



**St. Jude India** ChildCare Centres

**SOP – Disability**

**JANUARY 2026**

## Purpose

To outline a standardized process for identifying, updating, verifying, and recording disability-related information of beneficiaries, ensuring accuracy, confidentiality, and compliance with relevant laws and organizational policies.

## Scope

This SOP applies to:

- Centre staff, SPOCs, counselors
- Call Centre team
- Any authorized personnel responsible for maintaining disability-related data in the MIS/CRM systems.

## Definitions

**Disability:** Physical, visual, hearing, locomotor, intellectual, developmental, neurological, or mental impairment as defined by relevant legislation.

**Update:** Any addition or modification to disability information in MIS/CRM (new documentation, change in severity, correction of prior records).

**Authorized Officer:** Designated staff responsible for receiving documents, validating information, and updating MIS/CRM.

## Roles & Responsibilities

### 1. Centre Staff / SPOC- Initial Identification & Documentation

- Observe and identify visible or reported disabilities.
- Record disability-related details in both MIS/CRM under the child's profile
- Ask parents whether they received the Treating Hospital Disability Recommendation Letter at discharge.
- In case the letter has not been received, Centre staff must guide the parents to request it during the post-surgical follow-up visit.
- Staff can refer the child to the counselor based on the mentioned Disability Guidelines.

### 2. Referral for Assessment

- Share the collected inputs with Dr. Maya or the respective treating doctor at the non- TMH hospital.
- Dr. Maya or the treating doctor will review the case and determine whether an assessment is required.

- Ensure that this decision is finalized during the second follow-up.
- If an assessment is required, coordinate referral to appropriate centres such as Ummeed, CDC at SRCC, or other relevant facilities.

### **3. Guidance to Families**

- Share the Disability Certificate Procedure Document with parents.
- Centre staff should assist parents in completing the online UDID application at the Centre whenever possible.
- Families may be referred to a counselor for emotional support after prior discussion with parents by the centre SPOC/staff incase the disability is due to treatment
- Centre staff must record factual observations related to any developmental delay, intellectual disability, or neurodivergence.
- Centre staff is responsible for informing the counsellor and escalating the concern to the PL, CL, 3rd Circle, and CPO. They should not label the child and must only document factual observations

### **4.Counselor/3rd. circle team -Follow-Up Reviews(Returnee Follow Up)**

- During routine follow-ups, check with parents about the child's behavior at home, school, and social environments.
- Consolidate observations and parental feedback.
- Adhere to the counselling script and maintain clarity in communication.

### **5. Documentation**

- Maintain all notes, communications, referrals, and assessment details in the MIS/CRM and the child's physical file.
- Counselor can discuss the same with CL, PL, Spocs, and ensure that the recommended follow-up is updated in the system

### **6. Call Centre Team**

- Maintain confidentiality of disability records.
- Verify incomplete disability data during quarterly follow-up calls.
- Collect copies of disability certificates if available and upload to MIS/CRM

## **Process for Disability Identification & Update(1<sup>st</sup> or 2<sup>nd</sup> Follow up after discharge )**

### **Step 1: Initial Screening / Staff Observation**

- Observe behaviors or physical limitations.
- Document facts only; avoid making clinical judgments.

- Inform SPOC/Counselor for review.
- Avoid making clinical judgments before assessing. and evaluation by the treating doctor

#### Step 2: Hospital Disability Recommendation Letter

- Check whether the family received the doctor's letter at discharge.
- If not, guide the family to request it during follow-up.
- Step 3: Sharing Disability Certificate Process
- Provide the Disability Certificate Procedure Information by the Centre Staff.
- Offer support to complete the online application at the centre (where feasible).

#### Step 4: Verification & Follow-up

- Counselor reviews behavior and parent feedback during visits.
- Confirm concerns with treating doctor if required.
- Dr. Maya or the non-TMH treating doctors will decide whether a formal assessment is needed.
- Refer the family to authorized medical boards such as Ummeed, SRCC, or another similar Centre.

#### Step 5: MIS/CRM Update

##### Upload:

- Recommendation letter
- Application details
- Certificate copy

##### Type of disability

- Status of application
- Assessment results

##### Follow-up plan

- Record reasons for rejection and appeals, if applicable.

#### Step 6: Confidentiality

- All disability-related records stored securely.
- Access limited to authorized staff.
- Follow organizational data retention policy.

#### **Guidance for Parents – Disability Certificate Process by the Centre Staff**

### Step 1: Submit Request

- Apply at the District Hospital or through the online UDID portal:
- UDID Registration Link (for staff use only; avoid sharing URL in SOP drafts)
- Required:
- Treating hospital recommendation letter
- Aadhaar
- Passport photo
- Identity/Address proof
- Income/Category documents (SC/ST/OBC) as applicable

### Step 2: Hospital Allocation

- After online submission, the system assigns a nearby hospital.
- Parents must print the form and visit the assigned hospital with the child.

### Step 3: Medical Assessment

- Specialist doctor assesses disability.
- Medical Board assigns disability percentage.
- CMO office generates UDID and Certificate.

### Step 4: Certificate Delivery

- Certificate and UDID card are sent by post.
- Parents can track status online.

### Step 5: Update with Centre

- Once received, the family shares the certificate.
- Staff uploads to MIS/CRM.

## Types of Disabilities, PWD Act 2016 (List and Definition)

### 1. Blindness:

It refers to the condition of total blackness of vision with the inability of a person to distinguish darkness from bright light in either eye.

### 2. Low-vision:

Low-vision means a condition where a person has any of the following conditions, namely:

Visual acuity not exceeding 6/18 or less than 20/60 up to 3/60 or up to 10/200 (Snellen) in the better eye with best possible corrections.

The limitation of the field of vision subtending an angle of less than 40 degrees, up to 10 degrees.

### 3. Hearing Impairment (deaf and hard of hearing):

Partial or complete loss of hearing:

Deaf: 70 dB hearing loss in both ears.

Hard of Hearing: 60–70 dB hearing loss in both ears.

### 4. Locomotor Disability:

Locomotor Disability means a problem in moving from one place to another - i.e., disability in the legs. But, in general, it is taken as a disability related to bones, joints, and muscles. It causes problems in a person's movements (like walking, picking or holding things in hand, etc.)

### 5. Intellectual Disability:

A person with an intellectual disability may have significant limitations in the skills needed to live and work in the community, including difficulties with communication, self-care, social skills, safety, and self-direction.

### 6. Autism Spectrum Disorder:

Autism is an umbrella description that includes Autistic disorder, Asperger's syndrome, and atypical autism. Autism affects the way information is taken in and stored in the brain. People with autism typically have difficulties in verbal and non-verbal communication, social interactions, and other activities.

### 7. Specific Learning Disabilities (Dyslexia):

Specific Learning Disabilities is a group of disabling conditions that hampers a person's ability to learn, listen, think, speak, write, spell, or do mathematical calculations.

Attention Deficit Hyperactivity Disorder (ADHD)- Hyperactivity, distractibility, and impulsivity

### 8. Speech and Language disability:

Speech and language disability means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.

### 9. Multiple Disabilities including deaf-blindness:

Multiple Disabilities is the simultaneous occurrence of two or more different types of physical disabilities, two different mental disabilities, or a combination of physical and

mental disabilities. Common examples of Multiple Disabilities are: Intellectual disability and blindness

**Source of information**

[https://sarthakindia.org/disability\\_information\\_portal/type\\_of\\_disability.php](https://sarthakindia.org/disability_information_portal/type_of_disability.php)

<https://www.swavlambancard.gov.in/>

<https://www.india.gov.in/spotlight/unique-disability->

[id#:~:text=CMO%20Office%2FMedical%20Authority%20assigns,generates%20UD](https://www.india.gov.in/spotlight/unique-disability-id#:~:text=CMO%20Office%2FMedical%20Authority%20assigns,generates%20UD)

[ID%20and%20Disability%20Certificate](https://www.india.gov.in/spotlight/unique-disability-id#:~:text=CMO%20Office%2FMedical%20Authority%20assigns,generates%20UD)