

Example #2 Completed Form 2-04 DTA – Disability Accommodations Identified

**Center Applicant/Student File Review Form**  
*Health and Wellness Director’s Initial Review of Applicant Files or  
 Review of Student Documentation for Assignment of Possible Direct Threat Assessment*

**Applicant/Student:** Mickey Mouse **ID #:** 9999999  
**Center Name:** Your Center **Date of Review:** 2/10/23

**Center Applicant File Review and Student Documentation**

As part of the review of the applicant file, student health record, or interaction(s) with applicant/current student, please check all of the following that apply.

<input checked="" type="checkbox"/>	1. The applicant has received conditional assignment to a Job Corps center and has completed the questions on the Job Corps Health Questionnaire (ETA 653).
<input checked="" type="checkbox"/>	2. The applicant has responded “yes” to one or more questions in sections 8 and 9 of the ETA 653.
<input checked="" type="checkbox"/>	3. Specific, objective, factual information about the applicant has been gathered that is medically related to “yes” responses in sections 8 and 9 of the ETA 653.
<input type="checkbox"/>	4. The applicant or current student has voluntarily disclosed a medical condition or disability that may pose a significant risk of substantial harm to the health or safety of others.
<input checked="" type="checkbox"/>	5. The initial review of this specific, objective, factual information by the Health and Wellness Director supports a reasonable belief that the applicant or current student may have a medical condition or disability that poses a significant risk of substantial harm to the health or safety of others, i.e., direct threat. If so, complete the section for <b><i>Referral to Qualified Health Professional</i></b> .

**Referral to Qualified Health Professional**

	Reason for Referral	Medical Professionals/Qualified Health Professionals (List who needs to review.)
<input checked="" type="checkbox"/>	Please review this applicant/student for assessment of a possible direct threat to others.	Competent Clinician, LCSW

**Comments**

Please see ETA 653, CCMP and medical records.

Shannon Nurse, RN, HWD

Printed or Typed Name of Health and Wellness Director



Signature of Health and Wellness Director

2/2/2023

Date

*Upload this form to the “Other” folder within the Wellness and Accommodation E-Folder (i.e., Health E-Folder) in CIS. A copy may be maintained within the Student Health Record (SHR) if enrolled.*

**FORM FOR INDIVIDUALIZED ASSESSMENT OF POSSIBLE DIRECT THREAT**

**Applicant/Student:** Mickey Mouse **ID #:** 9999999

**Center Name:** Your Center **Date of Review:** 2/20/23

**Interview Conducted By:**  Telephone  In Person  Videoconference

**List/explain any reasonable accommodations, reasonable modifications in policies, practices, or procedures, or auxiliary aids or services (RA/RM/AAS) (effective communication supports) offered and/or provided during the applicant file review process (applicants), and/or completion of the direct threat assessment process (applicants/students). If not provided, please explain below. See Form 2-03, Definitions and Documentation Requirements Related to Procedures for Providing RA/RM/AAS to Participate in the Job Corps Program.**

To minimize the effect of any communication barriers, the CMHC provided the following communication supports/accommodations:

- Used a slower rate of speech
- Repeated questions
- Rephrased questions using simpler language/vocabulary

**-- OR --**

Applicant did not exhibit any apparent difficulties with comprehension, expressing themselves or social communication during the interview. No communication supports/accommodations were needed or provided.

In determining whether, in your professional judgment, the individual named above has a medical condition or disability that poses a direct threat to others, consider the following and respond accordingly.

Factors to be considered in determining whether a “significant risk of substantial harm” to the health or safety of others exists include: (1) duration of the risk, (2) nature and severity of the potential harm, (3) likelihood that the potential harm will occur, and (4) imminence of the potential harm.

Under the law, the burden is on Job Corps to prove that a specific individual poses a direct threat to others. Therefore, if the objective, factual information about the specific individual named above is equivocal (not clear), or is insufficient to *prove* that a direct threat exists, you must assume that the individual’s disability or medical condition does not pose a direct threat.

If you determine that a “significant risk of substantial harm” to others exists, consider whether any RA/RM/AAS could eliminate or reduce the risk sufficiently to allow for enrollment. Do not consider whether, in your view, a particular accommodation, modification in policies, practices, or procedures, and auxiliary aids and services is “reasonable.” That determination must be made by the Center Director or their designees.

**1. What factors triggered review of the individual’s file for possible direct threat to others? (Include responses from ETA 6-53 (applicants only), information from applicant file/student health record, clinical interview and/or providers (applicants/students).)**

This review was triggered by the documentation of violent behavior in the hospital summary and comments made by the applicant’s provider on a CCMP.

ETA 653 items endorsed by applicant:

- 8a. Under care of physician or mental-health professional
- 8i. Hospitalized/treated in an emergency room for medical, mental health or substance use
- 8u. Been removed from home, school, or job due to your behavior
- 8v. Stopped getting treatment and/or taking medication prescribed for you
- 9s. Learning disabilities
- 9z. Schizophrenia

CCMP for Schizophrenia completed on 12/27/23 by Marcus Johnson, MD

- Diagnosis: Schizophrenia, multiple episodes, currently in partial remission. Severity: Moderate persistent – daily symptoms that interfere with daily activities
- Date of last appointment: 10/25/22
- Current symptoms: Intermittent paranoia, persecutory thoughts, and auditory hallucinations; irritability, has verbally and physically threatened family members and others in the past
- Current self-harm behaviors and/or harm to others/property:
- Current medications (including dose and frequency): Invega sustenna 156 mg IM monthly, trazodone 50 mg at bedtime for sleep and hydroxyzine 50 mg as needed 3 times per day for anxiety.
  - Adherent with medications: No, but symptoms were improved with long-term injectable medication
- Applicant is able to self-manage medications with minimal supervision: Yes.
- Other treatments: None.
- Past hospitalizations:
- Current status: Unknown, patient has missed last 2 appointments.
- Prognosis with treatment and/or medication: Fair.
- Prognosis without treatment and/or medication prognosis: Poor
- Follow-up care:
  - With current provider: No. He will need to establish care closer to Job Corps center.
  - With another provider: Counseling
- Other required services not provided by Job Corps: Intensive outpatient program.
- Restrictions/limitations: None.
- Challenging behaviors: Medical noncompliance, often argumentative.
- Recommended accommodations: Periodic follow-up to monitor medication compliance.
- Provider recommended applicant for Job Corps: No.

Medical Records from Gateway Regional Medical Center (10/10/22 to 10/17/22)Discharge Summary (8/16/22)

- Reason for Admission: Admitted from the ED after being brought in by law enforcement due to threatening people in front of Walmart with a machete and claiming to have a gun. He exhibited symptoms of psychosis on admission including paranoia, labile mood (shouting angrily then laughing inappropriately), responding to internal stimuli, and shutting down when asked about homicidal thoughts. He has a history of multiple arrests for assault and a previous hospital admission at this facility from 5/15/22 to 5/23/22 for threatening to kill a peer.

- Discharge Diagnoses:
  - Schizophrenia
- Discharge Medications
  - Invega sustenna 156 mg IM
  - Seroquel 300 mg at bedtime for sleep
  - BuSpar 15 mg twice daily for anxiety
- Treatment Plan: Next Invega sustenna 156 mg IM injection due on 10/21; follow up with outpatient providers

Applicant Interview Summary

- Mental status exam: Applicant was very guarded over the phone. At one point, he raised his voice and became irritable/angry when asked about current symptoms. His speech was rapid and pressured and at times it was difficult to follow his responses due to his tangential thought process. He had poor insight into his condition and need for treatment.
- Applicant originally told the CMHC that his therapy and medication management services had been discontinued by the doctor, but when the CMHC mentioned what his doctor provided in the CCMP, the applicant reported he stopped treatment because he “is doing good.”
- The applicant minimized the seriousness of past behavior and insisted that the information provided in his medical records were “lies from the government designed to smear his good name.” He also reported that there were reports on Twitter about him that were not true and that he was planning to sue Twitter and that “I will kill the people responsible in their sleep.”

**2. What are the specific symptoms and behaviors related to the medical condition or disability considered to potentially pose a direct threat to others? (Describe the specific symptoms and behaviors in detail.)**

- Paranoia
- Labile mood
- Delusional thinking including persecutory thoughts
- Disorganized speech and behavior requiring 2 psychiatric hospitalizations in the past 6 months
- Homicidal ideation
- Lack of insight into condition and need for treatment
- Noncompliance with psychotropic medications and counseling
- History of assault per medical records

**3. What is the nature and severity of the potential harm to others (e.g., death, incapacitation, serious injury, minor injury/emotional distress)? (Include information from the applicant file/student health record, clinical interview and/or other providers.)**

- The potential harm is death or serious injury due to violent behavior and homicidal ideation toward others.

<b>4. What is the duration of the risk (i.e., how long will the risk last)?</b> <i>(Include information from the applicant file/student health record, clinical interview, and/or other providers.)</i>
<ul style="list-style-type: none"> <li>This risk of serious harm to others will last as long as the applicant is nonadherent with medication and unable to control dangerous impulses.</li> </ul>

<b>5. What is the imminence of the potential harm (i.e., how soon is the harm likely to occur)?</b> <i>(Include information from the applicant file/student health record, clinical interview, and/or other providers.)</i>
<ul style="list-style-type: none"> <li>The likelihood of serious harm to others is high given the applicant’s history of serious mental illness, current nonadherence with treatment, and the severity of current symptoms.</li> <li>The applicant’s treating provider indicated that the applicant’s prognosis is poor without medications and that the applicant has not been adherent with medications since the applicant’s first post-discharge appointment after his hospitalization in October 2022.</li> <li>The imminence of the harm would be as soon as the applicant comes on center. The applicant’s current symptoms are not stable. The early stages of decompensation were likely evident during the interview based on the applicant’s rapid speech and disorganized cognition.</li> </ul>

<b>6. Based on the factors above, does the named individual have a medical condition or disability that poses a significant risk of substantial harm to the health or safety of others?</b>	
<input checked="" type="checkbox"/>	<p>In my professional judgement, the individual’s medical condition or disability poses a significant risk of substantial harm to the health or safety of others.</p> <p><b><i>If this box is checked, proceed to question #7 below.</i></b></p>
<input type="checkbox"/>	<p>In my professional judgement, the individual’s medical condition or disability <u>does not</u> pose a significant risk of substantial harm to the health or safety of others, or it is not clear that the individual’s medical condition or disability poses a significant risk of substantial harm to the health or safety of others.</p> <p><b><i>If this box is checked, then you <u>do not</u> 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, and upload to the Wellness and Accommodation E-Folders. A copy may be maintained within the applicant’s or student’s health record.</i></b></p>

<b>7. Consideration of Reasonable Accommodations; Reasonable Modifications in Policies, Practices, and Procedures; and Auxiliary Aids and Services</b>		
<p>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)?</p> <p><b><i>If no, skip to #8. If yes, then continue to Post–Direct Threat Assessment Reasonable Accommodation, Reasonable Modification in Policies, Practices, or Procedures, or Auxiliary Aids and Services (RA/RM/AAS) Review.</i></b></p>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**Post–Direct Threat Assessment Reasonable Accommodation, Reasonable Modification in Policies, Practices, or Procedures, or Auxiliary Aids and Services (RA/RM/AAS) Review**

*Qualified Health Professional Responsibilities*

If the individual has been determined to pose a direct threat to others and is a person with a disability, the qualified

health professional, in collaboration with the Disability Coordinator, shall complete the process and information below to explore the available RA/RM/AAS possibilities to reduce or remove the direct threat to others. Ultimately, the qualified health professional is responsible for determining whether the available accommodations, modifications, or auxiliary aids and services would eliminate or sufficiently reduce the risk of harm to others.

*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 potential RA/RM/AAS that can reduce this applicant’s/student’s level of risk, insert in the OTHER section of each identified functional limitation.**

Here are some possible examples of RA/RM/AAS that could eliminate or reduce the risk. *Important: The items in the table are merely suggestions of RA/RM/AAS that may eliminate or reduce the significant risk of substantial harm to others 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 harm.*

*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 (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 direct threat risk, 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.

What changes can we make to our center policies, procedures, or practices to eliminate or reduce the level of risk?		Accepts	Declines
<input type="checkbox"/>	Schedule adjustments to allow the student to attend necessary off-center appointments	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Shortened training day or later start to the training day to adjust for medication side effects	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Modified first 30 days on center with a reduction in tasks to minimize stress	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Provide a pass to leave class and go to designated “calm down” area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Allow frequent breaks during the day	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Allow telephone calls during work hours to doctors and others for needed support	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Reduce mandatory participation in large group activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide additional orientation on conduct and behavioral expectations	<input type="checkbox"/>	<input type="checkbox"/>
OTHER ACCOMMODATIONS, MODIFICATIONS, OR AUXILIARY AIDS AND SERVICES		Accepts	Declines
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

<b>What are the physical changes or placement considerations in the dorm we can make to eliminate or reduce the level of risk?</b>		<b>Accepts</b>	<b>Declines</b>
<input type="checkbox"/>	Provide single dorm room	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Modified door/window locks for safety	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Placement in residential dorm with fewer students and/or more experienced Residential Advisors (RAs)/Residential Counselors (RCs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Provide dorm room closer to RA's/RC's office	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Allow refrigerator in room	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER ACCOMMODATIONS, MODIFICATIONS, OR AUXILIARY AIDS AND SERVICES</b>		<b>Accepts</b>	<b>Declines</b>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>What can we do to adjust our level of supervision or structure at the center to eliminate or reduce the level of risk?</b>		<b>Accepts</b>	<b>Declines</b>
<input type="checkbox"/>	Provide staff mentor as needed (like a job coach)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Provide student mentor as needed	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Provide additional or different auxiliary aids or services	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER ACCOMMODATIONS, MODIFICATIONS, OR AUXILIARY AIDS AND SERVICES</b>		<b>Accepts</b>	<b>Declines</b>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>How can our instructors and/or RA/RC staff adjust their communication methods in a way to eliminate or reduce the level of risk?</b>		<b>Accepts</b>	<b>Declines</b>
<input type="checkbox"/>	Provide detailed guidance	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Provide frequent feedback	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide praise and positive reinforcement	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER ACCOMMODATIONS, MODIFICATIONS, OR AUXILIARY AIDS AND SERVICES</b>		<b>Accepts</b>	<b>Declines</b>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>What equipment, device, or auxiliary aids and services can we consider that can eliminate or reduce the level of risk?</b>		<b>Accepts</b>	<b>Declines</b>
<input type="checkbox"/>	Provide visual barriers to reduce startle responses	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Use of headphones to minimize distractions	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER EQUIPMENT, DEVICES, OR AUXILIARY AIDS AND SERVICES</b>		<b>Accepts</b>	<b>Declines</b>
	Use of headphones when appropriate to manage auditory hallucinations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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 reduce or remove the direct threat. Provide explanation/justification here. For example, the applicant has a current and/or extensive history of aggression and violence that is escalating in frequency and severity.

*Summarize any special considerations and findings as well as the applicant's or student's input related to accommodations ONLY. For example, if the applicant/student does not wish to discuss accommodations, document that information here.*

Applicant reluctantly participated in the disability accommodation discussion but accepted 5 of 7 of the supports offered.

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


<b>8. Clinical and Disability Accommodation Process (DAP) Summary.</b>	
<b>a.</b>	<b>Clinical Summary: Summarize information from the file, clinical interview and/or discussions with providers to support the direct threat assessment.</b>
<p>The applicant exhibited symptoms of psychosis during the clinical interview including guardedness, paranoia, irritability, delusions of persecution, and disorganized speech and cognition. He voiced vague homicidal ideation toward people who work at Twitter and minimized the seriousness of his behaviors, which resulted in two psychiatric hospitalizations in the past 6 months due to threats of violence. Medical records indicate that the applicant has a history of multiple arrests for assault and that hospital admissions were initiated by law enforcement bring the applicant to the emergency department. The applicant's medical provided indicated that the applicant's prognosis is fair with treatment, but the applicant has been nonadherent with treatment for the past 2 months. The applicant has a serious mental illness with untreated symptoms that are likely to result in threat of violence towards others soon after enrollment.</p>	
<b>b.</b>	<b>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 risk to allow for enrollment or to remain in the Job Corps program.</b>
<p>Applicant has a chronic mental health condition [<i>insert diagnosis here</i>] with current symptoms and behaviors that impact the safety of others. Due to the applicant's unmanaged symptoms and behaviors and the applicant's current need for mental health treatment, the accommodations identified will not sufficiently reduce or eliminate the barriers to enrollment at Job Corps. Applicant's medical condition poses a direct threat to others.</p>	

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.

Competent Clinician, LCSW

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**Printed or Typed Name and Title of Qualified Health Professional Conducting the Assessment**

 2/15/23

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**Signature of Qualified Health Professional Conducting the Assessment** **Date**

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**Signature of Second Consulting Qualified Health Professional** **Date**  
*(if applicable)*