Referral for Alternate Center Form

Recommendations to be shared with Admissions Counselor (AC)

**Regional Office:** As per PRH 1: 1.4, R3(b)(2a), If the center’s recommendation is supported by the Regional Health Specialist (RHS) and approved by the Regional Director or his or her designee, then the Regional Office returns the file, including the completed Health-Care Needs Assessment from the initial center, to the AC to contact the applicant and assist in identifying the new center.

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| **Applicant Name:** |  | **ID#:** |  |
| **Original Center:** |  | **RHS:** |  |
| **Reason for Recommendation of Alternate Center** | | | |
| The Regional Health Specialist (RHS) concurs with the recommendation from the center that health care needs are manageable at Job Corps as defined by basic health care services in PRH Exhibit 6-4, but require community support services which are not available near center. Applicant should be considered for center with specific health support as checked below:  1. Access to current treatment providers/specialists in home state.  2. Access to medical or mental health agency offering services within reasonable distance from center.  3. Access to health specialist (specify type):       .  4. Other:       . | | | |

**AC Guidance**

Contact applicant and discuss needs identified above on this form. Once an appropriate alternate center is identified, submit the complete file along with a copy of this form to that center. The medical envelope should already contain the Health Care Needs Assessment that was completed from the previous center.

**Alternate Center Guidance**

The alternate center completes a clinical assessment to determine if the center can meet the applicant’s health care needs and the applicant’s current stability.

* If the alternate center finds that it can meet the health care needs of the applicant at their location, the applicant is scheduled for enrollment.
* If the alternate center believes that the applicant’s health care needs exceed those of basic care even with the access to local supports and services, then the alternate center must complete its own Health Care Needs Assessment and resubmit the file to the Regional Office for review.

*See Appendix 107 for more detail.*

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*Regional Health Specialist’s Signature Title Date*