

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** \_\_\_\_\_ **Date Sent to** \_\_\_\_\_  
**from OA (required):** \_\_\_\_\_ **Regional Office (required):** \_\_\_\_\_

**Section A:**

Reason for Recommendation of Denial:	
<input type="checkbox"/>	<b>1.</b> 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 Form 2-04 of the PRH is attached to this document. <b>Skip to Section C.</b>
<input type="checkbox"/>	<b>2.</b> 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 2-4: 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 Form 2-05 of the PRH is attached to this document. <b>Skip to Section C.</b>
<input type="checkbox"/>	<b>3.</b> The health-care needs are manageable at Job Corps as defined by basic health care services in PRH Exhibit 2-4, but require community support services which are not available near center. If so, the completed health-care needs assessment form found in Form 2-05 of the PRH is attached to this document for consideration of a different center. <b>Skip to Section C.</b>
<input type="checkbox"/>	<b>4.</b> 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> . <b>Complete Sections B &amp; C.</b>

**Section B:**

<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</b> <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 <b>direct threat assessment</b> <i>(direct threat assessment form from PRH Form 2-04)</i> .
<input type="checkbox"/>	The file review team rationale for recommendation of denial may be found in the attached completed <b>basic health-care needs assessment</b> <i>(health care needs assessment form from Form 2-05)</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 <b>basic health-care needs assessment</b> <i>(health-care needs assessment form from Form 2-05)</i> .

Signature *(of Person Completing the Form)*: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_