

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: