**Center Applicant File Review**

**Center Recommendation of Denial Form – Eligibility Review/New Information**

*(For Center Use)*

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

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| **Applicant Name:** |  | **ID#:** |  |
| **Center:** |  | **Regional Office:** |  |
| **Date File Received from Outreach and Admissions** *(required)***:** |  | **Date Sent to Regional Office** *(required)***:** |  |

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| **File Review Team Participants:** | | | |
| Name: |  | Position: |  |
| Name: |  | Position: |  |
| Name: |  | Position: |  |

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| **Reason for Recommendation of Denial:** |
| The applicant is ineligible for Job Corps due to the review of new information that Outreach and Admissions could not have reasonably known at the time the applicant was deemed eligible. Please refer to  PRH Chapter 1, Exhibit 1-1 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.* |

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|  | Criterion 1 | U.S. Citizen/Legal Resident/Deferred Action Status |  | Criterion 8 | Group Participation |
|  | Criterion 4 | Reviewing Criminal Background |  | Criterion 8a | Interference with Other Students’ Participation |
|  | Criterion 5 | Barriers to Education and Employment |  | Criterion 8b | Maintenance of Sound Discipline and Positive Center Culture |
|  | Criterion 6 | Selective Service Registration |  | Criterion 9 | Child Care |
|  | Criterion 7 | Education and Training Needs |  | Criterion 10 | Authorization for Use and Disclosure of Health Information |

**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 Admissions Services 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.

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| **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. |
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| **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)? |
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| **Section 3:** Identify the specific new information that Admissions Services 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.). |
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| **Section 4:** Summarize your findings. |
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| **Signature** (*of Person Completing the Form)*: |  | **Date:** |  |
| **Title:** |  | | |

*Upload to the Health E-Folder under OTHER and notify the respective Regional Office by selecting*

*the Flag for Regional Review within CIS.*