

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: | | | | | |
|---|----|--|--------------------------|----|---|
| 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. | | | | | |
| <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 instead of this form.</i> | | | | | |
| <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.

| |
|---|
| 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. |
| |

