Screening Criteria – Offenders with the following medical/mental health conditions may be considered for enrollment in the Special Needs SAFPF program:
      - a. Offenders who are prescribed psychotropic medication (**Attachment A**), been diagnosed as having, or have a history of a Psychotic Disorder, Bipolar Disorder, Major Depressive Disorder, Post-Traumatic Stress Disorder (PTSD), Anxiety Disorder, Delusional Disorder, Schizophrenia, or Schizoaffective Disorder *shall be* identified as requiring Special Needs SAFPF Placement. In addition, offenders who arrive on psychotropic/medical medications will be maintained on their medications or a therapeutic equivalent for at least 30 days without any change, unless the medications are listed in **Attachment C**;
      - b. Personality Disorders and Cognitive Impairment shall not be used for determination of initial placement; this shall be addressed by the Treatment Team at the receiving facility;

- c. A severe mobility impairment (e.g., wheelchair, significantly impaired amputee, etc.);
  - d. A severe hearing or visual impairment;
  - e. Any medical condition requiring ongoing specialty medical services.
2. Pregnancy Screening Criteria –Pregnant offenders shall meet the following criteria to be considered for enrollment in the Special Needs SAFPF program (**Attachment D**):
- a. Gestation of less than 20 weeks;
  - b. No history of multiple abortions (spontaneous or induced);
  - c. No prior history of congenital anomalies in the family or currently in the fetus;
  - d. No maternal history of diabetes, sickle cell anemia, or any life-threatening illness;
  - e. No prior pregnancies deemed dangerous to the mother (i.e., a medical professional determined the pregnancy required termination, or the mother had severe renal disease, history of Class III or IV heart failure, etc.).
3. Other Medical/Mental Health Considerations – Due to the continuous need to be accessible during the Therapeutic Community program setting, the offenders with the following medical/mental health conditions shall not be eligible for the Special Needs SAFPF program:
- a. Any medical condition undergoing acute evaluation requiring inpatient care;
  - b. Any medical condition requiring permanent infirmary care (e.g., oxygen-dependence);
  - c. Any medical condition undergoing acute or chronic treatment in which interruption of continuity may jeopardize the patient’s final outcome (e.g., acute fracture care; evaluation of chest pain; staging of a disease process; etc.);
  - d. Any infectious condition requiring isolation;
  - e. Any medical condition requiring frequent offsite specialty medical services;
  - f. A medical condition(s) requiring ancillary services (e.g., physical therapy, occupational therapy, respiratory therapy, HCV triple-therapy, etc.). Dialysis is not available for SAFPF offenders;
  - g. Any mental illness currently requiring inpatient care;
  - h. Displaying the need for alcohol or other drug detoxification (**Attachment B**) or reliance on methadone maintenance.

- C. Offenders sentenced to SAFPF shall be screened for placement, and the following procedures shall apply:
1. TDCJ Admissions Office Administrative Assistant IV shall fax the Texas Uniform Health Status Update (TUHSU) form and the Pen Packet Document Checklist to the RPD Intensive Treatment Section Program Supervisor V (PS V); or, if unavailable, the RPD Intensive Treatment Section Program Supervisor III (PS III) or the RPD Manager IV of Operations.
  2. RPD staff will conduct a review of the TUHSU form to determine if the offender meets the criteria for participation.
  3. When a TUHSU indicates an offender is pregnant, Community Justice Assistance Division (CJAD) staff will fax the Substance Abuse Felony Punishment Facility Program Obstetrical Questionnaire Form (*Attachment D*) to the CSO for completion. The CSO will have the offender complete the OB Questionnaire and then fax it to RPD staff. Upon receipt of the questionnaire, RPD staff will fax the OB Questionnaire and the TUHSU form to the TDCJ Office of Health Services Liaison for a consultation to determine if the offender meets the criteria for participation.
  4. If the offender meets the criteria for participation, the RPD Intensive Treatment Section shall notify the TDCJ Admissions Office - Administrative Assistant IV, and the Administrative Assistant IV shall proceed with scheduling the offender to the appropriate unit.
  5. If the offender does not meet criteria for participation, RPD Intensive Treatment Section will notify CJAD Substance Abuse Administration – Field Services representative and the TDCJ Admissions Office - Administrative Assistant IV.
  6. If the offender arrives at the scheduled unit and it is determined at intake that the offender's circumstances have changed, intake staff shall contact RPD Intensive Treatment Section and fax the revised TUHSU form.
  7. Upon receipt of the revised TUHSU form, the RPD shall complete the RPD Questionnaire form (*Attachment E*) to assist in making a decision regarding the offender.
  8. If the offender meets the criteria for participation, he or she shall remain at the receiving unit and normal intake procedures should continue.
  9. The RPD Intensive Treatment Section Clerk IV shall send a Mainframe email to: RPD Deputy Director, RPD Manager IV of Operations, RPD Intensive Treatment Section PS V, RPD Intensive Treatment Section PS III, RPD Administrative Assistant, TDCJ Admissions Office - Administrative Assistant IV, and CJAD Program Administrator - SAFPF Section, should the offender be denied.
- D. If the CSCD SAFPF Coordinator has medical documentation to support that the offender is capable of participating in the Special Needs SAFPF program, the CSCD SAFPF Coordinator shall fax the medical documentation to the CJAD Substance Abuse

- Administration – Field Services representative and the RPD Intensive Treatment Section for special consideration.
- E. On a weekly basis, the RPD Intensive Treatment Section shall send a report of screened offenders to the CJAD Substance Abuse Administration – Field Services representative and the TDCJ Admissions Office - Administrative Assistant IV for scheduling. This report shall include the offender's name, State Identification (SID) number, county, and the facility capable of meeting specific medical/mental health needs of the offender.
- F. If an offender has a medical/mental health condition outlined above in Section II.B.3., the RPD Intensive Treatment Section shall notify the CJAD Substance Abuse Administration – Field Services representative, and the TDCJ Admissions Office - Administrative Assistant IV via email correspondence, outlining the offender's condition. The CJAD Substance Abuse Administration – Field Services representative shall be responsible for notifying the CSCD SAFPF Coordinator and relaying the information provided by the RPD Intensive Treatment Section.
- G. For offenders who are hearing impaired, the treatment vendor shall notify Private Facility Contract Monitoring/Oversight Division (PFCMOD) Contract Manager or designee and RPD Intensive Treatment Section PS V or designee upon arrival of the offender with date of entry and projected date of discharge.

  
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Madeline M. Ortiz, Director  
Rehabilitation Programs Division

## SAFPF Psychotropic Medications List

Revised June 2015

Please refer to this list when screening offenders for participation in the Texas Department of Criminal Justice (TDCJ) Substance Abuse Felony Punishment Facility (SAFPF) Program. Offenders taking medications on this list are appropriate for Special Needs SAFPF. This list contains drugs frequently prescribed to treat mental illness. This list is *not* all-inclusive and not all psychotropic medications are listed here. In general, offenders receiving medications in the antipsychotic, antidepressant, and mood stabilizing therapeutic categories, when utilized for an Axis I disorder, should be scheduled for Special Needs SAFPF. Offenders taking psychotropic medications that are not on this list (and not included on the “Detoxification Medications” list and/or the SAFPF Discontinued Medication List), should be screened through the Rehabilitation Programs Division Administration, so that they may be evaluated appropriately.

**NOTE:** *Offenders prescribed antiepileptic medications (denoted by!) for seizure disorder therapy (with no current Axis I diagnosis or psychotropic medications prescribed) are appropriate for Regular Needs SAFPF); however, these medications are also often utilized as mood stabilizers. Offenders prescribed antiepileptic agents who do not have seizure disorder should be scheduled for Special Needs SAFPF. This information does not replace sound clinical judgment, nor is it intended to strictly apply to all patients.*

Brand Name	Generic Name	Therapeutic Use
<b>Abilify</b> (includes Maintena injection)	Aripiprazole	Antipsychotic
<b>BuSpar</b>	Buspirone	Sedative/Hypnotic(Anxiety)
<b>Celexa</b>	Citalopram	SSRI/Antidepressant
<b>[Clozaril]+</b>	Clozapine	Antipsychotic
<b>(Cogentin)++</b>	Benzotropine Mesylate	Antiparkinsonian; Anticholinergic
<b>Cymbalta</b>	Duloxetine	Antidepressant
<b>Depakene<sup>1</sup></b>	Valproic Acid	Anticonvulsant/Mood Stabilizer
<b>Depakote<sup>1</sup></b>	Divalproex Sodium	Anticonvulsant/Mood Stabilizer
<b>Desyrel</b>	Trazodone	Antidepressant
<b>Effexor</b>	Venlafaxine	Antidepressant
<b>Elavil</b>	Amitriptyline	Tricyclic-Antidepressant
<b>Eskalith/Lithobid/Lithonate</b>	Lithium Carbonate	Bipolar/Anti-Manic
<b>Etrafon-Triavil</b>	Perphenazine/Amitriptyline	Tricyclic-Antidepressant and Antipsychotic
<b>Fanapt</b>	Iloperidone	Antipsychotic
<b>Geodon</b>	Ziprasidone	Antipsychotic
<b>Haldol</b> (includes Decanoate injection)	Haloperidol	Antipsychotic
<b>Invega</b> (includes Sustenna and Trinza injection)	Paliperidone	Antipsychotic
<b>Lamictal<sup>1</sup></b>	Lamotrigine	Anticonvulsant/Mood Stabilizer
<b>Latuda</b>	Lurasidone	Antipsychotic
<b>Lexapro</b>	Escitalopram Oxalate	SSRI/Antidepressant
<b>Loxitane</b>	Loxapine	Antipsychotic
<b>Luvox</b>	Fluvoxamine	Antidepressant
<b>Mellaril</b>	Thioridazine	Antipsychotic
<b>Navane</b>	Thiothixene	Antipsychotic
<b>Orap</b>	Pimozide	Antipsychotic
<b>Pamelor</b>	Nortriptyline	Tricyclic-Antidepressant
<b>Paxil</b>	Paroxetine	SSRI/Antidepressant

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**SAPFP ELIGIBILITY REQUIREMENTS FOR CSCD OFFENDERS**


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<b>Pristiq</b>	Desvenlafaxine	Antidepressant
<b>Prolixin</b> (includes Decanoate injection)	Fluphenazine	Antipsychotic
<b>Prozac</b>	Fluoxetine	SSRI/Antidepressant
<b>Remeron</b>	Mirtazapine	Antidepressant
<b>Risperdal</b> (includes Consta injection)	Risperidone	Antipsychotic
<b>Saphris</b>	Asenapine	Antipsychotic
<b>Seroquel</b>	Quetiapine Fumarate	Antipsychotic
<b>Sinequan</b>	Doxepin	Tricyclic-Antidepressant
<b>Stelazine</b>	Trifluoperazine	Antipsychotic
<b>Symbyax</b>	Olanzapine/Fluoxetine	Antipsychotic/Antidepressant
<b>Tegretol<sup>1</sup></b>	Carbamazepine	Anticonvulsant/Mood Stabilizer
<b>Thorazine</b>	Chlorpromazine	Antipsychotic
<b>Trilafon</b>	Perphenazine	Antipsychotic
<b>Trileptal<sup>1</sup></b>	Oxcarbazepine	Anticonvulsant
<b>Viibryd</b>	Vilazodone	Antidepressant
<b>Vistaril</b>	Hydroxyzine Pamoate	Sedative/Hypnotic
<b>Wellbutrin</b>	Bupropion	Antidepressant
<b>Zoloft</b>	Sertraline	SSRI/Antidepressant
<b>Zyprexa</b> (includes Relprevv injection)	Olanzapine	Antipsychotic

+Clozaril will need to be staffed with RPD Administration and additional documentation will be needed to include medication history and mental health diagnosis.

++If the patient is on Cogentin, they will likely be on a high potency antipsychotic med also (i.e., Haldol or Prolixin, etc.), so they should be placed on special needs/psychiatric patient. If on Cogentin alone, unless some neurological illness/disease (i.e., Parkinson's disease), Cogentin would need to be discontinued due to abuse/diversion risks.

**Attachment B**

## SAFPF Detoxification Medications List

Revised June 2015

Please refer to this list when screening offenders for participation in the Texas Department of Criminal Justice (TDCJ) Substance Abuse Felony Punishment Facility (SAFPF) Program. This list is *not* all-inclusive and not all medications for which detoxification is required are listed here. This list does contain the most frequently prescribed psychotropic and analgesic drugs. If you are unsure of whether or not your offender is appropriate for SAFPF, please feel free to have him/her screened through the Rehabilitation Programs Division Administration. **NOTE:** Offenders who are taking a medication for which detoxification is required are *not eligible* for admission into the SAFPF program. In other words, if the offender is taking a medication listed here, he or she cannot be scheduled for SAFPF. If a patient is treated with clonidine for opiate withdrawal/detoxification, it must be discontinued completely prior to admission into a SAFPF program. If clonidine is used as an antihypertensive agent and no other viable alternatives are available (rare occurrence), such treatment may be continued within the SAFPF program. This information does not replace sound clinical judgment nor is it intended to strictly apply to all patients.

Brand Name	Generic Name	Therapeutic Use
Ativan	Lorazepam	Anxiolytic
Catapres	Clonidine	Antihypertensive/Opiate Detoxification
Dalmane	Flurazepam	Sedative/hypnotic
Dilaudid	Hydromorphone	Narcotic Analgesic
Doral	Quazepam	Sedative/hypnotic
Fiorinal with Codeine	Butalbital/Codeine	Narcotic Analgesic
Flexeril	Cyclobenzaprine	Skeletal muscle relaxant
Halcion	Triazolam	Sedative/hypnotic
Klonopin	Clonazepam	Anxiolytic
Librium	Chlordiazepoxide	Anxiolytic
Lioresal	Baclofen	Skeletal muscle relaxant
Luminal	Phenobarbital	Seizure intervention/sedative/hypnotic
Methadose	Methadone	Narcotic analgesic
Midrin	Isometheptene/Dichloralphenzone/APAP	Non-narcotic analgesic
Noctec	Chloral Hydrate	Sedative/hypnotic
Oxy-IR, OxyContin	Oxycodone	Narcotic analgesic
ProSom	Estazolam	Sedative/hypnotic
Restoril	Temazepam	Sedative/hypnotic
Rozerem	Ramelteon	Sedative/hypnotic
Serax	Oxazepam	Anxiolytic
Soma	Carisoprodol	Skeletal muscle relaxant
Suboxone	Buprenorphine/Naloxone	Opiate detoxification
Subutex	Buprenorphine	Opiate detoxification
Tranxene-SD	Clorazepate	Anxiolytic
Tylenol with Codeine	Codeine/Acetaminophen	Narcotic analgesic
Valium	Diazepam	Anxiolytic
Vicodin/Lortab/Norco	Hydrocodone	Narcotic Analgesic
Xanax/Niravam	Alprazolam	Anxiolytic
Zanaflex	Tizanidine	Skeletal muscle relaxant

This list has been reviewed by UTMB Correctional Managed Care's Psychiatrist and Pharmacy Clinical Practice Specialist-Psychiatry.

**Attachment C**

## SAFPF Discontinued Medication List

Please refer to this list when screening offenders for participation in the Texas Department of Criminal Justice (TDCJ) Substance Abuse Felony Punishment Facility (SAFPF) Program. Due to the nature of the medication listed below and different usage for these medications the list below will not deny admission or eligibility into a SAFPF, but the offender will be discontinued on this medication upon arrival. If this will adversely affect the offender, notification to the offender should be completed prior to transport.

NOTE: Offenders prescribed antiepileptic medications (denoted by!) for seizure disorder therapy (with no current Axis I diagnosis or psychotropic medications prescribed) are appropriate for Regular Needs SAFPF); however, these medications are also often utilized as mood stabilizers. Offenders prescribed antiepileptic agents who do not have seizure disorder should be scheduled for Special Needs SAFPF. This information does not replace sound clinical judgment, nor is it intended to strictly apply to all patients.

<b>Brand Name</b>	<b>Generic Name</b>	<b>Therapeutic Use</b>
<b>Adderall, Adderall XR</b>	<b>Mixed amphetamine salts</b>	<b>CNS stimulant</b>
<b>Ambien</b>	Zolpidem	Sedative/hypnotic
<b>Concerta</b>	<b>Methylphenidate</b>	<b>CNS stimulant</b>
<b>Dantrium</b>	Dantrolene	Skeletal muscle relaxant
<b>Focalin, Focalin XR</b>	<b>Dexmethylphenidate</b>	<b>CNS stimulant</b>
<b>Lunesta</b>	Eszopiclone	Sedative/hypnotic
<b>Maxalt</b>	Rizatripan/Rizatripan Benzoate	Migraine headaches
<b>Midrin</b>	<b>Isometheptene/Dichloralphenzone/APAP</b>	<b>Non-narcotic analgesic</b>
<b>Neurontin!</b>	<b>Gabapentin</b>	<b>Antiepileptic/</b> Seizure intervention/non-narcotic analgesic
<b>Nuvigil</b>	<b>Armodafinil</b>	<b>CNS stimulant</b>
<b>Parafon Forte</b>	Chlorzoxazone	Skeletal muscle relaxant
<b>Phenergan</b>	Promethazine	Anti-emetic
<b>Provigil</b>	<b>Modafinil</b>	<b>CNS stimulant</b>
<b>ReVia/Depade</b>	Naltrexone	Alcohol/opioid dependence
<b>Ritalin, Ritalin LA</b>	<b>Methylphenidate</b>	<b>CNS stimulant</b>
<b>Robaxin</b>	Methocarbamol	Skeletal muscle relaxant
<b>Skelaxin</b>	Metaxalone	Skeletal muscle relaxant
<b>Sonata</b>	Zaleplon	Sedative/hypnotic
<b>Stadol</b>	Butorphanol/Naloxone	Narcotic Analgesic
<b>Ultram</b>	<b>Tramadol</b>	<b>Non-narcotic analgesic</b>
<b>Vyvanse</b>	<b>Lisdexamfetamine</b>	<b>CNS stimulant</b>

\*These medications generally do not require a taper/detoxification; however, patient-specific factors, such as long duration of treatment or high doses, may indicate the need for a gradual taper prior to discontinuation.

\*Gabapentin, if used for diabetic neuropathy, would be medical and considered special needs.

**ATTACHMENT D**  
**Substance Abuse Felony Punishment Facility Program**  
**Obstetrical Questionnaire**

**COMPLETE THIS FORM ONLY IF YOU ARE CURRENTLY PREGNANT**

This form is to be completed by the client. Please fill in all the blanks as thoroughly as possible.

Name:		Date of Birth:	
SID Number:		County:	
What date did your last period start?		What date is your baby due?	
When was the last time you saw a medical professional?		How many times have you been pregnant (including this time)?	
When you were pregnant before, did you carry all your babies to full term?		Yes	No
Have you ever had an elective abortion or miscarriage? (If yes, list how many and the date(s))?		Yes	No
If you've had a miscarriage or abortion, have you carried a healthy baby to full term since that event?		Yes	No
Have all your babies been healthy when they were born?		Yes	No
List the dates of all births:			
Have you ever had abnormal vaginal bleeding while pregnant?		Yes	No
Have you ever had placenta previa?		Yes	No
Have you had pre-term labor with this pregnancy or any other pregnancy?		Yes	No
Number of vaginal deliveries			
Number of cesarean section deliveries			
Was your last baby delivered by cesarean section? If so, what year was it born?		Yes	No
Have you ever had any medical problems when you were pregnant (pre-eclampsia, diabetes, high blood pressure or heart problems, etc.)?		Yes	No
If you answered "yes" to the question above, please list them here:			
Has your healthcare provider told you that you are having any problems (complications) with this pregnancy?		Yes	No
If you answered "yes" to the question above, please list them here:			
Have there been any babies born in your family with birth defects?		Yes	No
Are you HIV-Positive?		Yes	No
Have you ever been diagnosed with hepatitis?		Yes	No

Please sign your name and date this form:

\_\_\_\_\_

\_\_\_\_\_

Name

Date

ATTACHMENT E

Rehabilitation Programs Division Questionnaire

Upon receipt of a phone call to determine if an offender will remain on the unit or return to county, the following questions should be asked to assist in making that determination:

Offender Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SID #: \_\_\_\_\_

Unit Staff: \_\_\_\_\_ Unit: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

1. Has the unit received the Texas Uniform Health Status Update Form (TUHSU)?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. What medicine is the offender currently taking and frequency or what medical/mental health condition does the offender have?

\_\_\_\_\_

3. For what condition is this medication currently being taken?

\_\_\_\_\_

4. When was the last time the client took the medication?

\_\_\_\_\_

5. How long has offender been taking this medication?

\_\_\_\_\_

6. County that sentenced offender to SAFPP?

\_\_\_\_\_

7. Offender's Disposition:

Remain at Unit       Return to County       Other:

\_\_\_\_\_  
Staff Completing Questionnaire

\_\_\_\_\_  
Date

Misc: \_\_\_\_\_

\_\_\_\_\_

Revised 05/27/11