Job Corps Health Questionnaire (ETA 653) Documentation Guidance

The purpose of this guidance is to assist Admissions Counselors in determining what types of documentation should be requested from the applicant offered enrollment, or the applicant's provider, based on "Yes" responses to the following specific questions on the ETA 653. The authorization portion of the ETA 653 must be signed by the applicant offered enrollment and/or his or her parent or other representative (if the applicant is younger than 18) to request medical, mental health, oral health, substance use, or education information. The form should be witnessed by the Admissions Counselor.

KEY CODE

9d Use GHQ

9e Use Obesity CCMP 9f Use Diabetes CCMP

IED - Individualized Education Plan

GHQ = General Health Questionnaire **CCMP** = Chronic Care Management Plan

		IEP = Individualized Education Plan
8	Ba	Use General Health Questionnaire (GHQ) or, if applicant discloses a condition covered by the Chronic Care Management Plans (CCMPs), use the appropriate medical or mental health CCMP
8	Bb	Provide comments in Section 11 of the ETA 653
8	3c	Provide comments in Section 11 of the ETA 653
8	Bd	Provide comments in Section 11 of the ETA 653
8	Be .	Use the Orthodontic Care Agreement Form
8	3f	Provide the DD214
8	Bg	Provide comments in Section 11 of the ETA 653
8	Bh	Provide comments in Section 11 of the ETA 653 and secure emergency room records
8	3i	Provide comments in Section 11 of the ETA 653. If applicant discloses oral-health condition and has received treatment within the last 2 years, use GHQ and secure dental records
•	Вј	Provide comments in Section 11 of the ETA 653. If applicant discloses mental health condition and has received treatment within the last 2 years, use GHQ or the appropriate mental health CCMP. If counseling and/or treatment is related to criminal behavior and/or injury to self or others obtain all treatment records available. This may be beyond 2 years
8	3k	Provide comments in Section 11 of the ETA 653. If applicant discloses substance use disorder and has received treatment within the last 2 years, use GHQ
	3I	Provide comments in Section 11 of the ETA 653
8	m	Provide comments in Section 11 of the ETA 653
8	n	Provide comments in Section 11 of the ETA 653
8	Во	Provide comments in Section 11 of the ETA 653
8	Вр	Provide comments in Section 11 of the ETA 653
8	3q	Provide comments in Section 11 of the ETA 653
8	3r	Provide comments in Section 11 of the ETA 653
8	3s	Provide comments in Section 11 of the ETA 653
8	3t	Provide comments in Section 11 of the ETA 653 and court records, if applicable
8	Bu	Provide comments in Section 11 of the ETA 653 and court records, if applicable
8	Bv	Provide comments in Section 11 of the ETA 653. If applicant discloses medical, mental health, or substance use condition and has received treatment within the last 2 years, use GHQ or the appropriate CCMP
8	W	Provide comments in Section 11 of the ETA 653. If applicant discloses medical, mental health, or substance use condition and has received treatment within the last 2 years, use GHQ or the appropriate CCMP. If counseling and/or treatment is related to criminal behavior and/or injury to self or others obtain all treatment records available. This may be beyond 2 years
9)a	Use GHQ or Sickle Cell Disease CCMP
9	b	Use Asthma CCMP
9	С	Use GHQ

 9h Use Hypertension CCMP 9i Use GHQ 9j Provide comments in Section 11 of the ETA 653 9k Use GHQ 9m Use Seizure Disorder CCMP 9n Request applicant's Individualized Education Program (IEP) 9o Use Attention Deficit/Hyperactive Disorder CCMP and request IEP, if applicable 9p Use GHQ 9q Request applicant's IEP 9r Use Depression CCMP 9s Use Anxiety CCMP 9t Use Obsessive-Compulsive CCMP 9u Use GHQ 9v Use Schizophrenia CCMP 9w Use GHQ 9x Obsessive Composite Composite Composite Composite Composite Composite Composite Composite Composite Composit	ĺ	9g	Use GHQ
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		9ee	Provide comments in Section 11 of the ETA 653

Mental Health Requests

When sending requests for information on mental-health conditions, please also request the following from an applicant's provider:

 Initial intake assessment, three most recent treatment notes, and psychological testing, if available

Disability

When sending requests for information on conditions, please also request the following from an applicant's school (e.g., public schools, therapeutic day and residential program schools, correctional program schools, etc.):

- IEPs, if available, to include evaluative data and assessments (e.g., psycho-social, psychological, neuro-psychological reports and achievement testing)
- 504 Plans, if available, to include evaluative data and assessments

This request should be for the last available IEP or 504 plan plus evaluative reports; these documents may be more than 2 years old.

This guidance does not replace the instructions to ETA 653, but should be used in conjunction with the instructions as a guide for documentation.