

## **APPENDIX 610 HEALTH CARE NEEDS ASSESSMENT**

### **Purpose**

To provide additional information and guidance on the health care needs assessment process currently outlined in PRH Chapter 1, Section 1.4, R3.

### **Background**

Based on a review of previous applications, Job Corps has learned that the majority of applicants' treatment and/or monitoring needs can be met, but there may be situations in which a particular applicant's needs are beyond what the Job Corps' health and wellness program can provide as defined as basic health care in Exhibit 6-4: Job Corps Basic Health Care Responsibilities. Current disability data indicate that the majority of our applicants with medical, mental health, oral health, and substance abuse conditions have stable health and require only routine and episodic health care interventions with accommodations. However, a small percentage of applicants may have complex, newly diagnosed, persistent or recurring medical, mental health, oral health, and/or substance abuse health care issues that require services and/or care management beyond Job Corps' basic health care as determined Job Corps health and wellness staff.

This document provides guidance to Job Corps health and wellness staff on how to determine whether Job Corps can meet the medical, mental health, oral health, and/or substance abuse treatment/monitoring needs of a particular applicant.

This determination is derived in part by a review of the "Job Corps Health Questionnaire (ETA 653)."

The "Job Corps Health Questionnaire (ETA 653)" serves three main purposes:

1. Determine the health care needs of the applicant and assist in the assessment of whether Job Corps can meet those needs
2. Alert center staff to the potential need for evaluation of direct threat to self or others
3. Obtain consent for required routine medical assessments and/or consent to receive basic health care services

If the individual is a person with a disability, the center's reasonable accommodation committee (RAC) must convene and consider accommodations and/or modifications that the individual may need. Before making a recommendation about the applicant's enrollment, the qualified licensed professional who conducted the original assessment must review the previous findings giving consideration to the identified accommodations to determine whether or not the accommodations and/or modifications can remove the barriers to enrollment due to health care needs.

## Instructions

The attached form may be used to conduct an individualized assessment of an applicant's health care needs.

## Who May Conduct the Assessment?

The clinical assessment of health care needs caused by the individual's medical condition or disability fall under the health and wellness department on each center. As such, these clinical assessments are to be carried out by qualified licensed/certified health providers only. Those providers employed or subcontracted by Job Corps include nurses, physicians, center mental health consultants (CMHCs), dentists, and Trainee Employee Assistance Program (TEAP) specialists. This group, therefore, has a significant role to play in determining whether, in a given Job Corps setting, a particular individual's health care needs can be managed within the scope of Job Corps basic health services. Medical health conditions should be assessed by nurses and/or physicians; mental health conditions should be assessed by mental health consultants; oral health conditions should be assessed by dentists; and conditions related to substance use should be assessed by TEAP specialists. In some cases, it may be necessary to consult an outside specialist with expertise in the particular medical condition or disability and its effects.

## Indicators that a review is needed

1. Within the past six months, two or more emergency room visits or one or more hospitalizations for medical, mental health, oral health, and/or substance abuse reasons.
2. New diagnosis or recurrence of medical, mental health, extensive untreated oral health, and/or substance abuse condition that would require frequent medication adjustments, significant health resources and/or substantial change to the training day (e.g., daily dialysis, only able to attend Job Corps 3 hours per day, hourly medication or behavioral monitoring, daily assistance with activities of daily living, long-term weekly on-center therapy provided by the CMHC, complex full-mouth reconstruction/rehabilitation).
3. Failure to follow previous treatment recommendations by licensed health providers that have adversely affected the applicant's health, behavior, and/or adaptive functioning, and now requires significant health care management. (Note: Some students are non-adherent and experience adverse consequences, but may still benefit from enrollment. Examples might include substance abuse relapse, poor diabetic control, poor asthma control, etc.)
4. Applicant has followed treatment recommendations by licensed health providers with no improvement in applicant's health, behavior, and/or adaptive functioning which continue to place applicant in need of significant health care management.
5. Applicant's condition or behavior has not been successfully managed in a similar academic, work, or group environment in the past year.

6. Applicant is in treatment for a condition that is not in the scope of Job Corps Basic Health Care Responsibilities (e.g., orthodontic braces for malocclusion).

### **Elements of the Review Process**

The review should, at a minimum, be comprised of the following elements:

1. A review of specific condition(s) identified on “Job Corps Health Questionnaire (ETA 6-53),” or self-disclosed by applicant.
2. Review of health documentation in the file.
3. Request additional recent health information, to determine applicant needs, if appropriate and medically necessary. Collaborate with OA counselor.
  - If the “Job Corps Health Questionnaire (ETA 6-53)” indicates a health condition and there is no supporting information included and no note from the OA counselor indicating their attempt to secure information, contact the OA counselor to gather information.
  - If the “Job Corps Health Questionnaire (ETA 6-53)” indicates a health condition and there is supporting information or a note from the OA counselor indicating they could not secure the information and the center wants additional information, the center will need to request that information from the applicant, provider, or facility.
  - If a center wants additional tests or evaluations from the applicant and this information is necessary to make an enrollment decision, the center may request the applicant obtain these if they have insurance and/or access to a facility that can provide the testing or evaluations at a rate the applicant can afford. The center will need to work with the applicant and OA counselor to identify specific resources. If applicant cannot afford to obtain additional tests or evaluations, or has not provided the additional health information requested within a reasonable amount of time, the center must make their best recommendation based on the information available.
  - In cases where a minor is involved, the center should collaborate with the OA counselor to get parent/guardian permission for health information.
4. Documented communication with treating provider, if possible and required if there are conflicting recommendations between the center health consultant and the treating provider. If unable to contact treating provider, all attempts need to be clearly documented. This should be included on Appendix 610 Form.
5. Interview with the applicant, either face to face, videoconferencing, or via telephone. Documentation of the interview process should be included on Appendix 610 Form. If

unable to contact applicant, all attempts need to be clearly documented including collaboration with OA counselor.

6. Identification of the functional limitations (specific symptoms/behaviors) and health care needs of the applicant that are barriers to enrollment.
7. If condition rises to a level of a disability, then refer to the RAC for consideration of accommodations and/or modifications for discussion with applicant. **See Appendix 605 for definition of a disability.**
8. Consider if accommodations and/or modifications would remove the barriers to enrollment and make condition manageable at Job Corps as defined by basic health services in Exhibit 6-4.

**Decision Tree** (based on file review, treating provider information, if available, interview with applicant, and reasonable accommodations, if appropriate)

1. **Health care needs manageable at Job Corps as defined by basic health care services in Exhibit 6-4**, but require community support services which are not available near center. Documentation of efforts to arrange for less frequent treatment in home state and/or to secure community support near center included on the health care needs assessment in section 7. (i.e., name of organizations/facilities and specific individual contacted). Applicant should be considered for center closer to home where health support and insurance coverage is available. **File is forwarded to Regional Office for final determination.**
  - If community support is not available near requested center, the center shall do the following:
    - Contact the treating provider and discuss applicant's needs to see if less frequent treatment or monitoring can be arranged. For example, instead of monthly sessions with the psychiatrist, can it be every 3 months and allow applicant to go home and receive follow-up.
    - If center is unable to make arrangements, applicant may be considered for center closer to home where health support and insurance coverage is available. Documentation of efforts to arrange for less frequent treatment in home state and to secure community support near requested center should be included in section 7 of the health care needs assessment. (i.e., name of organizations/facilities and specific individual contacted). **File is forwarded to Regional Office for final determination.**
  - For applicants being considered for any center who wear orthodontic braces, applicant furnishes proof of suitable period of compliance with current treatment plan; a treatment plan is in place for continued care; a signed agreement that the cost of continued treatment and transportation related to treatment will be borne

by the student, parent, or legal guardian; and a signed agreement that he/she will remain compliant with the care plan and schedule appointments such that he/she will not exceed authorized leave limits for elective treatment.

## **2. Health care needs exceed basic health care as defined in Exhibit 6-4.**

- Applicant has health condition with current symptoms at a level that will interfere with successful participation in the program at this time. Deny entry and refer to other appropriate program/provider. File forwarded to Regional Office for final decision.

### **Accommodations or Modifications**

If the individual is a person with a disability, the center's RAC must convene and consider accommodations and/or modifications that the individual may need. In considering accommodations related to the symptoms and behaviors that are presenting the barriers to enrollment, the RAC may only need to be comprised of the center clinician and a Disability Coordinator and the accommodations could be discussed during the same phone call as the one in which the clinical assessment is being performed.

Once the accommodations and/or modifications have been identified, the qualified licensed professional who conducted the original assessment must review the previous findings giving consideration to the identified accommodations to determine whether or not the accommodations and/or modifications can remove the barriers to enrollment due to health care needs.

### **Center Director Reasonableness Determination**

If there is a recommendation for an applicant to be enrolled with accommodations or modifications which you believe are not reasonable and/or pose an undue hardship, the Center Director is responsible for making that determination using the "Accommodation Recommendation of Denial Form" found on the Job Corps Disability website and including that form along with the applicant file that is being submitted to the Regional Office with a recommendation for denial. The final determination is made by the Regional Office.

Guidance on how to make this determination is available in the "Evaluating a Request and Denying a Request" sections of the Appendix 605. Please attach the completed "Accommodation Recommendation of Denial Form."

### FORM FOR INDIVIDUALIZED HEALTH CARE NEEDS ASSESSMENT

**Applicant's Name:** \_\_\_\_\_ **Date of Review:** \_\_\_\_\_

**Center Name:** \_\_\_\_\_ **ID #:** \_\_\_\_\_

**Interview conducted by:**     Telephone     In person     Videoconference

In determining whether, in your professional judgment, the above named individual's health care needs are beyond what the Job Corps' health and wellness program can provide as defined as basic health care in Exhibit 6-4: Job Corps Basic Health Care Responsibilities consider the following and respond accordingly.

If you determine that the individual's health care needs are beyond Job Corps basic health care responsibilities and their condition rises to a level of a disability, consider whether any accommodations or modifications would remove the barrier to enrollment and list any suggested accommodations or modifications. Do not consider whether, in your view, a particular accommodation or modification is "reasonable." That determination must be made by the center director or his/her designees.

#### 1. What factors triggered review of the individual's file for a health care needs assessment?

*[Please mark all that apply]*

- Within the past six months, two or more emergency room visits or one or more hospitalizations for medical, mental health, oral health, and/or substance abuse reasons.
- New diagnosis or recurrence of medical, mental health, extensive untreated oral health, and/or substance abuse condition that would require frequent medication adjustments, significant health resources and/or substantial change to the training day (e.g., daily dialysis; only able to attend Job Corps 3 hours per day; hourly medication or behavioral monitoring; daily assistance with activities of daily living; long-term weekly on-center therapy provided by the CMHC; complex full-mouth reconstruction/rehabilitation).
- Failure to follow previous treatment recommendations by licensed health providers that have adversely affected the applicant's health, behavior, and/or adaptive functioning, and now requires significant health care management. (Note: Some students are non-adherent and experience adverse consequences but may still benefit from enrollment. Examples might include substance abuse relapse, poor diabetic control, poor asthma control, etc.)
- Applicant has followed treatment recommendations by licensed health providers with no improvement in applicant's health, behavior, and/or adaptive functioning, which continue to place applicant in need of significant health care management.
- Applicant's condition or behavior has not been successfully managed in a similar academic, work, or group environment in the past year.
- Applicant is in treatment for a condition that is not in the scope of Job Corps Basic Health Care Responsibilities (e.g., orthodontic braces for malocclusion).

#### 2. What is the applicant's history and present functioning to support statement of health care needs?

*(Include information from ETA 653, file review, Chronic Care Management Plan (CCMP) Provider Form, and interview with applicant.)*

**ETA 653:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Applicant File Review Summary:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CCMP Provider Form:** Does provider recommend applicant to enter Job Corps?  Yes  No  
*If conflicting recommendation with treating provider, please indicate effort to contact treating provider for discussion in addition to summary of information on the CCMP.*

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**Applicant Interview Summary:** \_\_\_\_\_

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**3. What are the functional limitations (specific symptoms/behaviors) of the applicant that are barriers to enrollment at this time?**

- |                                                                                                            |                                                                                         |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Difficulty with social behavior, including impairment in social cues and judgment | <input type="checkbox"/> Difficulty with concentration                                  |
| <input type="checkbox"/> Avoidance of group situations and settings                                        | <input type="checkbox"/> Difficulty with sleep patterns                                 |
| <input type="checkbox"/> Difficulty managing stress                                                        | <input type="checkbox"/> Difficulty with stamina                                        |
| <input type="checkbox"/> Difficulty regulating emotions                                                    | <input type="checkbox"/> Difficulty with self-care                                      |
| <input type="checkbox"/> Difficulty with communication                                                     | <input type="checkbox"/> Difficulty handling change                                     |
| <input type="checkbox"/> Impaired decision making/problem solving                                          | <input type="checkbox"/> Organizational difficulties                                    |
| <input type="checkbox"/> Uncontrolled symptoms/behaviors that interfere with functioning                   | <input type="checkbox"/> Interpersonal difficulties with authority figures and/or peers |
| <input type="checkbox"/> Sensory impairments                                                               | <input type="checkbox"/> Difficulty coping with panic attacks                           |
| <input type="checkbox"/> Difficulty with memory                                                            | <input type="checkbox"/> Other (specify) _____                                          |

*Please note: This list is not all inclusive. These are suggestions for your use and you may need to consider functional limitations and accommodations beyond this list.*

**4. What are the health-care management needs of the applicant that are barriers to enrollment at this time?**

- |                                                                                             |                                                                                                        |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Frequency and length of treatment                                  | <input type="checkbox"/> Severe medication side effects                                                |
| <input type="checkbox"/> Hourly monitoring required                                         | <input type="checkbox"/> Medical needs requiring specialized treatment                                 |
| <input type="checkbox"/> Therapeutic milieu required                                        | <input type="checkbox"/> Complex full mouth reconstruction/rehabilitation                              |
| <input type="checkbox"/> Complex behavior management system beyond Job Corps current system | <input type="checkbox"/> Out of state insurance impacting access to required and necessary health care |
| <input type="checkbox"/> Daily assistance with activities of daily living                   | <input type="checkbox"/> Other (specify) _____                                                         |

**Brief Narrative:** \_\_\_\_\_

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**5. Reasonable Accommodation Consideration**

Is this applicant a person with a disability?  Yes  No  
*(i.e., documentation of a mental health, medical, substance-abuse, cognitive, or other type of disability is present in the applicant file or the disability is obvious (i.e., blind, deaf). If no, please skip to Question #6.*

If yes, convene the reasonable accommodation committee (RAC) along with the applicant and list below any accommodations and/ or modifications discussed with the applicant that could either remove or reduce the barriers to enrollment as documented in Question #4 above.

Note: Accommodations or modifications are not things that treat the impairment; they are things that will help the individual participate in the program. See Program Instruction 08-26 “Reasonable Accommodation and Case Management” for guidance.

Check one of the two options below.

- The RAC has been unable to identify any accommodations appropriate to support this applicant.
- The following accommodations/modifications listed below have been discussed with the applicant and considered as a part of this assessment:

*Please avoid suggesting extreme accommodations already known to likely be unreasonable unless the applicant has requested a specific support (i.e., 24 hour supervision). If unsure if a support or modification is really an accommodation or is actually a case management support, please contact your regional health and disability consultants for assistance.*

**Based on functional limitation(s) checked in Section 3, please check the appropriate accommodations below discussed with the applicant.** *Please note: This list is not all inclusive. These are suggestions for your use and you may need to consider functional limitations and accommodations beyond this list which can be entered in the "Other" section.*

**Difficulty with social behavior, including impairment in social cues and judgment**

- Assign mentor to reinforce appropriate social skills  Yes  No
- Allow daily pass to identified area to cool down  Yes  No
- Provide concrete examples of accepted behaviors and teach staff to intervene early to shape positive behaviors  Yes  No
- Adjust communication methods to meet students’ needs  Yes  No

**Avoidance of group situations and settings**

- Allow student to arrive 5 minutes late for classes and leave 5 minutes early  Yes  No
- Excuse student from student assemblies and group activities  Yes  No
- Identify quiet area for student to eat meals in or near cafeteria  Yes  No

**Difficulty managing stress**

- Allow breaks as needed to practice stress reduction techniques  Yes  No
- Modify education/work schedule as needed  Yes  No
- Identify support person on center and allow student to reach out to person as needed  Yes  No

**Difficulty regulating emotions**

- Allow breaks as needed to cool down  Yes  No
- Allow flexible schedule to attend counseling and/or emotion regulation support group  Yes  No
- Teach staff to support student in using emotion regulation strategies  Yes  No
- Provide peer mentor/support staff  Yes  No

**Difficulty with communication**

- Allow student alternative form of communication (e.g. written in lieu of verbal)  Yes  No
- Provide advance notice if student must present to group and opportunity to practice or alternative option (e.g. present to teacher only)  Yes  No

**Impaired decision making/problem solving**

- Utilize peer staff mentor to assist with problem solving/decision making  Yes  No

Provide picture diagrams of problem solving techniques (e.g., flow charts, social stories)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Uncontrolled symptoms/behaviors that interfere with functioning</b>		
Alter training day to allow for treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allow passes for health and wellness center outside of open hours to monitor symptoms	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reduce tasks and activities during CPP to not aggravate symptoms/behaviors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Sensory impairments</b>		
Modify learning/work environment to assist with sensitivities to sound, sight, and smells	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allow student breaks as needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Difficulty with memory</b>		
Provide written instructions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allow additional training time for new tasks and hands-on learning opportunities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Offer training refreshers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use flow-charts to indicate steps to complete task	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide verbal or pictorial cues	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Difficulty with concentration</b>		
Allow use of noise canceling headset	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reduce distractions in learning/work environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide student with space enclosure (cubicle walls)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Difficulty with sleep patterns</b>		
Allow for a flexible start time	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide more frequent breaks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide peer/dorm coach to assist with sleep routine/hygiene	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Increase natural lighting/full spectrum light	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Difficulty with stamina</b>		
Allow more frequent or longer breaks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allow flexible scheduling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide additional time to learn new skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Difficulty with self-care</b>		
Provide environmental cues to prompt self-care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assign staff/peer mentor to provide support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allow flexible scheduling to attend counseling/supportive appointments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Difficulty handling change</b>		
Provide regular meeting with counselor to discuss upcoming changes and coping	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintain open communication between student and new and old counselors and teachers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recognize change in environment/staff may be difficult and provide additional support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Difficulty with organization</b>		
Use staff/peer coach to teach/reinforce organizational skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use weekly chart to identify and prioritize daily tasks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Interpersonal difficulties with authority figures and/or peers</b>		
Encourage student to take a break when angry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide flexible schedule to attend counseling and/or therapy group	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide peer mentor for support and role modeling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Develop strategies to cope with problems before they arise	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide clear, concrete descriptions of expectations and consequences	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allow student to designate staff member to check in with for support when overwhelmed	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Difficulty coping with panic attacks**

- Allow student to designate a place to go when anxiety increases in order to practice relaxation techniques or contact supportive person  Yes  No
- Provide flexible schedule to attend counseling and/or anxiety reduction group  Yes  No
- Allow student to select most comfortable area for them to work within the classroom trade site  Yes  No
- Provide peer mentor to shore up support  Yes  No

**Other**

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**Summarize any special considerations and findings of the RAC as well as the applicant’s input:**

*Please Note: Job Corps cannot impose accommodations upon an individual. If the applicant does not accept or agree to a specific accommodation, there is no need to consider that specific accommodation in your determination of whether the accommodations listed will reduce the barriers to enrollment sufficiently or not nor is there a need to complete a reasonableness review related to that specific accommodation.*

**Reasonable Accommodation Considerations:**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the applicant participate in the RAC meeting? ( <i>Note: The applicant must be a part of the discussion for reasonable accommodation</i> ).
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**RAC Participants:**

Name:		Position:	
Name:		Position:	
Name:		Position:	

If there is a recommendation for an applicant to be enrolled with the accommodations or modifications listed in Question #5 above which you believe are not reasonable and/or pose an undue hardship, the **Center Director is responsible for making that determination** using the “Accommodation Recommendation of Denial Form” found on the Job Corps Disability website and including that form along with the applicant file that is being submitted to the regional office with a recommendation for denial. The final determination is made by the regional office.

Guidance on how to make this determination is available in the “Evaluating a Request and Denying a Request” sections of the Appendix 605. Please attach the completed “Accommodation Recommendation of Denial Form.”

If there are agreed upon accommodations between the RAC and applicant listed in Question # 5 then consider whether those accommodations reduce the barriers to enrollment sufficiently to allow for the applicant to be enrolled.

- If the accommodations would sufficiently reduce the barriers to enrollment, then you do not need to complete the remainder of this assessment and the center can assign the applicant a start date. Retain all the paperwork included in completing this assessment within the applicant’s Student Health Record.

- If the accommodations would NOT sufficiently reduce the barriers to enrollment for your center, please proceed to Question #6.

**6. Based on your review of the applicant’s health care needs above, does the named individual have health care needs beyond what the Job Corps’ health and wellness program can provide as defined as basic health care in Exhibit 6-4: Job Corps Basic Health Care Responsibilities? [Please mark one below.]**

- In my professional judgment, health care needs are manageable at Job Corps as defined by basic health care services in Exhibit 6-4, but require community support services which are not available near center. Documentation of efforts to arrange for less frequent treatment in home state and/or to secure community support near center can be found in Question #7 below. Applicant should be considered for center closer to home where health support and insurance coverage is available. **File is forwarded to Regional Office for final determination.**
- In my professional judgment, health care needs are not manageable at Job Corps as defined by basic health care services in Exhibit 6-4. Applicant has health condition with current symptoms at a level that will interfere with successful participation in the program at this time. Deny entry and refer to other appropriate program/provider. **File is forwarded to Regional Office for final determination.**

**7. If recommending a different center, document efforts to arrange less frequent treatment in home state and/or secure community support near center in the space below. (Include name of organizations/facilities and specific individuals contacted and why access is not available.)**

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**Printed or Typed Name and Title of Licensed Health Provider Completing Form**

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**Signature of Licensed Health Provider Completing Form**

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**Date**