**AFR Tools HCNA Dual Review Form 2-05 Example – March 2023**

This Health Care Needs Assessment (HCNA) provides an example of a dual review

by a CMHC and a TEAP Specialist. Information triggering TEAP review is highlighted.

**FORM FOR INDIVIDUALIZED HEALTH CARE NEEDS ASSESSMENT**

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| **Applicant’s/Student’s Name:** | Wile E. Coyote | **Date of Review:** | x/x/202x |
| **Center Name:** | Acme Center | **ID #:** | 555555 |

**Interview Conducted By:** [x] Telephone [ ]  In Person [ ]  Videoconference

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| **List/explain any reasonable accommodation, reasonable modification to policies, practices, or procedures and auxiliary aids and services to include effective communication supports/accommodations offered and/or provided during the applicant file review process (applicants), and/or completion of the health care needs assessment process (applicants/students). If not provided, please explain below.** See Form 2-03, Procedures for Providing Reasonable Accommodation, Reasonable Modification in Policies, Practices or Procedures and Auxiliary Aids and Services for Participation in the Job Corps Program. |
| The applicant did not exhibit any noticeable difficulties with comprehension or social communication during the interview. He was able to engage in reciprocal conversation and answer questions. |

In determining whether, in your professional judgment, the above named individual’s health care needs exceed the Job Corps Basic Health Care Responsibilities in Exhibit 2-4 and interfere with participation in the program, consider the following and respond accordingly.

If the above-named individual has a disability, identify RA/RM/AAS necessary to reduce or remove barrier(s) to enrollment or continued participation in Job Corps. Do not consider whether, in your view, a particular RA/RM/AAS is “reasonable.” That determination must be made by the center director or their designees.

Only qualified health professionals (i.e., CMHCs, physicians, TEAP specialists, or outside specialists, etc.) may conduct and sign the **Form for Individualized Health Care Needs Assessment** for their respective disciplines.

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| **1A. Complete if APPLICANT.** |
| **What is the applicant’s history and present functioning to support statement of health care needs? Complete sections below.** |
| **ETA 653: (**list affirmative responses and explanations provided on ETA 653 only) |
| 8a. Under care of physician or mental-health professional (virtual visit with physician quarterly)8b. Taking prescription(s) or non-prescription medication (Wellbutrin)8k. Received counseling/treatment for mental health (See counselor at Phoenix Services biweekly)8u. Been removed from home, school, or job due to your behavior (Spent time in juvenile detention in Santa Cruz)9t. Attention Deficit/Hyperactivity Disorder (Diagnosed at a young age, not medicated)9v. Depression (Takes counseling and medication) |

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| **Applicant file review summary:** (provide summary of all health, educational or other documents reviewed) |
| x/x/202x to x/x/202x Individual Education Program, Acme Public Schools* Date of IEP: x/x/202x
* School year: Senior, 16 years old
* Type of Meeting: In state transfer
* Disability: Other Health Impairment (for AD/HD)
* Psychoeducational Evaluation (x/x/2x) Assessment Area: Social/Emotional Behavior
	+ Psychopathy Checklist: Youth Version (PCL:YV): total score = 28 out of 40. Some significant items were: need for stimulation, shallow affect, callous/lack of empathy, poor anger control, early behavior problems, impulsivity, and irresponsibility.
	+ Minnesota Multiphasic Personality Inventory (MMPI): Elevations were similar to previous testing with the most significant elevation on Psychopathic Deviance scale. Other significant elevations were on the scales for Social Introversion, Hypomania, and Schizophrenia.
	+ Considerations of special factors for IEP development:
	+ Student’s behavior impedes his learning or that of others.
	+ After returning from the juvenile correction facility, the applicant is attending Altus Virtual School. There is no need for a BIP as he will be full-time virtual.
	+ Will continue with his same goals as he had not made significant progress towards any of them.

x/x/2x and x/x/2x Psychological Evaluation by Tweety Bird, Ph.D.* Reason for Referral: to help with diagnosis and make treatment recommendations
* Presenting Problems:
* Suspended from school for making threats via text messages
* History of interpersonal conflict and difficulty getting along with others
* Incident involving threats and physical harm towards his father. Law enforcement involvement resulted in applicant spending 3.5 months in juvenile detention
* Able to make friends although he tends to argue and can become oppositional towards authority figures or adults
* Anger is still considered a problem and occurs at least a couple of times a week. He has punched walls and there may be some self-harm behavior.
* Impossible to get him off video games without some kind of altercation or argument.
* Fidgety, restless, and has a hard time sitting still.
* Reported a history of “almost daily” cannabis use since age 13; he reported experimentation with methamphetamines, ecstasy (MDMA) and Xanax.
* According to examiner, applicant’s responses to others appeared to be calculated, although he was also reactive at times and seems unable to manage his emotions in an appropriate way.
* Diagnostic Impressions
	+ Disruptive Mood Dysregulation Disorder
	+ Oppositional Defiant Disorder
	+ Attention-Deficit/Hyperactivity Disorder
	+ Cannabis Use Disorder, Moderate
* Summary and Recommendations
	+ He can easily become verbally aggressive and make threats, which can lead to physical violence.
	+ Long-term counseling with a single therapist is recommended to continue to work on his oppositional defiant behavior and to develop better impulse control.
	+ Consideration of use of an atypical antipsychotic medication to reduce agitation and aggressive behaviors.
	+ Chemical dependency evaluation is needed due to the history of drug use, likely underreported during this assessment.
	+ A 504 of IEP might be considered appropriate as oppositional defiant behaviors lead to resistance or refusal to complete schoolwork despite being academically capable; consider small group instruction and a behavior intervention plan to motivate the applicant to complete assignments and to monitor behaviors and academic progress
 |
| **Chronic Care Management Plan (CCMP) Provider Form/Provider Documents:** **Does the applicant’s treating outside provider recommend applicant to enter Job Corps?**  [ ]  Yes [ ]  No [ ]  Provider unable to provide recommendation (explain below) [x]  Not applicable (no CCMP provided) |
| **Provide a summary of the CCMP and/or provider documents here.** |
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| **Remember: If you have a conflicting recommendation with the outside treating provider, summarize discussion with treating provider or indicate efforts to contact treating provider and summarize here.**  |
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| **Applicant interview summary: Include current impressions from clinical interview. This may include, but not be limited to, a mini mental status exam, current level of functioning, and areas of strengths and weaknesses.** |
| **CMHC INTERVIEW**Applicant is a 16-year-old male who was interviewed by phone on x/x/2x. He is currently living with his parents in a city about two and half hours from the center.Behavioral Observations* Rapport: Attitude was cooperative, but he was also somewhat guarded and evasive as his responses to questions were brief and constrained.
* Mood: Dysthymic.
* Affect: Could not be assessed via telephone.
* Speech: Within functional limits.
* Behavior: Within functional limits.
* Insight: Poor as his self-report of difficulties was not consistent with medical documentation.
* Judgment: Poor – according to the applicant’s mother and documentation, the applicant does not make choices with significant negative consequences (being expelled from school, required to go to juvenile detention)

Interview Content Summary* When the CMHC placed the call to interview the applicant, his mother answered the phone and shared the following information:
	+ Applicant needs to go to Job Corps as part of his probation arrangements. The judge is willing to drop his case if the applicant attends Job Corps.
	+ Applicant is prescribed Wellbutrin but is “not taking it consistently.” He reports to his mother that it doesn’t work and he doesn’t need it. Mother reports, “I feel he does better with it.”
	+ He is no longer going to counseling because the counselor discharged him in January due to coming to Job Corps.
	+ The applicant is supposed to be doing school online (virtual) because he was suspended from school and went to a Boys Challenge Academy for 8 months. He doesn’t like the virtual format so he is not doing any schoolwork.
	+ He ended up in juvenile corrections because he “basically didn’t want to go to school and wasn’t doing schoolwork.” He wouldn’t listen to his parents, threatened them, and destroyed property, so his parents pressed charges. He currently has pending charges as they have not been filed yet. If the applicant gets accepted to Job Corps, the charges will be dropped.
* The CMHC called the number provided by the applicant’s mother and was able to interview the applicant on the same day.
	+ When asked about his motivation to attend Job Corps, he stated, “It’s my last option really, the situation I’m in.”
	+ When asked about his experience in school, he reported that he last attended school in person last year. He stated, “It was easy. I didn’t have any problems. I just couldn’t get up.” He was unable to provide any information about his IEP or his previous behavior intervention plan.
	+ He initially reported that he does not have any mental health diagnoses. When asked about the items endorsed on the ETA 653, he stated, “Yeah, I forgot about ADHD. I never took medicine for it, so it was never a problem.” When asked more specific questions, he admitted having difficulties with concentration and sustained attention. When asked about depression, he stated that he was down for a while after he got kicked out of school and when he had to go to juvenile corrections “but I’m fine now.”
	+ In terms of coping with stress or difficult situations, he stated, “I just get through it by myself.”
	+ He indicated that he is not currently seeing a counselor and that his last counseling session was “a month ago.” He added, “I met with him every two weeks. I saw him 3 times. I forgot why. I stopped going when I applied to come to Acme, so the counselor dropped me.”
	+ Applicant denied any SI, HI or AVH.
	+ He endorsed the following functional limitations, symptoms, and behaviors and rated how much of a problem they are on a scale of 1-10 with higher numbers indicating greater severity.
		- Have a hard time managing feelings or mood such as anger or depression (rating = 6. “I only get angry if someone makes me angry, like does something to piss me off. But I’m doing better than I used to. The Wellbutrin helps.”)
		- Have problems with concentrating or staying focused on something for a period of time (rating = 6, “I can focus on something if I really want to, but I get bored easily.”)
		- Have trouble falling or asleep or staying asleep (rating = 8, “Almost every night…Weed helps me wind down.”)

**TEAP SPECIALIST INTERVIEW**The TEAP Specialist interviewed the applicant by phone on x/x/2x. The applicant stated that he started smoking marijuana at age 13. Before going to juvenile detention in October 202x, he smoked every day after school and said that he helped him to sleep at night. He was forced to quit while he was in detention for 90 days. He got out just before Christmas. Since then, he stated that he has only been smoking about once per week. The TEAP program and Job Corps Zero Tolerance policy was explained to him. He said that he understood and that he would have no problem quitting before coming on center. The applicant’s marijuana use does not represent a significant barrier to enrollment.  |

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| **1B. Complete if STUDENT.** |
| **What is the student’s history and present functioning to support statement of health care needs? Complete sections below.** |
| **Summary of student’s health record:** |
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| **Summary of health records from outside Job Corps:** |
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| **Summary of discussion with all involved treating providers:** |
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| **Summary of any additional information or observations provided by center staff:** |
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| **Summary of student interview:** |
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| **2. What are the functional limitations, specific symptoms, and/or behaviors of the individual that are barriers to enrollment or continued enrollment in Job Corps at this time?**  |
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|[ ]  Avoidance of group situations and settings |[x]  Difficulty with sleep patterns |
|[ ]  Difficulty coping with panic attacks  |[ ]  Difficulty with social behavior, including impairment in social cues and judgment |
|[ ]  Difficulty managing stress |[ ]  Difficulty with stamina |
|[x]  Difficulty regulating emotions |[x]  Impaired decision making/problem solving |
|[ ]  Difficulty with communication |[x]  Interpersonal difficulties with authority figures and/or peers |
|[x]  Difficulty with concentration |[ ]  Organizational difficulties  |
|[ ]  Difficulty handling change |[ ]  Sensory impairments |
|[ ]  Difficulty with memory |[ ]  Uncontrolled symptoms/behaviors that interfere with functioning (specify below) |
|[ ]  Difficulty with self-care |[ ]  Other (specify below)  |

*Note: This list is not all inclusive. These are suggestions for your use and you may need to consider functional limitations, symptoms, and/or behaviors beyond those identified on this list.*  |
| **Specify additional functional limitations, symptoms, and/or behaviors for medical or behavioral health conditions if applicable:** |
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| **3. What are the health care management needs of the individual that are barriers to enrollment or continued participation in Job Corps at this time?** |
| [x]  Complex behavior management system required[ ]  Complex full mouth reconstruction/rehabilitation[ ]  Daily assistance with activities of daily living required[x]  Frequency and length of treatment[ ]  Hourly monitoring required [ ]  Medical needs requiring specialized treatment to which individual would not have access[ ]  Out of state insurance impacting access to required and necessary health care[ ]  Severe medication side effects[ ]  Therapeutic milieu required[ ]  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Brief narrative on why the barrier(s) are checked above:** |
| A recent psychological evaluation conducted by Dr. Bird in September 202x included recommendations for long-term counseling to address oppositional behavior and poor impulse control. Dr. Bird also recommended the use of a specific class of psychotropic medications to address the applicant’s mood disorder which includes agitation and aggression. A chemical dependency evaluation and a school accommodation plan including a complex behavior intervention plan were also recommended. During the interview, the applicant endorsed continued problems with managing his anger, concentration, and sleep difficulties. According to his mother, he is nonadherent with his prescribed psychotropic medication. The applicant is still in need of the interventions recommended by Dr. Bird as he continues to experience significant symptoms that interfere with current functioning. |

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| **4.** | **Based on your review of the individual’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.]* |
|[x]  1. In my professional judgment, the individual’s health care needs exceed the Job Corps Basic Health Care Responsibilities in Exhibit 2-4.

***If this box is checked, please proceed to question #5 below.*** |
|[ ]  1. In my professional judgment, the individual’s health care needs do not exceed the Job Corps Basic Health Care Responsibilities in Exhibit 2-4, but they do require community support services which are not available near center. Applicant should be considered for center closer to home where health support and insurance coverage are available.

***If this box is checked, please proceed to question #5 below.*** |
|[ ]  1. In my professional judgement, the individual’s health care needs do not exceed the Job Corps Basic Health Care Responsibilities in Exhibit 2-4.

*If this box is checked, then you* ***do not*** *need to complete the remainder of this assessment, and the center will assign the applicant a start date or the student will continue enrollment.* *Retain all the paperwork included in completing this assessment, including all documentation that was reviewed, within the applicant’s or student’s Health Record.* |

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| **5**. | **Consideration of Reasonable Accommodation, Reasonable Modification in Policies, Practices or Procedures, and Auxiliary Aids and Services**  |
| Is the applicant or student a person with a disability (a physical or mental impairment that substantially limits one or more of their major life activities)?* *If no, skip to #6 to recommend denial for an applicant or MSWR for a student.*
* *If no and recommending an alternate center for an applicant go to #7(a and c).*
* *If yes, then continue to Post-Health Care Needs Assessment Disability Accommodation Review.*
 | Yes |[x]  No |[ ]

**Post–Health Care Needs Assessment Disability Accommodation Review**

*Qualified Health Professional Responsibilities*

If the individual has a disability, the qualified health professional, in collaboration with the Disability Coordinator, completes the process and information below to explore the available RA/RM/AAS possibilities to reduce or remove the barriers to enrollment or to remaining in the program for a particular student/applicant with a disability. Ultimately, the qualified health professional is responsible for determining whether RA/RM/AAS would eliminate or sufficiently reduce the barriers to enrollment.

*STEP 1*

*Qualified Health Professional Instructions*

**In the table below, identify possible RA/RM/AAS and check the boxes to the left-hand side of the RA/RM/AAS table below. If there are other RA/RM/AAS that can potentially reduce this applicant’s/student’s barriers to enrollment or to remaining in the program, insert in the OTHER section for each identified functional limitation.**

Here are some possible examples of RA/RM/AAS that could eliminate or reduce the barriers. *Important: The items in the table are merely suggestions of possible RA/RM/AAS that may eliminate or reduce the barriers in a given case. You should be flexible and creative in working with the applicant or student to consider any other potential options that would be effective to reduce or eliminate the barriers to enrollment or to remaining in the program.*

*STEP 2*

*Interactive Process Instructions*

Then, either the qualified health professional or the Disability Coordinator initiates an interactive process with the qualified individual with a disability to discuss the RA/RM/AAS that the qualified health professional checked (or suggested) in STEP 1 above and (i.e., identifies the precise limitations resulting from the disability) and potential RA/RM/AAS that could overcome those limitations. The qualified health professional or the Disability Coordinator **documents whether the applicant/student accepts, declines, or there is agreement to modify the proposed RA or RM.**

**With respect to auxiliary aids and services (AAS), primary consideration must be given to the request of the applicant/student with a disability**.If the applicant/student or any other individual on the applicant’s/student’s behalf requests a RA/RM/AAS that potentially reduces the barriers to enrollment or to remaining in the program, the qualified health professional must consider these requests as well. If there is concern about the reasonableness of any related requested RA/RM/AAS, see Determining Reasonableness in Form 2-03.

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| **Avoidance of group situations and settings** | **Accepts** | **Declines** |
|[ ]  Allow student to arrive 5 minutes late for classes and leave 5 minutes early |[ ] [ ]
|[ ]  Excuse student from student assemblies and group activities |[ ] [ ]
|[ ]  Identify quiet area for student to eat meals in or near cafeteria |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
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| **Difficulty coping with panic attacks** | **Accepts** | **Declines** |
|[ ]  Allow student to designate a place to go when anxiety increases in order to practice relaxation techniques or contact supportive person |[ ] [ ]
|[ ]  Provide flexible schedule to attend counseling and/or anxiety reduction group |[ ] [ ]
|[ ]  Allow student to select most comfortable area for them to work within the classroom trade site |[ ] [ ]
|[ ]  Provide peer mentor to shore up support |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
|  |[ ] [ ]
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| **Difficulty managing stress** | **Accepts** | **Declines** |
|[ ]  Allow breaks as needed to practice stress reduction techniques |[ ] [ ]
|[ ]  Modify education/work schedule as needed |[ ] [ ]
|[ ]  Identify support person on center and allow student to reach out to person as needed |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
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| **Difficulty regulating emotions** | **Accepts** | **Declines** |
|[x]  Allow breaks as needed to cool down |[x] [ ]
|[x]  Allow flexible schedule to attend counseling and/or emotion regulation support group |[x] [ ]
|[ ]  Teach staff to support student in using emotion regulation strategies |[ ] [ ]
|[ ]  Provide peer mentor/support staff |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
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| **Difficulty with communication** | **Accepts** | **Declines** |
|[ ]  Allow student alternative form of communication (e.g., written in lieu of verbal) |[ ] [ ]
|[ ]  Provide advance notice if student must present to group and opportunity to practice or alternative option (e.g., present to teacher only) |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
|  |[ ] [ ]
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| **Difficulty with concentration** | **Accepts** | **Declines** |
|[x]  Allow use of noise canceling headset |[x] [ ]
|[x]  Reduce distractions in learning/work environment |[x] [ ]
|[ ]  Provide student with space enclosure (cubicle walls) |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
|  |[ ] [ ]
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| **Difficulty handling change** | **Accepts** | **Declines** |
|[ ]  Provide regular meetings with counselor to discuss upcoming changes and coping |[ ] [ ]
|[ ]  Maintain open communication between student and new and old counselors and teachers  |[ ] [ ]
|[ ]  Recognize change in environment/staff may be difficult and provide additional support |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
|  |[ ] [ ]
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| **Difficulty with memory** | **Accepts** | **Declines** |
|[ ]  Provide written instructions |[ ] [ ]
|[ ]  Allow additional training time for new tasks and hands-on learning opportunities |[ ] [ ]
|[ ]  Offer training refreshers |[ ] [ ]
|[ ]  Use flow-charts to indicate steps to complete task |[ ] [ ]
|[ ]  Provide verbal or pictorial cues |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
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| **Difficulty with self-care** | **Accepts** | **Declines** |
|[ ]  Provide environmental cues to prompt self-care |[ ] [ ]
|[ ]  Assign staff/peer mentor to provide support |[ ] [ ]
|[ ]  Allow flexible scheduling to attend counseling/supportive appointments |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
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| **Difficulty with sleep patterns** | **Accepts** | **Declines** |
|[x]  Allow for a flexible start time |[x] [ ]
|[x]  Provide more frequent breaks |[x] [ ]
|[ ]  Provide peer/dorm coach to assist with sleep routine/hygiene |[ ] [ ]
|[ ]  Increase natural lighting/full spectrum light |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
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| **Difficulty with social behavior, including impairment in social cues and judgment** | **Accepts** | **Declines** |
|[ ]  Assign mentor to reinforce appropriate social skills |[ ] [ ]
|[ ]  Allow daily pass to identified area to cool down |[ ] [ ]
|[ ]  Provide concrete examples of accepted behaviors and teach staff to intervene early to shape positive behaviors |[ ] [ ]
|[ ]  Adjust communication methods to meet students’ needs |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
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| **Difficulty with stamina** | **Accepts** | **Declines** |
|[ ]  Allow more frequent or longer breaks |[ ] [ ]
|[ ]  Allow flexible scheduling |[ ] [ ]
|[ ]  Provide additional time to learn new skills |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
|  |[ ] [ ]
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|  |[ ] [ ]
| **Impaired decision making/problem solving** | **Accepts** | **Declines** |
|[x]  Utilize peer staff mentor to assist with problem solving/decision making |[ ] [x]
|[ ]  Provide picture diagrams of problem-solving techniques (e.g., flow charts, social stories) |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
|  |[ ] [ ]
|  |[ ] [ ]
|  |[ ] [ ]
| **Interpersonal difficulties with authority figures and/or peers** | **Accepts** | **Declines** |
|[x]  Encourage student to take a break when angry |[x] [ ]
|[ ]  Provide flexible schedule to attend counseling and/or therapy group |[ ] [ ]
|[ ]  Provide peer mentor for support and role modeling |[ ] [ ]
|[ ]  Develop strategies to cope with problems before they arise |[ ] [ ]
|[ ]  Provide clear, concrete descriptions of expectations and consequences |[ ] [ ]
|[ ]  Allow student to designate staff member to check in with for support when overwhelmed |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
|  |[ ] [ ]
|  |[ ] [ ]
|  |[ ] [ ]
| **Organizational difficulties** | **Accepts** | **Declines** |
|[ ]  Use staff/peer coach to teach/reinforce organizational skills |[ ] [ ]
|[ ]  Use weekly chart to identify and prioritize daily tasks |[ ] [ ]
|[ ]  Use assistive technology organization apps |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
|  |[ ] [ ]
|  |[ ] [ ]
|  |[ ] [ ]
| **Sensory Impairments** | **Accepts** | **Declines** |
|[ ]  Modify learning/work environment to assist with sensitivities to sound, sight, and smells |[ ] [ ]
|[ ]  Allow student breaks as needed |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
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|  |[ ] [ ]
|  |[ ] [ ]
| **Uncontrolled symptoms/behaviors that interfere with functioning** | **Accepts** | **Declines** |
|[ ]  Alter training day to allow for treatment |[ ] [ ]
|[ ]  Allow passes for health services center outside of open hours to monitor symptoms |[ ] [ ]
|[ ]  Reduce tasks and activities during CPP to not aggravate symptoms/behaviors |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
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|  |[ ] [ ]
| **OTHER ACCOMMODATIONS, MODIFICATIONS, AUXILIARY AIDS AND SERVICES** | **Accepts** | **Declines** |
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| Complete this section if the qualified health professional, in collaboration with the Disability Coordinator, has been unable to identify any RA/RM/AAS appropriate to support this applicant/student to sufficiently reduce or remove the barriers to enrollment or to remaining in the Job Corps program. *Provide explanation/justification below. For example, the applicant/student has active psychotic symptoms that impact ability to benefit from any RA/RM/AAS at this time.*  |
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| *Summarize any special considerations and findings as well as the applicant’s or student’s input related to* ***RA/RM/AAS ONLY****. For example, if the applicant/student does not wish to discuss RA/RM/AAS, document that information below.* |
| Applicant was minimally engaged in the DAP. He seemed to agree to all suggested accommodations because he thought it would help his chances to come to Job Corps and was anxious to get the meeting over with. He stated, “Whatever y’all want to do is fine. I just need to get in the program because I don’t have any other options.” |

***Please Note: Job Corps cannot impose RA/RM/AAS upon an individual.***

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| **6.** | **Clinical and Disability Accommodation Process (DAP) Summary**  |
| * 1. **Clinical Summary: Summarize information from the file, clinical interview and/or discussions with providers to support the health care needs assessment.**
 |
| * The applicant has a significant history of mood dysregulation, oppositional defiant behaviors, and verbal and physical aggression.
* He was suspended from school in October 202x for making threats towards a peer, then spent 90 days in juvenile detention after his parents pressed charges for verbal aggression towards both parents, physical aggression towards his father, and property destruction.
* At his previous school, he had a Behavior Intervention Plan, but the plan was not available for review. A psychological evaluation, conducted in December 202x while the applicant was in juvenile detention, recommended long-term individual counseling, psychotropic medication, a chemical dependency evaluation and a school accommodation plan.
* He stopped participating in virtual school and in counseling based on the assumption that he is coming to Job Corps as part of his probation, would result in the charges pressed by his parents being dropped. He is currently nonadherent with his prescribed psychotropic medication.
* During the interview, the applicant endorsed continued symptoms of his mental health disorders including difficulty regulating his emotions, concentration problems, and trouble sleeping.
* The applicant’s treatment needs include a complex behavior management plan, long-term individual counseling and psychotropic medication management and exceed what can be provided at Job Corps.
 |
| * 1. **Disability Accommodation Process (DAP) Summary: If RA/RM/AAS were identified above, include a detailed explanation for why these supports would not sufficiently reduce the barriers to allow for enrollment or to remain in the Job Corps program.**
 |
| The applicant has significant [chronic] mental health conditions with current symptoms that are not well-managed and require ongoing medical management. Due to the applicant’s current need for mental health treatment, the accommodations identified will not sufficiently reduce or eliminate the current barriers to enrollment at Job Corps.**--OR--**The accommodations identified do not sufficiently reduce or eliminate the barriers to enrollment at Job Corps due to the applicant’s current need for: (*choose as many as apply add nonadherent statement as needed)** frequent and/or ongoing mental health treatment based on current symptoms and behaviors [and history of nonadherence with recommended medications and/or treatment]
* frequent and/or ongoing mental health treatment, which will not be available near the center due to out-of-state health insurance
* stabilization of their medication regimen, which was recently started or changed with minimal change in symptoms or behaviors
* stabilization of unmanaged or poorly managed current mental health symptoms and behaviors [and history of nonadherence with medications and/or treatment]
* a complex behavior management system beyond Job Corps’ current system [and history of nonadherence with medications and/or treatment]
* daily assistance with activities of daily living
* hourly monitoring based on current symptoms and behaviors to maintain safety
 |
| **7.** | **APPLICANT ONLY- IF RECOMMENDING AN ALTERNATE CENTER (if selected “b” in item 4)** |
| **Clinical and Disability Accommodation Process (DAP) Summary** |
| * 1. **Clinical Summary: Summarize information from the file, clinical interview and/or discussions with providers to support the health care needs assessment.**
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| * 1. **Disability Accommodation Process (DAP) Summary: If RA/RM/AAS were identified above, include a detailed explanation for why these supports would NOT sufficiently reduce the barriers to allow for enrollment to YOUR center.**
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| * 1. **Document efforts to secure community support near center in the space below.** (Include name of organizations/facilities and specific individuals contacted and why access is not available near center.)
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| I attest that I have the necessary licensure, training, and clinical experience to complete this assessment, including experience conducting safety assessments and identifying treatment, intervention and care management needs related to the symptoms and behaviors of this applicant’s/student’s documented health conditions. Clara Consultant, LCSW - CMHC**Printed or Typed Name and Title of Qualified Health Professional Conducting the Assessment**x/x/2x**Signature of Qualified Health Professional Conducting the Assessment Date****Signature of Second Consulting Qualified Health Professional Date*****if applicable*** |