

## Job Corps Health Questionnaire (ETA 653) Instructions

**Purpose.** To determine the health and accommodation/modification needs of the applicant who has been offered enrollment into Job Corps, to obtain and verify consent for required routine medical assessments and/or consent to receive basic health-care services, and to determine whether an otherwise-eligible applicant offered enrollment may pose a direct threat to self or others.

**Frequency.** This questionnaire is to be administered once for each applicant after the conditional offer of enrollment. An Admissions Counselor may use no other form besides the ETA 653 and specific questionnaires (see Job Corps Health Questionnaire Documentation Guidance) to collect health-related information from the applicant offered enrollment, and no additional questions may be asked.

**General Instructions.** The Admissions Counselor completes this form in conjunction with the applicant offered enrollment and/or his or her parent or other representative during the health interview.

This information is confidential and must be so maintained by the Admissions Counselor. The Admissions Counselor must encourage applicants to be honest in responding to questions on the ETA 653 so a center can assess the health-care needs of the applicant offered enrollment. The Admissions Counselor must fully explain each question on the health questionnaire to the applicant and/or his or her parent or other representative, and must respond to any inquiries about the question, before that question is answered. The Admissions Counselor must allow ample time for the individual and/or his or her parent or other representative to respond to the questions on the form.

Before the form is signed, the Admissions Counselor should answer any questions the applicant and/or his or her parent or other representative may have, and should also provide a list of what is considered “basic routine health care” from the Job Corps Policy and Requirements Handbook, Exhibit 6-4.

The Admissions Counselor must obtain records that are medically connected to any “YES” responses. Examples include records of emergency-room treatment to educational records related to learning disabilities, and records of treatment for history, diagnosis, and treatment of any medical, mental health, substance abuse, or oral health condition. An authorization form signed by the applicant offered enrollment and/or his or her parent or other representative, if applicant is under 18, must accompany the request. The authorization should indicate for records to be released to the Job Corps program. The Admissions Counselor must witness the form, put the ETA 653, along with any medically connected records received, in a separate sealed envelope and forward it, along with the applicant’s folder, to the Job Corps center of assignment.

### Detailed Instructions

<u>Item</u>	<u>Comments</u>
1	Self-explanatory
2	Self-explanatory
3	Self-explanatory
4	Self-explanatory
5	Self-explanatory
6	Self-explanatory

- 7 Ask questions as worded on the ETA 653 form, and record the response by checking "NO" or "YES." If YES for either *a* or *b*, obtain a copy of health insurance or Medicaid card, as appropriate, and attach to the ETA 653 form.
- 8a-e Ask questions as worded on the ETA 653 form, and record the response by checking "NO" or "YES."
- Obtain the medical diagnosis of the condition rather than a description of symptoms.
  - If appropriate, establish the date of the onset of the condition and the date it ceased.
  - Obtain the name of any prescription or non-prescription medication, herbs, supplements, or vitamins the individual uses, and the reason that medication, supplement, etc., is being used.
- 8f-w Ask questions as worded on the ETA 653 form. Emphasize that answers should cover only the **past 2 years**. Record the response by checking "NO" or "YES."
- If the applicant offered enrollment responds "YES," provide as much detail as possible in Section 11.
  - Obtain dates of hospital stays within the past 2 years, even if several stays were for the same condition. Obtain hospital discharge summaries, and if not able to obtain, please indicate the reason.
  - If the applicant offered enrollment discloses emergency room visits for a mental health, substance abuse, or medical condition within 2 two years, obtain emergency room records.
  - If counseling and/or treatment is related to criminal behavior and/or injury to self or others, obtain all treatment records available. This may be beyond 2 years.
- 9 Ask question as worded on the ETA 653 form. Emphasize that the answers should refer to any conditions that the applicant offered enrollment has **EVER had or now has**. Record the response by checking "NO" or "YES." Obtain information about each condition, including the medical diagnosis if possible. If the applicant offered enrollment still has the condition, obtain a description of any symptoms (e.g., asthma - individual cannot walk up stairs without getting short of breath; anxiety - individual reports difficulty in large groups).
- 10 Record whether the applicant offered enrollment and/or his or her parent or other representative has requested any extra supports (reasonable accommodations) for the individual to participate in the Job Corps program.
- 11 Use this section to record any responses provided by the applicant offered enrollment and/or his or her parent or other representative to, or comments provided regarding, Questions 8, 9, or 10. If the applicant offered enrollment and/or his or her parent or other representative is not sure whether he/she had one of the conditions mentioned in Questions 8 or 9, or whether he or she will need extra supports/accommodations (Question 10), include whatever information the applicant offered enrollment and/or his or her parent or other representative provides. If the applicant offered enrollment and/or his or her parent or other representative declines to give additional information, indicate in this section that the relevant individual(s) declined to respond. If additional space is needed, attach separate sheet.