

Applicant Name: _____

ID#: _____

Request for Additional Clinical Information Memo

Instructions

The attached applicant file is missing vital information needed to make a recommendation regarding this applicant. The following steps must be completed in order and signed/dated. This memo should stay with the file throughout the process. If assistance is needed in fulfilling this request, contact your Regional Health Specialist.

Step 1

From: _____, **Regional Health Specialist**

To: _____, **Regional Office File Review Coordinator**

Please forward this memo and file to the Records Manager of the _____ Job Corps Center for completion of the file review process. The following is required from center staff before a recommendation can be made by the Regional Health Specialists:

____ Documentation of clinical interview with the applicant

____ Current status (medical, mental health, substance use, and/or oral health)

____ Treatment plan including medications and/or restrictions

____ Pertinent laboratory results

____ Updated treatment records

____ Clarification from treatment provider regarding treatment plan

____ Other (please specify): _____

RHS Signature: _____

Date: _____

Step 2

From: **Regional Office File Review Coordinator**

To: **Records Manager**

This file is being returned to the center for completion of the file review process.

Please forward this applicant's file to the Health and Wellness Manager (HWM). **Do NOT return this file to Outreach and Admissions for any reason.** Once an application enters the regional review process, the Regional Office retains final authority as to the disposition of the application.

This file along with the requested documentation should be returned to the Regional Office within 10 business days of receipt.

RO File Review Coordinator Signature: _____

Date: _____

Applicant Name: _____

ID#: _____

Step 3

From: Records Manager

To: HWM

This file has been returned to the center for completion of the file review process. Refer to Step 1 for the information requested. Enclose all of the new documentation and/or information in a sealed envelope with the other medical records.

Records Manager Signature: _____

Date: _____

***HWM NOTE:** If the applicant cannot be reached to complete the interactive clinical interview, document attempts to reach the applicant and all contact with the Admissions Counselor for assistance in the applicant file.*

Step 4

From: HWM

To: Records Manager

The requested information and/or documentation of attempts to contact applicant is included in a sealed envelope. Please return to Regional Office.

HWM Signature: _____

Date: _____

Step 5

From: Records Manager

To: Regional Office File Review Coordinator

The applicant file is enclosed.

Records Manager Signature: _____

Date: _____

Step 6

From: Regional Office File Review Coordinator

To: Regional Health Specialist

This file is being returned to the Regional Health Specialist identified in Step 1 for completion of the clinical review process.

RO File Review Coordinator Signature: _____

Date: _____