

Disability Tracking Form

Inmates Name: _____	PFN: _____
Pre-Booking Medical/ M.H. Screening by: _____	Date: _____

ITR Sergeant: _____	Notification Time: _____
Name & ID #	
Booking Officer Assigned to Track: _____	Notification Time: _____
Name & ID #	

Sign Language Interpreter called by: _____	Time: _____
<i>(Response time within 3 hours)</i>	
Interpreter Name: _____	Arrival Time: _____
If Interpreter does not arrive within three hours explain why below:	

Telephone (TDD/TTY) made available
 If telephone was not available, explain why below. **YES** **NO**

Write in the completion date and time for each of the following areas			
Write n/a in the space if not applicable			
Intake Process	_____	ADA Req. for Accommodations Form	_____
Explanation of Booking Process	_____	Medical Evaluation	_____
Arrestee receives written notices	_____	Inmate Orientation Video	_____
Finger Printed	_____	Inmate Rule Book	_____
Photograph	_____	Inmate Disability Evaluation Form	_____
Mental Health Screening	_____	Classification Completed	_____
	_____	Moved to Housing Unit	_____

Additional Comments:

Officer's Signature: _____ **Date/Time:** _____
Name & ID #

ADA Coordinator's Signature: _____ **Date/Time:** _____
Name & ID #

If a Hearing Impaired Inmate comes in that requires a Sign Language Interpreter and there is no one on staff who is qualified, the ITR Sergeant will arrange for services.