

## FORM FOR INDIVIDUALIZED HEALTH CARE NEEDS ASSESSMENT

Applicant's Name: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Center Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Interview Conducted By:       Telephone                       In Person                       Videoconference

In determining whether, in your professional judgment, the above named individual's health care needs are beyond what the Job Corps' health and wellness program can provide as defined as basic health care in Exhibit 2-4: Job Corps Basic Health Care Responsibilities consider the following and respond accordingly.

If you determine that the individual's health care needs are beyond Job Corps basic health care responsibilities and their condition rises to a level of a disability, consider whether any accommodations or modifications would remove the barrier to enrollment and list any suggested accommodations or modifications. Do not consider whether, in your view, a particular accommodation or modification is "reasonable." That determination must be made by the center director or his/her designees.

### 1. What factors triggered review of the individual's file for a health care needs assessment?

*[Please mark all that apply]*

- Within the past six months, two or more emergency room visits or one or more hospitalizations for medical, mental health, oral health, and/or substance abuse reasons.
- New diagnosis or recurrence of medical, mental health, extensive untreated oral health, and/or substance abuse condition that would require frequent medication adjustments, significant health resources and/or substantial change to the training day (e.g., daily dialysis; only able to attend Job Corps 3 hours per day; hourly medication or behavioral monitoring; daily assistance with activities of daily living; long-term weekly on-center therapy provided by the CMHC; complex full-mouth reconstruction/rehabilitation).
- Failure to follow previous treatment recommendations by licensed health providers that have adversely affected the applicant's health, behavior, and/or adaptive functioning, and now requires significant health care management. (Note: Some students are non-adherent and experience adverse consequences but may still benefit from enrollment. Examples might include substance abuse relapse, poor diabetic control, poor asthma control, etc.)
- Applicant has followed treatment recommendations by licensed health providers with no improvement in applicant's health, behavior, and/or adaptive functioning, which continue to place applicant in need of significant health care management.
- Applicant's condition or behavior has not been successfully managed in a similar academic, work, or group environment in the past year.
- Applicant is in treatment for a condition that is not in the scope of Job Corps Basic Health Care Responsibilities (e.g., orthodontic braces for malocclusion).

### 2. What is the applicant's history and present functioning to support statement of health care needs? (Include information from ETA 6-53, file review, Chronic Care Management Plan (CCMP) Provider Form, and interview with applicant.)

ETA 6-53: \_\_\_\_\_

\_\_\_\_\_

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**Applicant File Review Summary:** -----  
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**CCMP Provider Form:** Does provider recommend applicant to enter Job Corps?  Yes  No  
*If conflicting recommendation with treating provider, please indicate effort to contact treating provider for discussion in addition to summary of information on the CCMP.*

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**Applicant Interview Summary:** -----  
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**3. What are the functional limitations (specific symptoms/behaviors) of the applicant that are barriers to enrollment at this time?**

- |                                                                     |                                                                                                            |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Avoidance of group situations and settings | <input type="checkbox"/> Difficulty with sleep patterns                                                    |
| <input type="checkbox"/> Impaired decision making/problems solving  | <input type="checkbox"/> Difficulty with social behavior, including impairment in social cues and judgment |
| <input type="checkbox"/> Difficulty coping with panic attacks       | <input type="checkbox"/> Difficulty with stamina                                                           |
| <input type="checkbox"/> Difficulty managing stress                 | <input type="checkbox"/> Interpersonal difficulties with authority figures and/or peers                    |
| <input type="checkbox"/> Difficulty regulating emotions             | <input type="checkbox"/> Organizational difficulties                                                       |
| <input type="checkbox"/> Difficulty with communication              | <input type="checkbox"/> Sensory impairments                                                               |
| <input type="checkbox"/> Difficulty with concentration              | <input type="checkbox"/> Uncontrolled symptoms/behaviors that interfere with functioning                   |
| <input type="checkbox"/> Difficulty handling change                 | <input type="checkbox"/> Other (specify): _____                                                            |
| <input type="checkbox"/> Difficulty with memory                     |                                                                                                            |
| <input type="checkbox"/> Difficulty with self-care                  |                                                                                                            |

*Please note: This list is not all inclusive. These are suggestions for your use and you may need to consider functional limitations and accommodations beyond this list.*

**4. What are the health-care management needs of the applicant that are barriers to enrollment at this time?**

- |                                                                                                        |                                                         |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Complex behavior management system beyond Job Corps current system            | <input type="checkbox"/> Severe medication side effects |
| <input type="checkbox"/> Complex full mouth reconstruction/rehabilitation                              | <input type="checkbox"/> Therapeutic milieu required    |
| <input type="checkbox"/> Daily assistance with activities of daily living                              | <input type="checkbox"/> Other (specify): _____         |
| <input type="checkbox"/> Frequency and length of treatment                                             |                                                         |
| <input type="checkbox"/> Hourly monitoring required                                                    |                                                         |
| <input type="checkbox"/> Medical needs requiring specialized treatment                                 |                                                         |
| <input type="checkbox"/> Out of state insurance impacting access to required and necessary health care |                                                         |

**Brief Narrative:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**5. Reasonable Accommodation Consideration**

Is this applicant a person with a disability?     Yes     No  
*(i.e., documentation of a mental health, medical, substance-abuse, cognitive, or other type of disability is present in the applicant file or the disability is obvious (i.e., blind, deaf)). If no, please skip to Question #6.*

If yes, convene the reasonable accommodation committee (RAC) along with the applicant and list below any accommodations and/or modifications discussed with the applicant that could either remove or reduce the barriers to enrollment as documented in Question #4 above.

Note: Accommodations or modifications are not things that treat the impairment; they are things that will help the individual participate in the program. See Program Instruction 08-26 “Reasonable Accommodation and Case Management” for guidance.

Check one of the two options below.

- The RAC has been unable to identify any accommodations appropriate to support this applicant.
- The following accommodations/modifications listed below have been discussed with the applicant and considered as a part of this assessment:

*Please avoid suggesting extreme accommodations already known to likely be unreasonable unless the applicant has requested a specific support (i.e., 24 hour supervision). If unsure if a support or modification is really an accommodation or is actually a case management support, please contact your regional health and disability consultants for assistance.*

<b>Based on functional limitation(s) checked in Section 3, please check the appropriate accommodations below discussed with the applicant. Please note: This list is not all inclusive. These are suggestions for your use and you may need to consider functional limitations and accommodations beyond this list which can be entered in the "Other" section.</b>		
<b>Avoidance of group situations and settings</b>		
Allow student to arrive five minutes late for classes and leave five minutes early	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Excuse student from student assemblies and group activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify quiet area for student to eat meals in or near cafeteria	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Difficulty coping with panic attacks</b>		
Allow student to designate a place to go when anxiety increases in order to practice relaxation techniques or contact supportive person	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide flexible schedule to attend counseling and/or anxiety reduction group	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allow student to select most comfortable area for them to work within the classroom/trade site	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide peer mentor to shore up support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Difficulty handling change</b>		
Provide regular meeting with counselor to discuss upcoming changes and coping	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintain open communication between student and new and old counselors and teachers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recognize change in environment/staff may be difficult and provide additional support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Difficulty managing stress</b>		
Allow breaks as needed to practice stress reduction techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Modify education/work schedule as needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify support person on center and allow student to reach out to person as needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Difficulty regulating emotions</b>		
Allow breaks as needed to cool down	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allow flexible schedule to attend counseling and/or emotion regulation support group	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Teach staff to support student in using emotion regulation strategies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide peer mentor/support staff	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Difficulty with communication</b>		
Allow student alternative form of communication (e.g. written in lieu of verbal)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide advance notice if student must present to group and opportunity to practice or alternative option (e.g. present to teacher only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Difficulty with concentration</b>		
Allow use of noise canceling headset	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reduce distractions in learning/work environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide student with space enclosure (cubicle walls)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Difficulty with memory</b>		
Provide written instructions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allow additional training time for new tasks and hands-on learning opportunities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Offer training refreshers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use flow-charts to indicate steps to complete task	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide verbal or pictorial cues	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Difficulty with organization</b>		
Use staff/peer coach to teach/reinforce organizational skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use weekly chart to identify and prioritize daily tasks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Difficulty with self-care</b>		
Provide environmental cues to prompt self-care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assign staff/peer mentor to provide support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allow flexible scheduling to attend counseling/supportive appointments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Difficulty with sleep patterns</b>		
Allow for a flexible start time	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide more frequent breaks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide peer/dorm coach to assist with sleep routine/hygiene	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Increase natural lighting/full spectrum light	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Difficulty with social behavior, including impairment in social cues and judgment</b>		
Assign mentor to reinforce appropriate social skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allow daily pass to identified area to cool down	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide concrete examples of accepted behaviors and teach staff to intervene early to shape positive behaviors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adjust communication methods to meet students' needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Difficulty with stamina</b>		
Allow more frequent or longer breaks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allow flexible scheduling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide additional time to learn new skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Impaired decision making/problemsolving</b>		
Utilize peer staff mentor to assist with problemsolving/decision making	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide picture diagrams of problemsolving techniques (e.g., flow charts, social stories)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Interpersonal difficulties with authority figures and/or peers</b>		
Encourage student to take a break when angry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide flexible schedule to attend counseling and/or therapy group	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide peer mentor for support and role modeling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Develop strategies to cope with problems before they arise	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide clear, concrete descriptions of expectations and consequences	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allow student to designate staff member to check in with for support when overwhelmed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Sensory impairments</b>		
Modify learning/work environment to assist with sensitivities to sound, sight, and smells	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allow student breaks as needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Uncontrolled symptoms/behaviors that interfere with functioning		
Alter training day to allow for treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allow passes for health and wellness center outside of open hours to monitor symptoms	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reduce tasks and activities during CPP to not aggravate symptoms/behaviors	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other

Summarize any special considerations and findings of the RAC as well as the applicant’s input:

*Please Note: Job Corps cannot impose accommodations upon an individual. If the applicant does not accept or agree to a specific accommodation, there is no need to consider that specific accommodation in your determination of whether the accommodations listed will reduce the barriers to enrollment sufficiently or not nor is there a need to complete a reasonableness review related to that specific accommodation.*

Reasonable Accommodation Considerations:
Did the applicant participate in the RAC meeting? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
<i>(Note: The applicant must be a part of the discussion for reasonable accommodation).</i>

RAC Participants:			
Name:		Position:	
Name:		Position:	
Name:		Position:	

If there is a recommendation for an applicant to be enrolled with the accommodations or modifications listed in Question #5 above which you believe are not reasonable and/or pose an undue hardship, the **Center Director is responsible for making that determination** using the “Accommodation Recommendation of Denial Form” found on the Job Corps Disability website and including that form along with the applicant file that is being submitted to the regional office with a recommendation for denial. The final determination is made by the regional office.

Guidance on how to make this determination is available in the “Evaluating a Request and Denying a Request” sections of the Form 2-03. Please attach the completed “Accommodation Recommendation of Denial Form.”

If there are agreed upon accommodations between the RAC and applicant listed in Question #5 then consider whether those accommodations reduce the barriers to enrollment sufficiently to allow for the applicant to be enrolled.

- If the accommodations would sufficiently reduce the barriers to enrollment, then you do not need to complete the remainder of this assessment and the center can assign the applicant a start date. Retain all the paperwork included in completing this assessment within the applicant’s Student Health Record.
- If the accommodations would NOT sufficiently reduce the barriers to enrollment for your center, please proceed to Question #6.

**6. Based on your review of the applicant’s health care needs above, does the named individual have health care needs beyond what the Job Corps’ health and wellness program can provide as defined as basic health care in Exhibit 2-4: Job Corps Basic Health Care Responsibilities? [Please mark one below.]**

- In my professional judgment, health care needs are manageable at Job Corps as defined by basic health care services in Exhibit 2-4, 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.**
- In my professional judgment, health care needs are not manageable at Job Corps as defined by basic health care services in Exhibit 2-4. Applicant has health condition with current symptoms at a level that will interfere with successful participation in the program at this time. Deny entry and refer to other appropriate program/provider. **File is forwarded to Regional Office for final determination.**

**7. 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.)**

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**Printed or Typed Name and Title of Licensed Health Provider Completing Form**

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**Signature of Licensed Health Provider Completing Form**

**Date**