15PD029

February 5, 2014

To Whom It May Concern:

I support the request for Steve & Lynn Hammond for a variance to the setback, for an outbuilding at 1224 Skyline Dr.

Such a building would be an improvement to the area. An outbuilding would not be a detriment to the integrity of the neighborhood.

T.L. Trimble
1220 Skyline Dr
Rapid City SD 57701

15PD029

DEPARTMENT OF VETERANS AFFAIRS
DAKOTAS REGIONAL OFFICE
2501 W 22ND STREET
PO BOX 5046
SIOUX FALLS SD 57105

June 22, 2011

In Reply Refer To: 438/21
CSS 29 638 156
HAMMOND, Steven A

STEVEN A HAMMOND
1224 SKYLINE DR
RAPID CITY SD 57701

To Whom It May Concern:

This is to certify that the Department of Veterans Affairs records disclose that Steven A Hammond has permanent and total service connected disabilities due to individual unemployability.

If You Have Questions or Need Assistance

If you have any questions, you may contact us by telephone, e-mail, or letter.

If you	Here is what to do.
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.
Use the Internet	Send electronic inquiries through the Internet at https://iris.va.gov.
Write	Put your full name and VA file number on the letter. Please send all correspondence to the address at the top of this letter.

In all cases, be sure to refer to your VA file number 29 638 156.

If you are looking for general information about benefits and eligibility, you should visit our website at https://www.va.gov, or search the Frequently Asked Questions (FAQs) at https://iris.va.gov.

Sincerely yours,

D Meyer-Hickel

D. MEYER-HICKEL
Veterans Service Center Manager
21/caf/173

15PD029

CREEKSIDE MEDICAL CLINIC

2620 Jackson Blvd., Suite C
Rapid City, South Dakota 57702
Telephone (605) 341-1208 • Fax (605) 341-3552
www.CreeksideMedicalClinic.org

April 19, 2013

Re: Steve A. Hammond/DOB: 05/09/1954

To Whom It May Concern:

This letter is in regards to Mr. Steve Hammond. Patient is a 58-year-old veteran who has a history of autonomic neuropathy. He also had a traumatic brain injury, which in at least part has contributed to the autonomic neuropathy. Autonomic neuropathy is a disability, which prevents normal temperature regulation in the normal pathways of the nervous system. It also affects sensory perception that is used during normal walking, making long-distance walking more difficult. Therefore, it is important for him to have temperature regulation wherever he goes. To this end he has sought environmentally controlled areas to maintain his medical condition to prevent symptoms, which include pain and anxiety associated with it.

It is my understanding that he is seeking to build an additional workshop on his property, and I recommend that be as close to his house as possible to limit exacerbation of his symptoms.

Sincerely,

Jon M. Wingert, MD

lhu

15PD029

Black Hills Health Care System
Department of Veterans Affairs

✓ FORT MEADE MEDICAL CENTER
113 Comanche Road, Fort Meade, SD 57741-1099

___ HOT SPRINGS MEDICAL CENTER
500 North 5th Street, Hot Springs, SD 57747-1497

RE: Steve A. Hammond

People:

Steve Hammond is well known to the Ft. Meade Podiatry Department. He suffers chronic pain from autonomic neuropathy. This is a disease of the nervous system wherein the patient is unable to regulate body temperature.

Due to Mr. Hammond's Traumatic Brain Injury and related peripheral autonomic neuropathy, it would be advantageous to have a shop building located as close as possible to his home.

Due to his neuropathy, Mr. Hammond also has difficulties walking. Working in an enclosed building, within a few feet of walking distance from his home, large enough to house his vehicles, equipment and tools, can be therapeutic for Mr. Hammond. An environmentally controlled area provides relief of chronic pain and anxiety caused by his health conditions.

Please contact me at the Ft. Meade V.A. (605)347-2511 Ext. 7865 if I can provide further information.

Mark A. Gebbie D.P.M.

15PD029

DEPARTMENT OF VETERANS AFFAIRS
Black Hills Health Care System
Fort Meade: (800)-743-1070
Hot Springs: (800)-764-5370
Rapid City: (605)-718-1095

HAMMOND,STEVE ALAN
MAY 9,1954
1224 SKYLINE DR
RAPID CITY, SOUTH DAKOTA 57701
(605)388-8177

APR 30, 2013

NOTE: C-II MEDICATIONS REQUIRE A SEPARATE PRESCRIPTION

Allergies on File:

PREDNISONE (Jan 30, 1998)
NAPROXEN (Mar 19, 2003)
IBUPROFEN (Feb 01, 2007)
SIMVASTATIN (Aug 04, 2009)
PRAVASTATIN (Aug 04, 2009)
NIACIN (Mar 07, 2011)
TESTOSTERONE (Mar 09, 2012)
OXYCODONE (Dec 11, 2012)

==========

PATIENT WILL BENEFIT FROM A SHOP TO WORK AT - WHICH WILL BE THERAPEUTIC FOR HIS MEDICAL CONDITIONS. THIS HAS TO BE ATTACHED TO HOME AS HIS MOBILITY IS LIMITTED FROM MEDICAL CONDITIONS

Prescriber's Signature

ASHOK KUMAR MD
NPI: 1760570246
DEA#:_____

HAMMOND,STEVE ALAN
1224 SKYLINE DR
RAPID CITY, SOUTH DAKOTA 57701

15PD029

Black Hills Health Care System
Department of Veterans Affairs

FORT MEADE MEDICAL CENTER
113 Comanche Road, Fort Meade, SD 57741-1099

HOT SPRINGS MEDICAL CENTER
500 North 5th Street, Hot Springs, SD 57747-1497

Rapid City VA Clinic
3625 5th Street
Rapid City, SD 57701

July 6, 2012

To Whom It May Concern:

To manage his medical condition, Mr. Steve Hammond has special adaptive equipment, or treatment modalities, installed in his RV.

He has disabilities and severe limitations from his medical condition which can be treated with the special adaptive equipment he has in his RV. It is necessary for him to have his motor home in close proximity at all times. The adaptive equipment is necessary to reduce pain and discomfort.

Any assistance given to accommodate this is appreciated.

Dr. Ashok Kumar
Rapid City VA Clinic
Rapid City, SD

15PD029

Black Hills Health Care System
Department of Veterans Affairs

FORT MEADE MEDICAL CENTER
113 Comanche Road, Fort Meade, SD 57741-1099

HOT SPRINGS MEDICAL CENTER
500 North 5th Street, Hot Springs, SD 57747-1497

RE: Steve A. Hammond

People:

Mr. Steve Hammond is well known to the Ft. Meade Podiatry Department. He is a service connected, disabled Vietnam era veteran. He suffers chronic pain from autonomic neuropathy. This is a disease of the autonomic nervous system wherein the patient in unable to regulate body temperature.

Mr. Hammond must have access to an air conditioned space, ample supply of ice and a shower at all times as this allows supplemental control of his body temperature. The patient uses his motor home to supply these needs and thus needs it adjacent to his hangar space when the need for adjunct temperature regulation arises. Please contact me at the Ft. Meade V.A. (605)347-2511 Ext.7865 if I can provide further information on this matter.

Mark A. Gebbie D.P.M.

Mark A. Gebbie D.P.M.

15PD029

Security features are incorporated in this form. Form is green with black print. Face of form is Green in color with the words Department of Veterans Affairs throughout. On this form is an ink dot that will change color when your thumb is applied.

FULL NAME: HAMMOND STEVE

ADDRESS:

FACILITY NAME: FM PSD

ADDRESS:

INK DOT B6355121

Please check or circle appropriate block below.

AUTH ABSENCE ≤ 96 HOURS	AUTH ABSENCE > 96 HOURS	INPATIENT	EMP	NBC	PBC	A&A OR HB	CNH	SC	OPT NSC	OTHER FEDERAL

Patient has a medical condition that severely limits his ability to walk. He will require an electric wheelchair

Refill: 1 2 3 4 5 Nonrefill CANCEL

Another brand, equal in quality, of the same basic drug may be dispensed, UNLESS checked. ☐

Label with medicine NAME, STRENGTH and QUANTITY unless checked ☐

PROVIDER SIGNATURE: Mark Debold DPM | DEA/VA NUMBER | DATE 4/4/12

PRINT NAME | CONTACT INFO

VA FORM 10-2577F MAR 2011 — SECURITY PRESCRIPTION FORM

M. DEBOLT (605) 347-2511 x7865

Security features are incorporated in this form. Form is green with black print. Face of form is Green in color with the words Department of Veterans Affairs throughout. On this form is an ink dot that will change color when your thumb is applied.

FULL NAME: HAMMOND, STEVE

ADDRESS:

FACILITY NAME: FT MEADE

ADDRESS: PODIATRY

INK DOT B6355120

Please check or circle appropriate block below.

AUTH ABSENCE ≤ 96 HOURS	AUTH ABSENCE > 96 HOURS	INPATIENT	EMP	NBC	PBC	A&A OR HB	CNH	SC	OPT NSC	OTHER FEDERAL

MR. HAMMOND HAS A MEDICAL CONDITION WHERE HE IS UNABLE TO STAND OR WALK MORE THAN 15 MIN. AT A TIME. HE MUST CARRY ICE TO ICE HIS FEET APPROX EVERY 15 MIN.

Refill: 1 2 3 4 5 Nonrefill

Another brand, equal in quality, of the same basic drug may be dispensed, UNLESS checked. ☐

Label with medicine NAME, STRENGTH and QUANTITY unless checked ☐

PROVIDER SIGNATURE: Mark Debold DPM | DEA/VA NUMBER | DATE 4/4/12

PRINT NAME | CONTACT INFO

VA FORM 10-2577F MAR 2011 — SECURITY PRESCRIPTION FORM

M. DEBOLT (605) 347-2511 x7865

15PD029

DEA# _____ MEDICARE # _____

BLACK HILLS NEUROLOGY

K. ALAN KELTS, M.D., PH.D.
ROBERT C. FINLEY, M.D.
MATTHEW E. SIMMONS, M.D.
HEATHER CWACH, M.D.
CHRISTINA J. COTE, D.O.
STEVEN HATA, M.D.
BRIAN E. TSCHIDA, M.D.
CRAIG G. MILLS, M.D.
ZITA KWARTEK, P.A.-C.
LEANNA BROOKS-SMITH, CNP
WILLIAM DOMARAD, DO
2929 5TH STREET, SUITE 240 - RAPID CITY, SD 57701
605-341-3770

NAME Steve Hammond

D.O.B. 5/9/54 DATE 2/3/11

℞ (Please Print)

Motorized Scooter

☐ Label

REFILL _____ TIMES PRN NR

TO INSURE BRAND NAME DISPENSING, PRESCRIBER MUST HANDWRITE THE WORDS BRAND NECESSARY ON THE PRESCRIPTION OR WORDS OF SIMILAR MEANING.

DEA# _____ MEDICARE # _____

BLACK HILLS NEUROLOGY

K. ALAN KELTS, M.D., PH.D.
ROBERT C. FINLEY, M.D.
MATTHEW E. SIMMONS, M.D.
HEATHER CWACH, M.D.
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CRAIG G. MILLS, M.D.
ZITA KWARTEK, P.A.-C.
LEANNA BROOKS-SMITH, CNP
WILLIAM DOMARAD, DO
2929 5TH STREET, SUITE 240 - RAPID CITY, SD 57701
605-341-3770

NAME Steve Hammond

D.O.B. 5/9/54 DATE 3/2/11

℞ (Please Print)

To whom it may concern: Steve Hammond has a medical condition whereby he is unable to stand or walk more than 5 minutes at a time. He also has other

☐ Label

REFILL _____ TIMES PRN NR

TO INSURE BRAND NAME DISPENSING, PRESCRIBER MUST HANDWRITE THE WORDS BRAND NECESSARY ON THE PRESCRIPTION OR WORDS OF SIMILAR MEANING.

15PD029

CREEKSIDE MEDICAL CLINIC

2620 Jackson Blvd., Suite C Rapid City, South Dakota 57702
Office: 605-341-1208 • Fax: 605-341-3552

NANCY E. BABBITT, M.D. • CRAIG K. HANSEN, M.D.
JON M. WINGERT, M.D. • JENNA DORMANN, PA-C
JENNIFER KNOWLES, CNP

FOR Steve Hammond

ADDRESS _____ DATE 2/7/12

RX

Patient has medical condition (Neuropathy of feet which requires him to ice his feet periodically.

_____ DEA. _____

LABEL O REFILL 1 2 3 4 5 3MO. 6MO. 9MO. 1YR. NO REFILL

15PD029

MAYO CLINIC

200 First Street SW
Rochester, Minnesota 55905
507-284-2511

Jennifer A. Tracy, M.D.
Department of Neurology

November 16, 2010

Mr. Steve A. Hammond
1224 Skyline Drive
Rapid City, SD 57701-4418

RE: Mr. Steve A. Hammond
MC#: 7-147-735
DOB: 1954-5-9

Dear Mr. Hammond:

You were recently seen for an evaluation in the Department of Neurology at Mayo Clinic in Rochester, Minnesota.

Discharge diagnoses are:

- Autonomic neuropathy

Enclosed is the clinical documentation which summarizes our impressions and recommendations (Tracy, Jennifer A: Oct-28-2010). I have also included the most recent autonomic reflex screen, laboratory results and radiology reports.

We appreciate having the opportunity to see you. Please feel free to share this summary letter with your physician.

Sincerely,

Jennifer A. Tracy, M.D.

JAT:jgs
Enclosures

cc: Judd Sparagon, D.P.M.

28 Oct 2010 - Subsequent Visit, Jennifer Anne Tracy, Neurology

REFERRAL

Martin G. Ellman, DPM (4-7113).

IMPRESSION/REPORT/PLAN

Mr. Hammond returns to the Clinic today for follow-up. Since the last visit with myself, he has had a PET CT scan which showed an indeterminate left kidney lesion which the radiologist comments of a 4 x 3.5 cm soft tissue density lesion anterior to the left pole of the left kidney, which did not demonstrate any metabolic activity. They recommended renal ultrasound for further evaluation. We obtained that today and they found a number of cysts with benign appearance, but nothing worrisome for malignancy. A repeat QSART was performed with the patient's last use of amitriptyline being Sunday night, which was October 24. This was abnormal and showed a post-ganglionic sudomotor autonomic dysfunction with a multifocal distribution. It was felt that some of the earlier changes from the 10/25/10 study likely reflected amitriptyline affect. Dr. Low reviewed the data and felt that there was clearly a distal autonomic neuropathy in addition to the multifocal distribution of sweat loss.

#1 Autonomic neuropathy

Mr. Hammond has evidence on testing of a small fiber, autonomic neuropathy. He does have distal foot pain which is likely related to this. I think at this stage the best plan would be to work on pain control. I left specific recommendations for pain management in my note dated October 22, 2010 and I would recommend that these be instituted locally.

DIAGNOSES

#1 Autonomic neuropathy

Original: JAT:mmt by bkv
Electronically Signed: 8 Nov 2010 15:00 by J.A. Tracy, MD

Autonomic neuropathy

Overview

Autonomic neuropathy is a group of symptoms that occur when there is damage to nerves that regulate blood pressure, heart rate, bowel and bladder emptying, digestion, and other body functions.

Alternative Names

Neuropathy - autonomic

Causes

Autonomic neuropathy is a form of peripheral neuropathy. It is a group of symptoms, not a specific disease. There are many causes.

Autonomic neuropathy involves damage to the nerves that run through a part of the peripheral nervous system. The peripheral nervous system includes the nerves used for communication to and from the brain and spinal cord (central nervous system) and all other parts of the body, including the internal organs, muscles, skin, and blood vessels.

Damage to the autonomic nerves affects the function of areas connected to the problem nerve. For example, damage to the nerves of the gastrointestinal tract makes it harder to move food during digestion (decreased gastric motility).

Autonomic neuropathy affects the nerves that regulate vital functions, including the heart muscle and smooth muscles.

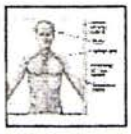
Damage to the nerves supplying blood vessels causes problems with blood pressure and body temperature.

Autonomic neuropathy is associated with the following:

- Alcoholic neuropathy
- Diabetic neuropathy
- Disorders involving scarring and hardening (sclerosis) tissues
- Guillain Barre syndrome or other diseases

Illustrations


Autonomic Nerves


Central nervous system

News More »

Urinary Incontinence Is Loss Of Bladder Control!
FPRD (press release) - 1 week ago
Also called cystopathy, the neurogenic bladder is considered a form of **autonomic neuropathy**. It begins with selective damage to autonomic afferent nerves, ...

AspenBio shares soar. International Cell shares plummet. Pressure BioSciences ...
BioMedReports (subscription) - 1 day ago
... diabetics for diabetic **autonomic neuropathy** (DAN), and trauma victims for imminent death absent immediate lifesaving intervention. ...

Vicor Technologies Receives Institutional Review Board Approval for Study to ...
PR-USA.net (press release) - 1 day ago
... diabetics for diabetic **autonomic neuropathy** (DAN), and trauma victims for imminent death absent immediate lifesaving intervention. ...
Vicor Technologies (VCRT.OB) Advancing Sports Science by Assessing Concussions ...
International Business Times
all news 2 articles »

Google Scholar More »

U.S. National Library of Medicine
Find this content and more from trusted sources.
MedlinePlus

that inflame nerves
- HIV and AIDS
- Inherited nerve disorders
- Parkinson's disease
- Surgery or injury involving the nerves
- Use of anticholinergic medications

Symptoms

Symptoms vary depending on the nerve(s) affected. They usually develop gradually over years.

Symptoms may include:

Digestive tract
- Constipation
- Diarrhea
- Feeling full after only a few bites (early satiety)
- Nausea after eating
- Swollen abdomen
- Unintentional loss of more than 5% of body weight
- Vomiting of undigested food GERT ?

Heart
- Blood pressure changes with position
- Dizziness that occurs when standing up

Urinary tract
- Difficulty beginning to urinate
- Feeling of incomplete bladder emptying
- Urinary incontinence (overflow incontinence)

Other symptoms
- Abnormal sweating
- Fainting
- Heat intolerance, induced by exercise
- Male impotence

Tests & diagnosis

A medical history and general physical exam are critical. A brain and nervous system (neurological) examination may show evidence of injury to other nerves. However, it is very difficult to directly test for autonomic nerve damage.

Signs of autonomic neuropathy include:
- Abnormal sounds in the abdomen, indicating decreased gastric movement (motility)
- Decrease of blood pressure upon standing up (postural hypotension)

Diagnosis and management of diabetic autonomic neuropathy.
D Ewing,B Clarke - British Medical Journal, 1982 - www.bmj.com

The natural history of diabetic autonomic neuropathy
D Ewing,I Campbell,B Clarke - QJM, 1980 - qjmed.oxfordjournals.org

Immediate heart-rate response to standing: simple test for autonomic neuropathy in diabetes.
D Ewing,I Campbell,A Murray,J Neilson,B Clarke - British Medical Journal, 1978 - www.bmj.com

Search Trends

People who searched for **Autonomic neuropathy** also searched for:

Conditions
1. neuropathy
2. diabetes mellitus
3. diabetic neuropathy
4. peripheral neuropathy
5. orthostatic hypotension
6. high blood pressure
7. low blood pressure
8. gastroparesis

Symptoms
1. dizziness
2. headache
3. nausea
4. diarrhea
5. fever
6. back pain
7. excessive thirst
8. fatigue

Drugs
1. regular insulin
2. aspirin
3. warfarin
4. nadolol
5. midodrine
6. dopamine
7. metformin

- Sluggish pupil reaction in the eye
- Swollen (distended) abdomen
- Swollen (distended) bladder

Occasionally, other symptoms may indicate a problem in the function of the autonomic nervous system, including:

- Difficulty swallowing
- Excessive sweating
- Irregular heart rhythms
- High blood pressure
- Rapid or slow heart rate

Special measurements of sweating and heart rate are called "autonomic testing" and can assist in diagnosis and treatment.

Other tests include:

- Measurement of blood pressure lying down, sitting, and standing
- Measurement of changes in heart rate
- Upper GI
- Esophagogastroduodenoscopy (EGD)
- Isotope study
- Voiding cystourethrogram (VCUG) or other tests of bladder function

Other tests for autonomic neuropathy are based on the suspected cause of the disorder, as suggested by the history, symptoms, and the way symptoms developed.

Treatment

Treatment is supportive and may need to be long-term. Several treatments may be attempted before a successful one is found.

Various strategies may be used to reduce symptoms in the feet, legs, and arms. These include:

- Florinef and salt tablets to increase fluid volume in blood vessels
- Fludrocortisone or similar medications to reduce postural hypotension
- Medications to help with salt and fluid retention
- Proamatine to prevent a drop in blood pressure when standing
- Sleeping with the head raised
- Use of elastic stockings

Treatments for reduced gastric motility include:

- Medications that increase gastric motility (such as Reglan)

8. lyrica

- Sleeping with the head raised
- Small, frequent meals

Diarrhea, constipation, bladder problems, and other symptoms are treated as appropriate. These symptoms may respond poorly to treatment. Drugs that block bladder contractions may be used to help with urinary control problems.

Phosphodiesterase type 5 (PDE-5) drugs, such as sildenafil (Viagra), vardenafil (Levitra), and tadalafil (Cialis) are safe and effective for treating impotence in patients with diabetes.

Prognosis

The outcome varies. If the cause can be found and treated, there is a chance that the nerves may repair or regenerate. The symptoms may improve with treatment, or they may continue or get worse, even with treatment.

Most symptoms of autonomic neuropathy are uncomfortable, but they are rarely life-threatening.

Complications

- Fluid or electrolyte imbalance such as low blood potassium (if excessive vomiting or diarrhea)
- Injuries from falls (with postural dizziness)
- Kidney failure (from urine backup)
- Malnutrition
- Psychological/social effects of impotence

When to contact a doctor

Call for an appointment with your health care provider if you have symptoms of autonomic neuropathy. Early symptoms might include:

- Becoming faint or light-headed when standing
- Changes in bowel, bladder, or sexual function
- Unexplained nausea and vomiting when eating

Early diagnosis and treatment increases the likelihood of controlling symptoms.

Prevention

Preventing or controlling disorders associated with autonomic neuropathy may reduce the risk. For

15PD029

example, diabetics should closely control blood sugar levels. Alcoholics should stop drinking.

References

Hunt D. American Diabetes Association (ADA). Standards of medical care in diabetes--2008. Diabetes Care. 2008;31:S12-S54.

Vardi M, Nina A. Phosphodiesterase inhibitors for erectile dysfunction in patients with diabetes mellitus. Cochrane Database Syst Rev. 2007;24 (1):CD002187.

Benarroch E, Freeman R, Kaufman H. Autonomic nervous system. In: Goetz CG, eds. Textbook of Clinical Neurology. 3rd ed. Philadelphia, Pa: Saunders Elsevier; 207: chap 21.

15PD029

Martin G. Ellman, D.P.M.
Department of Orthopedic Surgery
Podiatric Medicine

November 1, 2010

Judd Sparagon, D.P.M.
VA Black Hills Health Care System
113 Camanche Road
Fort Meade, SD 57741

RE: Mr. Steve A. Hammond
MC#: 7-147-735
DOB: 1954-5-9

Dear Dr. Sparagon:

We are pleased to have had the opportunity to see your patient, Mr. Steve A. Hammond, at Mayo Clinic.

Our final diagnoses were:

- Chronic bilateral foot pain

Enclosed is the clinical documentation which summarizes our impressions and recommendations (Tracy, Jennifer A: Oct-28-2010, Oct-25-2010, Oct-22-2010, Oct-20-2010; Ellman, Martin G: Oct-26-2010, Oct-25-2010, Oct-20-2010).

Please let me know if we can provide any further assistance.

Sincerely,

Martin G. Ellman, D.P.M.

MGE:skt
Enclosures

cc: Mr. Steve A. Hammond
Craig Hansen, M.D.

28 Oct 2010 - Subsequent Visit, Jennifer Anne Tracy, Neurology

REFERRAL
Martin G. Ellman, DPM (4-7113).

IMPRESSION/REPORT/PLAN
Mr. Hammond returns to the Clinic today for follow-up. Since the last visit with myself, he has had a PET CT scan which showed an indeterminate left kidney lesion which the radiologist comments of a 4 x 3.5 cm soft tissue density lesion anterior to the left pole of the left kidney, which did not demonstrate any metabolic activity. They recommended renal ultrasound for further evaluation. We obtained that today and they found a number of cysts with benign appearance, but nothing worrisome for malignancy. A repeat QSART was performed with the patient's last use of amitriptyline being Sunday night, which was October 24. This was abnormal and showed a post-ganglionic sudomotor autonomic dysfunction with a multifocal distribution. It was felt that some of the earlier changes from the 10/25/10 study likely reflected amitriptyline affect. Dr. Low reviewed the data and felt that there was clearly a distal autonomic neuropathy in addition to the multifocal distribution of sweat loss.

#1 Autonomic neuropathy
Mr. Hammond has evidence on testing of a small fiber, autonomic neuropathy. He does have distal foot pain which is likely related to this. I think at this stage the best plan would be to work on pain control. I left specific recommendations for pain management in my note dated October 22, 2010 and I would recommend that these be instituted locally.

DIAGNOSES
#1 Autonomic neuropathy

Original: JAT:mmt by bkv

---

26 Oct 2010 - Miscellaneous, Martin G Ellman, Podiatry

IMPRESSION/REPORT/PLAN
I received outside medical information from the Urological Clinic of Rapid City, South Dakota, regarding the PSA tests that have been performed on Mr. Hammond over the last several years. These will be scanned into his medical records.

Original: MGE:rkh
Electronically Signed: 31 Oct 2010 11:45 by M.G. Ellman, DPM

---

25 Oct 2010 - Subsequent Visit, Jennifer Anne Tracy, Neurology

REFERRAL
Martin G. Ellman, DPM (4-7113).

CHIEF COMPLAINT/PURPOSE OF VISIT
Follow up note.

IMPRESSION/REPORT/PLAN
Mr. Hammond returns to the clinic today for follow up since he was last seen by me. He had an autonomic reflex test which was abnormal with widespread suppression of postganglionic sympathetic sudomotor responses and cardiovagal abnormalities. He had a paraneoplastic panel which is still pending at the time of this dictation. I received a call from Dr. Ellman from Podiatry who brought up a concern about the patient's elevated PSA. Previously he apparently had an unremarkable prostate biopsy three to four months ago.

IMPRESSION:
#1 Autonomic dysfunction
#2 Foot pain

I discussed the results of Mr. Hammond. He had some unusual changes on his autonomic reflex screen with areas of widespread decreased sweating, some of which were in portions of his body that showed normal sweating on the TST. Upon discussion, it appears that he restarted his amitriptyline after the TST, and this could account for the difference. I will obtain quantitative sensory testing and I will try to get autonomic reflex screen repeated off the amitriptyline. He is going to stop it henceforth until all his studies are complete here. Because of concern for this elevated PSA and the fact that he has what looks like an autonomic ganglionopathy, I think we should just get a PET CT scan to insure that there is no evidence of underlying malignancy and he is willing to proceed with this. I have given him a prescription for amitriptyline-ketamine-lidocaine gel which he can start using after all of his testing is complete. I have also put recommendations in my note dated October 22, 2010, for other strategies for pain management necessary.

Patient Education: Patient Education: Ready to learn, no apparent learning barriers were identified; learning preferences include listening. Explained diagnosis and treatment plan; patient expressed understanding of the content.

DIAGNOSES
#1 Autonomic dysfunction
#2 Foot pain

Original: JAT:dlp by ket
Electronically Signed: 27 Oct 2010 16:59 by J.A. Tracy, MD

---

25 Oct 2010 - Subsequent Visit, Martin G Ellman, Podiatry

CHIEF COMPLAINT/PURPOSE OF VISIT
Followup of chronic bilateral foot pain.

HISTORY OF PRESENT ILLNESS
Since his last visit, he has been seen by Dr. Jennifer Tracy in Neurology. He has had multiple tests. His thermoregulatory sweat test showed some abnormalities as did the autonomic reflex screening. There are still some tests and labs that are pending. He has another visit with Dr. Tracy this afternoon. It should be noted that at one point he did have an elevated PSA. He did have prostate biopsy about six months ago (this was done elsewhere) which was apparently negative. He states that since that time his PSA level has gone down. He is not sure of the most recent numbers though. He did try the Aircast AirHeels, and he states that although they were comfortable in his arches, the material around his feet tended to cause an increased sense of warmth to his feet, and he discontinued using them. He has also tried the socks that help wick moisture away, though it is difficult to tell if this was very helpful for him.

PHYSICAL EXAMINATION
Extremities: No evidence of pain to the feet today. Feet feel actually somewhat cool and clammy.

IMPRESSION/REPORT/PLAN
He continues to be evaluated in Neurology for chronic foot pain and burning. I appreciate Dr. Tracy's continued evaluation and followup with him. He does state that he has some FMLA forms that would likely need to be filled out, and since he started with me at Mayo Clinic I would be happy to fill these out once he has completed his evaluation at the clinic. I have recommended that he give me a call when all tests and evaluations are completed, and these forms can be filled out.

PATIENT EDUCATION
Ready to learn, no apparent learning barriers were identified; learning preferences include listening. Explained diagnosis and treatment plan; the patient expressed understanding of the content.

DIAGNOSES
#1 Chronic bilateral foot pain

Original: MGE:agp
Electronically Signed: 31 Oct 2010 11:44 by M.G. Ellman, DPM

22 Oct 2010 - Subsequent Visit, Jennifer Anne Tracy, Neurology

HISTORY OF PRESENT ILLNESS
Mr. Hammond returns to clinic today accompanied by his wife. Since his last visit with myself he has had a number of tests and evaluations. These included nerve conduction studies and EMG which were normal with no electrophysiologic evidence for a large fiber peripheral neuropathy. His arterial studies to look for erythromelalgia were somewhat equivocal. There is a preliminary report. The final report is not yet back. They comment that on the erythromelalgia study with symptoms of digital temperature is increased slightly since the initial study but were not overly elevated and the laser doppler signals remain low. The TCPO2 were normal on all sides and they recommended clinical correlation for confirmation of erythromelalgia. Interestingly his sweat test was quite unusual. He had a pattern of patchy anhidrosis or hypohidrosis involving both arms, his abdomen, his chest, and medial interior thighs, and proximal legs with islands of preserved sweating within anhidrotic areas, and it was felt that the findings were most consistent with an autonomic ganglionopathy. I called Dr. Singer who read out the thermoregulatory sweat test to confer with him about the results, and he feels that it is a pattern that is very unlikely to be medication related and recommended further autonomic testing on a paraneoplastic panel. His other blood work included a normal or negative CBC, vitamin B12, folate, sodium, potassium, calcium, fasting glucose, hemoglobin A1c, AST, creatinine, SPEP and immunofixation, TSH, rheumatoid factors, CCP antibodies, ANA, SS-A, SS-B, RNP, Smith, Jo-1, and SCL-70 antibodies.

The patient tells me that he had a colonoscopy three to four years ago which was normal. Three to four months ago he had a prostate biopsy which was negative for cancer. He has regular dermatologic screens every six months and does not have cancer.

IMPRESSION/REPORT/PLAN
#1 Autonomic dysfunction
#2 Foot pain

I discussed with Mr. Hammond that he does have evidence by sweat test to some autonomic dysfunction which is of unclear etiology at present. It is difficult to say how much if at all this is related to the pain in his feet. Please note that his feet sweat normally on thermoregulatory sweat test though of course they do not test the plantar surfaces of the feet. There is not enough evidence at present to give a diagnosis of erythromelalgia though there are some features of his syndrome that would be consistent with that. I think we should plan on doing the paraneoplastic panel and full autonomic screen and I will see him back after that is done. We discussed the possibly of doing a cancer screen and given that sometimes an autonomic ganglionopathy can coexist with malignancy. At this point I will hold off and see what the initial tests show. Mr. Hammond says that is fine with him if we add on tests such as a CT or PET CT, and we may elect to that once we have some more results back. I will see him back after these studies are done for the discussion of diagnosis and management. At that point I will plan on giving him a script for amitriptyline/ketamine/lidocaine gel. In terms of other pain management issues, he could the gel up to six times per day. I would recommend that as a first line as it is a topical and not systemically absorbed and he could apply it to the plantar surfaces of his feet. If this is not effective I would recommend that a trial of lidocaine patches be tried. This may be particularly

helpful with him because of the burning sensations in his feet. He could put a patch on the plantar surface of either foot and wear a sock over that during the work day up to 12 hours per day if he found that helpful. If required medication by mouth which he could take in conjunction with either the gel or the patch he could try Lyrica at 75 mg by mouth twice per day. If that was not sufficient he could go up to 150 mg by mouth twice per day after a week. If he still required more he could go up to 225 mg by mouth twice per day. Another option would be to try Cymbalta starting at a low dose of 30 mg by mouth daily and then going up to 60 mg by mouth daily after a week. If he has trouble with the expenses of the previously stated agents it could be considered to increase his nightly amitriptyline as we know he already tolerates that well and go up to 50 mg by mouth at night regularly and then go up by 25 mg to his nightly dose weekly up to a maximum of 150 mg by mouth nightly as tolerated. Another such option would be gabapentin which could be started at 300 mg by mouth nightly, then after a week go up to 300 mg by mouth twice per day, then after another week go up to 300 mg by mouth three times per day, and then slowly increase as tolerated to a maximum of 4800 mg per day total dose.

Patient Education: Ready to learn, no apparent learning barriers were identified; learning preferences include listening. Explained diagnosis and treatment plan; patient expressed understanding of the content.

DIAGNOSES

#1 Autonomic dysfunction
#2 Foot pain

Original: JAT:mrf by baa
Electronically Signed: 27 Oct 2010 16:58 by J.A. Tracy, MD

20 Oct 2010 - Consult, Jennifer Anne Tracy, Neurology

REFERRAL

Martin G. Ellman, DPM (4-7113).

CHIEF COMPLAINT/PURPOSE OF VISIT

Foot pain, peripheral neuropathy, NOS.

HISTORY OF PRESENT ILLNESS

Mr. Hammond is a very pleasant 56-year-old right-handed, married, white male from Rapid City, South Dakota, who comes in for evaluation of the above complaints. He says he has had symptoms for the past 10-20 years. He describes them as aching and burning sensations in the plantar surface of his feet. They can also look swollen in appearance. His symptoms are brought on by walking and physical activity, but he notes they are most consistently brought on by heat. If he is taking a hot shower or a hot bath or even if he is exposed to heat from riding in a car. In association with this, he says that he will get a "fire engine red" appearance through all his toes. He is not sure if he also gets this in the plantar surface of his feet. He frequently uses ice during the day to help alleviate his symptoms. He says that about every half hour at work he may use an ice pack on his feet for about five minutes so that he will feel better. At home, he usually uses sandals or walks barefoot and tries to avoid heavy shoes. He needs to use leather shoes for work, however, which make his feet hotter and they can feel much worse. He also has some mild tingling in his feet. He turns the temperature down to 65 degrees at night and keeps his feet out of the covers to try to keep them cool. Sheets brushing against his feet are not painful but specifically the importance of being in a cold environment makes him do this.

He has been seen primarily by podiatry at various places. He has had prolotherapy injections into his feet which he says helped initially but not long term. He has also cortisone injections into his feet which he said helped initially but not long term. He has used arch supports but he says this actually makes his symptoms worse. He does not really have pain at night because his feet are up and usually cool.

He denies facial numbness or tingling, double vision, difficulty with speech. He has some trouble with swallowing smoothly and is set up for a GI evaluation at his local VA. His mother had a dilatation procedure for what he describes as a similar problem to what he has. He has no weakness or numbness of his upper or lower extremities. He has no loss of control of bowel or bladder. He has no red, swollen joints. He has never had an EMG or other neurologic evaluation.

REVIEWED INFORMATION WITH PATIENT AS NOTED ON THE CURRENT VISIT INFORMATION FORM, DATED 20 OCT 2010 AND ON THE PATIENT FAMILY HISTORY FORM, DATED 20 OCT 2010.

CURRENT MEDICATIONS

Amitriptyline tablet 1 TABLET by mouth every evening.

Amitriptyline-Ketamine-Lidocaine-PLO Gel topically as directed by prescriber as needed +.
Multicomponent: Amitriptyline 2 % Ketamine 0.5 % Lidocaine 2 % PLO Gel 1 QSAD.
Site: Affected area.
Indication: foot pain.
Instructions: May apply thin layer to affected areas up to 6 times per day.

Aspirin Low Dose 81 mg tablet enteric coated 1 TABLET by mouth one time daily.

Calcium-Vit D3 capsule by mouth one time daily.
Instructions: 1800mg.

Citalopram 20 mg tablet 1 TABLET by mouth one time daily.

DHEA capsule 50 mg 1 capsule by mouth one time daily.

Doxycycline 100 mg capsule by mouth as needed.
Indication: Unknown.

Fenofibrate capsule 1 capsule by mouth one time daily.
Instructions: 134mg.

Fish Oil capsule 3 capsules by mouth one time daily.
Instructions: 1400mg.

Flexi Joint tablet 2 tablets by mouth one time daily.

Losartan 100 mg tablet 1 TABLET by mouth one time daily.

Melatonin 3 mg capsule 1 capsule by mouth one time daily.

Multivitamin tablet by mouth one time daily.

Nanaflex* (Free Text Entry) one time daily.

Temazepam 30 mg capsule 1 capsule by mouth as needed.
Indication: Unknown.

Testosterone Propionate cream transdermally one time daily.
Instructions: 10%.

Vardenafil 20 mg tablet 1 TABLET by mouth as needed.
Indication: Unknown.

15PD029

SETTLEMENT AGREEMENT BETWEEN THE UNITED STATES OF AMERICA AND THE CITY OF ANSONIA, CONNECTICUT

DEPARTMENT OF JUSTICE COMPLAINT NUMBER 204-14-150

A.Â Â Â Â Â Â Â Â Background and Parties

1. The parties to this Settlement Agreement ("Agreement") are the United States of America and the City of Ansonia, Connecticut.Â The City of Ansonia is a "public entity" within the meaning of the Americans with Disabilities Act of 1990 ("ADA"), 42 U.S.C. Â§ 12131(1), and is, therefore, subject to title II of the ADA, 42 U.S.C. Â§ 12131 et seq., and its implementing regulations, 28 C.F.R. Part 35.

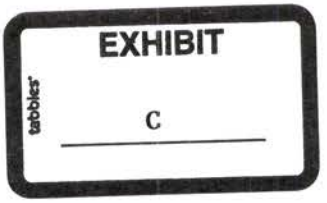
2. This matter was initiated by a complaint filed with the United States Department of Justice ("DOJ") pursuant to title II of the ADA.Â The complainant, Recovery Network of Programs, who planned to open a treatment facility for qualified individuals with substance abuse disabilities, was not permitted to open the facility by the City of Ansonia because the City's zoning code excluded substance abuse treatment facilities from certain zones.Â The complainant alleges that the City refused to allow the facility on the basis of disability, in violation of the ADA.

3. Under title II of the ADA, no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or denied the benefits of the services, programs, or activities of a public entity, such as the City of Ansonia, or be subjected to discrimination by any such entity.Â 42 U.S.C. Â§ 12132; 28 C.F.R. Â§ 35.130.Â Zoning and land use decisions are services, programs, or activities of a public entity.Â

4. The Department of Justice is the federal agency responsible for administering and enforcing title II of the ADA with respect to all programs, services, and regulatory activities relating to planning and development by public entities, 28 C.F.R. Â§ 35.190.Â The Attorney General is authorized to bring a civil action enforcing title II of the ADA if the Department of Justice is unable to secure compliance by voluntary means.Â 42 U.S.C. Â§ 12133; 28 C.F.R. Part 35, Subpart F.

5. The United States of America and the City of Ansonia have agreed to resolve this matter as set forth below.Â This agreement shall not be construed as an admission of liability or wrongdoing by the City of Ansonia.

B.Â Â Â Â Â Â Â Â Injunctive Relief



6. The City of Ansonia shall not discriminate on the basis of disability in violation of the ADA on the face of its regulations; or in making land use decisions regarding, or plans to create, operate, or modify, facilities that provide services for individuals with disabilities.Â Such non-discrimination includes making reasonable modifications to policies, practices, or procedures when such modifications are necessary to afford individuals with disabilities an equal opportunity to use and enjoy a facility, unless such modification would fundamentally alter the nature of the land use.

7. The City of Ansonia has modified its regulations, specifically Article III â€" District Requirements, Â§ 310, Schedule B.Â The City of Ansonia has modified the language:Â "Medical and dental clinics for the performance of dentistry and healing arts for patients not resident on the premise but expressly excluding clinics for the insane, alcoholics and drug addicts."Â The new language reads as follows:Â "Medical and dental clinics for the performance of dentistry and healing arts for patients not resident on the premises."

8. The City of Ansonia shall not retaliate against the Recovery Network of Programs in violation of 42 U.S.C. Â§ 12203.

C.Â Â Â Â Â Â Â Â Education

9. The City of Ansonia agrees that within 30 days of the effective date of this agreement, the City of Ansonia will provide a copy of this agreement to each Alderman.Â For three years after the effective date, within thirty days of the date he or she commences as a new Alderman, each new Alderman shall be given a copy of this agreement.

10. The City of Ansonia agrees that within 30 days of the effective date, the City of Ansonia shall provide a copy of this agreement to each member of the Planning and Zoning Commission and each management-level employee of the Zoning Department and Building Department.Â For three years after the effective date, within thirty days of appointment of a new member of the above departments, or hire of a new management-level employee, each new member or employee shall be given a copy of this agreement.

D.Â Â Â Â Â Â Â Â Implementation and Enforcement

11. The United States may review compliance with this agreement at any time and may enforce this agreement if the United States believes that it or any requirement thereof has been violated.Â If the United States believes that this agreement or any portion of it has been violated, it will raise its concern(s) with the City of Ansonia and the parties will attempt to resolve the concern(s) in good faith.Â The United States will give the City of Ansonia thirty days from the date it notifies the City of Ansonia of any breach of this agreement to cure that breach, prior to instituting any action with the Court.

12. Failure by the United States to enforce any provision or deadline of this agreement shall not be construed as a waiver of its right to enforce other provisions or deadlines of this agreement.

13. This agreement constitutes the entire agreement between the parties relating to Department of Justice Complaint No. 204-37-302, and no other statement, promise, or agreement, either written or oral, made by any party or agents of any

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that being able to swim is necessary for safe participation in the class. This is permitted even if requiring such a test would tend to screen out people with certain kinds of disabilities.

II-3.5300 Unnecessary inquiries. A public entity may not make unnecessary inquiries into the existence of a disability.

ILLUSTRATION: A municipal recreation department summer camp requires parents to fill out a questionnaire and to submit medical documentation regarding their children's ability to participate in various camp activities. The questionnaire is acceptable, if the recreation department can demonstrate that each piece of information requested is needed to ensure safe participation in camp activities. The Department, however, may not use this information to screen out children with disabilities from admittance to the camp.

II-3.5400 Surcharges. Although compliance may result in some additional cost, a public entity may not place a surcharge only on particular individuals with disabilities or groups of individuals with disabilities to cover these expenses.

ILLUSTRATION: A community college provides interpreter services to deaf students, removes a limited number of architectural barriers, and relocates inaccessible courses and activities to more accessible locations. The college cannot place a surcharge on either an individual student with a disability (such as a deaf student who benefited from interpreter services) or on groups of students with disabilities (such as students with mobility impairments who benefited from barrier removal). It may, however, adjust its tuition or fees for all students.

II-3.6000 Reasonable modifications

II-3.6100 General. A public entity must reasonably modify its policies, practices, or procedures to avoid discrimination. If the public entity can demonstrate, however, that the modifications would fundamentally alter the nature of its service, program, or activity, it is not required to make the modification.

ILLUSTRATION 1: A municipal zoning ordinance requires a set-back of 12 feet from the curb in the central business district. In order to install a ramp to the front entrance of a pharmacy, the owner must encroach on the set-back by three feet. Granting a variance in the zoning requirement may be a reasonable modification of town policy.

ILLUSTRATION 2: A county general relief program provides emergency food, shelter, and cash grants to individuals who can demonstrate their eligibility. The application process, however, is extremely lengthy and complex. When many individuals with mental disabilities apply for benefits, they are unable to complete the application process successfully. As a result, they are effectively denied benefits to which they are otherwise entitled. In this case, the county has an obligation to make reasonable modifications to its application process to ensure that otherwise eligible individuals are not denied needed benefits. Modifications to the relief program might include simplifying the application process or providing applicants who have mental disabilities with individualized assistance to complete the process.

ILLUSTRATION 3: A county ordinance prohibits the use of golf carts on public highways. An individual with a mobility impairment uses a golf cart as a mobility device. Allowing use of the golf cart as a mobility device on the shoulders of public highways where pedestrians are permitted, in limited circumstances that do not involve a significant risk to the health or safety of others, is a reasonable modification of the county policy.

II-3.6200 Personal services and devices. A public entity is not required to provide individuals with disabilities with personal or individually prescribed devices, such as wheelchairs, prescription eyeglasses, or hearing aids, or to provide services of a personal nature, such as assistance in eating, toileting, or dressing. Of course, if personal services or devices are customarily provided to the individuals served by a public entity, such as a hospital or nursing home, then these personal services should also be provided to individuals with disabilities.

II-3.7000 Contracting and licensing

II-3.7100 Contracting. A public entity may not discriminate on the basis of disability in contracting for the purchase of goods and services.

ILLUSTRATION 1: A municipal government may not refuse to contract with a cleaning service company to clean its government buildings because the company is owned by an individual with disabilities or employs individuals with disabilities.

II-3.7200 Licensing. A public entity may not discriminate on the basis of disability in its licensing, certification, and regulatory activities. A person is a "qualified individual with a disability" with respect to licensing or certification, if he or she can meet the essential eligibility requirements for receiving the license or certification. The phrase "essential eligibility requirements" is particularly important in the context of State licensing requirements. While many programs and activities of public entities do not

SETTLEMENT AGREEMENT BETWEEN

THE UNITED STATES AND THE CITY OF BALTIMORE

in

United States v. City of Baltimore,

No. 09-cv-1049 (D. Md.); DJ# 204-35-257

I. BACKGROUND

1. On April 23, 2009, the United States filed an action in the U.S. District Court for the District of Maryland, United States v. City of Baltimore, No. 09-cv-1049, alleging that the City violated Title II of the Americans with Disabilities Act ("ADA"), 42 U.S.C. Â§Â§12131-12134, and its implementing regulation.

2. On February 29, 2012, the U.S. District Court issued an Opinion and Order granting the United States' Motion for Partial Summary Judgment, and denying the City's Motion for Partial Summary Judgment.

3. On June 18, 2012, the City amended its Zoning Code via Council Bill 12-0055. On September 6, 2012, the parties jointly filed a letter with the Court explaining the legislative intent of the Bill and amended Zoning Code.

4. The February 29, 2012 Court ruling did not resolve the United States' claims of discrimination as applied to two individual residential substance abuse treatment programs, Tuerk House, Inc. and Second Genesis, Inc. The City and the United States have reached an agreement that it is in the parties' best interests, and the public interest, to resolve these remaining claims on mutually agreeable terms without further litigation. The United States agrees that there are no remaining individual claims for damages by the other entities named in the Complaint, Gaudenzia, Inc., and Powell Recovery Center.

5. The City contends that it has not violated the ADA or any other federal law through its zoning laws or practices.

6. The parties agree that, as of the date of the approval of this settlement agreement by the Baltimore City Board of Estimates, litigation is not "reasonably foreseeable" concerning the matters described in paragraph one. To the extent that either party previously implemented a litigation hold to preserve documents, electronically stored information (ESI), or things

Americans with Disabilities Act Title II Regulations

Part 35 Nondiscrimination on the Basis of Disability in State and Local Government Services

(as amended by the final rule published on September 15, 2010)

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Historic properties means those properties that are listed or eligible for listing in the National Register of Historic Places or properties designated as historic under State or local law.

Housing at a place of education means housing operated by or on behalf of an elementary, secondary, undergraduate, or postgraduate school, or other place of education, including dormitories, suites, apartments, or other places of residence.

Illegal use of drugs means the use of one or more drugs, the possession or distribution of which is unlawful under the Controlled Substances Act (21 U.S.C. 812). The term illegal use of drugs does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provisions of Federal law.

Individual with a disability means a person who has a disability. The term individual with a disability does not include an individual who is currently engaging in the illegal use of drugs, when the public entity acts on the basis of such use.

Other power-driven mobility device means any mobility device powered by batteries, fuel, or other engines —whether or not designed primarily for use by individuals with mobility disabilities—that is used by individuals with mobility disabilities for the purpose of locomotion, including golf cars, electronic personal assistance mobility devices (EPAMDs), such as the Segway® PT, or any mobility device designed to operate in areas without defined pedestrian routes, but that is not a wheelchair within the meaning of this section. This definition does not apply to Federal wilderness areas; wheelchairs in such areas are defined in section 508(c)(2) of the ADA, 42 U.S.C. 12207(c)(2).

Public entity means—

(1) Any State or local government;

(2) Any department, agency, special purpose district, or other instrumentality of a State or States or local government; and

(3) The National Railroad Passenger Corporation, and any commuter authority (as defined in section 103(8) of the Rail Passenger Service Act).

Qualified individual with a disability means an individual with a disability who, with or without reasonable modifications to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by a public entity.

Qualified interpreter means an interpreter who, via a video remote interpreting (VRI) service or an on-site appearance, is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Qualified interpreters include, for example, sign language interpreters, oral transliterators, and cued-language transliterators.

Qualified reader means a person who is able to read effectively, accurately, and impartially using any necessary specialized vocabulary.

Section 504 means section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112, 87 Stat. 394 (29 U.S.C. 794), as amended.

Service animal means any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition. The work or tasks performed by a service animal must be directly related to the individual's disability. Examples of work or tasks include, but are not limited to, assisting individuals who are blind or have low vision with navigation and other tasks, alerting individuals who are deaf or hard

responsibilities under this part, including any investigation of any complaint communicated to it alleging its noncompliance with this part or alleging any actions that would be prohibited by this part. The public entity shall make available to all interested individuals the name, office address, and telephone number of the employee or employees designated pursuant to this paragraph.

(b) *Complaint procedure*. A public entity that employs 50 or more persons shall adopt and publish grievance procedures providing for prompt and equitable resolution of complaints alleging any action that would be prohibited by this part.

§§ 35.108—35.129 [Reserved]

Subpart B—General Requirements

§ 35.130 General prohibitions against discrimination

(a) No qualified individual with a disability shall, on the basis of disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any public entity.

(b)

(1) A public entity, in providing any aid, benefit, or service, may not, directly or through contractual, licensing, or other arrangements, on the basis of disability—

(i) Deny a qualified individual with a disability the opportunity to participate in or benefit from the aid, benefit, or service;

(ii) Afford a qualified individual with a disability an opportunity to participate in or benefit from the aid, benefit, or service that is not equal to that afforded others;

(iii) Provide a qualified individual with a disability with an aid, benefit, or service that is not as effective in affording equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement as that provided to others;

(iv) Provide different or separate aids, benefits, or services to individuals with disabilities or to any class of individuals with disabilities than is provided to others unless such action is necessary to provide qualified individuals with disabilities with aids, benefits, or services that are as effective as those provided to others;

(v) Aid or perpetuate discrimination against a qualified individual with a disability by providing significant assistance to an agency, organization, or person that discriminates on the basis of disability in providing any aid, benefit, or service to beneficiaries of the public entity's program;

(vi) Deny a qualified individual with a disability the opportunity to participate as a member of planning or advisory boards;

(vii) Otherwise limit a qualified individual with a disability in the enjoyment of any right, privilege, advantage, or opportunity enjoyed by others receiving the aid, benefit, or service.

(2) A public entity may not deny a qualified individual with a disability the opportunity to participate in services, programs, or activities that are not separate or different, despite the existence of permissibly separate or different programs or activities.

(3) A public entity may not, directly or through contractual or other arrangements, utilize criteria or methods of administration—

(i) That have the effect of subjecting qualified individuals with disabilities to discrimination on the basis of disability;

(ii) That have the purpose or effect of defeating or substantially impairing accomplishment of the objectives of the public entity's program with respect to individuals with disabilities; or

(iii) That perpetuate the discrimination of another public entity if both public entities are subject to common administrative control or are agencies of the same State.

(4) A public entity may not, in determining the site or location of a facility, make selections—

(i) That have the effect of excluding individuals with disabilities from, denying them the benefits of, or otherwise subjecting them to discrimination; or

(ii) That have the purpose or effect of defeating or substantially impairing the accomplishment of the objectives of the service, program, or activity with respect to individuals with disabilities.

(5) A public entity, in the selection of procurement contractors, may not use criteria that subject qualified individuals with disabilities to discrimination on the basis of disability.

(6) A public entity may not administer a licensing or certification program in a manner that subjects qualified individuals with disabilities to discrimination on the basis of disability, nor may a public entity establish requirements for the programs or activities of licensees or certified entities that subject qualified individuals with disabilities to discrimination on the basis of disability. The programs or activities of entities that are licensed or certified by a public entity are not, themselves, covered by this part.

(7) A public entity shall make reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless the public entity can demonstrate that making the modifications would fundamentally alter the nature of the service, program, or activity.

(8) A public entity shall not impose or apply eligibility criteria that screen out or tend to screen out an individual with a disability or any class of individuals with disabilities from fully and equally enjoying any service, program, or activity, unless such criteria can be shown to be necessary for the provision of the service, program, or activity being offered.

(c) Nothing in this part prohibits a public entity from providing benefits, services, or advantages to individuals with disabilities, or to a particular class of individuals with disabilities beyond those required by this part.

(d) A public entity shall administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.

(e)

(1) Nothing in this part shall be construed to require an individual with a disability to accept an accommodation, aid, service, opportunity, or benefit provided under the ADA or this part which such individual chooses not to accept.

(2) Nothing in the Act or this part authorizes the representative or guardian of an individual with a disability to decline food, water, medical treatment, or medical services for that individual.

(f) A public entity may not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the costs of measures, such as the provision of auxiliary