Information in this document can be used to create a template for Form 2-05 Health Care Needs Assessment or can be used to cut and paste responses when completing Form 2-05 sections for:

* Communication Supports/Accommodations
* ETA 653 Items (old and new form)
* Chronic Care Management Plan summary (old and new form)
* Disability Accommodation Process (DAP) summary

**Communication Supports/Accommodations**

This is a list of commonly used communication accommodations. An example of sentence that can be used when no communication accommodations were needed or provided is also shown.

To minimize the effect of any communication barriers, the CMHC provided the following communication supports/accommodations:

* Used a slower rate of speech
* Repeated questions
* Rephrased questions using simpler language/vocabulary
* Gave extra processing time for the applicant to absorb information and respond to questions
* Allowed a parent/guardian/other to provide answers after giving the applicant an opportunity to respond
* Asked the applicant to repeat back information to confirm understanding
* Interviewed in person or using videoconferencing in lieu of a phone interview
* Provided handouts of questions and information
* Allowed written communication/responses
* Use pictures or other symbols to convey meaning
* Use interpreters, hearing assisted devices, text-to-speech technology

Applicant did not exhibit any apparent difficulties with comprehension, expressing themselves or social communication during the interview. No communication supports/accommodations were needed or provided.

**ETA 653 Job Corps Health Questionnaire (old form)**

ALL items on the ETA 653 must be listed on Form 2-05 Question 1A (not just mental health-related items). Include relevant comments provided by Admissions staff in parentheses following the item.

|  |
| --- |
| 8a. Under care of physician or mental-health professional 8b. Taking prescription(s) or non-prescription medication 8c. Use a medical device 8d. Any known allergies 8e Wear braces on your teeth 8f. Refused or discharged from military service for medical or mental health reasons 8g. Medical professional advise you to have a treatment/surgical procedure not yet received 8h. Had medical treatment or surgical procedure 8i. Hospitalized/treated in an emergency room for medical, mental health or substance use 8j. Serious dental problem(s) 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  |
| 9a. Anemia (including sickle cell disease) 9b. Asthma 9c. Visual impairment/trouble seeing 9d. Hearing impairment/trouble hearing 9e. Obesity 9f. Diabetes 9g. Heart condition 9h. High blood pressure 9i. Kidney, bladder, or urinary problems 9j. Speech problem 9k. Tuberculosis or positive TB test 9l. Ulcer of stomach or intestines or colitis 9m. Epilepsy, seizures, convulsions 9n. Hepatitis 9o. Cancer/malignancy 9p. Sleep Apnea 9q. Organ transplant 9r. Muscle or bone disorder 9s. Learning disabilities 9t. Attention Deficit/Hyperactivity Disorder 9u. Mental Retardation (MR)/Intellectual Disability/Developmental Disability 9v. Depression 9w. Anxiety or Trauma/Stress-Related Disorders 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 9ii. FEMALES: Are you pregnant If YeS, appropriate date last menstrual period began. \_\_\_\_\_\_\_\_\_\_ |
| 10. If you are a person with a disability, you may request accommodations |

**ETA 653 Job Corps Health Questionnaire (new 2024 form)**

ALL items on the ETA 653 must be listed on Form 2-05 Question 1A (not just mental health-related items). Include relevant comments provided by Admissions staff in parentheses following the item.

**General & Medical Health:**

* General health is (fair, poor)
* Prescribed medication for a health problem
	+ Still taking medication or stopped medication
	+ Stopped taking medication due to (provider told me to stop, could not afford medication, unable to renew prescription, didn’t like how it made me feel, other)
* Taken non-prescription medication
* Uses equipment or receives help getting around
* Needs help with activities of daily living
* Allergies
* Saw a medical provider
	+ Is seen \_\_\_\_frequency\_\_ (weekly, monthly, yearly)
* Needs treatment or follow up for a health concern
* Been hospitalized or treated in the ER/Urgent Care for medical reasons
* Anemia
* Asthma, lung condition
* Cancer/malignancy
* Diabetes
* Epilepsy, seizures, convulsions
* Hearing impairment/trouble hearing
* Heart condition
* Hepatitis or other liver condition
* High blood pressure
* Immune system problem
* Kidney, bladder, or urinary problem
* Muscle or bone disorder
* Obesity
* Organ transplant
* Pregnancy
* Sleep apnea
* Speech problem
* Tuberculosis (TB)

**Oral Health:**

* Saw a dental provider
	+ Is seen \_\_\_\_frequency\_\_\_ (weekly, monthly, yearly)
* Wears braces
* Has had a serious dental problem

**Behavioral and Emotional Health**

* Seen a counselor for a mental health issue
	+ Is seen \_\_\_\_frequency\_\_\_ (weekly, monthly, yearly)
* Seen a counselor for drug/alcohol use
	+ Is seen \_\_\_frequency\_\_ (weekly, monthly, yearly)
* Been hospitalized or treated in the ER/urgent care for mental health or substance use reasons
* Attempted to hurt yourself
* Thought about hurting yourself or planned to hurt yourself
* Intentionally tried to hurt someone else
* Been afraid others want to physically harm you
* Believed thoughts were being controlled by someone or something else
* Lost or feared losing control of your anger, to the point of hurting yourself or someone else
* Been in a physical fight that resulted in hospitalization or significant injury of you or other person
* Been removed from home, school, job, or military for a medical, behavioral, or mental health reason
* Anxiety
* ADD or ADHD
* Autism Spectrum Disorders
* Bipolar Disorder
* Conduct Disorder
* Depression
* Fire Setting
* Intellectual Disability
* Intermittent Explosive Disorder
* Learning Disability
* Obsessive-Compulsive Disorder (OCD)
* Oppositional Defiant Disorder (ODD)
* Personality Disorder
* Post-Traumatic Stress Disorder (PTSD)
* Panic Disorder
* Schizophrenia or other Psychotic Disorders
* Substance Use Disorder
* Other substance use problem or concern
* Other mental health use problem or concern

**Chronic Care Management Plans (CCMP) Items (2021 forms)**

Below are “stems” for the items on the CCMPs that can be used in bulleted form to summarize information from the February 2021 versions of the mental health CCMPs. Not all of the “stems” will apply if the provider completed a “General Health” CCMP rather than a disorder-specific CCMP.

A recommended header for each CCMP is also provided. Fill in the blanks and delete/replace words in **[bold blue font]**. Remember: If the applicant’s provider recommended the applicant for Job Corps, you must make at least 2 attempts to contact the provider to discuss their recommendation.

**[DATE]** CCMP for **[XXX]** Disorder (completed by **[PROVIDER’S NAME and CREDENTIALS])**

* Diagnosis (including severity/level):
* Date of last appointment:
* Current symptoms:
* Current self-harm behaviors and/or harm to others/property:
* Current medications (including dose and frequency):
	+ Applicant has been adherent with medications: [ ]  Yes [ ]  No **[Add comments, if needed.]**
* Applicant is able to self-manage medications with minimal supervision: [ ]  Yes. [ ]  No **[Add comments, if needed.]**
* Other treatments:
* Applicant has been adherent with other treatments: [ ]  Yes [ ]  No **[Add comments, if needed.]**
* Past hospitalizations:
* Current status:
* Prognosis with treatment and/or medication:
* Prognosis without treatment and/or medication prognosis:
* Follow-up care:
	+ With current provider: [ ]  Yes [ ]  No **[Add next appointment/frequency.]**
	+ With another provider: [ ]  Yes [ ]  No **[Add frequency.]**
* Other required services not provided by Job Corps:
* Restrictions/limitations:
* Challenging behaviors:
* Recommended accommodations:
* Provider recommended applicant for Job Corps: [ ]  Yes [ ]  No

 [ ]  Left blank [ ]  Other *[delete these 2 choices if not applicable]*

**Chronic Care Management Plan (CCMP) Items (new 2024 form)**

Below are “stems” for the items on the Mental Health CCMP that can be used in bulleted form to summarize information from the current version of the mental health CCMPs (March 2024).

A recommended header for the CCMP is also provided. Fill in the blanks and delete/replace words in **[bold blue font]**. Remember: If the applicant’s provider recommended the applicant for Job Corps, you must make at least 2 attempts to contact the provider to discuss their recommendation.

**[DATE]** CCMP for Mental Health Disorders (completed by **[PROVIDER’S NAME and CREDENTIALS])**

* Date of last appointment:
* Diagnosis 1:
	+ Date of diagnosis:
	+ Current symptoms:
	+ Symptom Severity:
	+ Restrictions/Limitations:
	+ Prognosis with treatment/medication:
	+ Prognosis without treatment/medication:
* Diagnosis 2:
	+ Date of diagnosis:
	+ Current symptoms:
	+ Symptom Severity:
	+ Restrictions/Limitations:
	+ Prognosis with treatment/medication:
	+ Prognosis without treatment/medication:
* Diagnosis 3:
	+ Date of diagnosis:
	+ Current symptoms:
	+ Symptom Severity:
	+ Restrictions/Limitations:
	+ Prognosis with treatment/medication:
	+ Prognosis without treatment/medication:
* High-risk behaviors in the past 12 months:
* Past hospitalizations:
* Current psychotropic medications: **[Add adherence information]**
* Applicant is able to self-manage medications with minimal supervision: [ ]  Yes [ ]  No
* Applicant’s other treatments include: **[Add frequency and adherence information]**
* Follow-up care is needed: [ ]  Yes [ ]  No
	+ With current provider: [ ]  Yes [ ]  No **[Add frequency and next appointment]**
	+ Telehealth available with current provider: [ ]  Yes [ ]  No
	+ With another provider: [ ]  Yes [ ]  No **[Add type of service/frequency information]**
* Other required services not available at Job Corps:
* Recommended accommodations:
* Provider recommended applicant for Job Corps: [ ]  Yes [ ]  No

**Disability Accommodation Process (DAP) Summary**

The section contains language that can be used to complete the DAP Summary.

The applicant has significant, chronic mental health conditions with current symptoms that are not well- managed and require ongoing medical management. Due to the applicant’s current need for mental health treatment, the accommodations identified will not sufficiently reduce or eliminate the barriers to enrollment at Job Corps.

**--OR--**

The accommodations identified do not sufficiently reduce or eliminate the barriers to enrollment at Job Corps due to the applicant’s (*choose as many as apply)*

* current need for frequent and/or ongoing mental health treatment based on current symptoms and behaviors [*and history of nonadherence with recommended medications and/or treatment*]
* current need for frequent and/or ongoing mental health treatment, which will not be available near the center due to out-of-state health insurance
* current need to stabilize their medication regimen, which was recently started or changed with minimal change in symptoms or behaviors
* current need for stabilization of current mental health symptoms and behaviors [and*history of nonadherence with medications and/or treatment*]
* current need for a complex behavior management system beyond Job Corps’ current system [*and history of nonadherence with medications and/or treatment*]
* ongoing mental health treatment due to one or more chronic mental health conditions and current symptoms and behavior
* need for daily assistance with activities of daily living
* need for hourly monitoring based on current symptoms and behaviors to maintain safety