

Example #1 Completed Form 2-04 DTA – No Disability Accommodations Identified

**Center Applicant/Student File Review Form**  
*Health and Wellness Director’s Initial Review of Applicant Files or  
 Review of Student Documentation for Assignment of Possible Direct Threat Assessment*

**Applicant/Student:** Donald Duck **ID #:** 1234567  
**Center Name:** Your Center **Date of Review:** 2/10/23

**Center Applicant File Review and Student Documentation**

As part of the review of the applicant file, student health record, or interaction(s) with applicant/current student, please check all of the following that apply.

<input checked="" type="checkbox"/>	1. The applicant has received conditional assignment to a Job Corps center and has completed the questions on the Job Corps Health Questionnaire (ETA 653).
<input checked="" type="checkbox"/>	2. The applicant has responded “yes” to one or more questions in sections 8 and 9 of the ETA 653.
<input checked="" type="checkbox"/>	3. Specific, objective, factual information about the applicant has been gathered that is medically related to “yes” responses in sections 8 and 9 of the ETA 653.
<input type="checkbox"/>	4. The applicant or current student has voluntarily disclosed a medical condition or disability that may pose a significant risk of substantial harm to the health or safety of others.
<input checked="" type="checkbox"/>	5. The initial review of this specific, objective, factual information by the Health and Wellness Director supports a reasonable belief that the applicant or current student may have a medical condition or disability that poses a significant risk of substantial harm to the health or safety of others, i.e., direct threat. If so, complete the section for <b><i>Referral to Qualified Health Professional</i></b> .

**Referral to Qualified Health Professional**

	Reason for Referral	Medical Professionals/Qualified Health Professionals (List who needs to review.)
<input checked="" type="checkbox"/>	Please review this applicant/student for assessment of a possible direct threat to others.	Competent Clinician, LCSW

**Comments**

Shannon Nurse, RN, HWD

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



2/10/2023

**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.*

**FORM FOR INDIVIDUALIZED ASSESSMENT OF POSSIBLE DIRECT THREAT**

**Applicant/Student:** Donald Duck **ID #:** 1234567

**Center Name:** Your Center **Date of Review:** 2/15/2023

**Interview Conducted By:**     Telephone                       In Person                       Videoconference

**List/explain any reasonable accommodations, reasonable modifications in policies, practices, or procedures, or auxiliary aids or services (RA/RM/AAS) (effective communication supports) offered and/or provided during the applicant file review process (applicants), and/or completion of the direct threat assessment process (applicants/students). If not provided, please explain below. See Form 2-03, Definitions and Documentation Requirements Related to Procedures for Providing RA/RM/AAS to Participate in the Job Corps Program.**

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

**-- OR --**

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.

In determining whether, in your professional judgment, the individual named above has a medical condition or disability that poses a direct threat to others, consider the following and respond accordingly.

Factors to be considered in determining whether a “significant risk of substantial harm” to the health or safety of others exists include: (1) duration of the risk, (2) nature and severity of the potential harm, (3) likelihood that the potential harm will occur, and (4) imminence of the potential harm.

Under the law, the burden is on Job Corps to prove that a specific individual poses a direct threat to others. Therefore, if the objective, factual information about the specific individual named above is equivocal (not clear), or is insufficient to *prove* that a direct threat exists, you must assume that the individual’s disability or medical condition does not pose a direct threat.

If you determine that a “significant risk of substantial harm” to others exists, consider whether any RA/RM/AAS could eliminate or reduce the risk sufficiently to allow for enrollment. Do not consider whether, in your view, a particular accommodation, modification in policies, practices, or procedures, and auxiliary aids and services is “reasonable.” That determination must be made by the Center Director or their designees.

**1. What factors triggered review of the individual’s file for possible direct threat to others? (Include responses from ETA 6-53 (applicants only), information from applicant file/student health record, clinical interview and/or providers (applicants/students).)**

On the ETA 653, the applicant endorsed:

- 8i. Hospitalized/treated in an emergency room for medical, mental health or substance use (“Went to the emergency room in December 2022 for broken knuckles/ after hitting a door and a wall. See medical records.”)

- 8o. Intentionally tried to hurt someone else (“Applicant stated that he was bullied in school, so he fought the bully to make him leave him alone.”)
- 8s. Lost or feared losing control of your anger, to the point of hurting yourself or someone else (“Applicant reported that he and his stepfather have had a lot of conflict.”)
- 8t. Been in a physical fight that resulted in hospitalization or significant injury of you or other person (see 8i – emergency room for broken knuckles in December 2022)
- 8u. Been removed from home, school, or job due to your behavior (“He was sent to an alternative school last spring after an argument with a teacher.”)
- 8w. Participated in residential/day therapeutic program for alcohol, or drug abuse, or mental health (“He was hospitalized for 7 days at St. Francis Memorial Hospital last summer, records were requested.”)
- 9t. Attention Deficit/Hyperactivity Disorder (“Diagnosed when young, takes no medications.”)
- 9w. Anxiety or Trauma/Stress-Related Disorders (“His biological father was abusive when he was little.”)

Medical records from Meridian Health Care (12/20/22)

- Emergency Department records indicate that patient (applicant) was treated for pain, edema (swelling), and ecchymosis (bruising) to his right hand. X-rays indicated t4th and 5th metacarpal fractures to the right hand. Patient reported that he hit a door after his stepfather refused to let him go with friends and threatened to kick him out of the house. Patient was previously seen in the ED in July 2022 for abrasions and lacerations to both hands following a fight that occurred at school.

Interview Summary (by videoconference on 2/13/23):

- Applicant is an 18-year-old cismale who lives with his mother, stepfather, and two younger brothers in Jackson, a city located 3 hours from the center.
- Mental Status Exam:
  - Attitude toward examiner: Hostile, dismissive
  - Mood: Irritable
  - Affect: Constricted, congruent with mood
  - Motor behavior: Restless and hyperactive. When sitting, his legs were bouncing up and down. He got up out of his chair and moved out of sight of the camera several times.
  - Speech: Slightly rapid rate, variable volume (louder at times when he became irritated)
  - Language: Within functional limits, age-appropriate vocabulary with short responses and use of curse words. Did not elaborate on answers even with prompting.
  - Cognition: Mildly distractible, required redirection a few times. Logical and goal-directed with no evidence of thought disorder.
  - Perceptual: No evidence of hallucinations. Applicant denied experiencing hallucinations.
  - Sensory: No apparent difficulties.
- Applicant reported a history of multiple suspensions from school for fighting. He was bullied throughout middle school and in high school and had to fight to defend himself. In March 2022, after verbally and physically threatening a teacher, he was sent to an alternative school for students with behavior problems. In October 2022, he dropped out of the alternative school because he said that a teacher pushed him, but nothing was done about it. He added, “I wasn’t learning nothing there anyway.”

- When asked about his ED visit for broken knuckles on his right hand, he reported that he hit a door to avoid hitting his stepfather who made him so angry by not letting him go out with friends at the start of his friends' Winter Break from school. He said that he didn't want his stepfather calling the cops on him again.
- He reported getting into 3-4 altercations with his stepfather during the past year and that his stepfather called the police on him one time last summer (approximately July 2022). The police took him to the ED, and he was hospitalized at for 3 days. He was transferred to a different facility (St. Francis Hospital) where he stayed another 7 days (no records provided). The applicant was prescribed 2 medications, but he could not recall the names and stopped taking them immediately after discharge. He has not received any outpatient mental health treatment since discharge. He reported having other hospitalizations in the past but he did not want to talk about it.
- The applicant reported having "rage attacks" when he gets so angry that "I can't [expletive] think straight. It's like my mind goes [expletive] blank. All I want to do is punch something or someone." He stated that he has between 2 and 10 rage attacks per week. The rage attacks started when he was a young child after being physically abused for years by his biological father, who is now incarcerated.
- The applicant could not identify any specific triggers for his anger outbursts ("I might just pop off for no reason") other than "being disrespected by someone." When asked how he would react when given a directive by an adult Job Corps staff member, he stated, "It depends on how they [expletive] come up on me. If they try to get in face, I might just [expletive] go off on them." During a recent "rage attack" 2 weeks ago, he took a baseball bat into the bathroom of his home, broke the mirror and put two holes that went completely through the wall. "You shoulda seen that [expletive]. There was [expletive] glass everywhere. You could see the [expletive] studs in the [expletive] wall."
- When asked if anything has ever helped him with his anger like counseling or medications, he stated that "nothing helps." He stated that the medications given to him in the hospital made him "feel like a zombie." He was adamant not wanting to do counseling and let someone "try to get in my [expletive] head and manipulate me."

**2. What are the specific symptoms and behaviors related to the medical condition or disability considered to potentially pose a direct threat to others? (Describe the specific symptoms and behaviors in detail.)**

The applicant is unable to regulate his moods and anger, which has resulted in multiple episodes of physical violence at school and at home. He has been in altercations with peers at school and with his stepfather at home. Due to his verbal and physical aggression at school, including threatening a teacher, he was sent to an alternative school. Physical altercations with his stepfather have resulted in the involvement of law enforcement and psychiatric hospitalizations, most recently in July 2022. In December 2022, he went to the ED for broken knuckles on his right hand caused by him hitting a door. Two weeks ago, he reported destroying property (walls) at home with a baseball bat due to what he calls a "rage attack." He reported having "rage attacks" 2 to 10 times per week.

**3. What is the nature and severity of the potential harm to others (e.g., death, incapacitation, serious injury, minor injury/emotional distress)? (Include information from the applicant file/student health record, clinical interview and/or other providers.)**

Serious physical injuries to others requiring medical attention could result from the applicant’s physical violence caused by a “rage attack.”

**4. What is the duration of the risk (i.e., how long will the risk last)? (Include information from the applicant file/student health record, clinical interview, and/or other providers.)**

The duration of the risk is unknown but is likely to continue for an indefinite period of time due to the applicant’s refusal to engage in treatment in the form of medications or psychotherapy. He does not take responsibility for his behavior and does not have insight into his behavior or need for treatment.

**5. What is the imminence of the potential harm (i.e., how soon is the harm likely to occur)? (Include information from the applicant file/student health record, clinical interview, and/or other providers.)**

Given the frequency of the applicant’s self-described “rage attacks” and their unpredictable nature (no identifiable trigger other than “being disrespected”), the likelihood that the potential harm would occur is very high and could occur soon after the applicant is on center.

**6. Based on the factors above, does the named individual have a medical condition or disability that poses a significant risk of substantial harm to the health or safety of others?**

<input checked="" type="checkbox"/>	In my professional judgement, the individual’s medical condition or disability poses a significant risk of substantial harm to the health or safety of others.  <i>If this box is checked, proceed to question #7 below.</i>
<input type="checkbox"/>	In my professional judgement, the individual’s medical condition or disability <u>does not</u> pose a significant risk of substantial harm to the health or safety of others, or it is not clear that the individual’s medical condition or disability poses a significant risk of substantial harm to the health or safety of others.  <i>If this box is checked, then you <b>do not</b> 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, and upload to the Wellness and Accommodation E-Folders. A copy may be maintained within the applicant’s or student’s health record.</i>

**7. Consideration of Reasonable Accommodations; Reasonable Modifications in Policies, Practices, and 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)?  <i>If no, skip to #8. If yes, then continue to Post-Direct Threat Assessment Reasonable Accommodation, Reasonable Modification in Policies, Practices, or Procedures, or Auxiliary Aids and Services (RA/RM/AAS) Review.</i>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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**Post-Direct Threat Assessment Reasonable Accommodation, Reasonable Modification in Policies, Practices,**

**or Procedures, or Auxiliary Aids and Services (RA/RM/AAS) Review**

*Qualified Health Professional Responsibilities*

If the individual has been determined to pose a direct threat to others and is a person with a disability, the qualified health professional, in collaboration with the Disability Coordinator, shall complete the process and information below to explore the available RA/RM/AAS possibilities to reduce or remove the direct threat to others. Ultimately, the qualified health professional is responsible for determining whether the available accommodations, modifications, or auxiliary aids and services would eliminate or sufficiently reduce the risk of harm to others.

*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 potential RA/RM/AAS that can reduce this applicant’s/student’s level of risk, insert in the OTHER section of each identified functional limitation.**

Here are some possible examples of RA/RM/AAS that could eliminate or reduce the risk. *Important: The items in the table are merely suggestions of RA/RM/AAS that may eliminate or reduce the significant risk of substantial harm to others 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 harm.*

*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 (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 direct threat risk, 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.

What changes can we make to our center policies, procedures, or practices to eliminate or reduce the level of risk?		Accepts	Declines
<input type="checkbox"/>	Schedule adjustments to allow the student to attend necessary off-center appointments	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Shortened training day or later start to the training day to adjust for medication side effects	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Modified first 30 days on center with a reduction in tasks to minimize stress	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Provide a pass to leave class and go to designated “calm down” area	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Allow frequent breaks during the day	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Allow telephone calls during work hours to doctors and others for needed support	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Reduce mandatory participation in large group activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Provide additional orientation on conduct and behavioral expectations	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER ACCOMMODATIONS, MODIFICATIONS, OR AUXILIARY AIDS</b>		<b>Accepts</b>	<b>Declines</b>

<b>AND SERVICES</b>			
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>What are the physical changes or placement considerations in the dorm we can make to eliminate or reduce the level of risk?</b>		<b>Accepts</b>	<b>Declines</b>
<input type="checkbox"/>	Provide single dorm room	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Modified door/window locks for safety	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Placement in residential dorm with fewer students and/or more experienced Residential Advisors (RAs)/Residential Counselors (RCs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Provide dorm room closer to RA's/RC's office	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Allow refrigerator in room	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER ACCOMMODATIONS, MODIFICATIONS, OR AUXILIARY AIDS AND SERVICES</b>		<b>Accepts</b>	<b>Declines</b>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>What can we do to adjust our level of supervision or structure at the center to eliminate or reduce the level of risk?</b>		<b>Accepts</b>	<b>Declines</b>
<input checked="" type="checkbox"/>	Provide staff mentor as needed (like a job coach)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Provide student mentor as needed	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide additional or different auxiliary aids or services	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER ACCOMMODATIONS, MODIFICATIONS, OR AUXILIARY AIDS AND SERVICES</b>		<b>Accepts</b>	<b>Declines</b>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>How can our instructors and/or RA/RC staff adjust their communication methods in a way to eliminate or reduce the level of risk?</b>		<b>Accepts</b>	<b>Declines</b>
<input type="checkbox"/>	Provide detailed guidance	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide frequent feedback	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Provide praise and positive reinforcement	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>OTHER ACCOMMODATIONS, MODIFICATIONS, OR AUXILIARY AIDS AND SERVICES</b>		<b>Accepts</b>	<b>Declines</b>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>What equipment, device, or auxiliary aids and services can we consider that can eliminate or reduce the level of risk?</b>		<b>Accepts</b>	<b>Declines</b>
<input type="checkbox"/>	Provide visual barriers to reduce startle responses	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Use of headphones to minimize distractions	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER EQUIPMENT, DEVICES, OR AUXILIARY AIDS AND SERVICES</b>		<b>Accepts</b>	<b>Declines</b>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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 reduce or remove the direct threat. *Provide explanation/justification here. For example, the applicant has a current and/or extensive history of aggression and violence that is escalating in frequency and severity.*

*Summarize any special considerations and findings as well as the applicant’s or student’s input related to accommodations ONLY. For example, if the applicant/student does not wish to discuss accommodations, document that information here.*

The applicant was hostile and dismissive during the discussion of disability accommodations. He refused all offered accommodations stating that he did not need them and “they wouldn’t do me any good anyway.”

*Please Note: Job Corps cannot impose RA/RM/AAS upon an individual.*

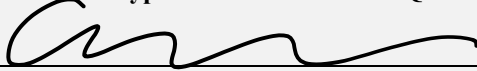
<b>8.</b>	<b>Clinical and Disability Accommodation Process (DAP) Summary.</b>
<b>a.</b>	<b>Clinical Summary: Summarize information from the file, clinical interview and/or discussions with providers to support the direct threat assessment.</b>
	<p>The applicant has a long history of emotional dysregulation and anger outbursts from childhood due to a history of physical abuse. He has demonstrated physical aggression at school with peers, verbal aggression and physical threats towards a teacher and multiple physical altercations with a family that have resulted in law enforcement involvement and psychiatric hospitalization. The applicant reported having “rage attacks” that he is unable to control, occur frequently (2 to 10 times per week) and often occur without provocation. Medical records from December 2022 indicate that he broke 2 knuckles on his right hand after hitting a door following an argument with his stepfather. He stated that he would physically hurt an adult staff member if he was disrespected or was approached in the wrong way. During the interview and discussion of disability accommodations, he was irritable, hostile, and dismissive. He did not demonstrate remorse for past behaviors or insight into his behaviors and need for treatment.</p>
<b>b.</b>	<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 risk to allow for enrollment or to remain in the Job Corps program.</b>
	<p>The applicant was offered 8 disability accommodations and refused all of them. Thus, there are no RA/RM/AAS that could reduce the risk of direct threat to others to allow for enrollment.</p>



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.

Competent Clinician, LCSW

**Printed or Typed Name and Title of Qualified Health Professional Conducting the Assessment**



2/15/23

**Signature of Qualified Health Professional Conducting the Assessment**

**Date**

**Signature of Second Consulting Qualified Health Professional  
(if applicable)**

**Date**