

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:					
<p>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.</p> <p><i>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 <u>instead</u> of this form.</i></p>					
<input type="checkbox"/>	B.	Selective Service Registration	<input type="checkbox"/>	I.	Program Suitability
<input type="checkbox"/>	C.	Legal U.S. Resident	<input type="checkbox"/>	J.	Group Participation and Understanding of Rules
<input type="checkbox"/>	E.	Education/Training/Family Needs	<input type="checkbox"/>	K.	Interference with Other Students' Participation
<input type="checkbox"/>	F.	Authorization for Use and Disclosure of Health Information	<input type="checkbox"/>	L.	Community Relations
<input type="checkbox"/>	G.	Parental Consent	<input type="checkbox"/>	M.	Court Involvement and/or Agency Supervision
<input type="checkbox"/>	H.	Child Care	<input type="checkbox"/>	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.

<p>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.</p>

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:		
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	4.	The applicant is ineligible for Job Corps due to age or income related to disability status <i>(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).</i> 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>(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).</i>					
<input type="checkbox"/>	A.	Age	<input type="checkbox"/>	D.	Low Income
Summarize why the center does not believe this applicant to be a person with a disability.					

Section C:

<input type="checkbox"/>	The file review team rationale for recommendation of denial may be found in the attached completed direct threat assessment <i>(direct threat assessment form from PRH Appendix 609).</i>
<input type="checkbox"/>	The file review team rationale for recommendation of denial may be found in the attached completed basic health-care needs assessment <i>(health care needs assessment form from Appendix 610).</i>
<input type="checkbox"/>	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 <i>(health-care needs assessment form from Appendix 610).</i>

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

Title: _____

Date: _____