

**IDAHO DEPARTMENT OF CORRECTION
Grievance/Appeal Form**

Grievance

Offender's Name: JASON D. HODGE IDOC Number: 124001
Institution, Housing Unit, & Cell: IMSI B-2-56 Date: 1-11-22

For Administrative Use			
Facility: <u>IMSI</u>	Grievance Number: <u>IM220000032</u>		
Date Collected: <u>1/13/2022</u>	Grievance Category: <u>Medical</u>		
Date Forwarded to Offender's Previous Facility: _____			
Name of Previous Facility: _____			
Date Forwarded to Responder: _____			
Level 1 Responder's Name: _____	Date Due: _____	Received: _____	
Level 2 Responder's Name: _____	Date Due: _____	Received: _____	
Final Grievance Decision: _____		Date Sent to Offender: _____	

Offender Section

The problem is: *I haven't been getting my HSR receipts after being charged co-pay fees as outlined and provided for in S.O.P. #11.06.03.001-7. I am missing receipts on four (4) HSR's (#'s: 1361676, 1608534, 1621182, and 1578127) and would like to receive them please.*

I have tried to solve this problem informally by: *Sending a concern for to IDOC Fiscal as instructed.*

I suggest the following solution for the problem: *The S.O.P. be followed and I get my receipts for the above mentioned HSR's.*

Offender's signature: *Jason Hodge*

Appeal Date: _____

I am appealing the grievance for the following reason(s):

Offender's signature: _____

I grieved IDOC fiscal and it's medical who had to answer because they lied.

IDAHO DEPARTMENT OF CORRECTION
Grievance Transmittal Form

Facility: IMSI

Date: 11/17/21

To: Inmate Name: Hodge, Jason

IDOC Number: 124001

Institution, Housing Unit, & Cell: IMSI B Block – 2 56

From: M. Chick Grievance Coordinator Other

The attached form is being returned without action being taken because:

- You did not submit the grievance within 30 days of the incident.
- You did not submit the appeal within 14 days of the review authority's decision.
- The form is not handwritten (it cannot be typed).
- The form is not legible.
- You did not include with the grievance an answered or signed *Inmate Concern Form(s)* that shows your attempts to resolve the issue informally with applicable staff.
- You have three (3) open/active grievances (including appeals) in the system, which is the maximum number you are allowed.
- You have raised more than one specific issue.
- The grievance does not contain a reasonable and clear description of the problem.
- The grievance does not describe how you tried to resolve the issue informally.
- The grievance does not contain specific information such as dates, places, and names.
- Your description of the problem is not written in or within the appropriate area on the form. (Written comments must not exceed the space designated for writing comments.)
- The grievance is not written in a civil, concise, or understandable language; or it is not to the point. (Grievances cannot contain vague issues/complaints, personal attacks, or harass staff members.)
- You did not suggest a solution.
- You did not sign the form.
- You cannot submit your appeal until the grievance decision is rendered.
- The issue was previously being grieved under grievance number: IM 210000615
- The issue/complaint is not grievable as indicated in standard operating procedure 316.02.01.001, *Grievance and Informal Resolution Procedures for Offenders*, and must be addressed as follows: _____

- You cannot grieve the length of your sentence or a decision that is under the jurisdiction of the court or Idaho Commission of Pardons and Parole.
- This problem is beyond the Idaho Department of Correction's (IDOC's) control.
- Other (must be approved by the review or appellate authority): _____

IDAHO DEPARTMENT OF CORRECTION
Resident Concern Form

Resident Name: THOMAS H. HINE IDOC Number: 124701

Institution, Housing Unit, & Cell: TM-E B-2-56 Date: 12-28-21

To: IDOC FISCAL
(Address to appropriate staff: Person most directly responsible for this issue or concern)

Issue/Concern: I just found out through the body of a grievance (#IM20000615) response that you are responsible for issuing HSR receipts after assessing medical co-pay fees? I have not been getting my receipts on medical co-pay fees I am being charged as outlined and provided for in S.O.P 411.06.03.001-7. Specifically, I am missing receipts on four (4) HSR's (numbers: 1361676, 1608534, 1621182, and 1578127) and would like to receive them. Thank you for your time and consideration

(Description of the issue must be written only on the lines provided above.)

Resident signature: [Signature]

Staff Section

[Signature] 1002 Collected/Received: 1/5/22
(Signature of Staff Member Acknowledging receipt) Associate ID # (Date collected or Received)

Reply: NO RESPONSE

Responding Staff Signature: _____ Associate ID #: _____ Date: _____

IDAHO DEPARTMENT OF CORRECTION
Resident Concern Form

56

Resident Name: Jason D. Hodge IDOC Number: 124001

Institution, Housing Unit, & Cell: IMSI B-2-56 Date: 12-28-21

To: ~~IDOC Fiscal~~ Medical
(Address to appropriate staff: Person most directly responsible for this issue or concern)

Issue/Concern: I just found out through the body of a grievance (#IM21000615) response that you are responsible for issuing HSR receipts after assessing medical co-pay fees? I have not been getting my receipts on medical co-pay fees I am being charged as outlined and provided for in S.O.P. 411.06.03.001-7. Specifically, I am missing receipts on four (4) HSR's (numbers: 1361676, 1628534, 1621182, and 1572127) and would like to receive them. Thank you for your time and consideration.

(Description of the issue must be written only on the lines provided above.)

Resident signature: Jason Hodge

Staff Section

Mark 1002 Collected/Received: 12-29-21
(Signature of Staff Member Acknowledging receipt) Associate ID # (Date collected or Received)

Reply: could not locate a copy of HSR 1361676 attached are the other three

Responding Staff Signature: [Signature] Associate ID #: _____ Date: 1-31-22

Pink copy to resident (after receiving staff's signature),
Original and yellow to responding staff (after completing reply, yellow copy returned to resident.) Last Rev. 1/21

RECEIVED 100 0 3 2022 PAT3NCRCF

someone didn't want their name and # known....

IDOC fiscal is crossed out and Medical written in.
I think I caught my goose 😊 This really shows how bad this place is.



HEALTH SERVICES REQUEST

1578127

Administrative Use Only

Inmate Initiated Visit Medical Issue Mental Health Issue

Patient Name: Jason Hodge Initials: JH Inmate ID: 124001
Date of Birth: 7-14-79 Housing Location: IMSI B-2-56

I consent to be treated by health staff for the condition described below.

Inmate Signature: Jason Hodge Date: 6-20-21



HEALTH SERVICES REQUEST

1608534

Administrative Use Only

Inmate Initiated Visit

Medical Issue

Mental Health Issue

Patient Name: Jason Hodge Initials: JH Inmate ID: 124001
Date of Birth: 7-14-79 Housing Location: JMSI B-2-56

I consent to be treated by health staff for the condition described below.

Inmate Signature: [Signature] Date: 9-3-21



HEALTH SERVICES REQUEST

1621182

Administrative Use Only

Inmate Initiated Visit

Medical Issue

Mental Health Issue

Patient Name: Jason D. Hodge Initials: JH Inmate ID: 184001
Date of Birth: 7-14-79 Housing Location: IMS I B-2-56

I consent to be treated by health staff for the condition described below.

Inmate Signature: Jason Hodge Date: 9-8-21