FORM 1-06
CENTER FILE REVIEW FORMS

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*).***

Applicant Name:____________________________________ **ID#:** _______________________________________

Center:____ **Date of Review:**______________________________

Center Applicant File Review and Student Documentation

☐	A. 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.
☐	B. 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***.
☐	C. 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

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.	

Comments

Printed or Typed Name of Health and Wellness Director

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

Center Applicant File Review
Center Recommendation of Denial Form – Eligibility Review/New Information
(For Center Use)

(To be completed by the center's File Review Coordinator, i.e., Health & Wellness Director or designee.)

Applicant Name:___________________________________ **ID#:** ______________________________________
Center:____ **Regional Office:** ____________________________
Date File Received
from Outreach and Admissions ***(required):*** _____________ **Date Sent to**
Regional Office ***(required):*** ____________________

File Review Team Participants:			
Name:		Position:	
Name:		Position:	
Name:		Position:	

Reason for Recommendation of Denial:

The applicant is ineligible for Job Corps due to the review of new information that Outreach and Admissions could not have reasonably known at the time the applicant was deemed eligible. Please refer to PRH Chapter 1, Exhibit 1-1 and identify the specific eligibility requirement(s) that you believe the applicant no longer meets.

Note: *If you believe the applicant is no longer eligible because of disability status related to Eligibility Requirement Criterion 2 (age) or Eligibility Requirement Criterion 3 (low income), then please complete the Center Recommendation of Denial Form – Health-Care Needs, Direct Threat or Disability Status* ***instead*** *of this form.*

☐	Criterion 1	U.S. Citizen/Legal Resident/Deferred Action Status	☐	Criterion 7(C)	Community Relations
☐	Criterion 4	Barriers to Education and Employment	☐	Criterion 8	Understanding and Agreeing to Comply with the Rules
☐	Criterion 5	Selective Service Registration	☐	Criterion 9	Disqualifying Convictions
☐	Criterion 6	Education and Training Needs	☐	Criterion 10	Court Involvement and/or Agency Supervision
☐	Criterion 7	Group Participation	☐	Criterion 11	Child Care
☐	Criterion 7(A)	Interference with Other Students' Participation	☐	Criterion 12	Authorization for Use and Disclosure of Health Information
☐	Criterion 7(B)	Maintenance of Sound Discipline and Positive Center Culture	☐	Criterion 13	Parental Consent

IMPORTANT: Neither the center File Review Team nor its individual members may revisit the determination that an applicant is qualified for admission unless:

- There is new information presented that Outreach and Admissions could not have reasonably known at the time the applicant's qualification for admission was established, and
- This new information indicates that the applicant offered enrollment may no longer meet one or more of the Eligibility Requirements.

Section 1: Please list the specific question or criterion from Exhibit 1-1 for the eligibility requirements checked above that the applicant no longer meets.

Section 2: What is the applicant's response to the specific question(s) asked from Section 1 above and/or how does the applicant no longer meet the specific criterion for the checked eligibility requirement(s)?

Section 3: Identify the specific new information that Outreach and Admissions could not have reasonably known that provided the basis for revisiting eligibility (i.e., document name and where the document was located, applicant stated the following during a specific interview, etc.).

Section 4: Summarize your findings.

Signature (*of Person Completing the Form*): Date:

Title:

Upload to the Health E-Folder under OTHER and notify the respective Regional Office by selecting the Flag for Regional Review within CIS.

Center Applicant File Review
Center Recommendation of Denial Form for Age or Low Income Due to Disability Status
(For Center Use)

(To be completed by the center's File Review Coordinator, i.e., Health and Wellness Director or designee)

Applicant Name:___________________________________ **ID#:** ______________________________________
Center:____ **Regional Office:** _____________________________

Eligibility Re-evaluation due to Eligibility Requirement Criterion 2 (age) or Eligibility Requirement Criterion 3 (low income) from Exhibit 1-1 related to Disability Status *(i.e., the applicant is older than age of 24 and/or considered a family of one for low-income consideration because of being a person with a disability).*					
☐	A.	Age	☐	D.	Low Income
Summarize why the center does not believe this applicant to be a person with a disability.					

Signature (*of Person Completing the Form*): Date:
Title:

Upload to the Wellness and Accommodation E-Folder (i.e., Health E-Folder under "OTHER.") and select the Flag for Regional Review within CIS.

REFERRAL FOR ALTERNATE CENTER FORM
RECOMMENDATIONS TO BE SHARED WITH OUTREACH AND ADMISSIONS

Regional Office: As per PRH Chapter 1, Section 1.5, R6.a.1, if the center's recommendation is supported by the Regional Health Specialist (RHS) and approved by the Regional Director or their designee, then the Regional Office notifies Outreach and Admissions that the applicant's file needs to be submitted to an alternate center for review. The notification should include this form so that Outreach and Admissions may contact the applicant and assist in identifying the new center.

Applicant Name:	**ID#:**
Original Center:	**RHS:**
Reason for Recommendation of Alternate Center	
The Regional Health Specialist (RHS) concurs with the recommendation from the center that health care needs are manageable at Job Corps as defined by basic health care services in PRH Chapter 2, Exhibit 2-4, but require community support services which are not available near center. Applicant should be considered for center with specific health support as checked below: ☐ 1. Access to current treatment providers/specialists in home state. ☐ 2. Access to medical or mental health agency offering services within reasonable distance from center. ☐ 3. Access to health specialist (specify type):____________________. ☐ 4. Other:____________________.	

Outreach and Admissions Guidance
Contact applicant and discuss needs identified above on this form. Once an appropriate alternate center is identified, submit the complete file along with a copy of this form to that center. The Health E-Folder should already contain the Health Care Needs Assessment that was completed and uploaded to E-Folder from the previous center.

Alternate Center Guidance
The alternate center completes the file review process within 15 calendar days to determine if the center can meet the applicant's health care needs and the applicant's current stability.

- If the alternate center finds that it can meet the health care needs of the applicant at their location, the applicant is scheduled for enrollment.
- If the alternate center believes that the applicant's health care needs exceed those of basic care even with the access to local supports and services, then the alternate center must complete its own Health Care Needs Assessment and resubmit the file to the Regional Office for review.

See PRH Chapter 1, Section 1.5, R6.a, for more detail.

Regional Health Specialist's Signature *Title* *Date*

Email form to the regional office along with other corresponding Recommendation of Denial Information.