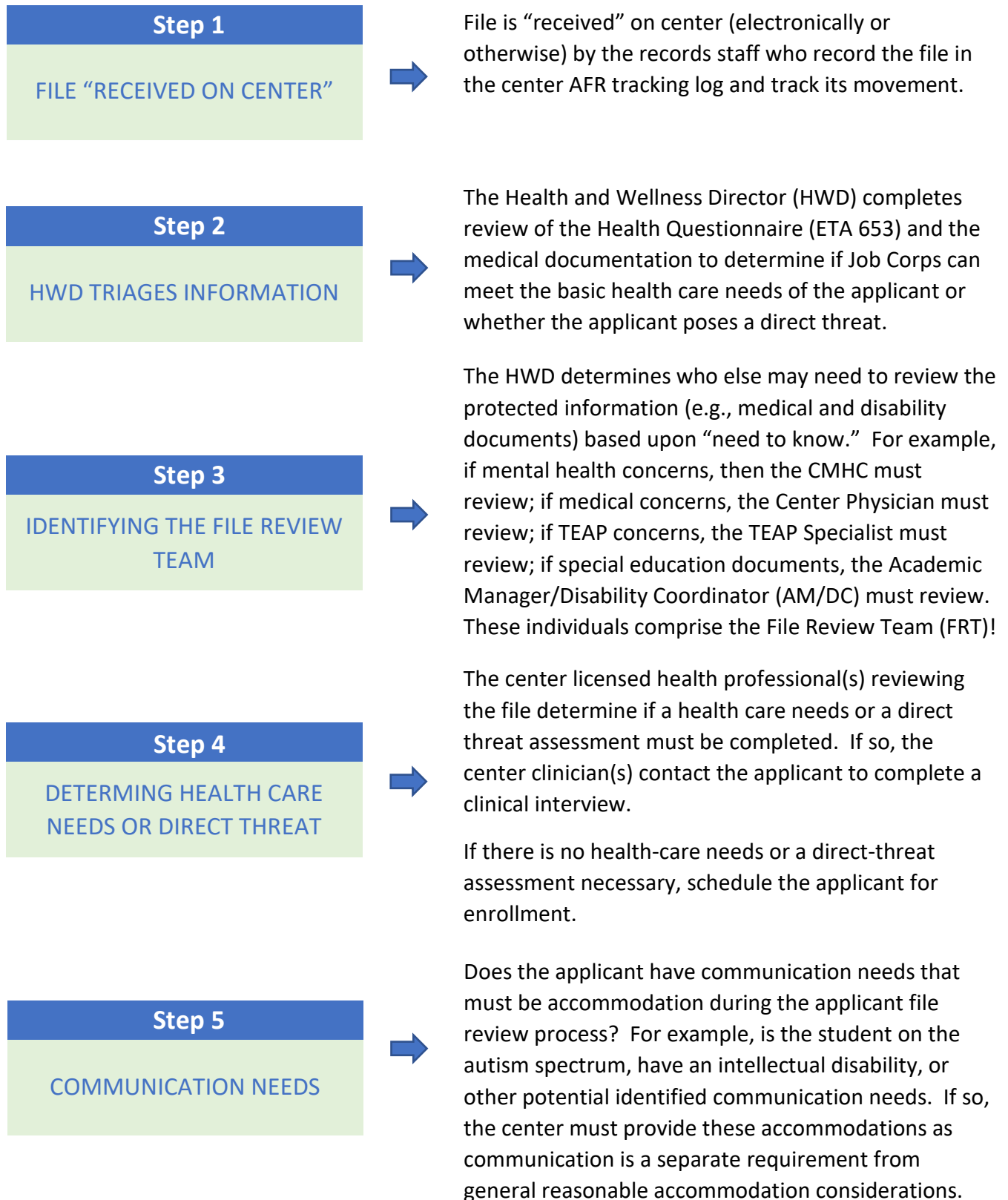
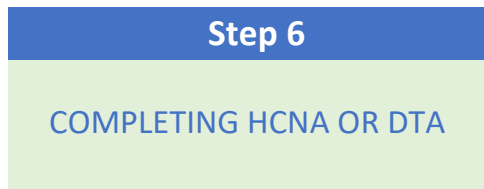


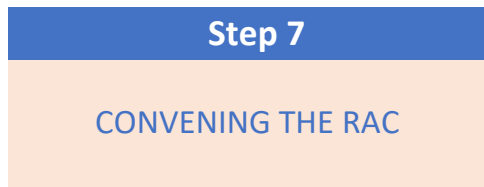
Center Applicant File Review Process

Applicant with a Disability

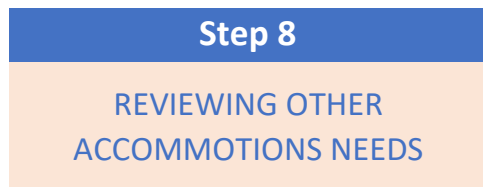




If the center licensed health professional reviewing the file and conducting the clinical interview with the applicant determines that there are health care needs that exceed those of basic care or the applicant poses a direct threat, s/he completes either the Health Care Needs Assessment found in Form 2-05 or a Direct Threat Assessment found in Form 2-04 of the PRH.



If the applicant is a person with a disability, the reasonable accommodation committee (RAC) led by the DC must convene and consider accommodations. To do this, look at the functional limitations in item #3 of the HCNA, for example, and then look at the same categories in item #5 (the reasonable accommodation section) and identify accommodations that support the identified functional limitations. You are not limited to the accommodations in the list and may add more in the OTHER" section. [See How to Complete the Checkboxes below.](#)



If the applicant is a person with a disability and an outside treating provider has recommended accommodations on Chronic Care Management Plan (CCMP) that are related to the functional limitations (i.e., panic attacks or severe anxiety in crowds, etc.), posing barriers to enrollment, then the RAC must consider related accommodations (i.e., reduced # of roommates or private room, etc.). These can be documented in the OTHER section of item #5 in the HCNA/DTA.

Also, if the applicant with a disability requests accommodations that are related to the functional limitations posing barriers to enrollment, then the RAC must consider those accommodations and determine reasonableness. These also may be included in the OTHER section of item #5 in the HCNA/DTA.

Step 9
 CENTER CLINICIAN REVIEWS
 ACCOMMODATIONS



Then the center licensed health professional completing the assessment considers whether accommodations would sufficiently remove the barriers to enrollment.

Step 10
 CENTER CLINICIAN MAKES
 FINAL DECISION



If accommodations sufficiently reduce the barriers to enrollment, then the center enrolls the applicant. If not, in item #6 of either the HCNA or the DTA, the center licensed health professional completing the assessment selects the appropriate recommendation of denial. If the option is to refer to an alternate center for consideration, please see *Alternate Center Recommendation* below.

Step 11
 CENTER CLINICIAN SIGNS
 ASSESSMENT



The center licensed health professional completing the assessment prints his or her name, title, and includes types of licensure(s), signs and then dates the assessment.

Step 12
 SUBMIT TO REGIONAL OFFICE
 FOR REVIEW



The center prints out the applicant file in its entirety (i.e., eFolder (admissions documents), medical and disability documents, and submits the file to the respective Regional Office for review.

Completing the Check Boxes Item #5 of the HCNA or DTA	
Checking a “yes” response box	The applicant was offered the specific accommodation and “accepted” it.
Checking a “no” response box	The applicant was offered the specific accommodation and “rejected” it.
Leaving response box blank	The accommodation was not discussed or reviewed with the applicant because it was either not necessary, appropriate or both.

Center Applicant File Review Process

Recommendation of Denial with a Referral to an Alternate Center

Step 10 (cont. from above)

CENTER CLINICIAN MAKES
FINAL DECISION



If the center licensed health professional believes that the applicant could be enrolled in Job Corps but at an alternate center where needed supports and services are available, then s/he should recommend denial with a referral to an alternate center.

In my professional judgment, health care needs are manageable at Job Corps as defined by basic health care services in Exhibit 6-4 but require community support services which are not available near center. Documentation of efforts to arrange for less frequent treatment in home state and/or to secure community support near center can be found in Question #7 below. Applicant should be considered for center closer to home where health support and insurance coverage is available. File is forwarded to Regional Office for final determination.

Step 11

ALTERNATE CENTER
JUSTIFICATION



Complete item #7 of the HCNA: *If recommending a different center, document efforts to arrange less frequent treatment in home state and/or secure community support near center in the space below. (Include name of organizations/facilities and specific individuals contacted and why access is not available.)*

Step 12

CENTER CLINICIAN SIGNS
ASSESSMENT



The center licensed health professional completing the assessment prints his or her name, title, and includes types of licensure(s), signs and then dates the assessment.

Step 13

SUBMIT TO REGIONAL OFFICE
FOR REVIEW



The center prints out the applicant file in its entirety (i.e., eFolder (admissions documents), medical and disability documents, and submits the file to the respective Regional Office for review.