

Guide: ETA 6-53 Job Corps Health Questionnaire

Purpose of the ETA 6-53

To determine the health and accommodation/modification needs of the applicant who has been offered enrollment in Job Corps, to obtain and verify consent for required routine medical assessments and/or consent to receive basic health care services, and to determine whether an otherwise-eligible applicant offered enrollment may pose a direct threat to self or others or has health care needs beyond the basic health care services provided by Job Corps.

General Instructions for Completing the ETA 6-53

The Admissions Services Representative must:

- Complete this form in conjunction with the applicant offered enrollment and/or their parent or other representative after the applicant is offered conditional enrollment
- Use only the ETA 6-53 to collect health-related information
- Do not ask additional health questions
- Maintain confidentiality
- Encourage applicants to be honest in responding to questions on the ETA 6-53 so a center can assess the health care needs of the applicant offered enrollment
- Fully explain each question on the health questionnaire to the applicant offered enrollment and/or their parent or other representative. Respond to any inquiries about the question, before that question is answered
- Allow ample time for the individual and/or their parent or other representative to respond to the questions on the form
- Respond to questions from the applicant or their parent or other representative before the form is signed
- Provide a copy of the list of types of care that are considered “basic routine health care” from the Job Corps Policy and Requirements Handbook, Exhibit 2-4

If the applicant discloses health information on the ETA 6-53, the Admissions Services Representative must:

- Obtain records medically connected to any “YES” responses as outlined below
- Have the applicant and/or their parent or other representative (if the applicant is under 18) complete *PRH Form 1-02: Records Release Authorization*

As you complete the ETA 6-53 and obtain records, upload all documents to the appropriate eFolder in CIS.

Detailed Instructions for Each Section of the ETA 6-53

| Personal Information | Guidance |
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| For all questions in this section | Encourage the applicant to answer to the best of their knowledge. |
| Health Insurance Question | Guidance |
| For “Do you have health insurance? If yes, please attach a copy of the health insurance card to this form.” | Copy the applicant’s health insurance card or other proof of coverage and submit with the ETA 6-53. |
| General Health Information Questions | Guidance |
| For all questions in this section | If the applicant discloses a condition and has received treatment within the last 12 months, use the appropriate Chronic Care Management Plan (CCMP) and request medical records. |
| Additionally: | |
| For “2a. Have you been prescribed any medications for a health problem in the past 12 months?” | Provide the name(s) and purpose(s) of the medication(s). |
| For “2c. If you answered “no” to question 2a, why did you stop taking the medication?” | Explain if “Other” is checked. |

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| For “6. Do you have any known allergies (e.g., medication, food, seasonal etc.)?” | Complete the General Health Questionnaire CCMP and request medical records only if the applicant discloses an allergy and has received medical care for the condition within the last 12 months. |
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| Medical Health Information | Guidance |
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| For all questions in this section | If the applicant discloses a health condition and has received treatment within the last 12 months, use the appropriate Chronic Care Management Plan (CCMP) and request medical records. |
| Additionally: | |
| For “3. Have you been hospitalized or treated in an emergency room or urgent care clinic for medical reasons in the past 12 months?” | Request and obtain emergency room or urgent care clinic records. |
| For the list of medical or health conditions | It is important to know if an applicant has a history or any of these conditions. If the applicant endorses a health condition, inquire about the timeframe. If the applicant received treatment for the condition within the last 12 months obtain medical records and appropriate CCMP. Use the General Health Questionnaire CCMP with the following exceptions: <ul style="list-style-type: none"> • Anemia (including sickle cell disease): Use Sickle Cell CCMP if applicant discloses sickle cell diagnosis. For other types of anemia, use the General Health Questionnaire. • Asthma or other lung condition: Use Asthma CCMP • Diabetes (high blood sugar): Use Diabetes CCMP • Epilepsy, seizures, convulsions: Use Seizure Disorder CCMP • High blood pressure: Use Hypertension CCMP • Immune System Problem (e.g., HIV or autoimmune disorder): Use HIV CCMP for HIV • Obesity: Use Obesity CCMP • Sleep Apnea: Use Sleep Apnea CCMP |

| Oral Health Information | Guidance |
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| For all questions in this section | If the applicant discloses a health condition and has received treatment within the last 12 months, use the appropriate CCMP and request medical or dental records. |
| Additionally: | |
| For “2. Do you wear attached braces (e.g., brackets and wires) on your teeth (not including retainers or aligners)?” | Use the Orthodontic Care Agreement Form. |

| Behavioral and Emotional Health Information | Guidance |
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| For all questions in this section | If the applicant discloses a mental health or substance use condition and has received treatment within the last 12 months, use the appropriate Mental Health or Substance Use CCMP and request treatment records. |
| Additionally: | |
| For “2a. Have you seen a counselor or received counseling treatment for drug/alcohol use in the past 12 months?” | If the applicant discloses a substance abuse condition and has received treatment within the last 12 months, use Substance Use CCMP and request treatment records. |
| For “2b. If you answered “yes” to the previous question, how often do you see the counselor | If the applicant checked “Other” or “N/A” provide an explanation. |

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| mentioned above?" | |
| For "3. Have you been hospitalized or treated in an emergency room or urgent care clinic for mental health or substance use reasons in the past 12 months?" | Secure urgent care clinic, hospital, or emergency room records. |
| For "12. Have you ever (not just within the past 12 months) been asked to permanently leave any of the following places for a medical, behavioral, or mental health reason?" | Provide the long form of the DD214 for military discharge and/or ALL records from the placement or agency related to the incident. |
| For the list of behavior and emotional health conditions | If ANY items are checked below use the appropriate Mental Health and/or Substance Use CCMP, request treatment records and educational records (i.e., IEP, 504 Plans, Psychological Evaluations). |