CHRONIC CARE MANAGEMENT PLAN

### **SLEEP APNEA**

**[To be completed by a licensed mental health provider, physician or other licensed health provider.]**

Please provide the following information on the applicant’s self-disclosed diagnosis of Sleep Apnea. The information provided will be used to assist Job Corps staff in determining the applicant’s health care needs and ability to successfully participate and benefit from the Job Corps program.

All information released will be handled in the strictest confidence and forwarded to the appropriate licensed health and wellness staff for evaluation and review. A copy of your patient’s authorization to release the requested information is enclosed.

1. Classification of Sleep Apnea: ☐ Obstructive sleep apnea ☐ Central sleep apnea
2. Date of diagnosis: Age of symptom onset:

*Please include report of sleep study if available.*

1. List current treatments.

1. Has applicant been compliant with treatment? If not, please explain.

1. List past hospitalizations including dates, reasons for admission and include discharge summaries if available.

1. When was the last appointment?
2. Weight Height BMI BP
3. Will the applicant need to continue follow-up under your care? If yes, list the frequency of follow-up appointments.

1. In your opinion, will the applicant be able to self-manage treatment unsupervised and participate in a vocational training program? If no, please explain.

1. In your opinion, will the applicant be appropriate to reside in a dormitory-style residence with minimal supervision? If no, please explain.

1. Are there any restrictions or limitations related to this specific illness?

1. List any allergies for this applicant.

1. What is the applicant’s smoking history?
2. Does the applicant have health insurance?
3. What accommodations, if any, do you believe are necessary for this applicant to participate in a vocational training program?

**PLEASE READ:** Job Corps is a residential career and academic training program where students at most centers live in dormitory-style residences with considerable periods of unsupervised time after 3:30 pm and free weekends. Students are expected to have independent living skills and be capable of self-management of their chronic illness. Centers have nursing staff present on weekdays and visits by a center physician are scheduled with frequency determined by the size of each center.

In your professional opinion, are the applicant’s symptoms sufficiently well-controlled and are expected to remain stable enough to participate in the Job Corps program with limited supervision after the training day and on weekends?    ☐ Yes☐ No   If No, please explain.

**Please sign below and return the form in the attached addressed envelope.**

###### Print Name and Title of Licensed Health Provider Signature

###### Phone Date

For any questions, please call:

 Admission Counselor/Health and Wellness Staff Phone