**Example Completed Form 2-05 Health Care Needs Assessment (HCNA)**

The first page is the is referral form, found in *Form 1-06 Center Applicant File Review,* which is completed by the HWD to refer an applicant file for additional review. It is NOT part of Form 2-05 Health Care Needs Assessment.

**Center Applicant File Review**

*This form is used to document the Health and Wellness Director’s initial review of applicant files for medical or behavioral health care needs.* ***This form is NOT for referrals of possible direct threat assessments (See Form 2-04\*).***

1122333

Minnie Mouse

**Applicant Name: ID#:**

x/x/202x

Your Center

**Center:** Your Center **Date of Review**

**Center Applicant File Review and Student Documentation**

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|  | Non-health Disability Coordinator (DC) has been notified of non-health documents (i.e., IEPs, 504 plans, Vocational Rehabilitation records, etc.) that require review. |
|  | * DC feedback received from review of non-health documents. |
|  | As part of the review of the applicant file or applicant interaction(s), the applicant potentially has medical or behavioral health care needs that require review or clarification by a qualified health professional. If so, complete the section for ***Referral to Qualified Health Professional***. |
|  | There are no medical or behavioral health care needs that require review or clarification by a qualified health professional. The applicant is being scheduled for enrollment. |

**Referral to Qualified Health Professional**

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| **Reason for Referral** | **Medical Professionals/Qualified Health Professionals**  (List all who need to review.) |
| Please review this applicant file and/or conduct a clinical interview, if necessary, to determine medical or behavioral health care management needs which may include a health care needs assessment. | Pauline Psychologist, CMHC |
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**Comments**

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Shannon Nurse, RN, HWD

**Printed or Typed Name of Health and Wellness Director**

x/x/202x



**Signature of Health and Wellness Director 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.*

\*See Form 2-04 for Referral for Possible Direct Threat Assessment

This is a completed HCNA example with bulleted content examples in each section. You can use a narrative format or a hybrid of narrative and bulleted content. Each health care needs assessment must be individualized, so use the most effective format to communicate the information in each section. **IT IS NOT EXPECTED THAT YOUR ASSESSMENTS ARE THIS LONG. THIS SAMPLE IS TO GIVE YOU VARIOUS BULLET POINTS THAT CAN BE INCLUDED.**

FORM FOR INDIVIDUALIZED HEALTH CARE NEEDS ASSESSMENT

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| **Applicant’s/Student’s Name:** | Minnie Mouse | **Date of Review:** | x/x/202x |
| **Center Name:** | Your Center | **ID #:** | 1122333 |

**Interview Conducted By:** ☐ 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. |
| To minimize the effect of any communication barriers, a slower rate of a speech when speaking with the applicant was used. Questions or statements were repeated or simplified as needed.  **-- OR --**  Applicant did not exhibit any noticeable difficulties with comprehension or social communication during the interview. They were able to engage in a 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) |
| 8b. Taking prescription(s) (AC comments: Zyprexa 2.5 mg twice daily, hydroxyzine 50 mg as needed every 6 hours, trazodone 100 mg at bedtime)  8k. Received counseling/treatment for mental health (Sees counselor “Jackie” at Meridian Behavioral Health every 2-3 weeks)  9t. Attention Deficit/Hyperactivity Disorder (Diagnosed in elementary school, does not take any medication)  9w. Anxiety or Trauma and Stress-Related Disorders (Diagnosed during hospitalization in 202x, see records)  9cc. Bipolar Disorder (Diagnosed during hospitalization in 202x, see records) |
| **Applicant file review summary:** (provide summary of all health, educational or other documents reviewed) |
| x/x/2x to x/x/2x Pathways Youth Home (outpatient)   * Reason for Referral: Follow up after inpatient stay at hospital during a manic episode when she threatened to kill herself. Applicant ran away from home for 2 months, stayed with a friend, did not attend school, and was expelled due to excessive absences (alternative school). * Diagnoses: Bipolar I Disorder, current or most recent episode depressed, with anxious distress, moderate-severe. * Mother reports needing assistance with “daughter’s mental instability.” Manic behaviors of running away, drinking alcohol, skipping school, sexually promiscuous behaviors, verbal threat to harm herself in the past. * Treatment Plan: Individual therapy once monthly, Family therapy once monthly, case management services, medication management every 90 days, Behavioral Assistance (school-based support) once weekly.   x/x/2x to x/x/2x Horizons Behavioral Healthcare Discharge Summary (inpatient)   * Admission Reason: “Patient was admitted secondary to mood lability and multiple instances of running away. She recently ran away for three months and came back last week. She has been making homicidal ideations toward her mom. She got into a verbal altercation with her mother because she would not let her go be with her friends. She wrote on the note she was going to kill herself.” * Discharge Diagnoses: Bipolar I Disorder, mixed, severe without psychosis; Alcohol Use Disorder, Physical abuse–victim, Parent-child relational problems. * Discharge Medications: Wellbutrin XL 150 mg and Zyprexa 2.5 mg twice daily. * Plan: Follow up with PYH on x/x/2x. Therapy issues to focus on after discharge: parent-child relationship, expressing emotions, and impulse control.   x/z/2z to x/x/2x University Behavioral Health Hospital Discharge Summary (inpatient)   * Admission Reason: “Patient presents with suicidal ideation, homicidal ideation, psychosis, and severe mood instability. Was in a verbal altercation with her brother and his girlfriend. Left home at 3 AM without permission and was missing for two days. Reported thoughts of stabbing brother’s girlfriend,   as well as ongoing suicidal thoughts. Mother reported that she posted messages on Facebook indicating SI and HI.”   * Discharge Diagnoses: Disruptive Mood Regulation Disorder, Unspecified Anxiety Disorder, Bipolar I Disorder, mixed, severe with psychosis. * Discharge Medications (psychotropic only): Celexa 20 mg daily, Abilify 2.5 mg at bedtime. * Plan: Will be seen at The Pointe (school-based services). Needs a PCP referral. |

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| **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) ☐ Not applicable (no CCMP provided) |
| **Provide a summary of the CCMP and/or provider documents here.** |
| x/x 2x CCMP for Bipolar Disorder completed by outpatient therapist, Jackie Sterling, LCSW   * Diagnosis: Bipolar I Disorder, most recent episode depressed, moderate, in partial remission. * Last appointment: x/x/2x. * Current symptoms: Mood swings from calm to manic. * Self-harm behaviors in past 6 months: Drinking and promiscuous behaviors according to her mother. * Current medications: Wellbutrin XL 150 mg twice daily and Zyprexa 5 mg at bedtime. She has been adherent with medication; is able to self-manage her medications with minimal supervision. * Other treatments: Individual therapy every 2-3 weeks. Medication management every 2-3 months with Dr. Jean Parker. * Hospitalizations: University Hospital x/x/2xto x/x/2x for SI and HI; Horizons Behavioral Hospital x/x/2x to x/x/2x for writing a suicide note. * Current status: “Currently-stable—attending outpatient services.” * Prognosis with treatment and/or medication is “fair based on history and severity of symptoms.” Without treatment and/or medication, prognosis is “poor.” * Treatment recommendations: Continue with provider every 2-3 weeks. Continue with Dr. Parker as needed. Other: Long-term individual counseling, outpatient substance abuse treatment. * Restrictions/limitations: None. * Challenging behaviors: Irritability at times, defensive attitude. * Recommended accommodations: Breaks in a quiet place to calm down when agitated. Monitor medication adherence. |
| **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.** |
| CMHC contacted the applicant’s provider (therapist) on x/x/2x. Provider indicated that applicant still has a “’I-can-do-whatever-I-want-to-do-when-I-want-to-do-it’ attitude.” Provider also stated that applicant is drinking alcohol to cope with life. The provider thought that the change in environment that Job Corps would provide would be good for the applicant because the applicant’s relationship with her mother is not good. |

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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.** |
| Applicant is a 17-year-old female who was interviewed by phone on x/x/2x. She is currently living with her mother and 2 younger siblings in Marysville, which is located about 6 hours from the center.  Behavioral Observations   * Cooperation: Minimal. * Attitude towards interviewer: Hostile and defensive. * Mood: Irritable. * Speech: Somewhat rapid but not pressured; volume was elevated at times. * Language: Brief, reflexive answers even when prompted to elaborate. Vocabulary was age- appropriate. * Thought process: Logical and generally goal directed. * Thought content: No evidence of thought disorder, such as hallucinations, paranoia, or delusions. * Insight and judgment: Poor insight into her conditions and treatment needs.   Interview Content Summary   * Applicant initially denied a history of suicidal or homicidal behaviors despite records from 2 hospitalizations last year (June and October 202x). When asked about her hospitalizations, she minimized the suicide note and running away from home stating that, “My mom was just driving me crazy, that’s all.” She would not provide any additional information. * When asked about her medications, she said that she takes them “most of the time but sometimes I forget.” She would not say how often she forgets to take her medications. She indicated that she wasn’t sure how much they helped anyway. She stated, “My stupid psychiatrist keeps changing my medication.” She read the names of her current medications from the bottles: aripiprazole 15 mg at bedtime and hydroxyzine 50 mg when needed up to 3 times a day for anxiety. The medications provided differ from those provided by the applicant’s therapist on the CCMP dated x/x/2x. * She stated that her only stressor is her mother – yelling, arguing, and telling her what to do. The only coping strategy she could identify is drinking alcohol, which she does not see as a problem. * When in a manic episode, she has engaged in risky sexual behaviors off and on, but would not elaborate. * She dropped out of school 2 months ago because she is planning to come to Job Corps. She added, “I wasn’t learning anything anyway.” She spends her time texting friends, surfing social media, and helping to take care of her younger brother. She indicated that she does not have a regular routine, in part, because she has trouble sleeping most nights. * In terms of functional limitations, she endorsed the following items. Brief explanations and the applicant’s rating on a scale of 1-10 with 10 being the highest/most severe are provided:   + Have a hard time managing feelings or mood such as anger or depression (rating = 5. “One minute I will be chill and the next minute I’m ready to go off on somebody. It happens all the time, every day. I’m working on it, but it’s not that much trouble.”)   + Have problems with concentrating or staying focused on something for a period of time (“Sometimes it is not a problem, and sometimes it is a 7. It just depends on my mood.”)   + Have trouble falling or asleep or staying asleep? (rating = 7, “almost every night” She reported that drinking alcohol helps her sleep.)   + Being sensitive to loud noises, light, and people touching her (“I can’t be in a crowd where someone might touch me or bump into me.”) |

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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?** |
| * Avoidance of group situations and settings ☒ 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   ☒ Difficulty regulating emotions ☒ Impaired decision making/problem solving   * Difficulty with communication ☒ Interpersonal difficulties with authority figures and/or   peers   * Difficulty with concentration ☐ Organizational difficulties * Difficulty handling change ☒ Sensory impairments |

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| * 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:** |
| Increased risk-taking behavior including unsafe sexual activity during manic episodes. |

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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?** |
| ☒ Complex behavior management system required   * Complex full mouth reconstruction/rehabilitation * Daily assistance with activities of daily living required   ☒ 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:** |
| Applicant has unmanaged symptoms of Bipolar Disorder and will require ongoing long-term management including psychotherapy and medication management. Due to mood instability, applicant would benefit from an inpatient therapeutic milieu until symptoms are stabilized. As a minor with a history of running away from home multiple times, applicant would require frequent monitoring to prevent elopement. |

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| **Based on your review of the individual’s health care needs above, does the named individual have health**  **4. 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.]* | |
| ☒ | a. 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.*** |
| ☐ | b. 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.*** |
| ☐ | c. 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 ☒ | 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** |
|  | Allow breaks as needed to cool down |  |  |
|  | Allow flexible schedule to attend counseling and/or emotion regulation support group |  |  |
|  | 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** |
|  | Allow use of noise canceling headset |  |  |
|  | Reduce distractions in learning/work environment |  |  |
|  | 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** |
|  | Allow for a flexible start time |  |  |
|  | Provide more frequent breaks |  |  |
|  | 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** |
|  | Utilize peer staff mentor to assist with problem solving/decision making |  |  |
|  | Provide picture diagrams of problem-solving techniques (e.g., flow charts, social stories) |  |  |
| **OTHER** | | **Accepts** | **Declines** |
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| **Interpersonal difficulties with authority figures and/or peers** | | **Accepts** | **Declines** |
|  | Encourage student to take a break when angry |  |  |
|  | 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** |
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| **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** |
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| **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.* |
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***Please Note: Job Corps cannot impose RA/RM/AAS upon an individual.***

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| **6.** | **Clinical and Disability Accommodation Process (DAP) Summary** |
| **a. Clinical Summary: Summarize information from the file, clinical interview and/or discussions with providers to support the health care needs assessment.** | |
| The applicant currently has a number of unmanaged symptoms including mood instability, impulsivity, risky behaviors, irritability, and running away from home. Applicant has had two psychiatric hospitalizations in the past year as well as outpatient treatment without significant improvement in symptoms. This is a safety concern. During the interview, applicant minimized recent suicidal and homicidal behaviors. Applicant will require long-term ongoing mental health treatment for serious mental illness. Applicant has poor insight into their condition and refused all accommodations that would help to mitigate the barriers to enrollment. | |
| **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 barriers to allow for enrollment or to remain in the Job Corps program.** | |
| Because the applicant refused all accommodations, there are no accommodations that could be considered in order to reduce the barriers to allow for enrollment in Job Corps. | |

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| **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.  Pauline Psychologist, Ph.D., CMHC  **Printed or Typed Name and Title of Qualified Health Professional Conducting the Assessment**  x/x/202x  **Signature of Qualified Health Professional Conducting the Assessment Date**  **Signature of Second Consulting Qualified Health Professional Date**  ***if applicable*** |