APPENDIX 107
APPLICANT FILE REVIEW GUIDANCE – CENTER PROCESS

Purpose

To provide additional information and guidance on the center file review process outlined in Chapter 1, Section 1.4.

Background

Congressional and administrative mandates require Job Corps to enroll applicants who meet the admissions requirements imposed by Congress (as interpreted by USDOL in the Job Corps regulations). This guidance will assist the center's applicant File Review Team (FRT) in understanding:

- The team's roles and responsibilities in the applicant file review process;
- The components of the applicant file review process;
- The documentation requirements associated with the applicant file review process.

Standard Operating Procedure (SOP)

Each center is required to have a written procedure describing the center's process for reviewing applicant files. This policy should describe in detail how an applicant file is processed from the time it arrives on center until the applicant is accepted into the program and assigned a start date, or recommended for denial and a final disposition made by the Regional Office. See Chapter 1, Section 1.4, R2(c).

All center policies must address the following requirements:

- Location where files are sent and logged in upon arrival to the center and the method of tracking the movement of the file to include an explanation of the center's disposition of the file.

  All applicant files received from Outreach and Admissions (OA) are forwarded to the center records department where the applicant file review process begins. The records department enters the necessary file information into the tracking log (see Chapter 1, Section1.4, R2 a) and forwards the sealed medical, health, and/or disability-related information unopened to the Health and Wellness Manager (HWM) or his or her designee for a health documentation review and initial direct threat review. During the applicant file review, the center may also revisit an applicant's eligibility status only if there is new information that the Admissions Counselor (AC) could not have reasonably known at the time of the certification of eligibility that now leads the center to believe that the applicant may no longer be eligible for Job Corps.

- Responsibilities and roles of applicant FRT members to include the HWM, the center clinicians, and the center's Disability Coordinators (DC) which usually will include the center's HWM;

- Procedures for reviewing an applicant file to include the acceptable reasons for recommending denial of an application (see "Application Outcomes");

- Procedures for reviewing and determining reasonable accommodation;

  In cases where an applicant requests accommodation or there is presence of information/documentation in the applicant file that indicates that s/he may be a person with a disability, the applicant must be engaged in an interactive process to determine reasonable accommodation needs (see Appendix 605) prior to the applicant's arrival on center or as a component of completing the health-care needs or direct-threat assessments.

- Procedures for submitting applicant files for regional review when there is a recommendation for denial;

  All files that are recommended for denial by the center must be forwarded to the Regional Office for final disposition. Centers must follow the appropriate regional procedure for preparing and submitting files recommended for denial and include the appropriate completed center recommendation of denial form (see Appendices 107 and 108).

  If a center's recommendation of denial based upon new information is overturned (i.e., the applicant remains eligible), the file is returned to the center with instructions for it to resume the file review process. The center has the option to complete a health-care needs or direct-threat assessment, if appropriate or if not, to enroll the applicant.

  If a center's recommendation of denial based upon health-care needs or direct-threat status is overturned by the region, the applicant's file is returned to the center and the applicant must be scheduled for enrollment. The scheduled arrival date must be based upon the date when the application arrived on center and not by the date it was returned from the region.

- Procedures for processing application withdrawals both before and after submitting a file for regional review;

  If the applicant withdraws his or her application or chooses not to enroll, all supporting documentation, including all medical, health, and disability-related documentation, must be returned to the AC if the application has not entered into regional review. If the application is under regional review, all supporting documentation, including all medical, health, and disability-related documentation must be returned to the Regional Office for final processing. Medical, health, and disability-related documentation must be placed in a sealed envelope by a person who is authorized to have access to that

information, and included with the rest of the information about the applicant (see Appendix 607) before being transmitted to either the AC or the Regional Office.

- Time frame the center establishes to complete the file review process to ensure it meets the PRH required time frame of 30 calendar days (see "Timelines for Review");

- Storage and maintenance of the applicant file information (see "Storage and Transmission of Health and Disability Information").

Timelines for Review

The applicant file review process must be completed within 30 days of the receipt of the file on center. Taking excessive amounts of time to review a file for a person with a disability may be construed as discriminatory when compared to the amount of time it takes to review a file of an individual without a disability. If the center reasonably needs additional time to complete the review of the applicant file, then the center may request an extension from the appropriate regional program manager.

Storage and Transmission of Health and Disability Information

When filing, storing, and transmitting Individualized Education Programs (IEP), Section 504 plans, IEP/special education diplomas, similar documents, or any documents indicating that a particular applicant has such documents, strictly comply with the following legal requirements related to medical and disability-related information, as explained in Appendix 607.

- Maintain and/or place acquired health and disability documentation in a separate envelope marked "Health/Disability Records." Health-care needs or direct threat assessments are medical information and must be included within the medical envelope.

- Carefully limit access to these documents. For example, keep hard copies of the documents in locked files; ensure that electronic copies of the documents are password-protected. Be vigilant about who is permitted to know the password, or to have access to the key or combination that opens the lock. Appendix 607 explains what categories of persons are legally authorized to have access to the documents.

- Transmit hard copies of the documents in sealed envelopes in accordance with Appendix 607. Make the best effort to ensure that the copies are delivered only to persons who are authorized to have access to those specific types of documents.

Application Outcomes

Once application has been made to the Job Corps program, it must result in one of the final dispositions listed below:

- Enrollment

- Applicant withdrawal
- Recommendation for denial – a center FRT (along with Center Director approval) may recommend denial of enrollment if:
  - The applicant has been determined to pose a direct threat.
  - The applicant's health-care needs exceed those of basic care and cannot be met by the center.
  - The applicant's health-care needs are manageable at Job Corps as defined by basic health-care services in Exhibit 6-4, but require community supports and services which are not available near center.
  - There is new information that the AC could not have reasonably known that demonstrates that the applicant no longer meets one or more of the eligibility requirements.

All files that are recommended for denial by the center must be forwarded to the Regional Office for final disposition. Centers must follow required procedures for preparing and submitting files recommended for denial (see "Regional Review" section). Center responsibilities in the applicant file review process are outlined in Chapter 1, Section 1.4 and described in detail in this appendix.

Withdrawals of Application

Processing a Withdrawal – Applicant Request

Document the applicant's request for withdrawal of his or her application and return the file to OA **if a recommendation of denial has not yet been made**.

Processing a Withdrawal – Center is Unable to Reach Applicant

If the center is completing its review of an applicant file and is unable to reach the applicant to conduct clinically related interviews, or to complete the reasonable accommodation process within the health care needs or direct threat assessment, then the center, in collaboration with the AC, would document the attempts to contact the applicant and if unable to do so, then would process the file as a withdrawal.

The routing of the applicant's file is dependent upon what part of the process the application is in when the staff is unable to reach the applicant.

- If the center has not yet made a recommendation regarding enrollment, the file would be returned to OA.
- If the center has submitted a file to the Regional Office as a recommendation of denial

and the file has been returned to a center to complete some missing component of the file review process, then the file must be returned to the Regional Office. Once a file is in regional review, the final disposition of the file is within the purview of the Regional Director or his or her designee even if that is to simply verify the withdrawal documentation before returning the file to the AC.

The center must document its good faith effort in making these contacts and the applicant should be afforded a reasonable amount of time to respond to such requests.

Awaiting Documentation

If the center has requested additional documentation about an applicant and it does not receive that information or the applicant does not have the means to secure it, the center **must** make a decision on the information that is available to it (i.e., documentation already collected along with the clinical interview findings). The applicant's file may not be returned to OA as unable to process if the center has been able to reach the applicant to conduct the clinically related interviews (see "Timelines" section).

Direct Threat

Job Corps requires that applicants not have conditions, disabilities, or behaviors that pose a direct threat to the health or safety of themselves, other students, or staff; and behaviors that cannot be eliminated by reasonable accommodations or modifications. In the case of an applicant, a direct-threat assessment typically will occur after the applicant has received conditional assignment to a Job Corps center and has completed the "Job Corps Health Questionnaire (ETA 653)" and if an initial review of the specific information that has been received about that applicant (including the "Job Corps Health Questionnaire (ETA 653)," the medically related information that has been collected by the AC, and the results of the background check) indicates that he/she may have a medical condition or disability that poses a significant risk of substantial harm to the health or safety of the individual or others.

If the specific information in the folder appears to meet the standards described above, the HWM will forward the applicant's information to the appropriately qualified licensed health provider employed by the center for a detailed direct threat assessment.

Reasonable Accommodation in the Direct-Threat Process

If the applicant's condition rises to the level of disability and documentation of the disability has been provided or the disability is obvious (i.e., person who is blind, uses a wheelchair, etc.), then the center's Reasonable Accommodation Committee (RAC) needs to engage the applicant in the interactive reasonable accommodation process (see Appendix 605).

The applicant must be a participant in this discussion. The goal is to identify the symptoms and behaviors that are resulting in the applicant being reviewed as a direct threat and then determining whether or not reasonable accommodation will support the individual such that the symptoms and behaviors (i.e., the barriers to enrollment) are sufficiently reduced so that

the applicant would no longer pose a direct threat. Accommodations are not intended to treat the impairment.

The "Form for Individualized Assessment of Possible Direct Threat" found in Appendix 609 must be used to complete the direct threat assessment. Appendix 609 also contains detailed information and guidance for conducting a direct threat assessment.

Health-Care Needs

If the center staff believes that the health care needs of an applicant is beyond what the Job Corps Health and Wellness Program can provide as defined as basic-health care in Exhibit 6-4, then the center would complete the "Form for Individualized Health-Care Needs Assessment" in Appendix 610. A component of the process will be to determine whether or not reasonable accommodation would sufficiently reduce or eliminate the barriers to providing the necessary health care needs. If so, the center would enroll the applicant. If not, the center will forward the "Form for Individualized Health-Care Needs Assessment" in Appendix 610 and any supporting documentation along with the applicant file to the Regional Office as a recommendation of denial.

Reasonable Accommodation in the Health-Care Needs Assessment Process

If the applicant's condition rises to the level of disability and documentation of the disability has been provided, then the center RAC needs to engage the applicant in the interactive reasonable accommodation process (see Appendix 605). The applicant must be a participant in this discussion. The goal is to identify the symptoms and behaviors that are resulting in the center's determination that the applicant's basic health-care needs exceed those provided by Job Corps and then determining whether or not reasonable accommodation will support the individual such that the symptoms and behaviors (i.e., the barriers to enrollment) are sufficiently reduced so that the center would be able to meet the applicant's basic health-care needs. Accommodations are not intended to treat the impairment.

Documenting Local Resources when Recommending Enrollment at another Center

When the center clinical staff believe that an applicant's health-care needs are manageable within the Job Corps program but only if the applicant is located within his or her home state and closer to existing resources, the center must document efforts to arrange for less frequent treatment in home state and/or to secure community support near center and include this information in the health-care needs assessment. Then if the center determines that the applicant's health-care needs cannot be met locally, the applicant should be considered for possible enrollment at a center closer to home where health support and insurance coverage is available.

In determining the need to consider enrollment at another center, document the following efforts:

- Contact the treating provider and discuss applicant's needs and see if treating provider (not the Health and Wellness staff) recommends less frequent treatment or monitoring.

- If treating provider does not recommend changes to frequency of treatment or monitoring, consider local community services with sliding fee scales for applicants without insurance or insurance in another state.

- If community services are not available, document name of local resource contacted and information provided by the resource.

The file should then be forwarded to Regional Office for final determination.

Review of Applicant's Health-Care Needs by the Alternate Center

When a Regional Office has upheld a center's recommendation of denial that it cannot meet the basic health-care needs of an applicant but has indicated that the health-care needs could likely be met if the applicant were to be considered for a center closer to those needed resources and supports, the file is returned to the AC who will work with the applicant to identify an alternate center.

Once an alternate center is identified, the AC submits the file to that center. The medical envelope should already contain the health-care needs assessment that was completed from the previous center. The center completes a clinical assessment to determine if the center can meet the applicant's health-care needs and the applicant's current stability. If the center finds that it can meet the health-care needs of the applicant at their location, the center schedules the applicant for enrollment. If the center believes that the applicant's health-care needs exceed those of basic care even with the access to local supports and services, then the center must complete its own health-care needs assessment and resubmits the file to the Regional Office for review.

The "Form for Individualized Health-Care Needs Assessment" found in Appendix 610 must be used to complete the health-care needs assessment. Appendix 610 also contains detailed information and guidance for conducting a health-care needs assessment.

New Information

Neither the center FRT nor its individual members may revisit the determination that an applicant is qualified for admission unless:

1. There is new information presented that the AC could not have reasonably known at the time the applicant's qualification for admission was established;

2. This new information indicates that the applicant offered enrollment may no longer meet an eligibility requirement;

For example, an applicant may have committed a felony crime after the file was sent to the center and the center learned of this when the applicant told the HWM that he could not make

a visit to the center on a particular day because he had to be in court. This information prompted the HWM to question the applicant further and he disclosed he was being charged with a felony crime.

If the applicant doesn't meet the initial admission criteria for court involvement after the adjudication of his charges, then the center completes the "Center Recommendation of Denial Form for New Information" (see Attachment A) and submits the file along with the recommendation form to the Regional Office as a recommendation for denial based upon review of new information.

New Information–Age (Eligibility Requirement Criterion 2) and Income Eligibility (Eligibility Requirement Criterion 3)/Disability Status

In general, ACs may not ask whether an applicant is an individual with a disability or about the nature and severity of a disability prior to conditional enrollment in Job Corps. At two points in the process of determining eligibility, however, ACs may invite an applicant to disclose whether he or she has a disability:

1. If the applicant is, or will be, over 24 years old on the date of enrollment, the maximum age limit may be waived if he or she is a person with a disability (Eligibility Requirement Criterion 2);

2. If the applicant would not meet the low-income requirement unless the applicant is considered a "family of one" because of disability (Eligibility Requirement Criterion 3).

The AC will not determine whether or not an applicant is a person with a disability. Appropriate center staff will do this since the AC does not review health and medical information. The AC will gather the documentation and place it in a sealed envelope with the applicant file that is then forwarded to the center for review.

- The center reviews the documentation of disability. If the documentation supports that the applicant is a person with a disability, the applicant file review process continues.

- If the center determines that the applicant is not a person with a disability, then the center completes the "Center Recommendation of Denial Form for Health-Care Needs, Direct Threat or Disability Status" (see Attachment B) and submits the form along with the file and submits to the Regional Office for review.

The centers are encouraged to collaborate with the AC in situations where center staff is having difficulty contacting the applicant.

Center Applicant File Review Process

Applicant file review is the process by which the center reviews health, medical and disability-related information, and other information about the applicant that was not

reasonably available to the AC, to ensure that the applicant meets the eligibility requirements under applicable statutes, regulations, Executive Orders, and policies.

File review can be a complex process at times and in those and all situations, it is essential that an appropriate, uniform process is used and documented. An effective file review process requires cooperation between ACs, records staff, wellness staff, and possibly other staff.

Step 1

Applicant file(s) arrive on center.

All applicant files come from OA, and should be immediately forwarded to the center's records department. Upon receipt of the file, the records staff must record the arrival of the record in a tracking log, and maintain the movement of the record until a final disposition of the application has been reached.

The records log should indicate:

- The date the file arrived on center
- To whom each file was sent
- How long a file has been with a particular department or staff member
- How long the file has been on center
- Notes/explanation of any delays in the process
- The start date or an explanation of the disposition of the file
- The applicant told HWM during clinical interview that he was no longer interested in coming to Job Corps so file was returned to OA

For those files sent to the Regional Office for review, the records log should contain:

- The date the file was sent
- To whom each file was sent
- The final disposition of the application

Step 2

The records department forwards the sealed medical, health, or disability-related information unopened to the HWM.

Step 3

The HWM completes a review of the "Job Corps Health Questionnaire (ETA 653)".

The information on the "Job Corps Health Questionnaire (ETA 653)" and the medically related documentation is reviewed to determine:

- The health care needs of the applicant
- Whether Job Corps can meet the health-care needs of the applicant
- If the applicant presents a direct threat to self or others

Step 4

Obtain consent for required routine medical assessments and/or consent to receive basic health care services. The HWM opens the sealed information and conducts a health-documentation review and initial direct threat review of the applicant's file.

The HWM determines who else may need to review the protected information based upon his or her determination of "need to know." This is essentially the center's FRT and may include the following staff persons:

- HWM reviews medical information and directs the file review process
- Center Mental Health Consultant (CMHC) reviews mental health-related information
- Center physician reviews medical information
- Center dentist reviews oral health information
- TEAP specialist reviews substance-related information
- Academic Manager reviews IEPs, 504 plans, educational reports including special-education assessments

Step 5

The appropriate members of the FRT determine if a health care needs or a direct threat assessment is necessary or if there is a need to revisit the eligibility factors. ***If there is no health-care needs or direct-threat assessment necessary, skip to Step 11.***

Step 6

Convene the RAC if completing a direct threat assessment or a health care needs assessment and the applicant's impairment rises to the level of disability in order to identify accommodations that may reduce the barriers to enrollment to a level that allows for the applicant to be enrolled in the program.

In these scenarios, the RAC would only be comprised of those staff members with a need to know and would likely consist of the center clinician, the HWM/DC, and must include the applicant. Accommodation considerations might include those requested or suggested by the applicant and/or those suggested by staff members of the committee. Accommodations suggested by the staff members should generally be reasonable in scope and cost and seek to support manifestations, behaviors, or other barriers presented because of the disability.

For example, if a staff member on the committee believes that the applicant needs 24 hour a day 1:1 supervision and monitoring, that type of extreme suggestion is not likely going to be deemed reasonable and the applicant is also not likely to accept it. This concern should be noted in the narrative of the assessment form being completed but not listed as an accommodation. However, if an applicant were to request that the center consider providing him or her with 1:1 supervision, then a reasonableness review would need to be completed. See Step 9. Generally, the goal for staff committee participants is to assist the applicant in possibly identifying reasonable supports that would assist in reducing the barriers to enrollment that might allow the applicant to be able to enroll in the program.

Step 7

The RAC provides the FRT with its list of accommodation recommendations.

Step 8

Then the qualified licensed professional who conducted the original assessment must determine:

- In the case of direct threat, whether or not accommodations and/or modifications would remove the barriers to enrollment by sufficiently reducing the threat to below a level of direct threat or eliminating the direct threat.
- In the case of health-care needs exceed those of basic care, whether or not accommodations and/or modifications would remove the barriers to enrollment and make condition manageable at Job Corps as defined by basic health services in PRH Exhibit 6-4 or would allow the center to meet the applicant's health-care needs instead of recommending the applicant be referred to an alternate center where needed supports and services likely would be available.

See "Review of Applicant's Health-Care Needs by the Alternate Center" above and "Review Process for Recommendations to Attend an Alternate Center" in Appendix 108.

If the RAC (inclusive of the licensed professional) cannot identify any appropriate accommodations to eliminate or reduce the level of threat or remove barriers due to health-care needs, then the clinician completing the direct-threat or health-care needs assessment would check "no" – that there were no appropriate accommodations that could be identified given the significance of the applicant's current behavior and symptoms. Every effort should be made to identify appropriate accommodations, however, and RACs are encouraged to use identified resources (e.g., Job Accommodation Network) to assist them, as appropriate.

Step 9

If the individual is a person with a disability and accommodations or modifications that could either eliminate the risk or reduce it to an acceptable level have been listed by the center's RAC, the Center Director is responsible for making a determination as to whether such accommodations or modifications would be "reasonable." Unreasonableness may only be due to the accommodation(s) being unduly costly or the accommodation resulting in a fundamental alteration to the program. Guidance on how to make this determination is available in the "Evaluating a Request and Denying a Request" section of Appendix 605.

If the Center Director does believe that an accommodation(s) is unreasonable, then the "Accommodation Recommendation for Denial Form" (available on the Job Corps Disability website) must be completed. The team may assist the Center Director as needed in gathering the necessary data to make this determination.

Step 10

The center FRT must determine its recommendation of the application. The FRT, whether it meets collectively or individually, must make a recommendation as to the disposition of the file (i.e., accept, deny, etc.).

Any applicant file recommended for denial at the center level is packaged up along with supporting information and forwarded to the Regional Office for a final disposition.

The appropriate center recommendation of denial form should be placed in a separate envelope entitled "Regional Office." All other documents, including the health-care needs and/or the direct-threat assessment, containing protected information must be placed within the sealed health/disability envelope.

Step 11

Reasonable Accommodation Process when Enrolling

If an applicant has been accepted or approved for enrollment and has either requested reasonable accommodation or there is information/documentation in the applicant file that indicates the applicant is a person with a disability, the center must engage the applicant in an interactive process to determine reasonable accommodation needs prior to assigning the applicant a start date. An applicant may not wish to receive accommodations and reject any suggestions offered. If they do, document any accommodations discussed and the applicant's refusal of accommodation.

See Appendix 605 for detailed information about reasonable accommodation process requirements.

Consistency in Documentation

If a center physician, CMHC, or other Health and Wellness staff disagrees with an opinion provided by an outside clinician or related professional regarding Job Corps' ability to provide basic health-care needs of the applicant, the current condition of the applicant, or the applicant's ability to manage relatively independently, the center physician and/or the CMHC (as appropriate) should contact the outside professional to attempt to resolve the difference in opinion as well or be able to sufficiently document the reasons for it. If the outside professional can't be contacted within a reasonable time frame, please indicate efforts within the health-care needs or direct threat assessments.

Who Secures Documentation?

OA

The AC should obtain the needed information if the:

- Applicant has checked an affirmative answer on the "Job Corps Health Questionnaire (ETA 653)" for some type of medical, mental health or learning impairment

- Applicant has requested accommodations to participate in the program

- Applicant has indicated that he or she may need accommodations to participate in the program

Center

The center should obtain the needed information if the center staff discover additional medical information that is needed to complete the direct threat or health-care needs assessment or to be able to assist the individual on center should he or she be enrolled.

It is strongly encouraged that the AC and center staff work together to gather information needed to make recommendations on applicants.

Who Pays?

If a center wants additional tests or evaluations from the applicant and this information is necessary to make an enrollment decision, the center may request the applicant obtain these if they have insurance and/or access to a facility that can provide the testing or evaluations at a rate the applicant can afford. The center will need to work with the applicant and AC to identify specific resources. If applicant cannot afford to obtain additional tests or evaluations, or has not provided the additional health information requested within a reasonable amount of time, the center must make its best recommendation based on the information available.

Regional Review

Preparing Documentation for Regional Review

If an applicant is being recommended for denial of enrollment, the applicant's file and supporting documentation must be packaged and sent to the Regional Office for review.

Applicant files submitted to the Regional Office as a recommendation of denial for direct threat and health-care needs should include the following information:

- Completed "Center Recommendation of Denial form for Direct Threat, Health-Care Needs, and Disability Status" (Attachment B)

- Completed "Form for Individualized Assessment of Possible Direct Threat" from Appendix 609 if for direct threat or "Form for Individualized Health-Care Needs Assessment" from Appendix 610 if for health-care needs. Note: Submit only one assessment per applicant. Do not submit both a health-care needs and a direct-threat assessment.

- Supporting documentation

Applicant files submitted to the Regional Office as a recommendation of denial for new information should include the following information:

- Completed "Center Recommendation of Denial Form for New Information" (Attachment A)

- Supporting documentation

New Information–Age (Eligibility Requirement Criterion 2) and Income Eligibility (Eligibility Requirement Criterion 3)/Disability Status

If an applicant who meets the age or income eligibility requirements (Eligibility Requirement Criteria 2 and 3) for enrollment because he or she is a person with a disability, the center's clinical staff reviews the applicant's supporting documentation to verify that the individual is actually a person with a disability. If it is determined that the applicant is not an individual with a disability, the file and supporting documentation is forwarded to the regional office for review. The Regional Office forwards these files to the Regional Administrative File Review Coordinator for completion of the disability status review.

Applicant files submitted to the Regional Office for a disability review related to age or income should include the following information:

- Completed "Center Recommendation of Denial Form for Direct Threat, Health-Care Needs, and Disability Status"

- Supporting documentation

Administrative File Review

Files submitted to the regional review undergo an administrative file review which is completed by a Regional Administrative File Review Coordinator under the following circumstances:

- Center has recommended denial because the applicant is believed to pose a direct threat

- Center has recommended denial because the health-care needs of the applicant exceed those provided by the Job Corps program

- Center has recommended denial because the applicant's health-care needs can be met but require community supports not available to the center

- Center has recommended denial because the appropriate center staff did not find the applicant to be a person with a disability (for applicants whose age exceeds those required for Job Corps enrollment and/or the applicant met the income eligibility requirement as a family of one)

The administrative review of these files is completed to ensure that all required procedures have been completed and all required documentation is included with the request. If the file review process is incomplete or the documentation is insufficient, the file is returned to the center with instructions as to what part(s) of the process must be completed and/or what documentation is needed. The corrected documentation and file should be returned to the Regional Administrative File Review Coordinator within 10 business days of receipt of the file.

The Regional Office will conduct the administrative review of applicant files recommended for denial based on new eligibility requirement information not related to disability status.

Note: Receiving a file back from the Regional Administrative File Review Coordinator for completion or correction of some component of the file review process does not mean that the center's recommendation has been overturned. It is simply ensuring the file review process has been completed before the file is submitted to one of the Regional Health Specialists (RHS) for review. The final determination regarding the center's recommendation is then made by the Regional Director. See "Clinical Review" and "Regional Director Decision" sections.

Clinical Review

Once the administrative review is complete, the Regional Administrative File Review Coordinator forwards the file to the appropriate RHS for a clinical review. The RHS documents his or her support or disagreement with the center's recommendation, and the file is submitted to the Regional Director for a final determination.

Regional Director's Decision

The Regional Director may either uphold the FRT's recommendation of denial, or may overturn it. If the Regional Office supports the center's recommendation for denial, a clear, documented, written decision regarding the recommendation of denial must be completed and issued by the Regional Office within 60 days of the date on which the file was received. If a denial recommendation is rejected by the Regional Office and the applicant's file returned to the center for enrollment, that applicant must be scheduled for arrival based on the date on which the application first arrived on center, not the date on which it was returned from the region.

ATTACHMENT A

Applicant File Review
Center Recommendation of Denial Form for New Information

(For Center Use)

(To be completed by the center's File Review Coordinator, i.e. Health & Wellness Manager or designee)

Applicant Name:		**ID#:**	
Center:		**Regional Office:**	
Date File Received from OA *(required):*		**Date Sent to Regional Office** *(required):*	

File Review Team Participants:			
Name:		Position:	
Name:		Position:	
Name:		Position:	

Reason for Recommendation of Denial:

The applicant is ineligible for Job Corps due to the review of new information that the AC could not have reasonably known at the time the applicant was deemed eligible. Please refer to Exhibit 1-1 of Chapter 1 of the PRH and identify the specific eligibility requirement(s) that you believe the applicant no longer meets.

Note: *If you believe the applicant is no longer eligible because of disability status related to eligibility requirement criterion"2" (age) or eligibility requirement criterion "3" (low income), then please complete the Center Recommendation of Denial Form – Health-Care Needs, Direct Threat or Disability Status* ***instead*** *of this form.*

☐	B.	Selective Service Registration	☐	I.	Program Suitability
☐	C.	Legal U.S. Resident	☐	J.	Group Participation and Understanding of Rules
☐	E.	Education/Training/Family Needs	☐	K.	Interference with Other Students' Participation
☐	F.	Authorization for Use and Disclosure of Health Information	☐	L.	Community Relations
☐	G.	Parental Consent	☐	M.	Court Involvement and/or Agency Supervision
☐	H.	Child Care	☐	N.	Maintenance of Sound Discipline

IMPORTANT: Neither the center file review team nor its individual members may revisit the determination that an applicant is qualified for admission unless:

- There is new information presented that the AC could not have reasonably known at the time the applicant's qualification for admission was established, and
- This new information indicates that the applicant offered enrollment may no longer meet one or more of the Eligibility Requirements.

Section 1: Please list the specific question or criterion from Exhibit 1-1 for the eligibility requirements checked above that the applicant no longer meets.

Applicant: ID#:

Section 2: What is the applicant's response to the specific question(s) asked from Section 1 above and/or how does the applicant no longer meet the specific criterion for the checked eligibility requirement(s)?
Section 3: Identify the specific new information that the AC could not have reasonably known that provided the basis for revisiting eligibility (i.e., document name and where the document was located, applicant stated the following during a specific interview, etc.).
Section 4: Summarize your findings.

Signature (*of Person Completing the Form)*: Title:

Date:

ATTACHMENT B

Applicant File Review

Center Recommendation of Denial Form for Health Care Needs, Direct Threat or Disability Status

(For Center Use)

(To be completed by the center's File Review Coordinator, i.e., Health and Wellness Manager or designee)

Applicant Name:		**ID#:**	
Center:		**Regional Office:**	
Date File Received from OA *(required):*		**Date Sent to Regional Office** *(required):*	

Section A:

Reason for Recommendation of Denial:		
☐	1.	Applicant poses a direct threat to self or others that cannot be alleviated with reasonable accommodation. If so, the completed direct threat assessment form found in Appendix 609 of the PRH is attached to this document. **Skip to Section C.**
☐	2.	The health-care needs of an applicant is beyond what the Job Corps' Health and Wellness Program can provide as defined as basic health care in PRH Exhibit 6-4: Job Corps Basic Health Care Responsibilities and cannot be eliminated or reduced by reasonable accommodation or modification. If so, the completed health-care needs assessment form found in Appendix 610 of the PRH is attached to this document. **Skip to Section C**.
☐	3.	The health-care needs are manageable at Job Corps as defined by basic health care services in PRH Exhibit 6-4, but require community support services which are not available near center. If so, the completed health-care needs assessment form found in Appendix 610 of the PRH is attached to this document for consideration of a different center. **Skip to Section C.**
☐	4.	The applicant is ineligible for Job Corps due to age or income related to disability status *(i.e., the applicant is over 24 years of age and the center does not believe s/he is a person with a disability or the applicant would no longer be considered a family of one for low-income consideration because the center does not believe s/he is a person with a disability)*. **Complete Sections B & C**.

Section B:

Eligibility Re-evaluation due to eligibility requirement criterion "2" (Age) or eligibility requirement criterion"3" (Income) from Exhibit 1-1 related to Disability Status *(i.e., the applicant is older than age of 24 and/or considered a family of one for low-income consideration because of being a person with a disability).*					
☐	A.	Age	☐	D.	Low Income
Summarize why the center does not believe this applicant to be a person with a disability.					

Section C:

☐	The file review team rationale for recommendation of denial may be found in the attached completed **direct threat assessment** (*direct threat assessment form from PRH Appendix 609*).
☐	The file review team rationale for recommendation of denial may be found in the attached completed **basic health-care needs assessment** (*health care needs assessment form from Appendix 610*).
☐	The file review team rationale for recommending consideration for enrollment to a different center closer to where available supports and services are located may be found in the attached completed **basic health-care needs assessment** (*health-care needs assessment form from Appendix 610).*

Signature (*of Person Completing the Form)*:

Title: Date: