

Applicant File Review (AFR) Guide for CMHCs

Part 1: Overview

June 2023



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1.1 Applicant File Review (AFR) Overview

AFR is the first assessment task listed in the description of the Mental Health and Wellness Program in PRH Chapter 2.3 R4 and is an important part of your job as a center mental health consultant (CMHC).

AFR is a complex process that includes consideration of an applicant’s civil rights. The PRH describes Center responsibilities related to AFR in several areas shown in the table below. Start by reviewing:

- Chapter 1.5 Center Applicant File Review of Completed Application

All AFR resources can be found on the Health and Wellness and Disability Program support websites via hyperlinks found throughout this document.

Website Resources

- [Job Corps Health and Wellness Resources for Staff](#)
- [Job Corps DisAbility Support Services](#)

PRH Policies Related to AFR

- Chapter 1.5 Center Applicant File Review
- [Exhibit 1-1 Job Corps Eligibility Requirements](#)
- [Form 1-06 Center File Review Forms](#)
- [Exhibit 2-4 Job Corps Basic Health Care Responsibilities](#)
- [Form 2-04 Individualized Assessment of Possible Direct Threat](#)
- [Form 2-05 Health Care Needs Assessment](#)
- [Exhibit 2-4 Job Corps Basic Health Care Responsibilities](#)
- [Appendix 202 Transmission, Storage, and Confidentiality of Medical, Health, and Disability-Related Information](#)
- [PI 14-24 Unauthorized Collection of Health/Disability or Other Personal Information](#)

PRH Policies Related to the Job Corps (JC) Disability Program

- [Appendix 201 Communicating with Individuals with Disabilities](#)
- [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](#)

ACRONYMS

- AFR: applicant file review
- CCMP: Chronic Care Management Form
- DAP: disability accommodation process
- DC: Disability Coordinator
- IEP: Individualized Education Program
- MSWR: medical separation with reinstatement
- RA/RM/AAS:
 - reasonable accommodations
 - reasonable modification in policies, practices, or procedures
 - auxiliary aids and services
- RDIC: Regional Disability Coordinator
- RMHS: Regional Mental Health Specialist
- SHR: student health record
- QHP: qualified health professional

1.2 Purpose of AFR

The specific goals of AFR and their action steps are listed in the table below.

Determine	Action Step
<ul style="list-style-type: none"> Whether the applicant’s medical condition or disability poses a direct threat to others 	<ul style="list-style-type: none"> Conduct a Direct Threat Assessment using Form 2-04 and possibly make a recommendation of denial
<ul style="list-style-type: none"> Whether Job Corps can meet the applicant’s health care management needs as part of Job Corps Basic Health Care Responsibilities (Exhibit 2-4). 	<ul style="list-style-type: none"> Conduct a Health Care Needs Assessment using Form 2-05 and possibly make a recommendation of denial
<ul style="list-style-type: none"> Whether a different Job Corps center can meet the applicant’s mental health care management needs, if your center is unable to meet those needs 	<ul style="list-style-type: none"> Conduct a Health Care Needs Assessment using Form 2-05 and possibly make an alternate center recommendation
<ul style="list-style-type: none"> Whether the applicant is an individual with a disability 	<ul style="list-style-type: none"> If <i>no</i>, make a final clinical decision to enroll, recommend denial, or recommend an alternate center. If <i>yes</i>, engage in the Disability Accommodation Process (DAP) to: <ul style="list-style-type: none"> Determine if there are RA/RM/AAS that would address or mitigate the barriers to enrollment to allow the applicant to enroll in Job Corps. If <i>yes</i>, recommend enrollment. If <i>no</i>, recommend denial or an alternate center.

1.3 AFR Process

This section reviews the AFR process steps and timelines related to AFR.

1.31 AFR Process Steps

After an applicant’s E-Folder has been referred to a CMHC for additional review by the HWD, the AFR process has 5 steps (see **Figure 1 AFR Process Steps** on page 7):

1. Review and evaluate all the documents in the applicant’s E-Folder to determine whether an interactive interview is required to make an enrollment decision/recommendation.

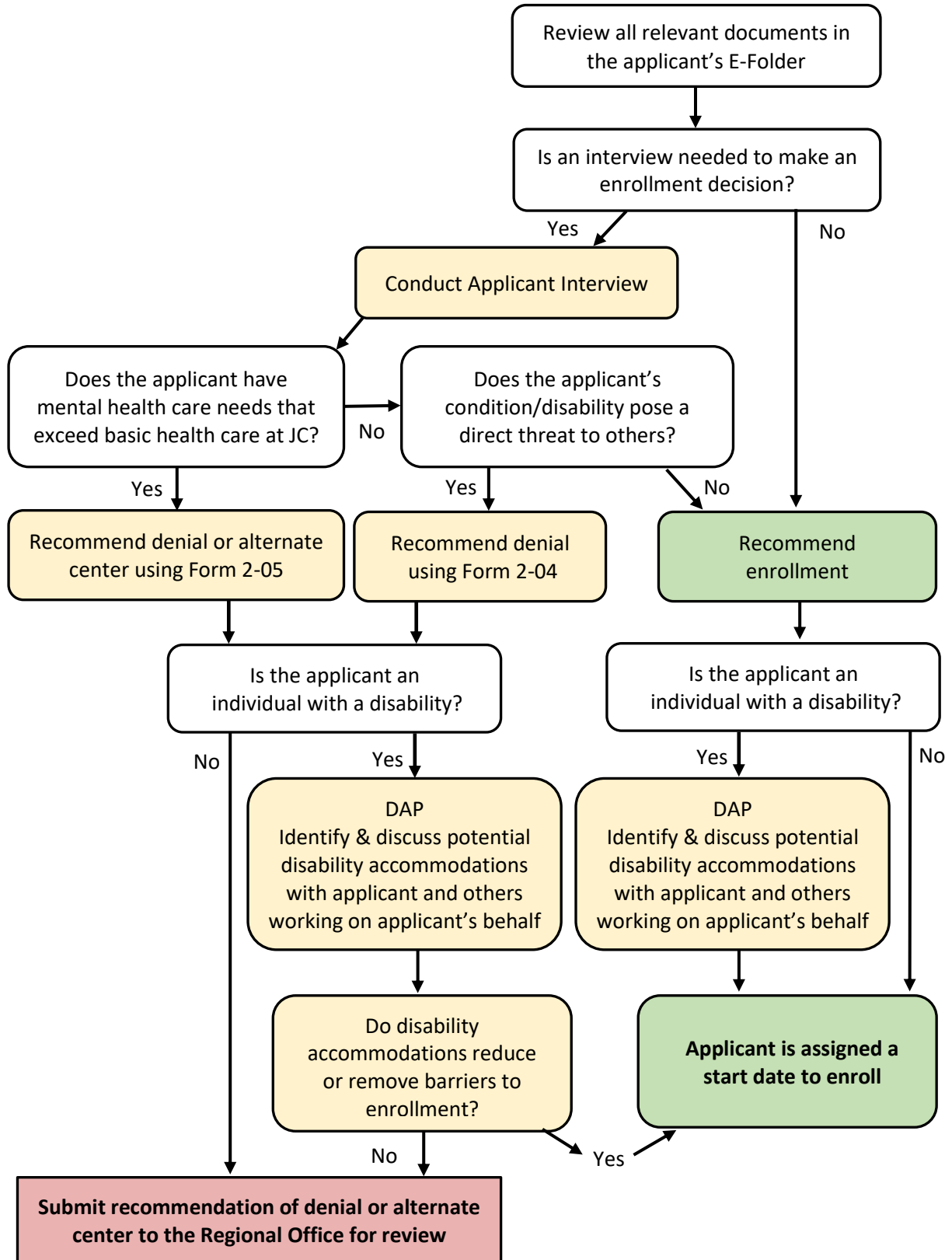
2. If the applicant is appropriate for admission without an AFR interview, recommend approval. If you are unsure or if you are considering making a recommendation to deny enrollment, [an applicant interview is required](#).
3. Conduct an AFR interview with the applicant to obtain **current information** about disclosed mental health symptoms, behaviors, functional limitations, and current mental health care management needs.
4. Decide whether to recommend enrollment or whether to recommend denial of enrollment. If recommending denial, start completing one of the forms below:
 - [Form 2-04 Individualized Assessment of Possible Direct Threat](#) [also called the **Direct Threat Assessment or DTA**] should be considered if the applicant’s condition or disability poses a **direct threat to others**.
 - [Form 2-05 Health Care Needs Assessment \(HCNA\)](#) should be considered if the applicant’s mental health care needs exceed what can be provided at your center as part of basic health care responsibilities. Note: **The HCNA should be used if the applicant is considered a direct threat to self**.
 - Form 2-05 HCNA can also be used to recommend that the applicant be considered for enrollment at an alternative center (known as the “alternate center recommendation”).
5. Determine whether the applicant is an individual with a disability (see section [1.61 Disability Accommodation Process \(DAP\)](#)). If the applicant is an individual with a disability, you must, in conjunction with the DC, go through the DAP to identify and discuss disability accommodations with the applicant and anyone acting on behalf of the applicant.
 - For applicants who are recommended for enrollment, the identified disability accommodations will be developed into an accommodation plan that goes in effect after the applicant enrolls on center.
 - For applicants who are recommended for denial, the CMHC should consider whether the disability accommodations would remove or reduce the barriers to enrollment to allow the applicant to enroll in Job Corps.

1.32 AFR Timelines

Center Review Period

Centers have **30 calendar days** to complete the AFR process for each applicant. The 30 calendar days starts on the day that an applicant E-Folder is sent to the center for review and logged by the center’s Records Manager.

Figure 1: AFR Process Flowchart provides a visual outline of the steps of the AFR process.



1.33 AFR Timelines (continued)

Center Review Period (continued)

- The review period includes the initial review and triage by the HWD and any additional reviews by designated qualified health professionals (QHPs). **All AFR tasks by all designated QHPs must be completed within 30 calendar days** including:
 - Reviewing the documents in the applicant’s E-Folder
 - Scheduling and conducting the applicant interview, if needed
 - Contacting an applicant’s provider if they completed a Chronic Care Management Plan (CCMP) and recommended the applicant for Job Corps
 - Requesting medical/mental health records, if needed (which may involve having the applicant or the applicant’s parent/guardian sign additional authorizations for release of information)
 - Disability Accommodation Process (DAP) if the applicant is an individual with a disability
 - Completing and submitting Form 2-04 or Form 2-05 to recommend denial
- Start the AFR process as soon as possible after receiving an AFR referral. **Common difficulties encountered during AFR that take time to resolve** include reaching an applicant to schedule an interview, reaching an applicant’s provider, rescheduling applicant interviews, and not receiving additional mental records in time to be considered as part of your assessment.
- **An extension of the 30 calendar-day deadline** may be requested from the Regional Office for extenuating circumstances, such as time away from center due to illness or emergencies. Extensions are generally not granted to await the arrival of mental health records that have been requested. If an extension is needed, discuss it with your center’s HWD.

A qualified health professional (QHP) is a licensed clinician who has current, documented expertise in the medical condition(s) or disability or disabilities involved in a particular case. If the staff at a particular Center does not include a professional who has the current expertise necessary to conduct a DTA or HCNA for a specific applicant, the Center may need to consult with the applicant’s treating provider or retain an outside provider with the necessary current expertise in the particular medical condition or disability and its effects to conduct an assessment in a given case.

Regional Review

- A second AFR timeline to be aware of is related to the Regional Review process (see **1.9 Regional Review of a Recommendation of Denial**). After submitting a recommendation of denial for review, a center may be contacted by a **Regional Disability Coordinator** (RDIC) or a Regional Mental Health Specialist (RMHS) for more information or to make corrections or revisions to the forms. Centers have **10 days** to respond these requests.

1.4 Reviewing Information in the Applicant E-Folder

1.41 Required Application Documents

Two required application documents will be found in every applicant E-Folder: the ETA 652 Job Corps Data Sheet and the ETA 653 Job Corps Health Questionnaire.

- **ETA 652 Job Corps Data Sheet**

Located in the “Enrollment” tab of the E-Folder, this form provides demographic information, the admissions counselor’s name and contact number, date of application, and information related to eligibility such as high school completion and employment history. See **Figure 2 ETA 652 Job Corps Data Sheet Example**.

Information to look for includes:

1. New or Readmit candidate. If readmission, information about the applicant’s previous enrollment (date of enrollment, center name, and reason for separation) will be found at the end of the form – see area labeled “6.”
2. Date of birth: minor or an adult applicant?
3. Address: How far does applicant live from center? Out of state?
4. Homeless status: Application should be processed as soon as possible in accordance with the McKinney Vento Homeless Assistance Act.
5. Other info: employment history, military service, school dropout, runaway or foster care status, marital status, dependent children, etc.

Figure 2
ETA 652 Job Corps
Data Sheet Example

The image shows a screenshot of the ETA 652 Job Corps Data Sheet form. Six numbered callouts are placed over the form to highlight specific areas:

- 1:** Points to the 'New' and 'Readmit' checkboxes at the top right of the form.
- 2:** Points to the 'DOB: 10/19/2003' field.
- 3:** Points to the 'Applicant Address' field.
- 4:** Points to the 'Homeless: No' checkbox in the 'Income Eligibility' section.
- 5:** Points to the 'Education' section, specifically the 'High School Diploma/HSE' and 'School Dropout' fields.
- 6:** Points to the 'Internal Review' section at the bottom of the form, specifically the 'Remarks' field.

- **ETA 653 Job Corps Health Questionnaire**

Located in the Health E-Folder, this form provides information on medical, mental health, substance use, and oral health conditions and symptoms and whether the applicant wants to request disability accommodations.

- While the ETA 653 is a required form that applicant must sign, **disclosure of health conditions on this form is not required for Job Corps applicants.**
- Look to see which items were endorsed that are **potentially relevant to mental health:**

8a. Under care of physician or mental-health professional 8b. Taking prescription(s) or non-prescription medication 8i. Hospitalized/treated in an emergency room for medical, mental health or substance use 8k. Received counseling/treatment for mental health 8l. Received counseling/treatment for drug or alcohol use 8m. Attempted to hurt yourself 8n. Thought about /planned to hurt self 8o. Intentionally tried to hurt someone else 8p. Been afraid that others want to physically harm you 8q. Heard voices or seen things that other people did not hear or see 8r. Believed that your thoughts were being controlled by someone or something other than yourself 8s. Lost or feared losing control of your anger, to the point of hurting yourself or someone else 8t. Been in a physical fight that resulted in hospitalization or significant injury of you or other person 8u. Been removed from home, school, or job due to your behavior 8v. Stopped getting treatment and/or taking medication prescribed for you 8w. Participated in residential/day therapeutic program for alcohol, or drug abuse, or mental health	
9j. Speech problem 9s. Learning disabilities 9t. Attention Deficit/Hyperactivity Disorder 9u. Mental Retardation (MR)/Intellectual Disability 9v. Depression 9w. Anxiety/Trauma/Stress-Related Disorder 9x. Obsessive-Compulsive Disorder 9y. Disruptive & Impulse Control Disorders 9z. Schizophrenia	9aa. Conduct disorder 9bb. Traumatic Brain Injury 9cc. Bipolar Disorder 9dd. Personality Disorders 9ee. Autism Spectrum Disorders 9ff. A mental health problem/concern 9gg. A drug or alcohol problems/concern 9hh. Other health problems/concern
10. If you are a person with a disability, you may request accommodations	

- **For each endorsed item, there should be a comment from Admissions Staff in the “Comments” section at the end of the ETA 653.** The comments may contain relevant information such as the names of medications or providers or dates when specific events occurred and should indicate whether medical/mental health records were requested and/or obtained related to certain endorsed item.

1.42 Other Documents With Clinical/Behavioral Information

There are a number of documents which may or may not be in the applicant E-Folder depending on a number of factors including: 1) the items that the applicant endorsed on the ETA 653, 2) whether the applicant or parents/guardians of a minor applicant were willing to sign Authorizations for Release of Information so that Admissions Staff could obtain records, and 3) whether Admissions Staff requested or were able to obtain the records.

There are 2 places in the Wellness and Accommodation section of the E-Folder where you can find additional relevant information to review. The items in bold are places where information is most often found.

Health E-Folder

Health and medical documents:

- Chronic Care Management Plans**
- Medical records**
- Mental Health and Counseling records**
- Other
- Psychological, Neuropsychological and Psychiatric Evaluations
- Substance Abuse records
- Supplemental Health and Wellness Documentation**

Disability E-Folder

School-related disability documents:

- 504 Plans**
- Behavior Intervention or Support Plan
- Individualized Education Program (IEP)**
- Other
- Other miscellaneous non-medical documentation
- Previous School Records
- Vocational Rehab or other community resource documentation

Health E-Folder Documents

- **Chronic Care Management Plan(s) (CCMP)**

These 2-page forms are to be completed by an applicant’s current treating provider and should be obtained by Admissions Staff if the applicant is currently under the care of a provider.

- CCMPs provide valuable information including specific diagnoses, current symptoms, medications, adherence with treatment, current status, prognosis, and recommended follow-up care.

Letters from providers should be treated like CCMPs when completing Form 2-04 or Form 2-05.

- **The last question on each form provides brief information about Job Corps and asks whether the provider recommends the applicant for Job Corps.**

- There is a CCMP for General Health as well as CCMPs for 14 specific mental health conditions, which can be found at:

<https://supportservices.jobcorps.gov/health/Pages/HCGuidelines.aspx>

ADHD	Conduct Disorder	Panic Disorder
Autism Spectrum Disorders	Depressive Disorders	Post-Traumatic Stress Disorder (PTSD)
Anxiety Disorders	Intermittent Explosive Disorder	Schizophrenia
Bipolar Disorders	Obsessive Compulsive Disorder	Tourette Syndrome
Borderline Personality Disorder	Oppositional Defiant Disorder	

- **Medical/Mental Health Records**

These records can take many forms including:

- Hospital Discharge Summaries
- Medical Office Visits/Progress Notes
- Mental Health Evaluations/Progress Notes
- Treatment Provider Summaries
- Prescription Lists
- Psychological/Neuropsychological Evaluations

- **Miscellaneous Records that may be found in the Health E-Folder**

Check all the various section of the Health E-Folder for relevant information as documents are not always placed by Admissions Staff in the expected locations.

Be sure to look at the “Supplemental Health and Wellness Documentation” section – the last item in the Health E-Folder container.

- Admissions staff will commonly put memos addressed to center Health and Wellness staff regarding observations or interactions with the applicant that may be of concern in this section.

- This is where you will find the “Confidential Folder Inventory,” a checklist that Admissions Staff complete to indicate which documents are located in the E-Folder. While it is not always accurate, it can serve as a kind of check to make sure that you have reviewed all the relevant documents.

Disability E-Folder Documents

- **Educational/School Disability Documents**

School disability documents such as 504 Plans and IEPs **often contain relevant behavioral and mental health information**. School disability documents may also contain Behavior Intervention Plans (also called Behavior Support Plans) and psychoeducational evaluations. While reviewing school disability documents is recommended for all applicants, applicants with these specific disabilities should definitely be reviewed:

- Autism Spectrum Disorders
 - Emotional/Behavioral Disturbance
 - Intellectual Disability
 - Other Health Impairment (commonly used for AD/HD)
 - Specific Learning Disabilities
- CMHCs should have access to the Disability E-Folder to review these documents. Work with your HWD and CD to obtain access or work closely with your center’s DC to ensure that these records are shared with you so that they can be reviewed.

1.5 The Applicant Interview

The Applicant Interview is the **single most important part of AFR process**, particularly if you are making a recommendation of denial and there are no recent records or CCMP(s). Deciding whether to conduct an applicant interview and the process steps related to arranging and conducting the interview are discussed in this section.

1.51 Deciding Whether to Conduct An Applicant Interview

- If you are unsure about whether you need to conduct an interview or whether to make a recommendation of denial or recommend an alternate center, it is recommended that you err on the side of conducting an interview. You can also contact your **Regional Mental Health Specialist (RMHS)** to discuss the file and recommendation. To find the contact information for your RMHS: <https://supportservices.jobcorps.gov/health/Pages/Directory.aspx>
- The review of each applicant must be an **individualized assessment** that takes into account the applicant’s strengths and challenges related to multiple areas including:
 - Mental health, medical, and substance use history
 - Behavioral and social history in a residential or group settings

- Functioning in school, work, or other settings similar to Job Corps
- Interpersonal relationships with family, peers, teachers, supervisors, and coworkers
- Treatment history and response (including whether problematic behaviors/actions occurred during times of medication non-adherence vs. non-adherence)
- Coping skills and supports
- **DO NOT** make assumptions about an applicant’s ability, behavior, or level of functioning based **on any single factor** such as:
 - A mental health diagnosis, including serious mental illness (SMI)
 - Special education placement
 - A single hospitalization.

There are no “automatic” reasons to recommend denial of enrollment for the Job Corps program. In addition, Job Corps has had successful students with SMI such as Schizophrenia Spectrum Disorders.

- **DO NOT** make assumptions about an applicant’s ability or level of functioning based **upon an IQ score alone**. The validity of IQ scores varies based on many factors including cultural/ethnic background and language proficiency.
 - Focus instead on **indicators of adaptive functioning**, including:
 - Standardized assessments of adaptive functioning in the records (when available)
 - The applicant’s functioning in transition or employment-related tasks
 - Functioning related to instrumental activities of daily living (iADLs) such as money management, social skills, and community transportation use. The **Sample Applicant Interview Questions** in the **AFR Tools** guidance document has specific questions related to adaptive functioning.

1.52 General Information about Applicant Interviews

- **The interactive interview is a required component for all recommendations of denial.** A decision to enroll an applicant can be made without conducting an interview, but a recommendation of denial cannot be made without interviewing the applicant.
- **For recommendations of denial based on mental health and/or behavioral difficulties, the applicant interview must be conducted by the CMHC** -- ideally, without the involvement of other health professionals and separate from the Disability Accommodations Process (DAP).

- Applicants and the parents/guardians of minor applicants consent to a pre-enrollment interview as part of the application process, so there is no need to obtain additional consent. (See [PIN 14-34a Consent for Pre-Enrollment Interview](#)).
- **Interviews may be conducted in person, by videoconference, or by telephone.**
 - Videoconference and in-person interviews are encouraged, so that you make direct observations of the applicant's behavior and do a complete mental status exam. They can also be particularly helpful when assessing applicants who have functional limitations related to communication or cognition.
- Consider the role of **cultural beliefs or language barriers** and their potential impact on an applicant's behavior, responses to questions, and your overall assessment of the applicant's capabilities and behavior.

1.53 Scheduling the Applicant Interview

- Consider **having set times in your schedule** for applicant interviews. This can make it easier for others, such as a medical records clerk or Admission staff, to schedule or reschedule interviews for you. However, be as flexible as you can in scheduling interviews because some applicants work or have other responsibilities that make it difficult for them to be available at specific times.
- **Make at least 2 attempts** to schedule an interview with an applicant using all of the telephone numbers provided on the ETA 652 Job Corps Data Sheet. Leave messages for applicant with specific timeframes and deadline to return your call (example: "Please call on Mondays and Wednesdays. Please return my call within 3 days.") **Document your efforts to reach the applicant** – ask your HWD whether the documentation should be done on a SF-600 Form, a center-specific tracking log, or in some other way.
- If you are unable to reach the applicant to schedule an interview or the applicant has not returned messages, **contact the Admissions staff person** for the applicant (found at the top of the ETA 652 Job Corps Data Sheet) for assistance. Documentation of your efforts to reach the Admissions staff is required, so using email is recommended. In your message to Admissions staff, provide specific days/times when you are available to interview the applicant.
- Minor applicants:
 - When scheduling an interview with a minor applicant, the parent/guardian should be invited to participate, but participation of the parent/guardian is not required.
 - It is required that the applicant participate in the interactive components of the AFR, which includes the clinical interview and the DAP.
 - If the parent/guardian chooses to be on the phone or in the room during the interview, before the interview starts, inform parents/guardian that their input is welcomed **AFTER the applicant has an opportunity to respond to each question**. Explain that this is important so that you can

see how well the applicant functions independently since they will generally be expected to function independently at Job Corps.

- Applicants with cognitive and/or language difficulties:
 - Parents/guardians of applicants with cognitive and/or language difficulties often choose to participate in applicant interviews and provide information before the applicant has an opportunity to respond. As with minor applicants, inform parents/guardian that their input is welcomed **AFTER the applicant has an opportunity to respond to each question**. Explain that this is important so that you can see how well the applicant functions independently since they will generally be expected to function independently at Job Corps.

1.54 Preparing for an Applicant Interview

- Carefully review the ETA 6-53 and all documents in the applicant’s E-Folder – CCMPs, medical/mental health records, school disability documents (IEP, 504 Plan, etc.). Make notes about the **DISCLOSED diagnoses, conditions, current symptoms, and behaviors of possible concern that you will need to ask about during the interview**. Information on the ETA 653 and in any records in the E-Folder is considered to have been “disclosed.”

You can only ask an applicant or the parent/guardian of a minor applicant about

DISCLOSED diagnoses, conditions, symptoms, and behaviors.

Asking about symptoms, behaviors, or conditions that have not been disclosed constitutes unauthorized collection of data, potentially resulting in an admissions process that is biased, unfair and in violation of the Equal Employment Opportunity laws.

[\(PI 14-24 Unauthorized Collection of Health/Disability or Other Personal Information\)](#)

- If an applicant, the applicant’s parent/guardian, or anyone acting on behalf of the applicant (such as a mental health provider) **discloses new mental health/disability information or legal involvement** during the interview, **then you can and should ask follow-up questions about the newly disclosed information**.
- **Consider how you will approach sensitive topics** such as a criminal history involving assaults or a sexual offender history. It is important to ask about all disclosed behaviors and conditions that may be relevant in evaluating whether the applicant poses a direct threat to others or has health care needs that exceed what Job Corps can provide.
- Determine, as best you can, if the applicant or the parent/guardian of the applicant **may need communication accommodations**, including translation services. Clues that an applicant may require communication accommodations include endorsement of the ETA 6-53 item “Speech problem” or if an applicant required speech/language therapy services as part of their IEP.

1.55 Providing Communication Accommodations

- During the first few minutes of the interview, listen carefully to the applicant’s speech and language functioning – how they express themselves (expressive language) and how well they seem to understand and respond to the questions (receptive language) –to determine whether the applicant may need communication accommodations. Provide appropriate communication accommodations, if needed.
- [Appendix 201 Communicating With Persons With Disabilities](#) describes the requirement to communicate effectively with people with disabilities as part of nondiscrimination regulations.
 - Without clear, accurate, effective communication, any encounter between an individual with a disability and a program such as Job Corps is meaningless.
 - The requirement to ensure effective communication with individuals with disabilities is separate from the obligation to provide reasonable accommodations for qualified people with disabilities.
 - The burden is on Job Corps centers to provide auxiliary aids and services (communication aids) that are needed for effective communication for a person with a disability.

If an applicant appears to be having **any difficulties with communication** (understanding you or expressing themselves) during any part of the AFR process, **the CMHC should find out how best to communicate with that person** so that they can fully participate in the AFR process.

It is OK to ask an applicant if they are having any difficulties with understanding you or communicating with you. **Do not ask the applicant if they need “communication accommodations”** because they are not likely to be familiar with that term and may refuse accommodations even if they need them.

Even if an applicant states that they are not having any difficulties with understanding or communicating with you, **you should use your clinical judgment and provide communication accommodations as needed** to facilitate the applicant’s participation in the AFR process.

- **Examples of communication difficulties include** problems with:
 - Speech -- articulation, stammering, stuttering, halting speech
 - Comprehension/receptive language – difficulty understanding questions, does not seem to respond to the question asked, long pauses before responding to questions
 - Expressive language – long pauses before responding to a question, use of simple language and vocabulary, word-finding problems, or other difficulties expressing one’s thoughts or ideas
- **Communication accommodations/supports include:**
 - Repeating questions or statements
 - Giving extra processing time to both absorb information and respond to questions

- Using a slower rate of speech
 - Simplifying language or rephrasing a statement or question
 - Asking the applicant/student to repeat back information to confirm understanding
 - Using written communication such as writing questions and responses on paper or white boards or using e-mails and texts
 - Using picture-related supports
 - Providing handouts of questions and/or necessary information and ensure written in simplified language and/or using picture-related supports
 - Providing more specialized accommodations, as needed, such as a sign-language interpreter or a language translator for a person with a disability who is an English Language Learner (ELL)
- Keep in mind that individuals with a **wide range of conditions** can present with communication difficulties including individuals who have autism spectrum disorders, intellectual disabilities, severe anxiety-related conditions, processing problem, and sensory impairments such as blindness and deafness/hearing loss, etc.
 - For additional guidance on providing appropriate communication accommodations, please consult with your

1.56 Conducting the Applicant Interview

- Introduce yourself and the purpose of the interview – to get more information and up-to-date information about the health and behavioral information provided in the individual’s application folder. Let them know that they will have an opportunity to ask questions at the end of the interview.
- Consider using all or parts of the **Sample Applicant Interview Questions** found in the **AFR Tools** guidance document. The interview questions are specifically designed to help you collect the relevant information needed to determine whether to recommend enrollment or denial.
 - Areas assessed:
 - Current symptoms, behaviors, and functional limitations
 - Treatment history, adherence, response, and effectiveness
 - Work history
 - Adaptive functioning
 - It also contains a detailed checklist for conducting a **Mental Status Exam (MSE)**, which is a strongly recommended part of the Applicant Interview Summary.

*** IMPORTANT ***

Standardized and non-standardized questionnaires or assessment instruments may NOT be administered during the applicant interview. Doing so could introduce bias in the application process and would be considered a violation of Equal Employment Opportunity provision of the legislation that governs the Job Corps program.

Assessment Domains/Components of the Applicant Interview Summary

The 3 components of the Applicant Interview Summary that will need to be included in a recommendation of denial are:

- A summary of the **Interview Content**
- A **Mental Status Exam (MSE)**
- **Clinical Impressions**

Interview Content Summary

Focus on assessing the applicant's **CURRENT SYMPTOMS AND BEHAVIORS** associated with **ALL** the disclosed conditions, symptoms, and behaviors on the ETA 653, CCMP(s) and in the records (medical/mental health, IEP, etc.). Specifically, ask the applicant about:

1. **Specific symptoms** associated with the diagnostic criteria for the disclosed conditions that the applicant is currently experiencing or has experienced in the past 6 to 12 months.
 - For example, if an applicant reports having or experiencing depression – In addition to assessing mood (sadness/irritability) and suicidal ideation, ask about other symptoms of depression.
2. **Symptom severity**: How severe do the symptoms/behavior get?
3. **Symptom frequency**: How often do the symptoms/behaviors occur? When was the last time a symptom/behavior occurred?
4. **Current functioning**: How do current symptoms/behaviors interfere with school, work, and everyday activities?
5. **Current and past treatment(s)**: including medications, psychotherapy, and hospitalizations (when, frequency, adherence, how effective/helpful)
6. **Coping strategies and supports**: what helps the applicant deal with symptoms/behavior?

AVOID THIS COMMON ERROR

Do **NOT** include **historical information** from the records in the **Applicant Interview Summary** section **unless** an event or issue was discussed during the interview, and you want to comment specific issues such as the applicant's:

- Knowledge/understanding about previous diagnoses and symptoms
- Awareness/willingness to discuss a difficult issue, etc.
- Opinion about past treatment(s) and effectiveness
- Opinion about or insight into their behavior and how it affects others
- Judgment and insight about their condition(s) and need for treatment/adherence

SPECIAL CONTENT AREAS	
Assessing Work History	<p>If an applicant discloses current or past work history, assess factors related to employability such as:</p> <ul style="list-style-type: none"> • Employer and duties performed (alone, with coworkers, with the public) • Why the job ended (resigned or terminated) • Number of jobs and how long in each position (stability) • How they got along with supervisor and with coworkers • How they handled stress on the job
Assessing Adaptive Functioning	<p>If you are aware or suspect that an applicant may have cognitive issues (Intellectual Disability, Traumatic Brain Injury, etc.), assess adaptive functioning:</p> <ul style="list-style-type: none"> • Activities of daily living (ADLs): self-care tasks • Instrumental activities of daily living (IADLs): managing medications, managing money, using transportation, shopping, etc. • Social skills and safety judgments: dealing with unsafe social situations, awareness of scams/being taken advantage of, etc.

Mental Status Exam (MSE)

The MSE consists of observations about the applicant during the course of the interview and provides critical information that cannot be obtained from any other source. It provides a detailed portrait of how the applicant spoke, thought, behaved, and interacted with you during the interview.

- In some cases, the MSE will provide information that contradicts statements made by the applicant about their mood, need for treatment, etc.
- An MSE generally consists of the following domains shown in the box on the right.
- For in-person and videoconference interviews, you should provide evaluative comments on all of the MSE domains in the list.
- For a telephone interview, include statements for the domains in bold font that are marked with an asterisk (*) as these are domain that generally can be assessed during a telephone

- Appearance
- Eye contact
- **Rapport/Attitude toward examiner***
- **Alertness/Orientation***
- Motor behavior
- **Mood***
- Affect (outward appearance of emotion)
- **Ideation*** (suicidal/homicidal)
- **Speech*** (motor production of language)
- **Language*** (expressive/receptive)
- **Cognition*** (attention, recent/remote memory, estimated intelligence/fund of knowledge)
- **Thought content/process***
- **Perceptual issues*** (hallucinations)

interview. Do not include statements about things you cannot observe such as affect (non-verbal expression of emotion, facial expression, posture, gestures, etc.)

- A comprehensive [MSE Checklist](#) is provided in the [Sample Applicant Interview Questions](#) in the **AFR Tools** guidance document.

Clinical Impressions

Clinical impressions are used to provide context and interpretation related to the applicant's interview responses (or non-responses) and behaviors and are based on your [clinical judgment](#). These can be particularly useful in situations where the applicant:

- Did not appear to be forthcoming/was guarded or reluctant to provide information
- Minimized history, symptoms, or impact of behavior on others
- Provided minimal responses and was unable or refused to elaborate when prompted
- Provided contradictory responses
- Provided responses that were not consistent with information in the records
- Appeared to be experiencing acute symptoms of psychosis or mania
- Appeared to be under the influence of drugs/alcohol
- When a parent/guardian or other person (e.g., therapist) involved in the interview provided most of information gathered during the interview

1.6 The Disability Accommodation Process (DAP)

Detailed information about the federal disability nondiscrimination laws and the DAP process can be found in [Form 2-03 Procedures for Providing RA/RM/AAS for Participation in the Job Corps Program](#). This section provides a brief overview of the DAP.

For questions or consultation about whether an applicant should be considered an individual with a disability, the DAP, or specific applicant disability accommodation requests, work with your center Disability Coordinator (DC) and contact your [Regional Disability Coordinator](#) (RDIC) for guidance. Use the hyperlink to find the contact information for the RDIC for your region.

For every applicant, [work with your center DC](#) to:

- Determine whether the applicant is an individual with a disability and
- Engage in the interactive DAP

1.61 Determining Whether an Applicant is an individual with a Disability

For individuals with a disability to be entitled to reasonable accommodation, they must have a disability, as defined by federal law, that is a physical or mental impairment that substantially limits one or more of the major life activities of an individual or have a record of such impairment.

- If an applicant has **supporting medical and/or educational documentation** of a disability, then that applicant should be considered an individual with a disability.
 - Medical documentation examples include a CCMP, a letter from a provider, medical/mental health records, and prescription lists.
 - Educational documentation examples include an IEP, 504 Plan, psychoeducational evaluation, and a Behavior Intervention Plan/Behavior Support Plan.
- If an applicant **does not have supporting medical and/or educational documentation**, there may be circumstances when an applicant should still be considered an individual with a disability.
 - If an applicant reports a history of a recent or chronic psychiatric hospitalizations, provides the names of specific psychotropic medications, or reports other types of treatment specific to mental health, the applicant should be considered an individual with a disability.
 - Information obtained verbally by an applicant’s provider (physician, therapist, case manager, etc.) typically can serve as documentation of a diagnosis/disability.
 - Efforts should be made and documented to gather medical and/or educational documentation related to disabilities that are identified based on the applicant self-report or via verbal communication with an applicant’s provider. You do not, however, need to wait for documentation to offer and discuss disability accommodations with the applicant.

If an applicant is an individual with a disability, **the DAP steps are required** regardless of whether you are recommending enrollment or recommending denial. See **Figure 1 AFR Process Flowchart**.

1.62 Engaging in the Interactive DAP

The interactive DAP is used to identify, offer, and discuss disability accommodations (RA/RM/AAS) with the applicant and anyone acting on behalf of the applicant (parent/guardian, advocate, case manager, therapist, medical provider, etc.). The DAP has two steps:

- **Step 1**

Identify disability accommodations that may help to reduce or remove the direct threat or health care barriers to enrollment. “**Disability accommodations**” is used a general term to include RA, RM, and AAS:

- RA: **R**easonable **A**ccommodations
- RM: **R**easonable **M**odifications to policies, practices, or procedures, and
- AAS: **A**uxiliary **A**ids and **S**ervices

- **Step 2**

Offer and discuss the identified disability accommodations with the applicant and anyone acting on behalf of the applicant, **then document** whether the applicant accepted or declined each disability accommodation.

*** IMPORTANT ***

- Applicants **CANNOT be denied admission** to the Job Corps program based on the need for the center to provide disability accommodations.
- Applicants **can only be recommended for denial** if their medical condition/disability poses a direct threat to others OR if their health care needs exceed basic care provided at Job Corps.

1.63 Identifying Potential Accommodations to Discuss During the DAP

- **Collaborate with your center DC**, to identify appropriate RA/RM/AAS that may eliminate or reduce the risk of harm to others (in case of direct threat) or to eliminate or reduce the barriers to enrollment (in the case of health care needs).
- When identifying potential disability accommodations to discuss with an applicant, there are **several sources to consider**. Consider using the **Pre-DAP Meeting Form** in the **AFR Tools** guidance document to help ensure that you identify all possible disability accommodations from the following sources:
 - The symptoms and behaviors identified in Questions 1 and 2 of Form 2-04 DTA
 - The functional limitations identified in Question 2 of Form 2-05 HCNA
 - Limitations or restrictions noted by an applicant’s provider on the CCMP or in a letter from a provider(s)
 - Accommodations recommended by the applicant’s provider(s) on the last question of a CCMP or in a letter from a provider(s)
 - Accommodations requested by the applicant on the **RA/RM**

- Accommodations mentioned/requested during the interview (such as a single dorm room or an emotional support animal)
- Accommodations requested by a parent/guardian or someone acting on behalf of the applicant (such as a case manager, therapist, or other health professional)
- **Relevant** behavioral or mental health-related accommodations found in the applicant’s school disability documents (IEPs, 504 Plans, etc.)

Note: If the DAP is being conducted for an applicant for whom you are planning to make a recommendation of denial, **only accommodations relevant to the reason for the recommendation of denial need to be discussed during the DAP**. For example, academic accommodations such as extended time for tests do NOT need to be discussed during the DAP.

1.64 Disability Accommodation Resources

As a CMHC, you **need to be familiar with disability accommodations** for specific disorders and functional limitations. It is recommended that you use appropriate resources to assist in identifying potential RA/RM/AAS for each applicant. This could include collaborating with applicant’s own health care providers(s) as well as using the resources listed in this section.

1. The [Job Accommodation Network \(JAN\)](#), sponsored by the Department of Labor, offers a feature (“A to Z Lists”) where you can search for workplace accommodations by disability, by limitation, by work-related function, by topic and by accommodation. Here are a few examples:

By Disability

- [Anxiety Disorder](#)
- [AD/HD](#)
- [Autism Spectrum](#)
- [Post-Traumatic Stress Disorder](#)

By Limitation

- [Control of Anger/Emotions](#)
- [Executive Functioning Deficits](#)
- [Noise Sensitivity](#)
- [Non-Compliant Behavior](#)

2. The [Job Corps Disability website](#) has accommodation information for the following disabilities, including **resources specific to Job Corps**.

Neurodevelopmental Disorders

- [ADHD](#)
- [Intellectual Disability](#)
- [Learning Disabilities](#)
- [Spectrum Disorders](#)
- [Speech/Language Impairment Disorders](#)
- [Traumatic Brain Injury](#)

Mental Health

- [Anxiety](#)
- [Emotional and Behavioral Disorders](#)
- [Mood](#)
- [Personality](#)
- [Psychotic Disorders](#)

Training webinars available on the Job Corps Disability website include:

- [Supporting Students With Emotional/Behavioral Disabilities](#)
 - [Mental Health Accommodations and Support](#)
 - [ADHD Strategies and Supports \(Part 2\) Supporting Behavior, Attention, and Impulsivity Manifestations of ADHD](#)
 - [Piecing the Puzzle Together: Developing Appropriate Supports and Services for Students with Autism Spectrum Disorder \(ASD\): Part 2](#)
3. Your [Regional Disability Coordinators](#) (RDIC) can offer a wealth of information, including ideas about what has worked for individuals with disabilities on other centers.

1.7 Tips for Managing the Review Process and Completing Assessments

This section offers some considerations for managing the review process as well as tips to avoid common mistakes when completing the assessment forms.

Managing the Review Process

Within the first few days of receiving an AFR referral, it is recommended that you look to see whether there are **two specific types of documents** in the E-Folder: records that correspond to items endorsed on the ETA 653 and whether there is a CCMP in the E-Folder. The presence or absence of these documents may require actions on your part that could take a significant amount of time to complete: requesting medical/mental health records and contacting an applicant’s provider.

- Review the ETA 653, then check to see if there are medical/mental health records associated with any of the items endorsed. You may want to **consider obtaining records if:**
 - There no records in the E-Folder.
 - There are no records for a particular item of concern (such as a hospitalization).
 - There are records in the E-Folder, but they are not recent (more than 1 to 2 years old).

Obtaining medical/mental records can take quite a while because some providers, hospitals, clinics, agencies, etc. will not accept Job Corps’ authorization for release of information and require that an applicant or an applicant’s parent/guardian complete the provider’s specific authorization for release of information. You can reach out to Admission staff for assistance with getting provider-specific authorizations signed, but that can take some time not to mention the time it takes for a provider to send the records to you.

- Check to see if there any mental health-related CCMPs in the E-Folder. Then check to see if the applicant’s provider checked the “Yes” box for the last question about whether the provider

recommends the applicant for Job Corps. **If a provider recommends an applicant for Job Corps, contacting the provider to discuss their recommendation is required.** Reaching an applicant's provider can take time, and you need to make and document at least 2 attempts to reach the provider. (You can also choose to reach out to an applicant's current provider even if no CCMP was completed.)

- **Do not delay scheduling or completing the applicant interview.**
 - In some cases, you will not be aware of a need to obtain medical/mental health records or be aware that the applicant has a current provider until after conducting the applicant interview. For example, **an applicant may report information that has occurred since the time the application was completed**, such as a recent hospitalization that would not be reflected on the ETA 653 or that they recently initiated care with a new provider.
 - It may take several attempts to reach an applicant to schedule an interview (phone number changes, school or work schedules, housing insecurity, etc.) Sometimes applicant interview will need to be rescheduled because the applicant misses their initial appointment. If you have difficulties scheduling or completing an applicant interview after at least 2 attempts, you will want to reach out Admissions staff for assistance as described in section **1.53 Scheduling An Applicant Interview.**

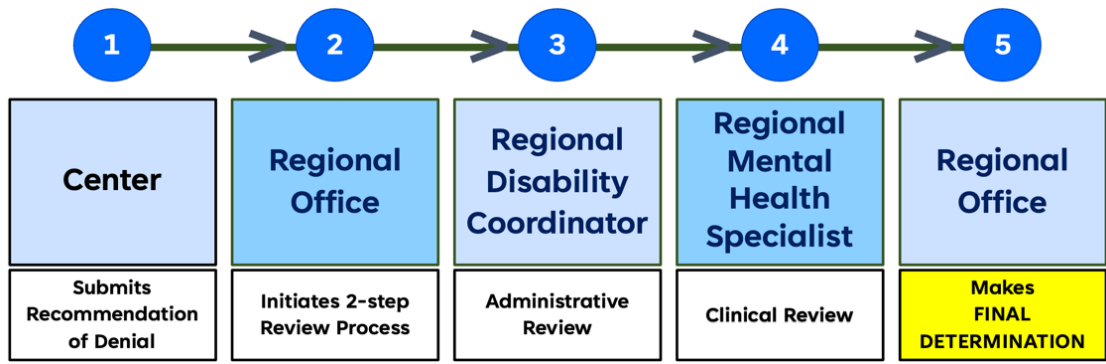
Tips to Avoid Common Errors

1. **Form 2-04 and Form 2-05 must be able to stand on its own as a complete document.**
You must provide summaries of the most important and relevant information from the medical records, CCMP, etc. on Form 2-04 and Form 2-05. You cannot write "Please see enclosed XXX."
2. **Do not make any changes to any part of the PHR required forms.**
The assessment will be considered invalid and will have to be redone.
3. **Make sure you are using the most current version of the forms.**
If the current form is not used, the assessment will have to be redone on the most current forms.
4. **Use the Microsoft Word version of [Form 2-04](#) or [Form 2-05](#) to complete them electronically.**
There is not enough room on the form to provide a thorough assessment if the answers are handwritten.

1.8 Regional Review of a Recommendation of Denial

After a center has submitted a recommendation of denial using Form 2-04 or Form 2-05 to the RO for review, the applicant's E-Folder is considered to be in "Regional Review." The Regional Review process involves two different stages of review. **Figure 3** shows the 5 stages of the Regional Review process.

Figure 3
Regional Review Process



Step 1: The center completes a recommendation of denial and sends it to the Regional Office.

Step 2: The Regional Office logs the recommendation of denial and sends the file to a **Regional Disability Coordinator (RDIC)**.

Step 3: The RDIC completes an administrative (or process) review to ensure that all the steps of the AFR process and the form were completed correctly per the PRH.

Step 4: The RDIC sends the applicant E-Folder to a **Regional Mental Health Specialist (RMHS)**, who does a review. The RMHS makes a **recommendation** to the Regional Office to indicate whether the center provided adequate rationale and documentation to support the denial and sends the applicant E-Folder back to the Regional Office.

Step 5: The Regional Office makes the final decision regarding the applicant’s enrollment.

During the Regional Review process, you may be contacted by email by the RDIC during the process review or by the RMHS during the clinical review for more information, to complete a process issue, and/or to make corrections or revisions to the assessment. From the time of the email, the **center has 10 business days** to address the concerns, upload a revised assessment into CIS and notify the RDC or RMHS that the revised assessment is ready for review.