



POLICY AND REQUIREMENTS HANDBOOK

CHAPTER 2: STUDENT SUPPORT SERVICES

FEBRUARY 26, 2026

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2.0 INTRODUCTION

Chapter 2, Student Support Services which in addition to Chapter 3, covers career preparation period and career development period activities, provides a framework of requirements for center contractors in areas such as counseling, personal and career assessment, community living, leisure time employment, student benefit fund, health and wellness program, healthy lifestyle, disability accommodations and processes, student conduct, student sanctions, investigations, appeals, evaluation of student progress, and transition to the career development period among others. Requirements are detailed in the following sections within the chapter: Counseling; Community Living (Residential); Health Services; Disabilities; Student Conduct; and Evaluation of Student Progress. Job Corps enrollees must be provided services consistent with the Workforce Innovation and Opportunity Act and Job Corps requirements contained herein. Center staff are tasked with all areas of personal and career counseling and assessment of students, collaborating with students to create a My Pathway to Achieving Career Excellence Career Plan, overseeing residential community living and developing activities and events, providing welcome kits and basic living services, health services, trainee employee assistance program services, disability services, student conduct rewards and sanctions, and ongoing, frequent evaluations of student progress.

2.1 COUNSELING

REQUIREMENTS

R1. Organization

Centers must provide personal counseling services with the following features:

- a. Designated counseling staff or qualified professionals
- b. Assigned caseloads
- c. Personal counseling sessions
- d. Availability of counseling services on weekends and in the event of emergencies

R2. Personal Assessment and Counseling Services

Centers must provide intensive ongoing personal assessment and counseling services early within the first 60 days of the student's stay on center. These services will continue as needed throughout the student's enrollment to identify, assess, and assist students to address personal barriers to progress in academic and career technical training programs, with the following features:

- a. An intake assessment, including student history, conducted during the first 48 hours of enrollment (see Chapter 3, Section 3.4, R7 and R8). A copy of this assessment must be submitted to the Health and Wellness center for review and inclusion in the student's health record
- b. Ongoing structured, scheduled, and documented individual social development and adjustment counseling
- c. Group support sessions designed to identify and address specific issues, such as abuse, relationships, child care, homesickness, language and cultural barriers, etc.
- d. Identification of students who need more intensive services and referral to such services
- e. Intervention, implementation, and documentation of strategies to address personal issues, including mental health, medical issues, and challenges for those who are Limited English Proficient (LEP)
- f. Support services, to include assisting with Unauthorized Absence (UA) retrieval; conferring with parents, Admissions Counselors, Career Transition Specialists, and social service agencies; and providing referrals to community resources, as appropriate
- g. Availability of counseling services on weekends and in the event of emergencies

R3. Career Assessment and Counseling

Centers must provide career assessment and counseling services throughout the student's enrollment with the following features:

- a. Ongoing structured, scheduled, and documented individual career counseling sessions, which may be scheduled as part of a student's career development activities
- b. Management of students' career development through collaboration among the student, counselor, and interdepartmental Career Management Team (CMT) to assist the student in:
 1. Setting and updating incremental short-term, mid-term, and long-term personal and career goals by ensuring Pathway Achievement Record (PAR) completion progress is current
 2. Developing strategies and identifying actions necessary for students to prepare for and attain academic credentials and industry-recognized certifications
 3. Identifying personal strengths and career challenges
 4. Resolving personal issues affecting career readiness
 5. Assessing transitional support needs and developing strategies to meet those needs
- c. Counselors must know and remain current on industry certifications offered and requirements for attainment
- d. During the Career Preparation Period, staff will assist students in identifying initial career goals and developing personalized strategies to reach those goals through:
 1. An individualized schedule of appropriate academic and career technical training
 2. Exposure, practice, and experiences to meet the Career Success Standards
 3. Personal and career counseling to develop appropriate strategies and identify resources to address issues
- e. A review and confirmation of the student's initial My Pathway to Achieving Career Excellence (MyPACE) Career Plan and mid-term career pathway goals, within 30 days of entry into the Career Development Period
- f. Trained staff who can assist students, for whom a change of mid-term career (placement) goal is determined appropriate to:
 1. Modify the MyPACE Career Plan and reassign the student to a revised PAR.

2. Submit the revised Career Plan to the Center Director or senior management designee for review and approval.
3. Retain a copy of the approved revised Career Plan and revised Pathway Achievement Record in the student's permanent personnel file. (See Chapter 6, Section 6.4, R17, Student Personnel File.)
- g. Regular assessments and evaluations of student progress in meeting career goals in academic and career technical education and training programs, reviewing, and updating the student's MyPACE Career Plan and the PAR in accordance with Chapter 2, Section 2.6, R1 and R2

R4. My Pathway to Achieving Career Excellence Career Plan

- a. Centers must collaborate with each student to initiate a MyPACE Career Plan that must document the student's personal career goals, training needs, challenges, progress and accomplishments throughout enrollment and the post-center Career Transition Period.

At a minimum, the MyPACE Career Plan must include:

1. Student long-term career goal (the ultimate career that the student will progress toward)
2. Mid-term career pathway placement goals (immediate next steps upon Job Corps completion to support career progression), including one of the following:
 - (a) Entry-level job placement in an in-demand industry sector on the pathway to the student's ultimate career
 - (b) Entry into an apprenticeship program
 - (c) Participation in one of Job Corps' Advanced Training (AT) programs
 - (d) Enlistment in the armed services to pursue a career in the military
 - (e) Enrollment in post-secondary education
3. Student short-term specific, measurable, attainable, recorded, and time-bound (SMART) goals
4. Desired geographic residence/work location
5. Student interests, aptitudes, values, work styles, and career technical training preferences and choices
6. Details regarding a student's prior employment, including:
 - (a) employer
 - (b) location
 - (c) job title
 - (d) ending wageCenters must verify the accuracy of this information.

7. Student training needs to achieve career goals
 - (a) Academic
 - (b) Career technical training
 - (c) Career Success Standards
 - (d) Job search skills
 - (e) Information technology (IT) skills
 - (f) Driver's education and license
 8. Progress/accomplishments/achievements
 9. Career transition needs/challenges/strategies
 - (a) Housing
 - (b) Transportation
 - (c) Child care
 - (d) Health care
 - (e) Work clothing and tools
 - (f) Food and nutrition
 - (g) Budgeting/money management
 - (h) Counseling/mentoring
 - (i) Job retention skills
 - (j) Legal services
 - (k) Application for federal funding for advanced education, as appropriate
- b. Students must update their MyPACE Career Plan by completing the accompanying curriculum. Once the MyPACE Career Plan is complete, students must be assigned the appropriate Pathway Achievement Record (PAR) that matches their mid-term goal. Students must update their PARs on an ongoing basis, in cooperation with appropriate staff, no less frequently than at each student's regularly scheduled evaluation of student progress.
- c. Each student's completed MyPACE Career Plan and PAR must be uploaded to the appropriate section of the Center Information System (CIS) e-Folder. Students must be provided copies of their MyPACE Career Plan and PARs whenever changes are made to the plan and at separation.

R5. Placement Readiness

To ensure that each student is fully prepared to effectively access resources and services that assist them in making a successful transition to his/her mid-term goal the interdepartmental Career Management Team (CMT) must:

- a. Collaborate with the Career Transition Service Provider and each student to:
 1. Update and finalize the student's My Pathway to Achieving Career Excellence (MyPACE) Career Plan and Pathway Achievement Records (PAR);

2. Review and verify the student's mid-term career goal to:
 - (a) Ensure the student has completed all assigned mid-term goal PAR tasks and activities and has proper supporting documentation of completed tasks;
 - (b) Verify the student's understanding of the next steps needed to transition to the chosen mid-term career goal; and career pathway remains appropriate;
 - (c) Confirm the student's transitional support needs and strategies to address them.
- b. Facilitate the student's connection with his/her assigned Career Transition Specialist.
- c. Submit each student's final MyPACE Career Plan and PAR to the Center Director or senior management designee for review and approval.
- d. Retain a copy of the approved final MyPACE Career Plan and PAR in the student's permanent personnel file. (See Chapter 6, Section 6.4, R17, Student Personnel File.)
- e. Upload a copy of the final MyPACE Career Plan and PAR in the Center Information System (CIS) e-Folder for the student's assigned Career Transition Specialist to access.
- f. Ensure student has access to his/her final MyPACE Career Plan and PAR.

2.2 COMMUNITY LIVING (RESIDENTIAL)

REQUIREMENTS

R1. Student Self-Management Skills Development

Centers must develop systems that involve students in the management of their living areas, which must incorporate the following features:

- a. Opportunities for all students to have input into the development of the center policies governing the management of their living areas
- b. Procedures to solicit input and feedback from, and disseminate information to students
- c. Student responsibility for maintaining cleanliness within their living areas
- d. Progressive opportunities to learn, practice, demonstrate personal responsibility and self-management skills, and to complete career pathway planning activities and Pathway Achievement Records (PAR)

R2. Supervision of Student Living Areas

Centers must:

- a. Provide staff supervision in all student living areas at levels that assure visibility, the safety, security, and accountability of all students at all times.
- b. Develop a structured process for sharing information that ensures effective student accountability.

R3. Recreational Planning

Centers must:

- a. Develop and implement a Recreation Program Plan. The plan must be submitted for Regional Office approval in accordance with Chapter 5, Section 5.1, R11, Recreation Program.
- b. Develop and maintain a calendar of recreational activities and events, and distribute the schedule to students in advance of the activities listed.
- c. Develop and maintain a staffing plan to provide adequate staff supervision of events, activities, facilities, and equipment to ensure participant safety.
- d. Involve students in selecting and planning recreational activities.

- e. Conduct periodic surveys of student recreational interests and participation, and use the information gathered in planning recreational activities.
- f. Coordinate with career technical, academic, counseling staff, and social development staff to ensure integration of student training, including completion of My Pathway to Achieving Career Excellence (MyPACE) PARs, with leisure time activities.
- g. Consider cost effective options in planning off-center recreational activities.
- h. Consider identifying and establishing partnerships with off-center organizations or clubs to offer the widest variety of opportunities to students.

R4. Recreational Activities

Centers must provide a wide variety of activities open to all students. Activities should reinforce and provide time to practice communication skills, to demonstrate positive attitudes and behaviors, and to work and participate in groups.

- a. Activities must include but are not limited to:
 - 1. Group fitness classes
 - 2. Individual fitness activities
 - 3. Organized sports
 - 4. Exercise groups or clubs
 - 5. Group sessions with employers or career professionals
 - 6. Entrepreneurship classes
 - 7. Evening resume writing and interview techniques
 - 8. Volunteering, mentoring or tutoring
- b. May include:
 - 1. Cultural events
 - 2. Dancing and theater
 - 3. Radio and/or television mockups
 - 4. Playwright, rap and poetry seminars

5. Physical education and conditioning (yoga, spinning, etc.)
6. Arts and crafts
7. Reading and computer resource facilities
8. Entrepreneurship classes

R5. Recreation Supervision

Centers must provide adequate staff supervision of events, activities, facilities, and equipment to ensure participant safety.

R6. Community Service Projects

Centers must provide opportunities for staff and students to participate in community service activities.

R7. Water Safety Training

Centers must:

- a. Provide students with instruction in water safety as follows:
 1. All centers must provide a video-taped presentation on water safety.
 2. Centers sponsoring recreation trips that involve swimming, in-water activities, or access to pools/other bodies of water must provide water safety instruction and swimming proficiency tests for all students.
 3. Centers with pools or ready access to pools/other bodies of water must provide water safety instruction and swimming proficiency tests for all students.
- b. Prohibit students from participating in swimming or other water-related activities until they have received water safety instruction and demonstrated swimming proficiency.
- c. Ensure that all water-related activities are supervised by certified lifeguards.
- d. Require the use of the buddy system in all swimming activities, and the use of personal flotation devices in all boating activities.

R8. Use of Movies

Centers showing movies of commercial motion pictures to students on center must be licensed to do so under a license procured by DOL. Centers are only permitted to show movies consistent with such license.

Center Operators will assume liability for showing any movie(s) that are not licensed under this agreement.

R9. Leisure Time Employment

- a. Centers may authorize gainful leisure time employment of students so long as the employment does not interfere with training activities.
- b. Leisure time employment is not considered training or work-based learning. Accordingly, students are generally not considered federal employees for Federal Employees' Compensation ACT (FECA) purposes while engaged in leisure time employment, except when the employment occurs on center.
- c. Students engaged in leisure time employment must be placed into the Free Time Leave category during the time that the student is away from center.

R10. Student Benefit Fund

Centers must establish a student benefit fund to be managed by the Student Government Association (SGA) with the assistance of center staff. The purpose of the fund will be to provide the SGA with the ability to purchase items and services for the benefit of all students. The fund must have the following features:

- a. Be self-supporting and must not include any appropriated Job Corps funds. Allowable sources of income include, but are not limited to, the following:
 1. Operation of a store or canteen
 2. Operation of other concessions, such as vending machines
 3. Student fines
 4. Student fund-raising activities
- b. A staff member designated to assist the SGA officers in overseeing the operation of the fund.
- c. May not be used to pay for goods or services that are normally part of center operating costs.
- d. A simple accounting system for the student benefit fund and involve SGA officers in the management of the accounting system. The accounting system must include, at a minimum, the following:
 1. A written accounting and audit plan

The accounting plan must ensure the integrity of the fund by establishing an appropriate set of checks and balances, to include, at a minimum dual approval of all expenditures by the SGA president or designee and the center director or designee.

2. Separation of payment and collection duties
3. Maintenance of a bank account (checking or savings or both)
4. A written record of income and expenditures
5. Periodic financial reports
6. Annual audits by the center operator (corporate office or agency headquarters designee)

R11. Welcome Kit

Upon arrival, centers must provide each residential student with the following personal items at no cost to the student:

- a. Towels and wash cloths
- b. Laundry bag
- c. Toiletries

R12. Laundry Services

Centers must provide adequate laundry facilities and supplies to residential students at no cost to the student, and training to students in the proper use of laundry equipment.

R13. Mail Services

Centers must establish a secure, confidential, and prompt system for the receipt and distribution of mail and packages through the U.S. Postal Service and commercial delivery services.

R14. Linen and Bedding

Centers must provide adequate linen and bedding for all residential students.

R15. Inventory

Centers must:

-
- a. Conduct and record an inventory of clothing and other personal effects when a student enters the residential program, and update the inventory after each clothing issue or purchase.
 - b. Inventory and secure a student's clothing and personal effects when the student is absent from the center without permission for more than 24 hours.

2.3 HEALTH SERVICES

REQUIREMENTS

R1. Student Introduction to Health Services

Centers must provide an overview of health services to new students by a member of the health services staff during the Career Preparation Period (CPP). This must include an explanation of procedures/tests that are performed as part of the medical exam, information on Human Immunodeficiency Virus (HIV) and other sexually transmitted diseases, safe sex practices, family planning services, Trainee Employee Assistance Program (TEAP) services, mental health services, the importance of good health to obtain/maintain employment, and the notice describing how medical information about students may be used, disclosed, and how students can get access to this information.

R2. Health and Wellness Program (See Exhibit 2-4, Job Corps Basic Health-Care Responsibilities.)

Centers must provide basic¹ medical services to students. The Health and Wellness Program must include the following components:

- a. A cursory health evaluation², laboratory testing, and a medical history within 48 hours of arrival on center. The medical history must be documented on the Job Corps Health History Form. The cursory health evaluation and medical history must be conducted by a qualified health professional designated by the Center Physician.
- b. A complete entrance physical examination³ and a review of the medical history within 14 days. The cursory evaluation, with the exception of the required entrance laboratory testing, may be omitted if the physical examination is conducted within 72 hours of a student's arrival on center. The physical examination must be provided by a qualified⁴ health professional and documented on the Job Corps Physical Examination Form.
 1. When indicated, the center must furnish one pair of glasses that meet American National Standards Institute (ANSI) standards.
 2. Contact lenses must be provided if clinically indicated. Students who lose or damage glasses provided by Job Corps must replace them at their own expense.
 3. Students identified as having chronic health problems during the cursory or entrance physical must be monitored as directed by the Center Physician or other appropriate center health-care provider.

¹ For a description of basic services, refer to Exhibit 2-4 (Job Corps Basic Health Care Responsibilities).

² Reinstated and transfer students are exempt from the cursory health evaluation/physical examinations.

³ Near and distant vision screening, color vision screening, and hearing screening shall be part of the entrance physical examination.

⁴ As determined by the center physician who authorizes the activity by a written personal authorization.

c. Laboratory testing. Centers must:

1. Provide informed consent to students prior to laboratory testing.
2. Provide entrance laboratory testing within 48 hours of students' arrival, including mandatory urine drug screen and tuberculosis screening. Tuberculosis testing may only be waived if the student has documented proof of a negative tuberculin test result within the last 12 months. A Mantoux tuberculin skin test (TST) must be read within 48 and 72 hours after administration. Students with a history of BCG immunization should have an Interferon-Gamma Release Assays (IGRA) blood test. A positive screening tuberculin test must be evaluated further to determine if the student has active or latent disease. Provide additional tuberculin testing for Health Occupation students if required for their Worked Based Learning sites.
3. Offer additional laboratory testing when clinically indicated based upon recommendations from the United States Preventive Services Task Force (USPSTF), the Centers for Disease Control and Prevention (CDC), and/or clinical guidelines updated frequently by national health professional organizations. Additional tests may include, but are not limited to, HIV, syphilis, chlamydia, gonorrhea, pap smear, hemoglobin/hematocrit, glucose, liver function, lipids, hemoglobin A1c, and hepatitis C antibody.

d. Immunizations

All applicants are required to provide Admissions Counselors with current immunization records at the time of application. Records will be reviewed by center health staff on entry to determine currency of immunizations. Centers must immunize students for the following as directed by the Office of Job Corps:

1. Immunizations or boosters if the following immunization series are incomplete or if current immunization records cannot be produced:
 - (a) Tetanus and diphtheria toxoid (Td) or Tetanus-diphtheria-acellular pertussis (Tdap)
 - (b) Inactivated polio vaccine (IPV) for students younger than 18 years
 - (c) Measles, mumps, and rubella vaccine
2. Hepatitis B vaccine series

At a minimum, Hepatitis B vaccine must be provided to health personnel and health occupations training students. Vaccination consent/declination must be documented in the staff member's personnel file or student health record. Vaccination of health occupations training students must begin six weeks prior to on-site clinical work experience.

Refer to the Immunizations and Communicable Disease Control Technical Assistance Guide (TAG) for optional immunizations (e.g., influenza vaccine) that may be recommended but not required by the center physician, based upon

availability.

Centers should utilize the Vaccines for Children program to provide immunizations for eligible students according to the latest Centers for Disease Control and Prevention (CDC) guidelines.

- e. A tuberculosis skin test (Mantoux) is required of all new students who do not have documented proof of a previous negative Mantoux test taken within the last 12 months. Annual tuberculin testing should be done for students in health occupations and for students at increased risk of infection. In addition, students in health occupations must receive a Mantoux test prior to clinical work experience in accordance with state or local health department requirements.

Results of tuberculin skin testing should be interpreted without regard to a prior history of BCG vaccination.

Refer to Treatment Guidelines in the Health-Care Guidelines TAG, for management of students with a positive Mantoux test.

- f. A daily walk-in clinic outside of the training hours for students to receive routine health care.
- g. An inpatient unit (during office hours) for minor conditions, such as respiratory infections or flu symptoms.
- h. An appointment system for follow-up during the training day for treatment of chronic, urgent, and other conditions within the capabilities of center health professionals. Treatment guidelines for health must be used to manage common acute and chronic conditions.
- i. Access to prescription medications.
- j. A 24-hour emergency-care system, to include:
 - 1. On-center Cardio Pulmonary Resuscitation (CPR) and first aid
 - 2. At least one Automated External Defibrillator (AED) accessible 24/7 and located near the first aid grab-and-go kit.
 - 3. A written referral plan or agreement for off-center medical, oral health, mental health, substance use, and inpatient care.
 - 4. Two boxes (i.e., four doses) of wall-mounted, unexpired Narcan (or generic), 4 milligram (mg) naloxone hydrochloride nasal spray, available in the following locations:
 - (a) Health and Wellness Center in the Medical Emergency Response Grab-and-Go Kit
 - (b) Safety and Security Office in the First Aid Emergency Grab-and-Go Response Kit (accessible 24/7)
 - (c) Each dormitory

- (d) Recreation
 - (e) Academic and trade buildings/areas
 - (f) In a portable kit for transportation vehicles
5. Communication to all staff, in writing, that Narcan **MUST** be administered to any student who is unconscious or exhibiting other signs of an opioid overdose, unless there is an obvious alternative cause (e.g., choking on food).
- k. Explain and have the student sign, on the first visit to health services, the notice describing how medical information about students may be used and disclosed, and how students can get access to this information (see Form 2-01, Notice of Medical Information Use, Disclosure, and Access).

R3. *Mental-Health and Wellness Program (See Exhibit 2-4, Job Corps Basic Health-Care Responsibilities.)*

Centers must provide basic mental-health services as described below:

- a. The general emphasis of the Mental-Health and Wellness Program must be on the early identification and diagnosis of mental-health problems, basic mental-health care, and mental-health promotion, prevention, and education designed to help students overcome barriers to employability. The program uses an employee assistance program approach that includes short-term counseling with an employability focus, referral to center support groups, and crisis intervention.
- b. Assessment and possible diagnosis, to include:
 - 1. Assessments and recommendations for Job Corps applicants;
 - 2. Review of Social Intake Form (SIF) or intake assessment performed by counseling staff of students who indicate mental-health history, current mental-health problems, or who request to see the Center Mental-Health Consultant within one week of arrival;
 - 3. Mental-health assessments and recommendations for referred students. Students who are assessed as a safety risk to self or others must be continuously supervised, until their case is resolved. Disposition should occur as soon as possible;
 - 4. Determination when a Medical Separation with Reinstatement Rights (MSWR) or medical separation is appropriate and recommended for students with mental health conditions and/or substance use co-occurring conditions.
- c. Mental health promotion and education, to include:
 - 1. Minimum of a one-hour presentation on mental-health promotion for all new students during the Career Preparation Period with an emphasis on employability:

- (a) Presentations must explain the Mental-Health and Wellness Program, what services are available, and how to make a self-referral.
 - (b) Students will learn basic skills in identifying and responding to a mental health crisis.
2. At least one annual center-wide mental-health promotion and education activity
3. Clinical consultation with Center Director, management staff, and Health and Wellness Director regarding mental health-related promotion and education efforts for students and staff
4. Coordination with other departments/programs on center, including, but not limited, to residential, recreation, student government association, and Healthy Eating and Active Lifestyles (HEALS), to develop integrated promotion and education services
- d. Treatment, to include:
 1. Short-term counseling with mental-health checks as needed. The focus of these sessions should be on retention and behaviors that represent employability barriers;
 2. Collaboration with TEAP specialist for short-term counseling of students with co-occurring conditions of mental-health issues and substance use;
 3. Collaboration with center physician and Health-and-Wellness staff on psychotropic medication monitoring of stable students, with the advice of consulting psychiatrist, if appropriate;
 4. Collaboration with counseling staff in developing and/or leading psycho-educational skill-building groups to promote wellness (e.g., relaxation training, anger management, mood regulation, assertiveness skills, handling relationships, sleep hygiene, etc.);
 5. Information exchange through regular case conferences between the Center Mental Health Consultant, counselors, and other appropriate staff based on individual student needs;
 6. Crisis intervention, as needed. In the event of a mental health emergency, the Center Mental-Health Consultant or the Center Physician must conduct a mental health evaluation as soon as possible, and when necessary, refer the student for psychiatric care. If the Center Physician or Center Mental-Health Consultant is not available, the student must be referred immediately to the emergency room of the nearest medical facility. If there is a life-threatening situation, 911 or the emergency response team should be called;
 7. Referral to off-center mental-health professionals or agencies for ongoing treatment and/or specialized services;

8. A written referral/feedback system must be established and documented in the student-health record.

R4. Trainee Employee Assistance Program (TEAP) (See Exhibit 2-4, Job Corps Basic Health-Care Responsibilities.)

Centers and TEAP Specialists must provide basic TEAP services, as described below:

- a. The general emphasis of TEAP must be on prevention, education, identification of substance use problems, relapse prevention, and supportive services to enhance students' health, well-being, and access to quality employment.
- b. Substance use prevention and education, to include:
 1. Minimum of a one-hour presentation on substance use prevention and nicotine cessation for all new students during the Career Preparation Period. This presentation must explain (1) TEAP prevention, education, intervention and nicotine cessation services, (2) Job Corps drug and alcohol testing requirements and procedures, (3) the consequences of testing positive for drug or alcohol use while in Job Corps, and (4) how to identify and respond to an opioid overdose, including: role of synthetic opioids in overdose deaths and risk of illicit drugs, the dangers of touching unknown substances, signs of an opioid overdose, response actions including Naloxone/Narcan administration, and center-specific Naloxone/Narcan protocols.
 2. Presentation(s) on managing substance misuse, abuse, and dependency symptoms and issues in the workplace for students during the Career Development and Transition Periods.
 3. At least three annual center-wide substance use prevention and education activities.
 4. Clinical consultation with Center Director, management staff, Center Mental Health Consultant (CMHC), and Health and Wellness Director regarding substance use prevention and education efforts for students and staff.
 5. Coordination with other departments/programs on center, to include, but not be limited to, residential, recreation, student government association, and HEALs, to develop integrated prevention and education services.
2. Assessment for identification of students at risk for substance use problems to include:
 - a. Review of the Social Intake Form (SIF) (see [Chapter 3, Section 3.4, R7 and R8](#)) or

- intake assessment for each student within one week of the student's arrival on center.
- b. Administering a formalized assessment (e.g., the current version of SASSI, MAST, DAST) if the student is at an increased risk for substance use based on the responses on the SIF or review of other medical records.
3. Intervention period (occurs between student's first day on center and the 37th to 40th day) to include:
- a. Mandatory intervention services must be provided for any student who: 1) tests positive on the initial urine drug test, or 2) is assessed to be at-risk for substance use problems or has a high probability of substance use disorder based on the formalized assessment described in (c) above.
 - b. A mandatory minimum of seven sessions of intervention services, including two individual sessions, must be provided. All sessions must be interactive, evidence-based, and include motivational interviewing. Topics must include but are not limited to:
 - i. Basic information regarding current drugs of use and misuse (e.g., marijuana, alcohol, tobacco/nicotine, fentanyl, abuse of prescription drugs, and drug use trends);
 - ii. Short-term and long-term effects and consequences of drug use on health and employability;
 - iii. Identification of triggers for substance use;
 - iv. Relapse prevention to include development of coping and resistance skills;
 - v. Development of alternative activities in order to remain abstinent from drugs or alcohol in social situations, and;
 - vi. Availability of referrals and community resources.
 - c. Minimum of 15 hours of recreation activity.
 - d. Regular student case management meetings between the TEAP Specialist, CMHC, counselors, and other appropriate staff with a need-to-know based on individual student needs. Clinically relevant information exchanged, and follow-up plan(s) must be documented in the student health record.
 - e. Referral to off-center substance use professionals/agencies for ongoing treatment, and/or specialized services, as needed.
4. Relapse Prevention services to include:
- a. Group(s), support services, and activities available to all students at any time during enrollment.
 - b. Utilization of support services (e.g., AA/NA local meetings, online self-help

meetings) available to all students at any time during enrollment.

- c. An additional minimum of five mandatory sessions provided by the TEAP Specialist for those students who tested positive for marijuana [THC] on the follow-up drug test, but who were retained on center because the Job Corps Center determined that the follow-up positive test was due to residual use (see Chapter 2, Section 2.3 R5, g.3(c)).
5. If center operations are disrupted in the event of natural or man-made disaster or other emergency, the center must seek guidance from the National Office regarding drug testing and the intervention period.
 6. Drug and alcohol testing
 1. Drug testing procedures:
 - (a) Students in the following categories must be tested for drug use:
 - (1) New and readmitted students must be tested within 48 hours of arrival on center.
 - (2) Students who tested positive on entrance must be retested between the 37th and 40th day after arrival on center (with exceptions noted below).
 - (3) Students who are reasonably suspected of using drugs at any point after arrival on center must be tested; this testing must take place as soon as possible after staff suspects use. (NOTE: Reasonable suspicion is context specific, supported by specific and articulable facts, and may include (1) direct observation of drug use or behavioral signs or symptoms suggestive of drug use, or (2) specific reliable information that a student recently used drugs.)
 - (b) Biochemical testing is never permissible on a random basis, with the exception of designated licensed student drivers who are subject to [49 CFR Part 382 DOT](#) Federal Motor Carriers Safety Administration. In addition, biochemical testing requested by work experience sites, union trades, or potential employers may only be performed by the requesting entity.
 - (c) If a student refuses to provide a specimen or has an unexcused absence from his or her follow-up drug test, he or she shall be presumed guilty of the Level I infraction *Drugs: Use of drugs as evidenced by a positive drug test*. Students who state they are unable to produce a specimen must be referred to the Center Physician or designee for follow up.
 - (d) Collection of urine for drug testing must be in accord with chain-of-custody principles and conducted by health and wellness staff or a staff member trained in urine collection procedures.
 - (e) The Job Corps nationally contracted laboratory must be used for all required drug testing. Drug testing at the Job Corps center is prohibited.

- (f) The Center Physician must determine whether a positive confirmed drug test is due to valid prescription use (e.g., the student has prescribed medication for an amphetamine for ADHD or an opioid for an oral health procedure). Under Federal law, no valid prescription can be provided for drugs that are classified as Schedule I of the Controlled Substances Act even if they are obtained by prescription under state law. If so, the Center Physician will document the positive drug test as “due to legitimate medical use.” In this instance, the student is not referred to intervention services, and the follow-up retesting (if applicable) would not occur. The justification for the decision must be documented in the student health record.
 - (g) Both reinstated and transfer students shall be subject to testing for drugs only upon reasonable suspicion of use (as defined above).
2. Alcohol testing procedures:
- (a) Students who are reasonably suspected of being intoxicated or consuming alcohol on center or under center supervision must be tested; this testing must take place immediately after staff suspects use. (NOTE: Reasonable suspicion is context specific, supported by specific and articulable facts, and may include (1) direct observation of alcohol use or behavioral signs or symptoms suggestive of alcohol use, or (2) specific reliable information that a student recently used alcohol.)
 - (b) Centers must use devices that measure alcohol in the breath or saliva (e.g., breathalyzers or alcohol test strips/tubes/swabs). Alcohol testing must only be administered by a staff member trained in the use of these testing devices. All testing must be documented, and the results submitted to the health and wellness center.
 - (c) If a student refuses to submit to a breathalyzer or provide a sample for alcohol testing, the student shall be presumed guilty of the Level I infraction *Alcohol: Possession, consumption, or distribution while on center or under center supervision*.
3. Students testing positive for drug or alcohol use:
- (a) New students and readmitted students not previously separated for drug use (Zero Tolerance (ZT) separation code 5.2a); possession, use or distribution of drugs on center or under center supervision (ZT separation code 5.2b); possession, consumption, or distribution of alcohol while on center or under center supervision (ZT separation code 5.1b); or abuse of alcohol (ZT separation code 5.1b) who test positive for drugs on entry must receive intervention services as described in PRH Chapter 2, Section 2.3 R5.d.
 - (b) Students who test positive for drugs on entry must take a follow-up drug test between their 37th and 40th day on center except when a Center Physician has

determined that legitimate medical use accounts for the positive drug test result on entry (see PRH Chapter 2, Section 2.3 R5 g.1(f) above). The results of the follow-up drug test must be received on center prior to the end of the intervention period, and no later than the student's 45th day on center.

If an intervention period takes place during a center vacation period (i.e., winter break), the intervention period is suspended and resumes the day the student is scheduled to return to the center (e.g., if a student is on day #30 of their intervention period at the time of the center vacation, the day count will be suspended at 30 days, and resume as day #31 the day, they are due back on center). If a student does not report to the center on the day they are expected to return, the intervention period still resumes, and the student is coded as an Unauthorized Absence.

Students who are coded as an Unauthorized Absence on the day of their scheduled follow-up drug test shall be presumed guilty of the Level I infraction *Drugs: Use of drugs as evidenced by a positive drug test*.

- (c) When a student's entry and follow-up drug tests are both positive for THC, a determination must be made as to whether the positive follow-up test is due to current/active drug use or due to residual THC metabolites from use prior to Job Corps enrollment. The following actions must be taken:
- (1) The TEAP Specialist (or other licensed/credentialed individual in the absence of a TEAP Specialist) completes and signs the "Determination of Current/Active Use versus Residual Use for THC on a Follow-Up Drug Test (PRH Form 2-07)" form.
 - (2) The Health and Wellness Director (or designee) reviews and cosigns Form 2-07.
 - (3) Based on the determination:
 - The student's THC concentration (ng/mL) decreased by 50% or more between the entry toxicology and follow-up test (prior to their 45th day in Job Corps). A positive THC result is most likely due to residual concentrations of THC resulting from drug use prior to entering Job Corps. There is no disciplinary consequence. The student should continue to receive TEAP services, including mandatory relapse prevention, per PRH Chapter 2, Section 2.3 R5 e.3 above.
 - The student's THC concentration (ng/mL) decreased by less than 50%, increased, or remained the same between the entry toxicology and follow-up test (prior to their 45th day in Job Corps). A positive THC result is most likely due to current/active drug use since arrival at Job Corps. Referral to the Fact-Finding Board per PRH Chapter 2, Section 2.3 R5, g.3(d) and PRH Exhibit 2-1.
 - (4) File Form 2-07 in the Student Health Record.
- (d) For students who test positive on the follow-up drug test for any drug other than marijuana (THC) or who are determined to have current/active marijuana

(THC) use during the relevant enrollment period, the center must follow PRH Chapter 2, Section 2.5, R3, Investigation and Disposition of Incidents. A copy of Form 2-07 must be submitted to the Fact-Finding Board. Evidence must be provided to the Fact-Finding Board in a manner that protects student's privacy in accordance with 45 CFR 160, 162, and 164, 42 CFR Part 2, and [PRH Appendix 202 Transmission, Storage, and Confidentiality of Medical, Health, and Disability-Related Information](#).

- (e) Readmitted students previously separated for drug use (ZT separation code 05.2a) that test positive on entry or any time during their second enrollment at Job Corps must be separated immediately without an intervention period. Such students shall not be allowed to reapply to Job Corps.
- (f) Students who test positive for drug use by an off-center facility must be retested on center using the Job Corps nationally contracted laboratory as soon as possible, to include:
 - (1) Work-based learning students who tested positive on a drug test administered by experience sites, union trades, or potential employers;
 - (2) Students who tested positive on a drug test administered at a referral health facility (e.g., hospital emergency department, urgent care facility).

This retest by the Job Corps nationally contracted laboratory must be classified as a suspicion-of-drug-use test. For students who test positive for drug use on this retest, centers must follow fact-finding board procedures outlined at Exhibits 2-1 and 2-2.

- (g) Student drivers who test positive for drug use under [49 CFR Part 382 DOT](#) Federal Motor Carriers Safety Administration must follow the same procedures outlined as for positive suspicion tests. In addition, during the intervention period, student drivers who fall under DOT regulations are not permitted to drive.
 - (h) Students who test positive for alcohol use on suspicion must be referred to the TEAP Specialist for assistance and the center's student conduct system for disciplinary action.
4. Student notification of drug or alcohol test results:
- (a) Students who test positive for drug use must be informed of their results by the TEAP Specialist, Center Physician, or designee within 24 hours of receipt of positive result, or as soon as possible, given staff and student availability. Minor student's parent/guardian must be notified of positive test results as required by applicable state laws for the state in which the center is located.
 - (b) Alcohol test results must be provided to the student by the person administering the test.

- (c) Drug and alcohol test results must be shared only with center personnel who have a need to know for purposes of discipline, counseling, administration, and delivery of services (in accordance with [42 CFR, Part 2](#)).
 - (d) If a student questions the validity of a confirmed positive drug test, he or she must be referred to the Center Physician or designee for counseling.
5. Medical Separations with Reinstatement Rights (MSWR) for substance use conditions:
- (a) Students may be given a MSWR for a diagnosed substance use condition, allowing the student to return to Job Corps to complete their training within 180 days.
 - (b) A MSWR for substance use conditions must only be given if there is a documented assessment of the student's diagnosed substance use condition by the TEAP Specialist or qualified health professional. The diagnosis code and the assessment measure must be documented in the student health record.
 - (c) Students must be provided written referral services. For additional requirements, see [PRH Chapter 6, Section 6.2 R5, Medical Separations](#).
 - (d) A MSWR cannot be granted in lieu of ZT separation when a positive follow-up test is reported. A MSWR may be granted during the intervention period but must be granted prior to conducting the follow-up test.
 - (e) If a student is placed on a MSWR during the intervention period, the intervention period is suspended, and the day count resumes the day the student returns to the center.
 - (f) To return to Job Corps, proof of required treatment completion from a qualified provider must be received.

R5. Tobacco Use Prevention Program (TUPP)

Implement a program to prevent the onset of tobacco use and to promote tobacco-free environments and individuals. To support this program, a TUPP Coordinator must be appointed (he or she need not be a health services staff member). At a minimum, this program must include:

- a. Educational materials and activities that support delay and/or cessation of tobacco use
- b. A smoke-free, tobacco-free environment that prohibits the use of all tobacco products in center buildings and center-operated vehicles
- c. Designated outdoor smoking areas located a minimum of 25 feet, or as required by state

- law, away from the building entrance
- d. Prohibition of the sale of tobacco products on center
- e. Adherence to federal and state laws regarding the use of tobacco products by minors
- f. Minors who use tobacco products must be referred to the TUPP
- g. All services provided should be documented in the student health record

R6. Family Planning Program

- a. A family planning program must be provided to all students on a voluntary basis. At a minimum, this program must include counseling, health promotion activities, and medical services, including birth control. The Center Director must appoint a staff member to implement and monitor this program.
- b. Students who are pregnant and/or experiencing pregnancy-related medical conditions must be afforded the same access to medical services, leave and medical separation as any other student experiencing a medical condition, unless otherwise provided by law.
- c. Once a center learns that a student is pregnant, pregnancy-related services must include:
 - 1. Prenatal services on center and/or in the community until separation, to include a comprehensive gestational record.
 - 2. The Center Physician, in conjunction with an obstetrical/gynecological provider and the student, will agree upon a care-management and separation plan that takes into account the health and safety of the pregnant student before and after childbirth.
 - 3. The center must identify available community health/social resources and services, and will make arrangements for transportation for the purpose of obtaining such resources and services consistent with Chapter 6, Section 6.7, R9.d. In lieu of the center providing transportation, the center may approve a student's request to be transported by a friend, partner or family member.
 - 4. The center cannot pay for an abortion unless the pregnancy is the result of rape or incest or unless a physician has certified that the student suffers from a physical disorder, injury, illness, or condition that places her in danger of death unless an abortion is performed.⁵

⁵ The Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act of 2014, Title 5, Sec. 507(a) (P.L. 113-76) provides that the prohibition on the use of Federal funds for abortions described in Section 506 "shall not apply to an abortion (1) if the pregnancy is the result of an act of rape or incest; or (2) in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed."

5. A student that is experiencing a pregnancy-related medical condition may be placed on paid administrative leave in accordance with Exhibit 6-1 (see Pay status: Paid, Duty status: Not Present for Duty-Administrative Leave with Pay).
- d. Pregnancy-related services must include information on the options of continuing or terminating the pregnancy.
- e. If required by applicable state laws in which the center is located, the center must notify the student's parent/guardian of her pregnancy if she is a minor, and if required by applicable state law, inform the student of this requirement prior to the disclosure.

R7. HIV/AIDS

Centers must:

- a. Test students for HIV infection under the following circumstances:
 1. As part of the cursory medical examination (see Chapter 2, Section 2.3, R2.c)
 2. If a student exhibits signs and/or symptoms of a possible AIDS-related condition
 3. Upon reasonable suspicion of student exposure to HIV
 4. When student is diagnosed with a newly contracted sexually transmitted disease
 5. Upon student request and after physician consultation
- b. Submit specimens for HIV testing to the nationally contracted laboratory. Centers shall not be reimbursed for HIV tests performed at other than the nationally contracted lab.
- c. Provide pre-test counseling, in accordance with state laws, to all students regarding the HIV test.
 1. Counsel each student about the test and its implications and document in the health record that the student received the HIV pre-test counseling and signed the "HIV Testing Information Sheet" in Form 2-02
 2. Student refusal (see Chapter 2, Section 2.3, R15)
 3. Testing waiver (see Chapter 2, Section 2.3, R15, Waiver of Medical Care)
- d. Provide post-test counseling, in accordance with state laws, to all students regarding HIV test results:
 1. **HIV Negative Students:** Individually inform and counsel (e.g., measures to

prevent HIV infection/transmission) all students with a negative HIV test result within 14 calendar days after receipt of test results.

2. **HIV Indeterminate Students:** Individually inform and counsel all students with an indeterminate HIV test result within five calendar days after receipt of test results. A student who has an indeterminate test result must be retested at three-month intervals until a conclusive test result (i.e., negative or positive) is obtained. If a conclusive result is not obtained within 6 months, no further testing is required.
3. **HIV Positive Students:**
 - (a) **Inform and Counsel:** Individually inform and counsel all students with a positive HIV test result, preferably within 24 hours, but not later than 5 calendar days, after receipt of the written positive result. The Center Mental Health Consultant must be in attendance to assist in informing and counseling.
 - (b) **Contact Notification:** HIV positive students must be instructed in how to notify their sexual contacts and intravenous drug contacts that they may have been exposed to HIV infection and to refer them for counseling and testing.

The Center Physician or designee must report the student's HIV infection to the state and/or local health department, which will be responsible for contact notification both on- and off-center.

4. **Students Off-Center:** If a student is not on-center (e.g., Unauthorized Absence, Missing Minor Student, on leave) when his or her positive or indeterminate test result is received by the center, the Center Director or designee must make every attempt to contact and inform the student of his or her result. The health department at the student's location must be used to assist with the task of informing students who are no longer on-center.
5. Document post-test informing and counseling activities in the student's health record, including attempts to contact students not on-center (d.4 above).
- e. Ensure that students who test positive for HIV infection are engaged in an interactive process to determine if an accommodation plan is needed (see center reasonable accommodation policy/process or national reasonable accommodation guidelines for specific requirements of accommodation process).
- f. Ensure that students who test positive for HIV infection are engaged in case management for chronic illness on center.
- g. Provide all students with information on HIV infection; including transmission and prevention (see Chapter 3, Section 3.4, R21, and Chapter 2, Section 2.3, R1).

R8. Healthy Eating and Active Lifestyles

Centers must provide students with an environment that supports healthy eating and active lifestyles, and provide students with education and experiences that promote lifelong health and physical well-being. At a minimum, this program must include the following components:

a. Planning

1. Establish a Healthy Eating and Active Lifestyles Committee to oversee and coordinate this program. At a minimum, this committee must include the Health and Wellness Director, Food Services Manager/Supervisor, Recreation Supervisor or Specialist, TEAP Specialist, Residential Manager/Counseling Manager, and student representative.
2. Incorporate student interests and preferences when planning activities.
3. Demonstrate collaboration between various departments on center.

b. Environment

1. Provide a variety of fitness activities open to all students, as outlined in Chapter 2, Section 2.2, R4.
2. Provide healthy eating selections and limit non-nutritious eating selections, as outlined in Chapter 5, Section 5.10, R3.

c. Education and counseling

1. Provide educational activities and materials to all students that support regular physical activity, nutrition, and achieving a healthy weight, as outlined in Chapter 3, Section 3.4, R21.
2. Provide individualized weight management programming and/or counseling. Student participation in this program is highly recommended.
3. Incorporate motivational interviewing and goal setting at student's level of readiness for change.

d. Assessment

1. Document, monitor, and assess program.

R9. Health Aspects of Sports

- a. All students participating in organized contact or rigorous sports (e.g., football, basketball, boxing, and running) must be medically cleared by a health professional prior to participating. Physical examinations performed by center health personnel

within one year of the organized sports activity can fulfill this requirement, at the discretion of the Center Physician. After one year, a current physical examination is required.

- b. A staff member trained in CPR/First Aid, with specific authorization in the center's standing orders, must be present at all organized contact or rigorous sports activities, including practice sessions and sports events.
- c. At a minimum, staff certified in CPR/First Aid must be present at all student boxing events and contact football games.
- d. In case of possible emergency, adequate transportation must be on the scene of all center-sponsored organized sports.

R10. Basic Health Services Provided by Job Corps Centers

- a. Center operators are responsible for providing and paying for basic health care as detailed in Exhibit 2-4 (Job Corps Basic Health Care Responsibilities).
- b. Job Corps shall not pay for any health-related costs incurred by a student while on leave or pass unless previously authorized by the Center Director upon recommendation of a center health professional.

R11. Health and Medical Costs Exceeding Basic Health Services Provided by Job Corps Centers

- a. Centers should assist students in seeking third-party health insurance coverage that will be available should the student have medical needs or costs beyond the basic health services provided by the center.
- b. If a student is determined to have a pre-existing or acquired health condition that significantly interferes with or precludes further training in Job Corps, or if a student is determined to have a health problem that is complicated to manage or for which necessary treatment will be unusually costly, the center must follow medical separation procedures (Chapter 6, Chapter 6, Section 6.2, R5, and Chapter 6, Section 6.2, R4.c.5) and determine whether referral to the Office of Workers' Compensation Programs (OWCP) is required (Chapter 5, Section 5.1, R40).

R12. Professional Standards of Care

All center health staff and providers must follow accepted professional standards of care and are subject to prevailing state laws, including but not limited to:

- a. Maintaining a copy of current provider's license, Drug Enforcement Agency (DEA) registration, and proof of liability insurance, if applicable, in center health facility.
- b. Documenting all prescribed medications and treatment in student health record.

- c. Documenting all laboratory procedures ordered and recording the results in student health record.
- d. Following current standards of care when providing health services and treating illnesses and injuries.

R13. Medication Management (See Appendix 203, Medication Management Guidelines.)

- a. Centers must comply with all state and federal regulations regarding prescribed non-controlled medications, prescribed controlled substances, and over-the-counter medications.
- b. Centers must follow medication management guidelines as specified in Appendix 203.

R14. Waiver of Medical Care

- a. The Center Physician/Nurse Practitioner (NP)/Physician Assistant (PA) may waive any portion of the medical examination and laboratory testing except for the entrance drug testing if in his or her opinion there is sufficient justification or if a student refuses. Such a waiver must be clearly documented by the Center Physician/NP/PA in the student's health record and include an explanation as to why the decision was made.
- b. The Center Physician/NP/PA may grant waivers of immunization requirements for valid **medical and/or religious reasons**. Such a waiver must be clearly documented by the center physician in the student's health record and include an explanation as to why the decision was made.

R15. Health Care Guidelines

- a. All health-care guidelines must be approved and signed annually by the Center Physician or Center Mental Health Consultant as appropriate.
- b. Current signed and dated health care guidelines must be kept in the Health and Wellness Center.
- c. Annually, each center must submit a memorandum to the Regional Office indicating which health care guidelines have been modified. Copies of any individual health staff authorizations and health care guidelines that have changed must be sent to the Regional Office for approval. (Refer to Exhibit 5-2, Plan and Report Submission Requirements, for reporting deadlines.)

R16. Communicable Disease and Infection Control

The center must:

- a. Report cases of disease to state and local health departments in accordance with state and local laws.
- b. Manage all cases of communicable disease and use protective measures as recommended by the Centers for Disease Control and Prevention (CDC).
- c. Follow infection control measures as mandated by state and federal law.

R17. Inventory Records

Maintain records on the dispensing, inventory, and disposal of medical supplies and pharmaceuticals.

R18. Continuous Quality Improvement

Center health staff must seek feedback from students, employ mechanisms to document quality of care provided, and document quality improvement activities.

2.4 DISABILITIES

REQUIREMENTS

R1. Disability Coordinators

- a. The Health and Wellness Director (HWD) (or a health staff designee) and Academic Manager (or an academic staff designee) will function as Disability Coordinators (DC) to oversee the program. Additional DCs may be appointed. Centers may choose to hire a full or part time DC to oversee the program rather than or in addition to appointing an academic and health DC.

R2. Disability Accommodation Process

- a. An applicant or student with a disability may request and receive reasonable accommodation, reasonable modification in policies, practices, or procedures and auxiliary aids and services (RA/RM/AAS) to participate in the Job Corps program at any time during the admissions process or enrollment. Each center must have a process for ensuring applicants/students with disabilities who request accommodation, indicate they may need accommodation, and/or provide documentation of a disability are engaged in an interactive process to consider/determine the functional limitations resulting from their disability and the potential accommodations that would allow them to participate in the Job Corps program. An SOP describing this process is required (see Exhibit 5-1) and the center's disability accommodation process must include all the components outlined in Form 2-03, Procedures for Providing Reasonable Accommodation, Reasonable Modification in Policies, Practices, or Procedures, and Auxiliary Aids and Services for Participation in the Job Corps Program.
- b. During Career Transition Readiness all students must receive information about workers' rights and responsibilities including RA/RM/AAS in the workplace (see Chapter 3, Section 3.4, R23, k).

R3. CIS Disability Data Collection and Accommodation Plans

- a. A DC must accurately enter the required data in the disability data collection and accommodation plan icons in CIS prior to or on the day of arrival for new students or soon after disclosure of disability whether the disclosure occurs via disability documentation, completion of a RA/RM/AAS Request Form, or verbally for existing students.
- b. For students who disclose their disability prior to arrival and require TABE testing accommodations, this data must be entered prior to the administration of the first TABE test. If a student discloses a disability and requests testing accommodations after the administration of the first TABE test, the accommodation plan must be entered into CIS as soon as possible after disclosure of disability (see R3.a) and must be entered prior to the next TABE test administration.

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- c. Only the DCs will have access to the disability data collection entry screen, disability data report and the accommodation plan report with notes report in CIS.
 - d. Generally, only the DCs will have access to the accommodation plan entry screen; however, if a designee is appointed to enter accommodation plans, this staff person can have access.
 - e. All center staff responsible for providing accommodations will have access to the accommodation plan (without notes) report in CIS.
 - f. Accommodation plans must not contain any medical or diagnostic information.

2.5 STUDENT CONDUCT

R1. Incentives

Centers must develop processes to recognize students for positive behavior and performance, including rewards and what students must do to earn them.

R2. Rules and Sanctions

Centers must:

- a. Develop standards of conduct, including rules and sanctions. Conduct standards must:
 1. Parallel workplace expectations to the extent possible.
 2. Include, at a minimum, those infractions and corresponding actions in Job Corps' Zero Tolerance Policy, as detailed in Exhibit 2-1 (Infraction Levels, Definitions, and Appropriate Center Actions).
- b. Implement progressive disciplinary measures for behaviors identified as Minor Infractions, as defined in Exhibit 2-3 (Menu of Progressive Discipline Interventions and Sanctions for Minor Infractions).
- c. Prohibit the use of the following sanctions:
 1. Corporal punishment and measures designed to humiliate or degrade the student
 2. Physical force or solitary isolation (Physical restraint may be used only to the minimum extent necessary and only in situations that seriously threaten persons or property.)
 3. Dorm cleanup, kitchen duty, or other regular housekeeping chores used as a punishment
 4. Suspension of privileges for the dining hall, canteen, voting, religious services, or pay and allowances
 5. Restrictions to center in excess of 30 days
 6. Fines in excess of \$5 per offense or per pay period
 7. Restitution in excess of \$500 per enrollment
 8. Forced resignation from the program

R3. Investigation and Disposition of Incidents

- a. Centers must conduct investigations and Fact-Finding Boards (FFB) as follows:
 1. Convene Fact-Finding Boards in accordance with the requirements in Exhibit 2-2 (Requirements for the Conduct of Fact-Finding Boards).
 2. Provide Fact-Finding Boards with a written investigative report of the incident under consideration. Boards may only consider evidence relevant to the infraction.
 3. Recommend appropriate sanctions in keeping with the level of infraction as shown in Exhibit 2-1 (Infraction Levels, Definitions, and Appropriate Center Actions).
 4. Report the outcomes of Fact-Finding Boards on the “Summary of Review Board Hearing” form and document the date and disposition of the Fact-Finding Board in Center Information System (CIS) within 48 hours of its completion.
- b. The National Director may suspend the timeframes for the Fact-Finding Board to issue its decision, if the student subject to the Fact-Finding Board is also the subject of an active police investigation.

R4. Appeal Process

Centers must develop a process for the appeal of disciplinary decisions, consistent with Exhibit 2-2. The appeal process must, have the following features at a minimum:

- a. Students must be allowed to appeal disciplinary decisions from lower organizational levels to higher ones.
- b. Students must be notified in writing of their right to appeal a decision of the Center Director, resulting in dismissal from the program, to the Regional Appeals Board (RAB). Student appeals must be made within 30 calendar days of their separation.

R5. Regional Appeals Board

In an effort to ensure due process, each Regional Office will establish a Regional Appeals Board (RAB) to review student appeals of disciplinary discharge from the Job Corps program. The RAB must operate as follows:

- a. The Regional Director will determine the composition of the RAB.
- b. In reviewing cases, the RAB must utilize only written documentation to include, at a minimum, the student’s appeal letter intended to preserve the student’s due process, and the record of the student’s hearing at the center. The RAB will not hear oral testimony from interested parties.

- c. The RAB must rule on student appeals within 30 calendar days of the receipt of the student's appeal letter.
- d. In making a decision, the options open to the RAB are to:
 - 1. Affirm the Center Director's decision to discharge the student.
 - 2. Overturn the Center Director's decision to discharge the student.
 - 3. Recode the separation (for zero tolerance offenses).
 - 4. Remand the case to the center for rehearing.
 - 5. Request additional information from the center and delay the RAB meeting to a later date. Notify the center and student if the decision will be extended beyond the 30 calendar days for appeal resolution.
- e. If the RAB determines that all three of the following conditions are met, the RAB must affirm the disciplinary discharge of the student.
 - 1. There is substantial evidence to support the alleged facts of the case.
 - 2. The procedural requirements of the law and Job Corps policies were adequately met.
 - 3. The facts of the case constitute an offense for which disciplinary discharge is permitted.
- f. If the RAB determines from the record that either of the following conditions pertain, the RAB must reverse the disciplinary discharge.
 - 1. The evidence provided does not support the facts alleged.
 - 2. The facts are supported by the evidence presented, but these facts do not constitute an offense for which disciplinary discharge is permitted.
- g. If the RAB determines that substantial procedural requirements were not met, the RAB may take either of the following actions.
 - 1. It may reverse the Center Director's decision to discharge.
 - 2. It may remand the case to the center for rehearing.
- h. If the RAB determines that there is not enough information in the record to make a determination, the RAB may delay the RAB meeting to another date and request additional written information from the center, the student, or any other source. The

RAB must provide all interested parties an opportunity to respond to the additional information before the RAB makes its final decision. The RAB must notify the center and student if the delay will extend beyond the 30 calendar day resolution period.

- i. If the RAB overturns the decision of a Center Director to discharge a student from the program, the Regional Office must reestablish the student as follows:
 1. If the student is allowed to resume training at the same center, the center must reestablish the student in the Center Information System (CIS) and arrange for the student's immediate return to the center.
 2. If the student is transferred to another center, the sending center must take the following actions:
 - (a) Re-establish the student in CIS
 - (b) Initiate the transfer in CIS
 - (c) Provide the student with transportation and an itinerary to the receiving center
 - (d) Provide a complete copy of the student's personnel record (including medical records) to the receiving center
- j. Manage an automatic appeal of felonies/misdemeanors (dropped charges/not guilty) as follows:
 1. If the student is found not guilty, or if the charges are dropped, the center will forward the case to the RAB for disposition.
 2. The RAB will decide if the student should be:
 - (a) Re-established at the same center
 - (b) Re-established and transferred to another center
 - (c) Re-entered into CIS with a different code
 3. The center must complete appropriate CIS entries as advised by the RAB.
- k. Regional Offices must maintain a log of all cases reviewed by the RAB and the disposition of the cases.
- l. RAB decisions must be communicated in writing to the student and the center.
- m. RAB decisions are final and represent the official decision of the Secretary of Labor.

R6. Bullying and Sexual Harassment Training

Centers must provide students regular proactive education on bullying, sexual harassment, appropriate behavior, appropriate staff/student boundaries, and consequences.

2.6 EVALUATION OF STUDENT PROGRESS

REQUIREMENTS

R1. Evaluation of Student Progress

Centers must:

- a. Inform all new students that they will be formally evaluated at least every 60 days on their knowledge of and ability to demonstrate all eight Career Success Standards.
- b. Ensure that each student participates in ongoing evaluations, with appropriate staff, at least every 60 days.
- c. Arrange for each student's interdepartmental Career Management Team (CMT) to conduct a formal evaluation prior to the student's entry into the Career Development Period (CDP) and the Career Transition Period (CTP), at a minimum.
- d. Schedule special evaluations as needed, at any time during a student's enrollment.

R2. Content of Evaluations

Centers must:

- a. Assess each student's progress in all major career development areas: academics, career technical training, industry certification attainment, work-based learning, career pathway preparation, social development, and recreation using the Evaluation module in CIS, including documentation of student progress in the My Pathway to Achieving Career Excellence (MyPACE) Career Plan and Pathway Achievement Record (PAR) tasks.
- b. Evaluate student performance on all eight Career Success Standards as well as any additional expectations the center wishes to evaluate.
- c. Provide each student with a schedule of individualized projects and activities to assist him or her in meeting the Career Success Standards in which a "Needs Improvement" rating is received.
- d. Collaborate with students in setting, affirming, and/or revising short-term, mid-term, and long-term personal, training, and career goals using the student's MyPACE Career Plan and Pathway Achievement Record (PAR):
 1. Review the student's mid-term career (placement) goal, PAR, and supporting documentation of completed tasks.
 2. Confirm the student's career pathway remains appropriate (Review Exhibit 2-5

Placement Pathway Prerequisites for Entry).

3. If the student requests a change in their mid-term pathway goal, the center must take the following action steps:
 - (a) Student must submit a justification statement for mid-term career pathway change.
 - (b) Interdepartmental CMT must review and agree with career pathway change; assist student in revising MyPACE Career Plan, and assign new PAR.
 - (c) Center Director or designated senior manager must approve the revised MyPACE Career Plan and assignment of new PAR.
4. At a minimum, update the student's MyPACE Career Plan and PAR as a result of each evaluation, to reflect accomplishments and goal revisions.
- e. Ensure students are evaluated by career development staff who are in and have direct contact with the students, such as counselors, instructors, residential advisors/residential counselors, and work site supervisors. Require evaluators to discuss their evaluations with students privately and in person.
- f. Provide each student with an updated copy of his or her MyPACE Career Plan and PAR following each evaluation or whenever the plan or career pathway is changed, and upload revisions into the Center Information System (CIS) e-Folder.

R3. Transition to Career Development Period

Centers must:

- a. Ensure that each student receives ongoing evaluations, conducted by an interdepartmental Career Management Team (CMT).
- b. Ensure each student's interdepartmental (CMT) conducts a formal evaluation prior to the student's entry into Career Development, which assesses the student's progress, determine readiness to participate, and identifies any needs for support services.
- c. Collaborate with the student to review, verify, and finalize his or her initial My Pathway to Achieving Career Excellence (MyPACE) Career Plan, including:
 1. Short-term training goals (career technical training program selection and academic goal)
 2. Mid-term career goal (job placement, apprenticeship, advanced training, military enlistment, or post-secondary education). An assessment to determine if the career pathway is appropriate for the student (Refer to Exhibit 2-5 Placement Pathway Prerequisites for Entry)

3. Long-term career goal (ultimate career that the student will progress toward)
 4. Tasks associated with career development and transitional needs as identified in Chapter 2, Section 2.1, R4 My Pathway to Achieving Career Excellence Career Plan
- d. Collaborate with each student to identify Career Success Standards that support their MyPACE Career Plan.
 - e. Schedule support services for each student, as needed, to address barriers to full participation in Career Development.
 - f. Assign each student to Career Development activities based on their individual progress and readiness to participate.
 - g. Assign student a Pathway Achievement Record (PAR) based on his/her mid-term placement goal (direct job placement, apprenticeship, advanced training, military enlistment, or postsecondary education). The interdepartmental CMT will assign staff during the Career Development Period (CDP) to:
 1. Monitor, assist, and support the student in the completion of PAR tasks and activities, including transitional needs.
 2. Identify completion timelines and follow up.
 - h. Ensure career plans include signatures from representatives for each department identified on the career plan.
 - i. Submit each student's initial MyPACE Career Plan to the Center Director or senior management designee for review and approval. (Reference Form 2-06 MyPACE Career Plan Checklist and Exhibit 2-5 Placement Pathway Prerequisites for Entry)
 - j. Retain a copy of approved MyPACE Career Plan and PAR in each student's permanent personnel file and upload any updated versions in the student's e-Folder.

EXHIBIT 2-1 INFRACTION LEVELS, DEFINITIONS, AND APPROPRIATE CENTER ACTIONS

LEVEL I – ZERO TOLERANCE INFRACTIONS					
INFRACTION	DEFINITION	CENTER ACTION	READMIT ELIGIBLE	SEPARATION CODE	Significant Incident Report (SIR) Required?
Possession of a weapon on center or under center supervision	<p>Knowingly possessing an instrument whose primary use is to inflict bodily harm, including, but not limited to:</p> <ul style="list-style-type: none"> • Firearms and ammunition • Explosives and incendiaries • Knives • Homemade weapons <p><u>Example:</u> A knife is found in a student’s locker. The Fact-Finding Board determines the knife belonged to the student.</p> <p><u>Example:</u> A knife is found in a student’s locker. The Fact-Finding Board determines the knife was placed there by another student for the purpose of getting the student kicked out of the program, and the student did not know it was there. In that case, the Fact-Finding Board would determine that the student did not knowingly possess the weapon and would not be found responsible for the infraction.</p>	Fact-Finding Board, automatic discharge if deemed responsible	Not Eligible	5.1a	Yes
Assault	<p>Taking a physical action with the intent to cause immediate bodily harm to another person unless taken in immediate response to another person taking such an action with the intent to prevent its continuation.</p> <p><u>Example:</u> A student (aggressor) strikes another student (victim). The victim defends him or herself by tackling the aggressor in an attempt to stop further assault. Upon investigation, the aggressor is charged with assault, but the victim is not. However, if the victim had become a secondary aggressor and proceeded to pummel the initial aggressor, then both would be charged with assault.</p> <p><u>Example:</u> A student (aggressor) attempts to strike another student (victim) and misses. The aggressor is charged with assault because the aggressor intended to cause bodily harm.</p>	Fact-Finding Board, automatic discharge if deemed responsible	Not Eligible	5.1a	Yes

LEVEL I – ZERO TOLERANCE INFRACTIONS					
INFRACTION	DEFINITION	CENTER ACTION	READMIT ELIGIBLE	SEPARATION CODE	Significant Incident Report (SIR) Required?
Threat of assault	<p>Taking any action that intentionally causes another person to fear imminent bodily harm.</p> <p><u>Example:</u> One student raises a tray in the cafeteria as if to strike another student to intentionally cause fear.</p>	Fact-Finding Board, automatic discharge if deemed responsible	Not Eligible	5.1a	Yes
Threat to safety	<p>Taking any action that causes another person to reasonably fear bodily harm, including threats expressed verbally or via email, text, blog or social media.</p> <p><u>Example:</u> A student uses social media to invite members of the community to come fight another student on center.</p> <p><u>Example:</u> A student makes a terroristic threat to bomb a dormitory.</p>	Fact-Finding Board, automatic discharge if deemed responsible	Not Eligible	5.1a	Yes
Sexual assault	<p>Causing or engaging in sexual contact, or inappropriate touching of a sexual nature of another, without the voluntary, affirmative consent of all individuals involved.</p> <p><u>Example:</u></p> <ul style="list-style-type: none"> • Forced sexual intercourse or sodomy • Attempted rape • Child molestation • Fondling/groping 	Fact-Finding Board, automatic discharge if deemed responsible	Not Eligible	5.1a	Yes

LEVEL I – ZERO TOLERANCE INFRACTIONS					
INFRACTION	DEFINITION	CENTER ACTION	READMIT ELIGIBLE	SEPARATION CODE	Significant Incident Report (SIR) Required?
Drugs: Possession or distribution of drugs on center or under center supervision	<p>Knowingly possessing, using, or distributing any of the following:</p> <ul style="list-style-type: none"> • Illegal drugs, as defined by Federal law (the Controlled Substances Act) including seeds and residue, except when the drug is possessed and/or used in accordance with a valid prescription <p><u>Note:</u> Under Federal law, no valid prescription can be provided for drugs that are classified as Schedule I of the Controlled Substances Act even if they are obtained by prescription under state law.</p> <ul style="list-style-type: none"> • Synthetic drugs • Legalized marijuana • Prescription drugs not prescribed for the individual • Substances used for the purpose of intoxication • Over-the-counter medications for the purpose of intoxication • Drug paraphernalia • Drug sale ledger or distribution list 	Fact-Finding Board, automatic discharge if deemed responsible	Not Eligible	5.2b	Yes

LEVEL I – ZERO TOLERANCE INFRACTIONS					
INFRACTION	DEFINITION	CENTER ACTION	READMIT ELIGIBLE	SEPARATION CODE	Significant Incident Report (SIR) Required?
<p>Drugs: Use of drugs as evidenced by a positive follow-up drug test</p>	<ul style="list-style-type: none"> Testing positive on a follow-up to an initial positive drug test, including testing positive due to current/active marijuana (THC) use. The follow-up test is administered between the 37th and 40th day after arrival on center. <p>NOTE: Job Corps has a policy of Zero Tolerance for current/active drug use once the student is enrolled in the program. However, students with a history of drug use are not automatically disqualified from enrolling in Job Corps. As described in Chapter 2, Section 2.3, R5, students will be tested within 48 hours of initial arrival to the center. An initial positive drug test is considered to reflect drug use prior to the student’s enrollment. Students who test positive are provided intervention services and retested between the 37th and 40th day after arrival on center, at which point a positive test is a Level I infraction.</p> <p>NOTE: For cases involving a positive marijuana [THC] test result on the 37th and 40th day, a determination must be made as to whether the positive follow-up test is due to current/active drug use or due to residual THC metabolites from use prior to Job Corps enrollment. Follow the policy outlined in PRH 2.3 R5.</p> <p>NOTE: Students who refuse to provide a specimen or have an unexcused absence from a follow-up drug test shall be presumed guilty of this infraction.</p>	<p>Fact-Finding Board, automatic discharge if deemed responsible</p>	<p>Eligible after one year, but if individual tests positive for drug use upon readmission, they will be separated immediately and not allowed to reapply</p>	<p>5.2a</p>	<p>Yes</p>

LEVEL I – ZERO TOLERANCE INFRACTIONS					
INFRACTION	DEFINITION	CENTER ACTION	READMIT ELIGIBLE	SEPARATION CODE	Significant Incident Report (SIR) Required?
Drugs: Use of drugs as evidenced by a positive suspicion drug test	<p>Testing positive on a drug test administered on reasonable suspicion at any time during the program (after the initial drug screen testing time period).</p> <p>NOTE: Job Corps has a policy of Zero Tolerance for current/active drug use once the student is enrolled in the program. Students are tested for drugs when there is a reasonable suspicion of drug use, and a positive result for a drug test administered on suspicion is a Level 1 infraction.</p> <p>NOTE: Students who refuse to provide a specimen or have an unexcused absence from a suspicion drug test shall be presumed guilty of this infraction.</p>	Fact-Finding Board, automatic discharge if deemed responsible	Eligible after one year, but if individual tests positive for drug use upon readmission, they will be separated immediately and not allowed to reapply	5.2a	Yes
Alcohol: Possession, consumption, or distribution while on center or under center supervision	<p>While on center or while off center but on a center-supervised activity, knowingly:</p> <ul style="list-style-type: none"> • Possessing alcohol • Consuming alcohol • Distributing alcohol to others <p>NOTE: Students who are aged 21 or older may drink alcohol when off center and not under center supervision; however, they cannot bring alcohol onto the center.</p> <p>In addition, if students of any age return to the center intoxicated, it is categorized as a Level II “intoxication” infraction described below.</p> <p>NOTE: Students who refuse to submit to a breathalyzer or provide a sample for alcohol testing shall be presumed guilty of this infraction.</p>	Fact-Finding Board, automatic discharge if deemed responsible	Eligible after one year	5.3c	Yes
Abuse of Alcohol	A pattern of alcohol consumption-related incidents demonstrated by receiving more than two Level II “Intoxication on center or under center supervision” infractions where the intoxication is the result of alcohol while enrolled in the program. The 3 rd infraction elevates the behavior to Level I Abuse of Alcohol.	Fact-Finding Board, automatic discharge if deemed responsible	Eligible after one year	5.3c	Yes

LEVEL I – ZERO TOLERANCE INFRACTIONS					
INFRACTION	DEFINITION	CENTER ACTION	READMIT ELIGIBLE	SEPARATION CODE	Significant Incident Report (SIR) Required?
Arrest for a felony or violent misdemeanor on or off center	<ul style="list-style-type: none"> Being arrested by law enforcement for a felony. Being arrested by law enforcement for a misdemeanor involving the use, attempted use, or threatened use of physical force against the person or property of another. <p>NOTE: If the student is subsequently found guilty of only a non-violent misdemeanor, as defined below, he/she shall instead be charged with committing the Level II infraction “Arrest for a non-violent misdemeanor on or off center”.</p> <p>If the charges are dropped or if the student is found not guilty, he/she will be exonerated.</p>	Fact-Finding Board, automatic discharge if deemed responsible	Not Eligible	5.1a	Yes
Illegal Activity	Being convicted of a felony or misdemeanor as defined by Federal or state law, where the crime occurred while the student was enrolled in Job Corps.	Fact-Finding Board, automatic discharge if deemed responsible	Not Eligible	5.1a	Yes
Robbery or extortion	Taking money or possessions of another from his/her person by force or intimidation.	Fact-Finding Board, automatic discharge if deemed responsible	Not Eligible	5.1a	Yes
Arson	The malicious setting of fire to a structure or personal property belonging to another person or entity.	Fact-Finding Board, Automatic Discharge if deemed responsible	Not Eligible	5.1a	Yes
Cruelty to animals	The torture, ill-treatment, abandonment, willful infliction of injury or pain, beating, maiming, mutilating, or killing of any animal, whether belonging to the individual or another.	Fact-Finding Board, Automatic discharge if deemed responsible	Not Eligible	5.1a	Yes

LEVEL I – ZERO TOLERANCE INFRACTIONS					
INFRACTION	DEFINITION	CENTER ACTION	READMIT ELIGIBLE	SEPARATION CODE	Significant Incident Report (SIR) Required?
Inciting a disturbance or creating disorder	Persuading, encouraging, instigating, taunting, pressuring or threatening persons to disrupt a peaceful situation. Causing disorder or disrupting a peaceful situation.	Fact-Finding Board, Automatic discharge if deemed responsible	Not Eligible	5.1a	Yes

LEVEL II INFRACTIONS					
INFRACTION	DEFINITION	CENTER ACTION	READMIT ELIGIBLE	SEPARATION CODE	Significant Incident Report (SIR) Required?
Possession of a potentially dangerous item	Knowingly possessing, without authorization or legitimate purpose, an instrument or substance that could readily be used to inflict bodily harm. <u>Example:</u> Box cutter, scissors, trade tools, drain cleaner.	Fact-Finding Board	Eligible after 1 year	5.1b	Yes
Theft/stealing	Taking the property of another person or entity, with the intent of permanently depriving the owner.	Fact-Finding Board	Eligible after 1 year	5.1b	Yes
Intoxication on center or under center supervision	While on center or while off center but on a center-supervised activity, exhibiting a state in which one’s capacity to act or reason normally has been inhibited by the ingestion of a substance with the intent to cause such a state. NOTE: Suspected intoxication from use of alcohol may be confirmed by a breathalyzer test if alcohol is found in the breath or saliva. However, this definition includes intoxication as a result of substances other than alcohol, so a negative breathalyzer does not preclude a student from being charged with an intoxication infraction. NOTE: Possessing, consuming, or distributing alcohol while on center or while off center but on a center- supervised activity is categorized as a Level I infraction, as described above.	Fact-Finding Board	Eligible after 1 year	5.3b	Yes
Possession of stolen goods	Possessing items that one knows, or reasonably should know, are stolen.	Fact-Finding Board	Eligible after 1 year	5.1b	Yes

LEVEL II INFRACTIONS					
INFRACTION	DEFINITION	CENTER ACTION	READMIT ELIGIBLE	SEPARATION CODE	Significant Incident Report (SIR) Required?
Bullying or harassment	<ul style="list-style-type: none"> Making repeated (2 or more instances) communications with the intent to threaten or hurt another person mentally or emotionally, including statements made orally, in writing or via email, blog, text or other social media. Making discriminatory remarks or ethnic slurs. Performance of curses, hexes, or other rituals or actions intended to harm others. 	Fact-Finding Board	Eligible after 1 year	5.1b	Yes
Sexual harassment	<p>Making an unwelcome sexual advance(s), request(s) for sexual favors, sexually offensive remark(s), a sexual gesture(s) or other communication(s) of a sexual nature that contribute to an intimidating, hostile or offensive environment. Depending on its severity, a single incident may constitute sexual harassment. Harassment does not have to be of a sexual nature, however, and can include offensive remarks about a person’s gender including behavior, comments, jokes, slurs, email messages, pictures or other conduct that contributes to an intimidating or offensive environment. Sexual harassment may occur between males and females or between members of the same sex.</p> <p><u>Example:</u> A student tells an offensive joke, warranting on-the-spot intervention and counseling that the joke is inappropriate. The student continues to tell offensive jokes, which is then deemed sexual harassment.</p> <p><u>Example:</u> An overly explicit unwanted sexual advance.</p>	Fact-Finding Board	Eligible after 1 year	5.1b	Yes
False accusation	Making a false accusation against another individual that could have resulted in a Level I infraction or staff disciplinary action, without any credible supporting evidence.	Fact-Finding Board	Eligible after 1 year	5.1b	No
Unfair money lending	Lending money and either demanding repayment with interest or using intimidating methods to obtain repayment.	Fact-Finding Board	Eligible after 1 year	5.1b	No

LEVEL II INFRACTIONS					
INFRACTION	DEFINITION	CENTER ACTION	READMIT ELIGIBLE	SEPARATION CODE	Significant Incident Report (SIR) Required?
Hazing or initiation	Participating in any ritual, ceremony, ordeal or other activity that involves humiliating or verbally or emotionally abusing someone as a way of admitting him/her into a group or of granting him/her status. It shall not constitute a defense to the charge of hazing or initiation that the participant(s) took part voluntarily, that they voluntarily assumed the risks or hardship of the activity, or that no physical or mental injury was suffered. All participants engaged in a hazing or initiation activity are subject to disciplinary action.	Fact-Finding Board	Eligible after 1 year	5.1b	Yes
Gang representation or activity	Wearing of gang clothing, colors; using signs or handshakes associated with known gangs identified by law enforcement; using gang names or displaying gang symbols or slogans.	Fact-Finding Board	Eligible after 1 year	5.1b	Yes
Vandalism	Intentionally damaging or destroying equipment or property belonging to another person or entity, including tagging.	Fact-Finding Board	Eligible after 1 year	5.1b	Yes
Plagiarism	Passing off the ideas or words of another as one's own without crediting the source. <u>Example:</u> Copying a report from the internet and submitting as one's own work.	Fact-Finding Board	Eligible after 1 year	5.1b	No
Cheating	Representing someone else's work as one's own or helping someone else to do so. <u>Examples:</u> <ul style="list-style-type: none"> • Providing questions/answers to another student during a test. • Receiving questions/answers from another student during a test. • Using online resources during a test. 	Fact-Finding Board Follow Chapter 3, Section 3.2 R9 if the student is retained.	Eligible after 1 year	5.1b	No

LEVEL II INFRACTIONS					
INFRACTION	DEFINITION	CENTER ACTION	READMIT ELIGIBLE	SEPARATION CODE	Significant Incident Report (SIR) Required?
Arrest for a non-violent misdemeanor on or off center	<p>Being arrested by law enforcement for a misdemeanor that does not involve the use, attempted use, or threatened use of physical force against the person or property of another.</p> <p>NOTE: Violent misdemeanors are categorized as Level I infractions and defined above.</p> <p>If the charges are dropped or if the student is found not guilty, he/she will be exonerated.</p>	Fact-Finding Board	Eligible after 1 year	5.3b	Yes
Bringing disrepute to the program	<p>Behaving in a manner that is likely to cause others to have a diminished or lower opinion of the center or the Job Corps program.</p> <p><u>Example:</u> While off center, creating some kind of disturbance in the community that did not result in an arrest (rowdy behavior which bothered citizens or merchants).</p> <p><u>Example:</u> Video recording occurrences of Level I, II, or III Infractions (such as videos of fights) and posting the footage on the internet.</p>	Fact-Finding Board	Eligible after 1 year	5.1b	Yes
Pattern of minor infractions	<p>Receiving more than 4 minor infractions within a 60 calendar day timeframe.</p> <p>The 5th infraction elevates the behavior to Level II, Pattern of Minor Infractions.</p>	Fact-Finding Board	Eligible after 1 year	5.3a	No
Unauthorized Exit	<p>Leaving the Job Corps center campus or a center-supervised activity without approval from a staff member authorized to approve student leave and passes.</p> <p><u>Example:</u> A student leaves campus for any reason such as meeting a friend, conducting personal business, etc. without first securing appropriate approval.</p>	Fact-Finding Board	Eligible after 1 year	5.3d	Yes

MINOR INFRACTIONS			
INFRACTION	DEFINITION	CENTER ACTION	Significant Incident Report (SIR) Required?
<p>Failure to follow center rules impacting the rights or ability of others to benefit from the program</p>	<p>Exhibiting a pattern of behavior infractions that impacts the rights of other enrollees or their ability to benefit from the program, including:</p> <ul style="list-style-type: none"> • Using profanity, or abusive or obscene language • Interfering with the learning of others through disruptive behavior • Smoking in unauthorized areas • Cutting lines • Maintaining or operating a private vehicle on center • Gambling • Failing to follow safety rules <p><u>Example:</u> Failure to use safety equipment and protective gear; horseplay; misuse of tools.</p>	<p>Progressive interventions: More than 4 occurrences during a 60 calendar day period results in automatic Level II infraction and Fact-Finding Board</p>	<p>No</p>
<p>Failure to follow center rules impacting the individual's participation or progress in the program</p>	<p>Exhibiting a pattern of behavior infractions that demonstrates the individual's lack of commitment to program participation or implicates self-endangerment including:</p> <ul style="list-style-type: none"> • Refusing to perform assignments • Failing to follow instructions • Being absent or excessively tardy without permission from assigned activity including work, classes, and scheduled health appointments • Engaging in overt sexual behavior • Violating center dress code 	<p>Progressive interventions: More than 4 occurrences during a 60 calendar day period results in automatic Level II infraction and Fact-Finding Board.</p>	<p>No</p>

EXHIBIT 2-2 REQUIREMENTS FOR THE CONDUCT OF FACT-FINDING BOARDS

Conduct of Fact-Finding Boards		
	Level I	Level II
TIMEFRAME	Decision within 3 training days	Decision within 5 training days
COMPOSITION (Does not include Center Director (CD), Center Standards Officer (CSO), Counselor, or Security)	One senior staff member	Two staff, one student
STUDENT PARTICIPATION	Student removed from center immediately and placed on Fact-Finding Board Leave.	Student removed from center immediately and placed on Fact-Finding Board Leave if determined to be a threat to self or others, in accordance with the PRH
STUDENT RIGHTS	May provide written input for consideration	<ul style="list-style-type: none"> • If on center, appear before Board • May make written input to Board
CONSIDERATIONS	Fact finding only	<ul style="list-style-type: none"> • Fact finding • Seriousness of infraction • Mitigating circumstances
BOARD DETERMINATION	<p>Confirm documentation is present (incident report, witness and staff statements and/or other paperwork relevant to the specific charge(s))</p> <p>If documentation supports charges, confirm responsibility, sign summary and forward packet to CD</p> <p>If documentation is inadequate to support charges, request additional information or reduce charges and forward packet to CD</p>	<p>Consider documentation (incident report, summary, witness and staff statements and or other paperwork relevant to the exact charge)</p> <p>Boards may not use, review, or consider Evaluations of Student Progress, or non-supporting statements at Board unless directly related to charge(s)</p> <p>Vote, without the charged student present, to determine responsibility and make a recommendation to CD for retention or separation</p> <p>Forward packet with recommendation to CD for decision</p>
DISPOSITION OF RESPONSIBILITY	Automatic discharge/separation Level I Zero Tolerance	Presumption of discharge
DOCUMENTATION	<p>Form: Summary of Fact-Finding Board Determination signed by Board member</p> <p>CIS: Enter the exact date the Fact-Finding Board was held and its final disposition.</p>	<p>Form: Summary of Fact-Finding Board Hearing signed by Board members</p> <p>CIS: Enter the exact date the Fact-Finding Board was held and its final disposition. Provide rationale if Board recommendation is not upheld.</p>
CENTER DIRECTOR'S ROLE	If paperwork supports charges, sign summary and initiate separation processing	<p>Review the Board's recommendation</p> <p>Determine if recommendation is to be upheld, overturned, or if charges are to be reduced; sign decision and provide rationale if Board recommendation is not upheld</p>
STUDENT NOTIFICATION	In writing	Verbally (if present on center), and in writing
APPEALS	May appeal to Regional Appeal Board (RAB) within 30 days	May appeal Board decision to CD, and CD's decision to Regional Appeal Board within 30 days

EXHIBIT 2-3

MENU OF PROGRESSIVE DISCIPLINE INTERVENTIONS AND SANCTIONS FOR MINOR INFRACTIONS

Minor Infractions: Menu of Progressive Discipline Interventions and Sanctions				
Select a minimum of one intervention and one sanction from the lists below for Minor Infractions.				
1st Offense	2nd Offense	3rd Offense	4th Offense	5th Offense in 60 Calendar Day Period
<p><u>Interventions:</u></p> <ul style="list-style-type: none"> • Counseling referral • Verbal apology • Peer counseling 	<p><u>Interventions:</u></p> <ul style="list-style-type: none"> • Counseling referral • Wellness referral (if applicable) • Written and verbal apology • CSS essay or assignment related to CSS skill deficiency • Community service (4 hours) 	<p><u>Interventions:</u></p> <ul style="list-style-type: none"> • Individual or group counseling referral • Community service (6-8 hours) • Assignment to and meetings with adult mentor • Intervention with relevant staff member <ul style="list-style-type: none"> ○ Equal Employment Opportunity (EEO) Officer for discriminatory behavior ○ Safety Officer for safety violations 	<p><u>Interventions:</u></p> <ul style="list-style-type: none"> • Referral to Center Standards Officer • Community service (8- 10 hours) 	<p>Elevate to Level II, Pattern of Minor Infractions and refer to Fact-Finding Board for Adjudication</p>
<p><u>Sanctions:</u></p> <ul style="list-style-type: none"> • \$1 fine • Verbal or written reprimand 	<p><u>Sanctions:</u></p> <ul style="list-style-type: none"> • \$2 fine • Letter of caution • Weekend restriction 	<p><u>Sanctions:</u></p> <ul style="list-style-type: none"> • \$3 fine • Behavior contract • 7-day restriction 	<p><u>Sanctions:</u></p> <ul style="list-style-type: none"> • \$5 fine • Behavior contract • 7-day restriction 	
<p>Notes:</p> <ul style="list-style-type: none"> • As reflected in the Center’s Behavior Management Plan, Peer Court may be incorporated into the Progressive Discipline process to recommend the appropriate interventions and sanctions. • Interventions must be tailored to address specific skill deficiencies identified in the infraction report. • CSS refers to Career Success Standards. 				

EXHIBIT 2-4

JOB CORPS BASIC HEALTH CARE RESPONSIBILITIES

A. Medical

1. Assessment and diagnosis of illness and injury, to include:
 - Cursory medical evaluation by a qualified health professional; must be completed within 48 hours after the student's entry.
 - Entrance physical examination by a qualified health professional within 14 days after entry using Job Corps approved history and physical forms.
 - Required entry laboratory studies
 - Hemoglobin or hematocrit
 - Pregnancy test (all females)
 - Pap smear (all females \geq 21 years of age)
 - Chlamydia and gonorrhea testing
 - HIV testing
 - Urine drug screen
 - Immunizations, to include boosters for incomplete immunization series, and hepatitis B vaccine for health occupations training students.
 - Tuberculin skin test (Mantoux).
 - Vision and hearing screening.
 - Daily walk-in clinic and appointment system for above and for episodic illness or injury assessment by center physician and/or nurse.
 - Inpatient unit visits for minor conditions, such as respiratory infections, or flu symptoms.

2. Treatment, as highlighted below, will be provided when necessary. Third-party payer information will be given to providers when off-center care is required.
 - Primary emergency care for illness and injury, including first aid and CPR, and secondary care within capabilities, e.g., injection of epinephrine, and immediate transfer to hospital emergency room for specialized diagnosis and treatment, if needed.
 - Treatment of urgent and other conditions not needing specialized care and that are within the capabilities of qualified health professionals on staff.
 - Management of chronic health conditions as directed by qualified health professionals.
 - Referral to off-center physicians for detailed specialized assessment.
 - Access to prescription medications.

If a student sustains an on-the-job injury that requires extensive or specialized treatment, he or she will be medically separated as a Medical Separation with Reinstatement Rights (MSWR) and a referral will be sent to the Office of Workers' Compensation Programs (OWCP).

B. Mental Health

1. Assessment and possible diagnosis, to include:
 - Assessments and recommendations for Job Corps applicants.
 - Review of Social Intake Form (SIF) or intake assessment performed by counseling staff of students who indicate mental health history, current mental health problems, or who request to see the center mental health consultant within 1 week of arrival.
 - Mental-health assessments with recommendations for referred students.
2. Mental-health promotion and education, to include:
 - Minimum of a 1-hour presentation on mental health promotion for all new students during the Career Preparation Period with an emphasis on employability.
 - At least one annual center-wide mental-health promotion and education activity.
 - Clinical consultation with Center Director, management staff, and Health and Wellness Director regarding mental health related promotion and education efforts for students and staff.
 - Coordination with other departments/programs on center to develop integrated promotion and education services.
3. Treatment, to include:
 - Short-term counseling with mental health checks as needed. The focus of these sessions should be on retention and behaviors that represent employability barriers.
 - Collaboration with Trainee Employee Assistance Program (TEAP) Specialists in the short-term counseling of students with co-occurring conditions of mental health and substance use.
 - Collaboration with center physician and Health and Wellness staff on psychotropic medication monitoring of stable students, with the advice of consulting psychiatrist, if appropriate.
 - Collaboration with counseling staff in developing and/or leading psycho-educational skill building groups to promote (e.g., relaxation training, anger management, mood regulation, assertiveness skills, handling relationships, sleep hygiene, etc.).
 - Information exchange through regular case conferences between the Center Mental Health Consultant, counselors, and other appropriate staff members based on individual student needs.
 - Crisis intervention, as needed.
 - Referral to off-center mental-health professionals or agencies.

C. Trainee Employee Assistance Program (TEAP)

1. Substance use prevention and education, to include:
 - Minimum of a 1-hour interactive presentation on substance use prevention for all new students during the Career Preparation Period.

- Presentation(s) on managing substance misuse, abuse and dependency conditions in the workplace students during the Career Development and Transition Periods.
 - At least three annual center-wide substance use prevention and education activities.
 - Clinical consultation with Center Director, management staff, Center Mental Health Consultant, and Health and Wellness Director regarding substance use related prevention and education efforts for students and staff.
 - Coordination with other departments/programs on center to develop integrated prevention and education services.
2. Assessment for identification of students at risk for substance use problems to include:
- Review of Social Intake Form (SIF) or intake assessment of all students performed by counseling staff within 1 week of arrival.
 - Formalized assessment measures (e.g., SASSI3 or SASSIA2) and clinical judgment to determine students' risk levels for substance use.
 - Collaboration with the Center Mental Health Consultant to determine when a MSWR or medical separation is appropriate and should be recommended for a student with substance use conditions.
3. Intervention services for students identified at an elevated risk for substance use, to include:
- Individual and group intervention services with a focus on behaviors that represent employability barriers.
 - Collaboration with the Center Mental Health Consultant for students with co-occurring conditions of mental health and substance use.
 - Referral to off-center substance abuse professionals or agencies for ongoing treatment and/or specialized services.
4. Drug and alcohol testing, to include:
- Drug and alcohol testing procedures
 - Policies related to positive drug or alcohol tests
 - Notification of drug or alcohol test results

EXHIBIT 2-5 PLACEMENT PATHWAY PREREQUISITES FOR ENTRY



PLACEMENT PATHWAY PREREQUISITES FOR ENTRY

Advanced Training pathway prerequisites for entry include:

- Minimum appropriate TABE scores in both Reading & Math (may vary by AT)
- 100% TAR completion
- Minimum age 17 ½ for program entry with parental consent
- Driver's License
- Good to excellent center behavioral record
- Each AT will have its own requirements for background check (e.g., home state and state the JC center is located, or nation-wide)
- No physical issues that impact performance
- No mental health issues that impact performance
- Ability to have phone interview(s)
- (Varies by AT program) Certifications
- (May be required by AT) Enrollment in Community College as well as AT program
- (May be required by AT) Sending center provides trade related tools and clothing
- (May be required by AT) Must have positive impact on center
- Other criteria as required by specific AT

Military pathway prerequisites for entry include:

- Each military branch has its own minimum ASVAB score (lowest score is 31) and varies based on demand
- Complete national background check
- No prescribed medications, major mental health issue, or legal charges. Some waivers can be applied for but very difficult to obtain
- No debts exceeding more than \$500
- Maintain satisfactory behavior on center
- Student can't be receiving federal payments (e.g., social security payments)

- Some restrictions on tattoos (if visible and what content)
- If under 18, need parental consent to enlist
- Meet physical requirements based on height and weight measurement formula
- Minimum completion of 675 hours actual CTT training and attainment of either a Tier 1 HSD or a Hi-Set/GED (the exception is the marine branch which requires a Tier 1 diploma)
- CTT Certifications
- Other criteria as determined by specific military branch

Apprenticeship pathway prerequisites for entry include:

- 100% CTT and e-TAR completion
- HSD or HSE/GED
- (Varies by apprenticeship program) CTT Certifications
- Required hours of pre-apprenticeship varies per CTT (e.g., NTC requires 1000 hours)
- (If required) Meet physical requirements
- (If required) Driver's License
- Most apprenticeship programs require minimum age of 18 years to be covered by Workmen's Compensation
- Other specific criteria as required by Apprenticeship program

Post-secondary education pathway (ACT/College) prerequisites for entry include:

- HSD or HSE/GED
- (For college) Apply for FAFSA. Requires parental income documentation until the age of 25
- (For college) Requires SAT, ACT or other placement assessment by institution
- (For college) Maintain a 2.5 GPA or lose FAFSA funding
- (Varies with institution) Background check
- Other specific criteria as determined by post-secondary institution

Entry-Level Job pathway prerequisites include:

- 100% CTT and e-TAR completion
- HSD or HSE/GED
- Driver's license
- Certifications
- (If required) Physical requirements
- (If required) Background check
- Other specific criteria as determined by employer
- Verification of job placement

APPENDIX 201

COMMUNICATING WITH INDIVIDUALS WITH DISABILITIES

Section 188 of the Workforce Innovation and Opportunity Act (WIOA) and its implementing regulations at 29 C.F.R. § 38.15 require Job Corps⁶ to take appropriate steps to ensure that communications with individuals with disabilities are as effective as communications with others. This requirement applies at all stages of the Job Corps process, including providing information about the program to members of the public who have disabilities. The obligation to communicate effectively with people with disabilities is separate from the obligation to provide reasonable accommodation or reasonable modification in policies, practices, or procedures for qualified individuals with disabilities.

The WIOA Section 188 nondiscrimination regulations, which apply to Job Corps, distinguish between these two obligations for a very simple reason: without clear, accurate, effective communication, any encounter between an individual with a disability and a program from which they are seeking services, such as Job Corps, will be meaningless.

1. Effective communication

- A. Job Corps must take appropriate steps to ensure communications with individuals with disabilities, such as applicants, students, applicants for employment, employees, members of the public, and their companions⁷ are as effective as communications with others.
- B. Under the law, it is Job Corps' obligation to provide appropriate auxiliary aids and services⁸ where necessary to afford individuals with disabilities an equal opportunity to participate in, and enjoy the benefits of the Job Corps program. This means Job Corps cannot and must not require an individual with a disability to supply, or pay for, the auxiliary aids and services necessary for effective communication between them and Job Corps.
- C. In deciding what type of auxiliary aid or service is appropriate and necessary for Job Corps to communicate effectively with a particular individual with a disability, Job Corps must give primary consideration to the requests of that individual. Why? Because:
 - They are the best source of information about how they can most effectively communicate.

⁶ Job Corps is a general term that includes the national Job Corps program; Job Corps contractors and center operators; Job Corps national training contractors; and Outreach and Admissions and Placement agencies, including Job Corps contractors that perform these functions.

⁷ "Companion" in this context means a family member, friend, or associate of an individual seeking access to an aid, benefit, service, training, program, or activity of Job Corps who, along with such individual, is an appropriate individual with whom Job Corps should communicate.

⁸ "Auxiliary aids and services" include effective means of making aurally delivered materials available to individuals with hearing impairments; effective methods of making visually delivered materials available to individuals who are blind or have low vision; acquisition or modification of equipment or devices; and other similar services, devices, and actions. For examples, see 29 C.F.R. § 38.4(h).

- Not everyone who appears to have the same type of disability is able to use and understand the same communication method. For example, while some individuals with hearing impairments understand American Sign Language, others communicate in Signed English, while still others need a different communication method, such as Communication Access Realtime Translation (CART) transcription.

Job Corps is not required to provide the precise communication aid requested by an individual with a disability if an equally effective, less costly alternative is available. Job Corps must have a good-faith discussion with the individual with a disability (or their companion) to determine the communication aid Job Corps will provide. This process requires Job Corps to communicate effectively with the individual with a disability.

2. Ways to Communicate Effectively: Auxiliary Aids and Services

Job Corps must furnish appropriate auxiliary aids and services where necessary to afford individuals with disabilities an equal opportunity to participate in, and enjoy the benefits of, Job Corps.

Specific factors that will determine the type of auxiliary aid or service necessary to ensure effective communication include:

- The method of communication used by the individual.
- The nature, length, and complexity of the communication involved.
- The context in which the communication is taking place.

For example, for a student with a hearing impairment, a safety training in career technical training is a longer and more significant and complex communication than a simple conversation about the center's bell schedule. The safety training is more likely to require a method of communication such as a qualified sign language interpreter, whereas the bell schedule conversation may require only written materials or an exchange of written notes with the student.

Because Job Corps must give primary consideration to the requests of individuals with disabilities in determining what types of auxiliary aids and services are necessary and effective, auxiliary aids and services must be provided:

- in accessible formats,
- in a timely manner, and
- in such a way as to protect the privacy and independence of the individual with a disability.

A. Qualified Interpreters

In this context, a qualified interpreter means an interpreter who can sign or otherwise communicate effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

1. On-site

- a. Job Corps must not require an individual with a disability to bring another individual to interpret for them.
- b. Job Corps must not rely on an adult accompanying an individual with a disability to interpret or facilitate communication except—
 - (a) In an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no interpreter available; or
 - (b) Where the individual with a disability specifically requests an accompanying adult interpret or facilitate communication, the accompanying adult agrees to provide such assistance, and reliance on that adult for such assistance is appropriate under the circumstances.
- c. Job Corps must not rely on a minor child to interpret or facilitate communication, except in an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no interpreter available.

2. Video remote interpreting (VRI) services

If qualified interpreters are provided via VRI services, the following must be provided:

- a. Real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication;
- b. A sharply delineated image that is large enough to display the interpreter's face, arms, hands, and fingers, and the participating individual's face, arms, hands, and fingers, regardless of the individual's body position;
- c. A clear, audible transmission of voices; and
- d. Adequate training to users of the technology and other involved individuals so that they may quickly and efficiently set up and operate the VRI.

B. Electronic and information technology

When developing, procuring, maintaining, or using electronic and information technology, Job Corps must utilize electronic and information technologies, applications, or adaptations

which:

1. Incorporate accessibility features for individuals with disabilities;
2. Are consistent with modern accessibility standards, such as Section 508 Standards (36 CFR part 1194) and W3C's Web Content Accessibility Guidelines (WCAG) 2.1 AA or subsequent releases; and
3. Provide individuals with disabilities access to, and use of, information, resources, programs, and activities that are fully accessible, or ensure that the opportunities and benefits provided by the electronic and information technologies are provided to individuals with disabilities in an equally effective and equally integrated manner.

C. Telecommunications

1. Where Job Corps communicates by telephone with applicants, students, applicants for employment, employees, and/or members of the public, text telephones (TTYs) or equally effective telecommunications systems must be used to communicate with individuals who are deaf or hard of hearing or have speech impairments.
2. When Job Corps uses an automated-attendant system, including, but not limited to, voicemail and messaging, or an interactive voice response system, for receiving and directing incoming telephone calls, that system must provide effective real-time communication with individuals using auxiliary aids and services, including TTYs and all forms of FCC-approved telecommunications relay systems, including internet-based relay systems.
3. Job Corps must respond to telephone calls from a telecommunications relay service established under title IV of the Americans with Disabilities Act in the same manner that it responds to other telephone calls.

D. Information and signage

1. Job Corps must ensure that interested individuals, including individuals with visual or hearing impairments, can obtain information as to the existence and location of accessible Job Corps services, activities, and facilities.
2. Job Corps must provide signage at the public entrances to each of its inaccessible facilities, directing users to a location at which they can obtain information about accessible facilities. The signage provided must meet the Standards for Accessible Design under the Americans with Disabilities Act. Alternative standards for the signage may be adopted when it is evident that such alternative standards provide equivalent or greater access to the information. See 36 CFR Part 1191, Appendix B, Section 103.
3. The international symbol for accessibility must be used at each primary entrance of an accessible facility.

3. Fundamental Alteration

Job Corps is not required to take any action that it can demonstrate would result in a [fundamental alteration](#) in the nature of the program. See Determining Reasonableness in Form 2-03, Procedures for Providing Reasonable Accommodation, Reasonable Modification in Policies, Practices, or Procedures, and Auxiliary Aids and Services for Participation in the Job Corps Program.

APPENDIX 202

TRANSMISSION, STORAGE, AND CONFIDENTIALITY OF MEDICAL, HEALTH, AND DISABILITY-RELATED INFORMATION

Any medical, health, or disability-related information about a particular person – whether that person is an applicant to Job Corps, an enrollee, an employee, an applicant for employment, or anyone else – must be treated with extreme care. Federal law requires that all such information be treated as strictly confidential, and that it be transmitted and stored in a way that ensures confidentiality.

This appendix explains the rules for transmission, storage, and confidentiality of medical and disability-related information in Job Corps⁹.

What information is disability-related?

This category is broader than you might think. It includes *any* information that *indicates* (even if it doesn't explicitly state) that a particular person has a disability. For example, the fact that a particular applicant or student has an Individual Education Plan, or had one at some point during their education, means that they have a disability. Therefore, that fact is “disability-related information” that must be treated as confidential.

The category “disability-related information” is not limited to hard-copy or electronic records. It also includes discussions about the fact that a particular individual has a disability, or about specific details (such as a person's physical or behavioral symptoms, use of particular devices or equipment, or types of treatment) that indicate that they have a disability. Of course, some of the latter types of details will also fall under the category of medical information and must be kept confidential as well.

Confidentiality: The General Rule Is Do Not Tell

The federal disability nondiscrimination laws that apply to Job Corps list specific categories of persons who are allowed to obtain medical (including health) or disability-related information about a particular individual. This means that unless you know that a given person falls into one of the specified categories, you must assume that the person is not entitled to medical or disability-related information about someone else; in other words, your default setting must be “don't tell.”

Who may be informed either about the fact a particular individual has a disability, or about specific details related to a disability or medical/health condition?

Only people in the following categories, and only when they **need to know** (“need to know” is interpreted narrowly):

⁹ Job Corps is a general term that includes the national Job Corps program; Job Corps contractors and center operators; Job Corps national training contractors; and Outreach and Admissions and Placement agencies, including Job Corps contractors that perform these functions.

- *Admissions Counselors* who:
 - Need to know whether they will need to provide accommodations, modifications, and auxiliary aids and services (i.e., such as communication aids) for an applicant and/or their parent or guardian during the admissions process
- *Instructors, residential staff, other center staff* – **only** those who **need to know** about:
 - An accommodation, modification, and auxiliary aids and services (i.e., such as communication aids) the person will be provided
 - Necessary restrictions on a person's duties, activities, diet
- *First aid and safety personnel* – **only if**:
 - The condition might require emergency treatment
 - The participant might need special assistance in an emergency evacuation
- *Administrative staff* of the center, center operator, Regional or National Office, or DOL (or other operating federal agency) who are doing monitoring or data validation
- *Government officials* investigating compliance with requirements related to nondiscrimination and/or equal opportunity
- *Health and wellness staff* who are examining or treating a particular person
- *Others* – only on a **need-to-know** basis (interpreted narrowly)

Knowledge Versus Access

The categories of persons who are permitted to have access to a particular individual's underlying medical, health, or disability-related documents are still more limited: even among those who may be informed either about the fact that an individual has a disability, or about specific details related to a disability or medical condition. Very few people will genuinely need to see or use those documents.

Examples:

- Access to medical documentation that a participant is entitled to status as a family of one, or waiver of the upper age limit, should be limited to staff members who need to document the basis for such decisions.
- First aid personnel may need access to underlying documentation related to a person's medical condition in an emergency.
- Administrators or health and wellness staff who are considering whether a request for a reasonable accommodation, reasonable modification in policies, practices or procedures, and auxiliary aids and services (RA/RM/AAS) should be granted may need to review documentation submitted in support of the request. In these cases, however, you should remove any personally identifiable information not related to the request from the documents. This approach has the advantage not only of protecting confidentiality, but also of helping ensure the decision-makers base their determination solely on the facts of a particular case.

- Instructors, residential staff, or other center staff who are working with, or providing accommodations/modifications for, a particular person will rarely, if ever, need to see the person's medical records or other documents that demonstrate that they have a disability.

Storage of Records Containing Medical or Disability-Related Information

Federal disability nondiscrimination laws that apply to the Job Corps program require that any documents or other records that contain medical or disability-related information about a particular individual must be kept in files (either hard-copy or electronic) that are separate from all other information about the individual. Medical and disability-related information must be collected on separate forms and placed in the files reserved for medical and disability-related information. If an Outreach and Admissions operator or staff member, center, center operator, or staff member needs a document containing some medical or disability-related information to be kept in an applicant's or student's general file or an employee's personnel file, the medical or disability-related information must be removed from the document before it is put in the general or personnel file.

The files that contain medical and disability-related information must be stored in a way that satisfies the strict confidentiality and access requirements described above. In the majority of cases (particularly where hard copies of records are used), satisfying those requirements will mean that all medical- and disability-related records as a group must be stored separate from all other student, applicant, or employee files – in a separate drawer, file cabinet, or storage room, or on a separate server.

Regardless of whether the medical/health/disability files are maintained in electronic or hard-copy form, access to these files must be limited to the categories of persons listed in the "Knowledge Versus Access" section above. Hard copies of files must be kept locked, and access to the key or combination must be furnished only to authorized persons. Electronic files must be protected via passwords or other similar methods.

The requirement of separate storage makes sense when considered in the light of the laws requiring strict confidentiality of medical and disability-related information. The confidentiality requirements that apply to most information about a particular individual are less strict than the requirements that apply to medical and disability-related information. Therefore, while a number of different categories of Outreach and Admissions/Career Transition Services, center, or operator staffers may be permitted access to general information about a particular individual, a much narrower group is legally authorized to have access to the medical and disability-related records about that same individual.

Transmission of Medical, Health, and Disability-Related Information

When student, applicant, or employee records are being transmitted, the requirements described above still apply. Any and all records that are medical-, health-, or disability-related, or that contain any of those types of information, must be kept separate from other records about the individual. If hard copies are being transmitted, double seal the protected medical, health and disability information. Put medical, health, and disability-related information in a separate file, and place that file in a sealed envelope that is clearly marked as containing such information and then place the sealed envelope into another envelope and label accordingly for transmission. You may want to consider using numbers, rather than names, on the outside of such envelopes to identify whose records they contain.

Staff members who receive or sort files about individuals – for example, center records department staff who handle applicant and student files – **must not open** any envelopes containing medical, health, or disability-related information, unless the specific staff member is in one of the categories of authorized persons that are listed in the “Knowledge Versus Access” section above. Instead, those envelopes must be transferred to persons who are legally authorized to have access to such information. In the case of applicant files that arrive on center from an Outreach and Admissions provider, for example, the sealed envelopes should be sent to the Health and Wellness Director.

When recommending denial of enrollment for any applicant, all medical, health and disability documents must be uploaded to the Wellness and Accommodation E-Folders in CIS. The same applies when there is an applicant appeal of an enrollment decision.

Oral Transmission

Keep in mind that the confidentiality of medical, health, and disability-related information must be maintained when the information is being transmitted orally – in other words, when it is being discussed aloud. This means that you must be sure that all such discussions take place in private locations where unauthorized persons cannot overhear the conversation, either voluntarily or involuntarily. Cubicles, for example, are inappropriate places to confer about medical or disability-related matters, or even to mention such information, unless the discussion is conducted in such a way that it is impossible for anyone who overhears to identify the person whose information is being discussed.

APPENDIX 203

MEDICATION MANAGEMENT GUIDELINES

Job Corps centers must comply with all state and Federal regulations regarding prescribed non-controlled medications, prescribed controlled substances, and over-the-counter medications, and follow medication management guidelines as specified below.

Over-the-Counter (OTC) Medications: OTC medications are drugs that have been found to be safe and appropriate for use without the supervision of a health care professional, such as a physician or nurse, and can be purchased without a prescription. Centers must comply with all state and Federal regulations regarding OTC medications and shall:

1. Make available OTC medications in the Health and Wellness center (HWC). Document OTC medication use in the Student Health Record (SHR). If state law permits, stock bottles of OTC medications may be used in HWC.
2. Train and authorize non-health staff members to access OTC medications in first aid lockboxes for student use in compliance with state law. Eligibility, training, and authorizations will vary by state.
3. Outside of the HWC, store OTC medications in first aid lockboxes and make available, similar to a medicine cabinet, in education, trades, security, recreation, cafeteria, and residential areas for students use. OTC medications must be provided in individually packaged single doses in a properly sealed and properly labeled container.
4. Document OTC medication use outside of the HWC on a sign-out sheet kept with the OTC medication box. The sign-out sheet should include: the student's name, the medication taken, the signature of the student, and signature of the observing staff member. Each OTC lockbox and sign-out sheet must be returned the HWC at least weekly to restock and document. Information from the sign-out sheet must be recorded in the Student Health Record (SHR).
5. Report suspected inappropriate OTC medication use by a student to the HWC staff as soon as possible.
6. Center specific policies that comply with Federal and state laws must be outlined in a SOP for OTC medications (see Chapter 5, Exhibit 5-1).

Prescribed Non-controlled Medications: Prescription medications are drugs that can only be acquired or purchased through a prescription order written by a physician or other prescribing practitioner. Prescribed non-controlled medications are prescriptions that not classified as controlled substances. Centers must comply with all state and Federal regulations regarding prescribed non-controlled medications. Centers must:

1. Determine which center health practitioners are legally authorized to prescribe, dispense, or administer prescribed non-controlled medications according to state and Federal laws.
2. Confirm the rationale for long-term prescribed non-controlled medications at least monthly with case conference between the Health and Wellness Director (HWD) (or designee who is authorized under his/her state license to administer drugs) and the prescribing health professional. Medication rationale and review includes student adherence, side effects, and whether or not the medication is leading to the desired effect.
3. Document prescription orders and the administration of doses. Monthly Medication Administration Records (MAR) must be filed in the SHR.
4. Prescription orders should be transcribed to a MAR exactly as the order reads
5. Follow Federal and state law for electronic prescribing (e-Prescribing) for non-controlled prescription medications, if applicable.
6. Review and approve prescriptions by the center physician/nurse practitioner/physician assistant generated for students by health practitioners in the community or at the student's place of residence by the center physician/nurse practitioner.
7. Ensure that all prescribed non-controlled medications are given to the correct student in the right dose and by the proper route. In cases of a medication error, the center medical provider/center psychiatrist (if applicable), HWD, and center director must be notified. Document in the SHR. All medication errors will be immediately reported to the Regional Office and the regional nurse specialist.
8. Provide the student with required consumer medicine information in accordance with state pharmacy laws each time a prescription is filled.
9. Handle, package, store, and observe prescribed non-controlled medications when the HWC is closed in compliance with Federal and state pharmacy laws. Center specific policies that comply with state laws must be outlined in a Standard Operating Procedure (SOP) for prescribed non- controlled medicines (see Chapter 5, Exhibit 5-1).
 - a. If applicable according to state law where the center is located, the HWD will identify and train/certify unlicensed, non-health staff to be legally authorized to observe self-administration of doses when the HWC is closed. Non-health staff observing medication self-administration must meet state laws, be trained, and have a personal authorization on file for this task.

Any medication dose observed after hours must be documented on a Medication Observation.

Record (MOR), and a HWC staff member should file the MOR in the SHR at least weekly.

10. Four types of prescribed non-controlled medication should always be classified for self-management. These include: asthma inhalers, insulin (including vials or pens, syringes, and needles), Epi Pens, and oral contraceptives.
11. Dispose of surplus or expired prescribed non-controlled medications in compliance with state and Federal laws.
12. Send prescribed non-controlled medication(s) home with a student when he/she leaves the center. If a student leaves center when the HWC is closed, medications must be promptly sent to the student in compliance with the sending and receiving state laws.

Prescribed Controlled Substances: Controlled substances are highly regulated prescription medications that are classified in five categories by safety and potential for abuse. There are additional requirements for this classification of prescribed medications. Centers must comply with Federal and state regulations regarding prescribed controlled substances (or medications) and shall:

1. Purchase, store, and administer all controlled substances in accordance with the regulation at 21 CFR Part 1300. Each center must maintain a controlled medication log and have a Drug Enforcement Administration (DEA) registration. The center can obtain its own DEA registration or use the center clinician's DEA registration number when ordering controlled substances.
2. Limit the use of controlled medications and stock only a small supply of those medications that will be prescribed by the center physician or psychiatrist with a DEA registration. Documentation must be maintained showing that controlled medications in stock were prescribed by one of these individuals.
3. Follow Federal and state laws for e-Prescribing controlled substances.
4. Not stock Schedule II medications on center except when prescribed for a specific student. In such a case, the center shall order not more than enough controlled substance for a month's treatment for the student.
5. Confirm the rationale for long-term controlled substances at least monthly with case conference between the Health and Wellness Director (HWD) (or designee who is authorized under his/her state license to administer controlled substances) and the prescribing health professional. Medication rationale and review includes student adherence, side effects, and whether or not the medication is leading to the desired effect.
6. Review and approve prescriptions for controlled substances by the center physician/nurse practitioner/physician assistant generated for students by health practitioners in the community or at the student's place of residence by the center physician/nurse practitioner.

7. Store all Schedule II, Schedule III, and Schedule IV medications under a double-lock system in a secured area of the HWC. Only Health and Wellness staff who are authorized under their state license to dispense or administer controlled medications shall have access to the controlled medications.
8. Ensure that two staff members (one must be staff authorized under their state license to dispense or administer controlled substances) receive and sign for medications received, noting the name(s) of the medications, dosage, amount, and date on a controlled substances log.
9. Maintain a log of all Schedule II, Schedule III, and Schedule IV medications. When dispensing or administering these medications by order of the clinician, the date, time, medication, and dosage must be noted on the log and the nurse dispensing or administering the medication must sign his or her full name or initial in accordance with state prescribing regulations. The log must be maintained in the locked area designated for controlled medications.
10. Document prescription orders and the administration of doses. Monthly Medication Administration Records (MAR) must be filed in the SHR. Prescription orders should be transcribed to a MAR exactly as the order reads.
11. Provide the student with required consumer medicine information in accordance with pharmacy laws each time a prescription is filled.
12. Ensure that all controlled substances are given to the correct student in the right dose and by the proper route. In cases of a medication error, the center medical provider/center psychiatrist (if applicable), HWD, and center director must be notified. Document in the SHR. All medication errors will be immediately reported to the Regional Office and the regional nurse specialist.
13. Inventory and reconcile controlled medications at least once a week. Two authorized staff members must note the results on the controlled medications log. Any miscounts or missing medications identified during the inventory must be immediately reported to the Regional Office and regional nurse specialist by the Center Director.
14. Handle, package, store, and observe controlled substances when the HWC is closed in compliance with Federal and state pharmacy laws. Center specific policies that comply with Federal and state laws must be outlined in a SOP for prescribed controlled substances (see Chapter 5, Exhibit 5-1).
 - a. If applicable according to state law where the center is located, the HWD will identify and train/certify unlicensed, non-health staff to be legally authorized to observe self-administration of doses when the HWC is closed. Unlicensed staff observing medication self-administration must meet state laws, be trained, and have a personal authorization on file for this task.

- b. Any medication dose observed after hours must be documented on a Controlled Substance Medication Observation Record (CMOR), and a HWC staff member should file the CMOR in the SHR at least weekly.
15. Send prescribed controlled substances home with a student when he/she leaves the center. If a student leaves center when the HWC is closed, medications must be promptly sent to the student in compliance with the sending and receiving state laws.
16. Properly dispose of controlled substances that need to be destroyed because of expiration dates, contamination, or wastage, and document such actions on the controlled substances log. The log must be signed by two staff members (one must be staff authorized under their state license to dispense or administer controlled substances).

FORM 2-01
NOTICE OF MEDICAL INFORMATION USE, DISCLOSURE, AND ACCESS

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

Please Review Carefully

**This Notice Is Required by the Health Insurance Portability and
Accountability Act of 1996**

We, the _____ Health Center, are required by law to maintain the privacy of your protected health information and to provide you, the Job Corps student, with notice of our legal obligations and privacy practices with respect to your protected health information. We are required to abide by the terms of this Notice (or any Revised Notice currently in effect). We have the right to change the terms of the Notice and to make those changes effective for all protected health information that we maintain. If we make changes to the Notice, we will issue you a Revised Notice at your assigned Job Corps location. This Notice is effective as of April 14, 2003. We may use and disclose medical information about you under certain circumstances listed below. In each case, we will share only the minimum information necessary.

Treatment, Payment, and Health Care Operations

Treatment. We may share the contents of your medical files, including date of visits, symptoms presented, diagnosis, medications prescribed, treatment given or recommended, and referrals to other health providers with other health center staff members so that we may effectively treat you and follow up on your care. In addition to sharing this information with health center nurses, doctors, dentists, mental health professionals, Trainee Employee Assistance Program (TEAP) specialists, or other health providers, we may share this information with health center clerks, receptionists, or other persons responsible for filing and entering data within the health center, and organizing patient flow and/or contacting you to set appointments or inform you of prescription availability or other medical information. We may share your prescription and other medical information with pharmacists or other providers of medicines or devices, and with center drivers who pick up medications at pharmacies or other stores, for the purpose of obtaining prescriptions, other medications, and devices for you. We may share information with medical laboratories necessary in identifying specimens for the purpose of testing. Center health care providers also may share your health information with specialists or other off-center health care providers for purposes of consultation or referral.

Payment and Health Care Operations. We may share the contents of your medical files, including referral and other information about care you received off center, with Medicaid and/or private insurance companies for the purposes of facilitating your access to health services not provided or paid for by Job Corps. We also may share information about illness or injuries you may incur in the performance of your duties with workers' compensation coordinators, for the purpose of determining your eligibility for benefits, the payment to you of benefits, and the provision of care to you under those benefits.

Other Uses and Disclosures for Which Consent, Authorization, or Opportunity to Agree or Object Is Not Required

In addition to the above uses and disclosures of your medical information, federal law permits us to disclose medical information about you under the following circumstances:

- We may use or share any information required by law;
- We may share information about infection, disease, or other conditions with public health department authorized to receive such health information, as well as information about failure to follow prescribed treatments for these cases of infection or disease, to assist them in preventing or controlling health conditions and tracking vital events;
- We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services;
- We may share information for certain public health activities, including for purposes related to the quality, safety, or effectiveness of products regulated by the Food and Drug Administration;
- We may share information with government authorities about individuals we believe may be victims of abuse, neglect, or domestic violence;
- We may share information for health oversight activities, including audits, licensing, and inspections of the health center, and determinations of our compliance with the medical privacy rules by the U.S. Department of Health and Human Services;
- We may share information in certain court proceedings;
- We may share information for law enforcement purposes;
- We may share information with a coroner, medical examiner, or funeral director to enable those people to perform their jobs with respect to people who have died;
- We may share information with organ donor organizations as necessary to allow authorized organ, eye, or tissue donations from people who have died;
- We may share information for certain approved limited research purposes;
- We may share information to avert a serious threat to health or safety;
- We may share information for workers' compensation purposes;
- We may share information for certain specialized government functions, including certain military or national security uses.

Other uses and disclosures will be made only with your written authorization. Job Corps requires you to authorize certain other uses and disclosures of your protected health information as a condition of

enrollment in Job Corps. Those uses and disclosures are outlined in a written authorization form that you have signed already, or that we will ask you to sign. You may revoke your authorization for these uses and disclosures, in writing, at any time, unless we have relied on the Authorization. Please note, however, that federal law permits Job Corps to condition enrollment in its programs on receiving a valid authorization from you of certain uses and disclosures of your protected health information. Although the health center must honor any withdrawal of authorization you make, and cannot condition treatment on your authorization, such a withdrawal may affect your continued enrollment in Job Corps. Also, you may be asked to sign other voluntary authorizations. You may revoke a voluntary authorization, in writing, at any time, unless we have relied on that authorization.

Your Rights

The right to request restrictions. You have the right to request restrictions on certain uses and disclosures we make of your protected health information for treatment, payment, or health care operations, and may request restrictions on disclosures to family members or friends relevant to your care. However, in most instances the health center is not required to agree to your request. Generally, your health information will not be disclosed to family members or friends if you object to such disclosure, but in an emergency or other circumstance in which we cannot obtain your agreement, we may disclose limited information if it appears necessary for your care, consistent with state law. In addition, in case of a disaster, your health information may be shared with the Red Cross or other public or private entities assisting in disaster relief efforts for the purpose of notifying your family members or other loved ones of your location, general condition, or death. Furthermore, if you are a minor, we may be required to share health information about you with your parent or guardian, although some types of information you may be able to restrict us from sharing with your parent or guardian. (We will follow state laws in those instances.)

The right to receive your health information confidentially. You have the right to receive your health information privately. For example, if you are expecting a letter containing information from your doctor to arrive at your mailbox, and you share a mailbox with others and do not wish for others to discover the letter, you may request that the letter be delivered to you in another way or at another location, or you may arrange to pick up the letter.

The right to inspect and copy your health information. You have the right to look at and get a copy of your health information for as long as we maintain those records. However, under the law, we may deny you access to certain types of information, including psychotherapy notes kept by mental health professionals, information compiled in anticipation of a civil, criminal, or administrative action, certain information related to clinical or research studies, and classified information. Denials of this nature are final. In addition, we may deny you access to your health information if a health care provider believes that providing the information is likely to endanger the life or physical safety of you or someone else, or, if your information refers to someone else, the access requested is likely to cause substantial harm to that person. Also, if your personal representative requests access to your health information, we may deny that person access if a health care provider believes the access is likely to cause substantial harm to you or another person. You may have denials of this nature reviewed by another health provider who was not involved in the initial denial decision, and we will abide by the decision of that reviewer.

The right to amend your health information. You have the right to have us amend (correct or clarify) your health information that we keep in our records, for as long as we maintain those records.

In most circumstances, however, if you ask us to change, add, or delete certain information that we did not create, or that is not a part of your record, or that you are not permitted to access, we do not have to make the amendment. Furthermore, we do not have to make any changes you request that would cause your record to be anything other than accurate and complete.

The right to be informed of disclosures we make of your health information. You have the right to know what health information we have given to others about you for the 6 years prior to the date of your request. Certain exceptions apply. For instance, we do not have to tell you of instances in which we have disclosed information for purposes of treatment, payment, or health care operations, or information that we gave directly to you or your representative, or certain directory information and information given to persons involved in your care, or information disclosed for national security purposes, or to law enforcement or corrections officials, or disclosures we made before we were required to comply with these notice standards.

The right to receive a paper copy of this Notice. You have the right to request and receive a paper copy of this notice.

The right to complain about our use of your health information pursuant to the Health Insurance Portability and Accountability Act of 1996. You may complain to us and to the Secretary for the U.S. Department of Health and Human Services if you believe your privacy rights pursuant to the Health Insurance Portability and Accountability Act of 1996 have been violated. To file a complaint with us or to request further information regarding your rights to privacy in your health information, please contact

_____ (designated health center privacy official: name, title, phone number) _____

In addition, you may file a complaint with the Secretary for Health and Human Services within 180 days of the date you learn of our objectionable action or omission. You must put your complaint in writing, you must name us specifically (including the name of your Job Corps center), and you must describe what we have done to which you object.

Where to File Complaints Concerning Health Information Privacy:

If your Job Corps center is located in Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, or Vermont:

Office for Civil Rights
U.S. Department of Health and Human Services
Government Center
J.F. Kennedy Federal Building, Room 1875
Boston, MA 02203
Voice Phone: (617) 565-1340
FAX: (617) 565-3809
TDD: (617) 565-1343

If your Job Corps center is located in New Jersey, New York, Puerto Rico, or Virgin Islands:

Office for Civil Rights
U.S. Department of Health and Human Services
Jacob Javits Federal Building
26 Federal Plaza, Suite 3312
New York, NY 10278
Voice Phone: (212) 264-3313
FAX: (212) 264-3039
TDD: (212) 264-2355

If your Job Corps center is located in Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, or West Virginia:

Office for Civil Rights
U.S. Department of Health and Human Services
Public Ledger Building
150 S. Independence Mall West, Suite 372
Philadelphia, PA 19106-9111
Main Line: (215) 861-4441
Hotline: (800) 368-1019
FAX: (215) 861-4431
TDD: (215) 861-4440

If your Job Corps center is located in Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, or Tennessee:

Office for Civil Rights
U.S. Department of Health and Human Services
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, SW
Atlanta, GA 30303-8909
Voice Phone: (404) 562-7886
FAX: (404) 562-7881
TDD: (404) 331-2867

If your Job Corps center is located in Illinois, Indiana, Michigan, Minnesota, Ohio, or Wisconsin:

Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
Voice Phone: (312) 886-2359
FAX: (312) 886-1807
TDD: (312) 353-5693

If your Job Corps center is located in Arkansas, Louisiana, New Mexico, Oklahoma, or Texas:

Office for Civil Rights
U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202
Voice Phone: (214) 767-4056
FAX: (214) 767-0432
TDD: (214) 767-8940

If your Job Corps center is located in Iowa, Kansas, Missouri, or Nebraska:

Office for Civil Rights
U.S. Department of Health and Human Services
601 East 12th Street, Room 248
Kansas City, MO 64106
Voice Phone: (816) 426-7278
FAX: (816) 426-3686
TDD: (816) 426-7065

If your Job Corps center is located in Colorado, Montana, North Dakota, South Dakota, Utah, or Wyoming:

Office for Civil Rights
U.S. Department of Health and Human Services
1961 Stout Street, Room 1185 FOB
Denver, CO 80294-3538
Voice Phone: (303) 844-2024
FAX: (303) 844-2025
TDD: (303) 844-3439

If your Job Corps center is located in American Samoa, Arizona, California, Guam, Hawaii, or Nevada:

Office for Civil Rights
U.S. Department of Health and Human Services
50 United Nations Plaza, Room 322
San Francisco, CA 94102
Voice Phone: (415) 437-8310
FAX: (415) 437-8329
TDD: (415) 437-8311

If your Job Corps center is located in Alaska, Idaho, Oregon, or Washington:

Office for Civil Rights
U.S. Department of Health and Human Services
2201 Sixth Avenue, Suite 900
Seattle, WA 98121-1831
Voice Phone: (206) 615-2287
FAX: (206) 615-2297
TDD: (206) 615-2296

If you would like to file a complaint by e-mail, send it to: OCRComplaint@hhs.gov or go to <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>.

For more information, please contact the Office for Civil Rights, Department of Health and Human Services, Mail Stop Room 506F, Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201. Telephone number: (202) 205-8725.

The right to complain about our use of your health information pursuant to the Rehabilitation Act of 1973. You may complain to the Director of the Civil Rights Center, U.S. Department of Labor, if you believe your rights pursuant to the Rehabilitation Act of 1973 have been violated. To file a complaint or to request further information regarding your rights to privacy in your health information, please contact:

Director
Civil Rights Center
U.S. Department of Labor
200 Constitution Avenue, NW, Room N-4123
Washington, DC 20210
Voice Phone: (202) 693-5602
TTY: (202) 693-6515
E-mail Address: CRCEXTERNALCOMPLAINTS@dol.gov

We are here to help you succeed and we will not take any negative action against you for making a complaint, whether you complain to us, to the Secretary for Health and Human Services, to the U.S. Department of Labor, or all three.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE

I, _____, have received a copy of this Notice. I have read this Notice and I understand that it explains how my health information may be used and shared with others, and what my rights are with respect to my health information.

Signature

Date

FORM 2-02

HIV TESTING INFORMATION SHEET

Human Immunodeficiency Virus (HIV) is the virus that causes Acquired Immunodeficiency Syndrome (AIDS). This virus can only be transmitted to others through sexual contact, the introduction of infected blood into the bloodstream (e.g., by the sharing of syringes or needles), or from an infected mother to her infant, either during the birth process or by breast-feeding. A person who is infected with HIV is likely to come down with AIDS. However, AIDS usually does not develop until many years after a person has been infected, and persons with HIV infection may look and feel completely healthy.

Tests are available to determine the presence of antibodies to HIV. Antibodies are substances made by the body to fight infection. The presence of antibodies (a positive antibody test) indicates that a person is infected with HIV and is capable of infecting others with the virus. However, it takes time for the body to make antibodies after the virus gets into the body. For this reason, the antibody test for a person who has recently been infected with HIV may show that a person is “negative” (does not have antibodies) or “indeterminate” (neither positive nor negative) even though that person actually carries the virus in his/her body. A test taken at a later time, when the body has had more time to make antibodies, would show that the person is positive.

If your HIV antibody test results are known, it helps your doctor decide how best to treat you for certain illnesses. If you are infected with the virus, you can receive treatment to help prevent or delay the illnesses that can occur with AIDS. It may also help you to make personal decisions if you know that you have HIV infection and could infect someone else. If your blood test is positive, Job Corps will conduct medical and psychosocial evaluations in order to provide appropriate medical care and counseling, as well as to determine whether it is appropriate for you to remain in Job Corps.

If your blood test is positive and the test results become known by others, they might think you have AIDS or that you might infect them. This may not be true, but you might be discriminated against by friends, family, employers, landlords, insurance companies, or others. Therefore, you should be extremely careful in disclosing your test results.

HIV test results and other related medical records may only be released to Job Corps staff with a need for that information for purposes of counseling, administration and delivery of health services, and to the local and/or state health department, when required by law.

Acknowledgement of receipt of information:

Student Signature

Date

FORM 2-03
**PROCEDURES FOR PROVIDING REASONABLE ACCOMMODATION,
REASONABLE MODIFICATIONS IN POLICIES, PRACTICES, OR
PROCEDURES, AND AUXILIARY AIDS AND SERVICES FOR
PARTICIPATION IN THE JOB CORPS¹⁰ PROGRAM**

DEFINITIONS**What is the definition of disability?¹¹**

Disability” means, with respect to an individual:

- A physical or mental impairment that substantially limits one or more of the major life activities of such individual;
- A record of such an impairment; or
- Being regarded as having such an impairment.¹²

The definition of “disability” shall be construed broadly in favor of expansive coverage, to the maximum extent permitted by federal disability nondiscrimination law.

What is a physical or mental impairment?

A physical impairment is any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more body systems such as: Neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, immune, circulatory, hemic, lymphatic, skin, and endocrine.

A mental impairment is any mental or psychological disorder such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

“Physical or mental impairment” includes, but is not limited to, contagious and noncontagious diseases and conditions such as the following: Orthopedic, visual, speech and hearing impairments, and cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disability, emotional illness, pregnancy-related medical conditions, dyslexia and other specific learning disabilities, Attention Deficit Hyperactivity Disorder, Human Immunodeficiency Virus infection (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.

¹⁰ Job Corps is a general term that includes the national Job Corps program; Job Corps contractors and center operators; Job Corps national training contractors; and Outreach and Admissions and Placement agencies, including Job Corps contractors that perform these functions.

¹¹ As defined in 29 CFR 38.4(q)

¹² Under federal law, only a person who meets one or both of the first two prongs of the disability definition (i.e., actual disability or record of a disability) is entitled to reasonable accommodation.

Are there certain impairments that will virtually always be found to impose a substantial limitation on a major life activity?

The following impairments should be easily found to substantially limit a major life activity (and may substantially limit additional major life activities not explicitly listed):

- Deafness substantially limits hearing;
- Blindness substantially limits seeing;
- Intellectual disability substantially limits brain function;
- Partially or completely missing limbs or mobility impairments requiring the use of a wheelchair substantially limit musculoskeletal function;
- Autism substantially limits brain function;
- Cancer substantially limits normal cell growth;
- Cerebral palsy substantially limits brain function;
- Diabetes substantially limits endocrine function;
- Epilepsy, muscular dystrophy, and multiple sclerosis each substantially limits neurological function;
- Human Immunodeficiency Virus (HIV) infection substantially limits immune function; and
- Major depressive disorder, bipolar disorder, post-traumatic stress disorder, obsessive compulsive disorder, and schizophrenia each substantially limits brain function.

Are there conditions, situations, or orientations that are not considered physical or mental impairments?

“Physical or mental impairment” does not include homosexuality or bisexuality.

The term “individual with a disability” does not include an individual on the basis of

- Transvestism, transsexualism, or gender identity disorders not resulting from physical impairments;
- Pedophilia, exhibitionism, voyeurism, or other sexual behavior disorders;
- Compulsive gambling, kleptomania, or pyromania; or

- Psychoactive substance-use disorders resulting from current illegal use of drugs.

Drug addiction

As noted above, drug addiction is a physical or mental impairment.¹³ However, *the term “individual with a disability” does not include an individual who is currently engaging in the illegal use of drugs, when Job Corps acts on the basis of such use.* This exclusion means that it is generally not against the law for Job Corps to take adverse action against an individual – to separate him or her from Job Corps, or otherwise give him or her less favorable treatment than others – because of current illegal drug use.

*This limitation **does not exclude** as an individual with a disability an individual who:*

- Has successfully completed a supervised drug rehabilitation program (an in-patient, out-patient, or employee assistance program) and is no longer engaging in the illegal use of drugs, or has otherwise been rehabilitated successfully (e.g., recognized self-help programs such as Narcotics Anonymous) and is no longer engaging in the illegal use of drugs;
- Is participating in a supervised rehabilitation program and is no longer engaging in the illegal use of drugs; or
- Is erroneously regarded as engaging in illegal use of drugs, but is not engaging in such use, except that it is not a violation of the nondiscrimination and equal opportunity provisions of the Workforce Innovation and Opportunity Act or implementing regulations for Job Corps to adopt or administer reasonable policies or procedures, including but not limited to drug testing, designed to ensure that an individual is no longer engaging in the illegal use of drugs.

If an applicant/student is requesting to be considered a person with a drug addiction disability (for example, so they can request reasonable accommodation, reasonable modification in policies, practices, or procedures, and auxiliary aids and services (RA/RM/AAS)), a center may request documentation that the applicant/student:

- Has a drug addiction diagnosis;
- Has completed/is participating in a rehabilitation program or been rehabilitated successfully in some other way; and
- Is not currently engaging in the illegal use of drugs.

Alcoholism

¹³ 29 CFR 38.4(q)(3)(ii). A person who casually uses (or used) drugs illegally but is not addicted is not considered an individual with a disability on that basis, and therefore is not protected from discrimination on that basis.

As noted above, alcoholism is a physical or mental impairment.¹⁴ Individuals who are currently using alcohol are protected by federal disability nondiscrimination laws from adverse actions taken because of the alcoholism itself.

What are major life activities?¹⁵

Major life activities include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working; and the operation of a “major bodily function,” such as the functions of the immune system, special sense organs and skin, normal cell growth, and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive systems. The operation of a major bodily function includes the operation of an individual organ within a body system.

In determining whether an impairment substantially limits a major life activity, the term “major” shall not be interpreted strictly to create a demanding standard.

Whether an activity is a “major life activity” is not determined by reference to whether it is of central importance to daily life.

What does “substantially limits mean”?

The term “substantially limits” shall be construed broadly in favor of expansive coverage, to the maximum extent permitted by the federal disability nondiscrimination law. “Substantially limits” is not meant to be a demanding standard.

When making a determination as to whether an impairment substantially limits the ability of an individual to perform a major life activity:

- The determination requires an individualized assessment.
- The determination should not require extensive analysis.
- An impairment that substantially limits one major life activity does not need to limit other major life activities to be considered a substantially limiting impairment.
- An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.
- An impairment is a disability within the meaning of federal disability nondiscrimination law if it substantially limits the ability of an individual to perform a major life activity as compared to most people in the general population. An impairment need not prevent, or significantly or severely restrict, the individual from performing a major life activity in

¹⁴ 29 CFR 38.4(q)(3)(ii).

¹⁵ This list is not exhaustive but contains examples of some activities that can be considered major life activities.

order to be considered substantially limiting. Nonetheless, not every impairment will constitute a disability within the meaning of this section.

- The comparison of an individual's performance of a major life activity to the performance of the same major life activity by most people in the general population usually will not require scientific, medical, or statistical evidence.
- The determination of whether an impairment substantially limits a major life activity shall be made without regard to the ameliorative effects of mitigating measures. However, the ameliorative effects of ordinary eyeglasses or contact lenses shall be considered in determining whether an impairment substantially limits a major life activity.
- Mitigating measures include, but are not limited to:
 - Medication, medical supplies, equipment, or appliances, low-vision devices, prosthetics including limbs and devices, hearing aid(s) and cochlear implant(s) or other implantable hearing devices, mobility devices, and oxygen therapy equipment and supplies;
 - Use of assistive technology;
 - Reasonable modifications in policies, practices, or procedures, and auxiliary aids and services;
 - Learned behavioral or adaptive neurological modifications; or
 - Psychotherapy, behavioral therapy, or physical therapy.

Evidence showing that an impairment would be substantially limiting without mitigating measures could include evidence of limitations that a person experienced prior to using a mitigating measure, evidence concerning the expected course of a particular disorder absent mitigating measures, or readily available and reliable information of other types.

While the determination of whether an impairment substantially limits a major life activity must be made without regard to the ameliorative effects of mitigating measures, if the mitigating measure itself has non-ameliorative effects (such as negative side effects of medications), those effects may be considered. The use of a mitigating measure cannot be required.

An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when it is active. This means that chronic impairments with symptoms or effects that are episodic rather than present all the time are disabilities even if the symptoms or effects substantially limit a major life activity only when the impairment is active. Examples of impairments that may be episodic include epilepsy, hypertension, asthma, diabetes, major depressive disorder, bipolar disorder, and schizophrenia.

The effects of an impairment lasting or expected to last less than 6 months can be substantially limiting for purposes of establishing an actual disability or record of a disability.

May the condition, manner, or duration under which a major life activity can be performed be considered in determining whether an impairment is a disability?

For conditions that are not easily found to impose a substantial limitation on a major life activity, the regulations state that in determining whether an individual is substantially limited in a major life activity, it may be useful in appropriate cases to consider, as compared to most people in the general population:

- The conditions under which the individual performs the major life activity;
- The manner in which the individual performs the major life activity; or
- The duration of time it takes the individual to perform the major life activity, or the duration of time for which the individual can perform the major life activity.

What are reasonable accommodations/modifications for individuals with disabilities?

The term “reasonable accommodation” means¹⁶:

- Modifications or adjustments to the application process that enable a qualified applicant with a disability to be considered for the aid, benefits, services, training, or employment that the qualified applicant desires; or
- Modifications or adjustments that enable a qualified individual with a disability to perform the essential functions of a job, or to receive aid, benefits, services, or training equal to that provided to qualified individuals without disabilities. These modifications or adjustments may be made to: (A) The environment where work is performed or aid, benefits, services, or training are given; or (B) The customary manner in which, or circumstances under which, a job is performed or aid, benefits, services, or training are given; or
- Modifications or adjustments that enable a qualified individual with a disability to enjoy the same benefits and privileges of the aid, benefits, services, training, or employment as are enjoyed by other similarly situated individuals without disabilities.

“Reasonable accommodation” includes, but is not limited to:

- Making existing facilities used by applicants, students, applicants for employment, and employees readily accessible to and usable by individuals with disabilities; and

¹⁶ As defined in 29 CFR § 38.4(yy).

- Restructuring of a job or a service, or of the way in which aid, benefits, services, or training is/are provided; part-time or modified work or training schedules; acquisition or modification of equipment or devices; appropriate adjustment or modifications of examinations, training materials, or policies; the provision of readers or interpreters; and other similar accommodations for individuals with disabilities.

Job Corps may, but is not required to, provide any of the following to individuals with disabilities:

- Personal devices, such as wheelchairs;
- Individually prescribed devices, such as prescription eyeglasses or hearing aids;
- Readers for personal use or study; or
- Services of a personal nature, including assistance in eating, toileting, or dressing.

When is Job Corps not obligated to provide RA/RM/AAS for individuals with disabilities?

If Job Corps can prove that a proposed accommodation would cause undue hardship or that a proposed modification would fundamentally alter the program, Job Corps is not obligated to provide the RA/RM/AAS.

Undue Hardship

With regard to reasonable accommodation of individuals with disabilities, “undue hardship” means significant difficulty or expense incurred by Job Corps, when considered in light of the factors below:

1. The nature and net cost of the accommodation needed, taking into consideration the availability of tax credits and deductions, and/or outside funding, for the accommodation;
2. The overall financial resources of the Job Corps program involved in the provision of the reasonable accommodation, including:
 - The number of persons aided, benefited, served, or trained by, or employed at, the Job Corps program; and
 - The effect the accommodation would have on the expenses and resources of the Job Corps program;
3. The overall financial resources of Job Corps, including:
 - The overall size of Job Corps;

- The number of persons aided, benefited, served, trained, or employed by Job Corps; and
 - The number, type, and location of Job Corps' facilities;
4. The type of operation or operations of Job Corps, including:
- The geographic separateness and administrative or fiscal relationship of the Job Corps program in question to Job Corps; and
 - Where the individual is seeking an employment-related accommodation, the composition, structure, and functions of Job Corps' workforce; and
5. The impact of the accommodation upon the operation of the Job Corps program, including:
- The impact on the ability of other students to receive aid, benefits, services, or training, or of other employees to perform their duties; and
 - The impact on the Job Corps program's ability to carry out its mission.

In those circumstances where Job Corps believes that a proposed accommodation would cause undue hardship, Job Corps has the burden of proving that the accommodation would result in such hardship.

Job Corps may conclude that the accommodation would cause such hardship only after considering all factors listed in the definition of "undue hardship" above. The decision must be accompanied by a written statement of the reasons for reaching that conclusion (see Reasonableness Review Form, Undue Hardship or Fundamental Alteration, National Office Analysis/Decision below). A copy of the statement of reasons must be provided to the individual or individuals who requested the accommodation.

If a requested accommodation would result in undue hardship, Job Corps must, after consultation with the individual with a disability, take any other action that would not result in such hardship but would nevertheless ensure that, to the maximum extent possible, individuals with disabilities receive the aid, benefit, service, training, or employment provided by Job Corps.

Fundamental Alteration

"Fundamental alteration" means:

- A change in the essential nature of a Job Corps program or activity as defined in 29 CFR 38.4(z), including but not limited to an aid, service, benefit, or training; or
- A cost that Job Corps can demonstrate would result in an undue burden.

Factors to be considered in making the determination whether the cost of a modification would result in such a burden include:

1. The nature and net cost of the modification needed, taking into consideration the availability of tax credits and deductions, and/or outside financial assistance, for the modification;
2. The overall financial resources of the Job Corps program involved in the provision of the modification, including:
 - The number of persons aided, benefited, served, or trained by, or employed at, the Job Corps program; and
 - The effect the modification would have on the expenses and resources of the Job Corps program;
3. The overall financial resources of the Job Corps program, including:
 - The overall size of Job Corps;
 - The number of persons aided, benefited, served, trained, or employed by Job Corps; and
 - The number, type, and location of Job Corps' facilities;
4. The type of operation or operations of Job Corps, including:
 - The geographic separateness and administrative or fiscal relationship of the Job Corps program in question to Job Corps; and
 - Where the modification sought is employment-related, the composition, structure, and functions of Job Corps' workforce; and
5. The impact of the modification upon the operation of the Job Corps program, including:
 - The impact on the ability of other students to receive aid, benefit, service, or training, or of other employees to perform their duties; and
 - The impact on the Job Corps program's ability to carry out its mission.

In those circumstances where Job Corps believes that a proposed modification would fundamentally alter the program, activity, or service, Job Corps has the burden of proving that the modification would result in such an alteration.

Job Corps may conclude that a modification would result in such an alteration only after considering all factors listed in the definition of "fundamental alteration" above. The decision

must be accompanied by a written statement of the reasons for reaching that conclusion. A copy of the statement of reasons must be provided to the individual or individuals who requested the modification.

If a modification would result in a fundamental alteration, Job Corps must take any other action that would not result in such an alteration but would nevertheless ensure that, to the maximum extent possible, individuals with disabilities receive the aid, benefits, services, training, or employment provided by Job Corps.

What is a service animal?

A service animal is any **dog** that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition. The work or tasks performed by a service animal must be directly related to the individual's disability.

Job Corps generally permits the use of a service animal by an individual with a disability. Center staff should contact their Regional Disability Coordinator (RDC) to ensure proper access is provided to an applicant/student with a service animal.

What kind of documentation can be requested related to a service animal?

Job Corps must not ask about the nature or extent of a person's disability. If an animal's service tasks are not obvious, Job Corps may make two inquiries to determine whether it qualifies as a service animal:

- Is the animal required because of a disability?
- What work or task has the animal been trained to perform?

Job Corps cannot require documentation, such as proof that the animal has been certified, trained, or licensed as a service animal.

What are assistance animals?

“Assistance animals” is a term that includes “emotional support” or “comfort” animals. Assistance animals provide companionship, relieve loneliness, and sometimes help with depression and certain phobias, but do not have training to perform specific tasks that assist people with disabilities. Consequently, these animals do not meet the definition of service animal.

Are assistance animals permitted on Job Corps centers?

Job Corps will consider requests for accompaniment by assistance animals as reasonable accommodation requests on a case-by-case basis. Consideration will be given to the specific

needs and request of the individual with the disability, the type of animal, and the type of assistance it provides.

Who is a qualified interpreter for an individual with a disability?

A qualified interpreter for an individual with a disability includes, for example, a sign language interpreter, an oral transliterator, and a cued-language transliterator. When an interpreter is provided to a person with a disability, the qualified interpreter must be able to sign or otherwise communicate effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, either in-person, through a telephone, a video remote interpreting (VRI) service, or via internet, video, or other technological methods.

What are Job Corps' obligations to communicate with an individual with a disability?

Centers must take appropriate steps (e.g., provide relevant communication-related accommodations, auxiliary aids and services) to ensure that communications with applicants/students (and/or applicants'/students' parents, guardians, or other representatives) who have disabilities are as effective as communication with others. This obligation, which is separate from the reasonable accommodation obligation, is described in detail in Appendix 201, Communicating with Individuals with Disabilities.

POLICY/SOP

An applicant or student with a disability is entitled to request and receive reasonable accommodation, reasonable modification in policies, practices, or procedures, and auxiliary aids and services (RA/RM/AAS) to apply to and/or participate in the Job Corps program at any time during the admissions process or enrollment.¹⁷ Each center is required to have a Disability Accommodation Process Standard Operating Procedure (SOP) to carry out these requirements (see Exhibit 5-1, Standard Operating Procedures). The SOP must include all components outlined in the process section below. The center's Disability Coordinators (DCs) must ensure that a Disability Accommodation Process SOP is in place and must coordinate the center's disability accommodation process.

PROCESS

To maintain confidentiality, disability documentation is made available on a need-to-know basis only, and participants in the RA/RM/AAS process must not discuss information about the request outside of the process. See also Appendix 202, Transmission, Storage, and Confidentiality of Medical, Health, and Disability-Related Information.

The center's RA/RM/AAS process must include the following components:

- Documenting the Disability Accommodation Process
- Determining the Need for RA/RM/AAS

¹⁷ For Job Corps policy on providing RA/RM/AAS to applicants to participate in the admissions process, see Form 1-05.

- Gathering Documentation
- Engaging in the Interactive Process
- Determining Reasonableness
- Entering the Accommodation Plan in CIS
- Notifying Staff of the Accommodation Plan
- Accessing/Implementing/Monitoring the Accommodation Plan
- Maintaining/Storing Files
- Initiating a Disability/Accommodation Referral

Documenting the Disability Accommodation Process

Documentation of actions and decisions is required by federal disability nondiscrimination law and can be very important if an applicant/student alleges discrimination. All interactions related to the provision or denial of RA/RM/AAS must be documented in the CIS Accommodation Notes tab.

Determining the Need for RA/RM/AAS

Applicant

At the center of assignment, there must be contact (phone or in person) between a Disability Coordinator (DC) and applicant (and parent/guardian, when appropriate) to determine if the applicant wishes to receive RA/RM/AAS when the applicant (or others on the applicant's behalf):

- Makes an RA/RM/AAS request verbally, in writing, or via the 653, Job Corps Health Questionnaire;
- Indicates they would like to discuss the need for RA/RM/AAS with a DC; or
- Discloses a disability and/or provides documentation that indicates they may be an individual with a disability who may need RA/RM/AAS to participate in Job Corps.

The contact must be made prior to assigning the applicant a start date. If a DC is unable to reach the applicant to conduct the RA/RM/AAS process, then the center, in collaboration with Outreach and Admissions, must document the attempts to contact the applicant and, if unable to do so, process the file as a withdrawal of application. The individual may reapply at any time.

Student

There must be contact (phone or in person) between a DC and student (and parent/guardian, when appropriate) to determine if the student wishes to receive RA/RM/AAS when the student (or others on the student's behalf):

- Makes a RA/RM/AAS request verbally, in writing, or via the 653, Job Corps Health Questionnaire.

- Indicates they would like to discuss the need for RA/RM/AAS with a DC; or
- Discloses a disability and/or provides documentation that indicates they may be an individual with a disability who may need RA/RM/AAS.

Documenting Contact

Whenever an applicant/student requests RA/RM/AAS, it must be documented on the Reasonable Accommodation, Reasonable Modification in Policies, Practices, or Procedures, and Auxiliary Aids and Services Request and Disability Coordinator Contact Form and then the DC must engage the applicant/student in the interactive RA/RM/AAS process. If the applicant/student agrees to an accommodation plan, the form is stored in an Accommodation File (AF) once the student is enrolled.

Applicant/Student Declines Accommodations

- If the applicant/student declines accommodation, this information is documented on the Reasonable Accommodation, Reasonable Modification in Policies, Practices, or Procedures, and Auxiliary Aids and Services Request and Disability Coordinator Contact Form and the applicant/student is instructed to contact the DC(s) if they decide accommodation is necessary at a later date.
- The form documenting the declination of RA/RM/AAS is stored in a Disability, No Accommodation File (DNAF) once the student is enrolled.

Gathering Documentation

During the Application Process

Outreach and Admissions will secure supporting medical and/or educational documentation, must not review the contents of these documents, and must upload all medical and special education/disability documentation to the Wellness and Accommodation E-Folder. See PRH Chapter 1, Section 1.2, R3.e.3; Section 1.4, R1.a.2 and Appendix 202, Transmission, Storage and Confidentiality of Medical, Health and Disability-Related Information.

After Enrollment

The DC can ask the student for reasonable documentation of their disability and functional limitations unless both the disability and need for RA/RM/AAS are obvious. Only the documentation that is needed to establish that (1) the student has a disability, and (2) the disability necessitates a RA/RM/AAS may be requested. It is important to obtain this type of information since the RA/RM/AAS needs of an individual with a disability will depend on the individual's functional capacities and limitations rather than their diagnosis. The applicant/student may be provided assistance to obtain documentation.

Documentation Sources

The documentation of the disability and the functional limitations must come from an appropriate health-care or rehabilitation professional (e.g., physicians, psychiatrists, psychologists, nurses, physical therapists, occupational therapists, speech therapists, vocational rehabilitation specialists) or from educational institutions such as public schools (e.g., special education records, 504 plans and supporting documentation, school medical plans and supporting documentation, etc.). In some cases, qualified center licensed health professionals may be able to diagnose certain conditions/provide documentation of a disability. See also Testing by the Center Mental Health Consultant (CMHC) section below.

No Documentation of Disability

If an applicant's or student's disability or need for RA/RM/AAS is not obvious, and they do not provide documentation to support a request for accommodation, then they may not be entitled to RA/RM/AAS. If an applicant/student suspects that they may have a disability that has not been diagnosed and is unable to pay for an evaluation, the AC or a DC should provide the applicant/student with referral information.

Documentation to Support Accommodations for Standardized Testing

Types of accommodations that are allowable in a standardized testing situation such as the Test of Adult Basic Education (TABE) or high school curriculum competency assessments usually are more limited than in other environments such as the academic and career technical training classrooms because certain accommodations may significantly alter what the test is intended to measure. Accommodations for standardized testing generally fall into the following categories:

- changes to the methods of presentation of the test (e.g., oral reading of test directions);
- changes to the methods of response to the test (e.g., use of paper/pencil test and answer sheet);
- test setting (e.g., taking the test in small rather than large groups); and
- test timing (e.g., extension of time to take a test).

Testing accommodations should be provided only after documentation of the disability containing information that supports the need for the testing accommodations has been provided, unless the disability is obvious (for example, a student is blind and needs either an oral administration or a Braille administration of the TABE, as appropriate). See Gathering Documentation to determine appropriate sources of accommodation documentation. See Appendix 301 and the TABE 11/12 Student Testing System Administrator's Guide regarding the use of paper/pencil versions of the tests as an accommodation, extending time between the follow-up TABE tests for students, and other testing accommodation considerations.

Testing by the Center Mental Health Consultant (CMHC)

Providing educational and psychological testing is NOT considered part of the routine tasks of the CMHC and is NOT accounted for in the allotted hours per 100 students. Students who need educational and psychological testing to document suspected Learning or Cognitive Disorders or Attention Deficit Hyperactivity Disorder (ADHD) should be referred to vocational rehabilitation or other appropriate resources. For centers that have public school or charter school partners, the center may be able to access appropriately trained and qualified staff (e.g., school psychologists) to assist with the assessments. Appropriately licensed and trained CMHCs (or practicum students under their supervision) who elect to be involved in the assessment of educational and/or psychological conditions must use evaluations that meet community standards for diagnosis of the particular condition and all documentation related to the assessment must be included in the Student Health Record (SHR). CMHCs should contact their Regional Mental Health Specialists for more information on conducting assessments.

Engaging in the Interactive Process

Disability Accommodation Committee

To determine the appropriate RA/RM/AAS, the center's Disability Accommodation Committee (DAC), led by the center DC(s), must initiate an informal, interactive process with the individual with a disability in need of RA/RM/AAS.

The DAC must meet when:

- A center has recommended denial of an application of an individual with a disability (see Accommodation Request or Documentation of Disability within Applicant File Review section below).
- An applicant who is an individual with a disability has appealed their denial from the Job Corps program (see Accommodation Request or Documentation of Disability within the Appeals Process section below).
- An applicant or student requests RA/RM/AAS in order to participate in the Job Corps program.
- An applicant or student provides documentation that indicates they may be an individual with a disability who may need RA/RM/AAS to participate in the Job Corps program.
- Concerns are identified during the RA/RM/AAS effectiveness review process (See Monitoring Accommodations).
- Referrals are made to the DCs that indicate an accommodation plan may be needed or the review of a current accommodation plan may be needed.

- Students enter work-based learning or Career Transition Readiness. The DAC meets to review and discuss any RA/RM/AAS the student may need to access and/or participate in the specific work environment or program they are entering.
- Students need assistance in securing RA/RM/AAS for the High School Equivalency and certification examinations administered on center, by partnering program and/or certification organization providers and for these examinations.
- A TABE waiver request (See Appendix 303, Checklist for Exemption from Tests of Adult Basic Education for Students with Documented Cognitive Disabilities and Form for Request for a Disability Waiver from TABE Testing) is being submitted.
- A maximum benefit separation is being considered (See Form 6-01, Maximum Benefits Separation).

Members of DAC

Participants of the DAC vary depending on the nature of the request but must always include a DC (chairperson) and applicant/student and their parents (if the applicant/student is a minor or requests their parents attend the meeting). Other possible members may include:

- Academic Manager and the Health and Wellness Director (HWD), if the center has a dedicated position for a DC; otherwise, it is presumed that the Academic Manager and the HWD are DCs, see PRH Chapter 2, Section 2.4.
- CMHC, physician, dentist, or TEAP Specialist
- Career Technical Manager
- Student's counselor
- Representatives of center departments directly impacted by the accommodation request
- Community agency or other program partner and/or resource if the applicant/student is receiving benefits or services in the community
- Advocate or authorized representative of the applicant/student

DAC Considerations

If the RA/RM/AAS request is straightforward and does not involve significant expense, the interactive process can be a DAC meeting (phone or face-to-face) between a DC and the applicant/student (and parents, service providers, if applicable). Agreed upon RA/RM/AAS can be determined at this meeting and approved by a DC.

If the RA/RM/AAS request is complex and/or may involve significant expense, a DAC meeting

involving additional participants may be required.

Additionally, the DAC must:

- Review documentation that was provided.
- Review any specific RA/RM/AAS requested by the applicant/student or by others on the applicant/student's behalf and review whether the documentation supports the need for the types of RA/RM/AAS requested.
- Consider RA/RM/AAS needs of applicants/students who disclose their disability via documentation but who have made no specific RA/RM/AAS request. The DAC will assist in identifying RA/RM/AAS for consideration.
- Identify all the functional limitations resulting from the applicant's/student's disability and the potential RA/RM/AAS that could overcome those limitations.
 - Consider RA/RM/AAS for all areas of the center, not just academics and testing (e.g., career technical, residential, common areas, transportation, etc.), in which the functional limitations of the applicant/student may impact access and participation.
 - RA/RM/AAS afforded to an applicant or student must be relevant to that individual's impairment and functional limitations resulting from the impairment. For example, a student who has diabetes and who has been granted RA/RM/AAS that include schedule adjustments and frequent breaks would not be entitled to the use of a calculator on the TABE unless there was also a corresponding disability in math calculations.
- Document any declinations (e.g. decline or refusal of RA/RM/AAS) of RA/RM/AAS (including alternative but equally effective RA/RM/AAS) by the applicant/student in the CIS Accommodation Notes tab.
- Identify the center staff responsible for ensuring approved RA/RM/AAS are provided and the date by which the RA/RM/AAS will be in place. Approved RA/RM/AAS for applicants must be in place by the scheduled arrival date of the applicant.
- Determine if there is a cost associated with providing the RA/RM/AAS. If there is a cost, determine the amount and type of contribution to be obtained from other sources toward the purchase or acquisition of the RA/RM/AAS. If the cost will be greater than \$5,000, see the Funding High-Cost Accommodations section.
- Develop an accommodation plan.

If it is determined that Job Corps cannot provide the requested RA/RM/AAS or an alternate RA/RM/AAS that the applicant/student agrees is equally effective, see Determining Reasonableness section.

RA/RM/AAS Request or Documentation of Disability within Recommendations of Denial of Enrollment and/or the Appeal of Recommendations of Denial

RA/RM/AAS considerations within the health care needs and/or the direct threat assessment process will include only those related to the limitations that are presenting barriers to enrollment. For more information, see PRH Chapter 1, Section 1.5.R6, Forms 2-04, Direct Threat Assessment and 2-05, Health Care Needs Assessment.

Applicants who submit an appeal of a denial of enrollment decision to a Regional Office, along with the appropriate supporting health or medical documentation (see PRH Chapter 1, Section 1.5.R10), must receive a new review of their application, including a new review and consideration of RA/RM/AAS.

Funding High-Cost Accommodations

Generally, centers are responsible for any costs associated with providing RA/RM/AAS to students with disabilities. In rare cases, a high-cost RA/RM/AAS (e.g., sign language interpreter) may be needed. If RA/RM/AAS costs are more than \$5,000, contact the center's RDC for assistance requesting National Office funding.

Determining Reasonableness

There is no specific list of RA/RM/AASs that will or will not be provided. Each request for RA/RM/AAS must be evaluated individually, and a determination made regarding whether it is reasonable.

Reasonableness Reviews

The Center Director must complete and document a reasonableness review (see Reasonableness Review Form, Undue Hardship or Fundamental Alteration below) if there is a concern that a request may either pose an undue hardship or result in a fundamental alteration to the program. See also Undue Hardship and Fundamental Alteration for the factors that must be considered and the process for documenting the decision.

- If the National Office determines that the request is reasonable, the accommodation must be provided.
- If the National Office determines that the request is unreasonable (meaning that it would either pose an undue hardship or result in a fundamental alteration to the program), the applicant/student must be provided a written statement from the National Office that includes the reason for the denial of the requested accommodation.
 - If the applicant's health care needs are within what the Job Corps health and wellness program can provide (i.e., defined as basic health care in Exhibit 2-4, Job Corps Basic Health Care Responsibilities), and either there is no need for a direct threat assessment or a direct threat assessment has been conducted with the

conclusion that the individual does not pose a direct threat to others, the applicant may still elect to enroll in the program or the student may elect to remain in the program. The individual may request other accommodations at any time during their participation in the Job Corps program. See Determining the Need for RA/RM/AAS.

Entering the Accommodation Plan in CIS

Applicant Request for Accommodation to Participate in the Program during Admissions

- If an applicant discloses a disability and/or requests RA/RM/AAS to participate in the Job Corps program during the admissions process, the accommodation plan must be entered in CIS using the accommodation plan icon prior to or on the day of the student's arrival.

Student Request for Accommodation

- If a student discloses a disability and/or requests RA/RM/AAS after enrollment and arrival on center, the accommodation plan must be entered in CIS using the accommodation plan icon soon after disclosure of disability whether the disclosure occurs from disability documentation, completion of a RA/RM/AAS Request Form, or verbally.

TABE Accommodations

- For students who disclose their disability prior to arrival and require TABE testing accommodations, this data must be entered prior to the administration of the first TABE test. If a student discloses a disability and requests testing accommodations after the administration of the first TABE test, the accommodation plan should be entered into CIS as soon as possible after disclosure of disability (see Chapter 2, Section 2.4, R3.a) and must be entered prior to the next TABE test administration.

Administrative Considerations

Accommodation plans must not include information about an individual student's diagnosis, medication needs, or other health-related history or information unless necessary to comply with the accommodation plan and in accordance with Appendix 202.

A DC and student must sign the plan (soon after the student's arrival if the disclosure occurred during the admissions process or after the DAC meeting if the disclosure occurred after arrival).

A copy of the plan must be provided to the student, and the original must be maintained in the student's AF.

Accommodation Plans/Files for Transfer/Readmit/Advanced Training Students with Existing Accommodation Plans

If a student with an accommodation plan already in CIS transfers to another center, re-enrolls in the program, or is admitted to an advanced training program, the center must engage the individual in the interactive accommodation process. See Engaging in the Interactive Process.

Previous Documentation

The DC must determine if the student's existing documentation has been uploaded in E-Folder and/or provided to the center (i.e., received an AF) or documentation is contained within the SHR. If not, request that the sending center upload the existing documentation. If the documentation cannot be obtained, then document in the Accommodation Plan notes within CIS that the student previously had an accommodation plan documented in CIS and the center's efforts to obtain the documentation. Then continue to provide the previously agreed upon accommodations.

Notifying Staff of the Accommodation Plan

As necessary (i.e., when accommodation plans are added or updated in CIS), but at least biweekly, a DC must e-mail staff members who interact with students a list of all students with accommodation plans available in the CIS. The list must specifically indicate any plans that are new or updated. Copies of these e-mails must be maintained by a DC in a secured location.

Accessing/Implementing/Monitoring the Accommodation Plan

All center staff responsible for providing accommodations must have access to the accommodation plan report in CIS (see Chapter 2, Section 2.4 R3.e) and must access plans by using the CIS accommodation plan icon. Staff are responsible for providing accommodations as indicated in the accommodation plan. Managers are responsible for ensuring that accommodation plans are implemented in their areas of supervision. See also Notifying Staff of Accommodation Plan. As the student participates in the program, new needs may be identified or accommodation adjustments may be required. The effectiveness of a student's accommodation plan must be evaluated with the student at least every 60 days throughout the student's enrollment in Job Corps. Documentation of monitoring must be noted in the CIS Accommodation Notes tab.

Maintaining/Storing the Accommodation File or Disability No Accommodation File

Each student with a disability must have either an AF (if the student has an accommodation plan) or a DNAF (if the student has a disability but declined accommodation).

All AFs must contain:

- Documentation of disability (medical records must remain in SHR with a note in the AF indicating that the documentation is stored in the SHR)
- RA/RM/AAS Request and Disability Coordinator Contact Form as appropriate

- Signed Accommodation Plan(s)
- CIS Accommodation Notes tab printout (added at separation)
- AFs may also contain: Accommodation Monitoring Forms (optional, monitoring must be documented in CIS Accommodation Notes tab)
- Referral Form (if applicable)

All DNAFs must contain:

- Documentation of Disability (medical records should remain in SHR with a note in DNAF indicating that the documentation is stored in the SHR).
- RA/RM/AAS Request and Disability Coordinator Contact Form as appropriate. Completion of the form appropriately serves as documentation of contact with the applicant; however, DCs can store additional notes documenting contact in the DNAF.

When the student separates, the AF or DNAF must be sealed and sent to records. See Appendix 202, Transmission, Storage, and Confidentiality of Medical, Health, and Disability-Related Information for more information on access to and storage of disability-related information.

Initiating a Disability/Accommodation Referral

A written referral/feedback system must be established to document a referral to the DCs when a student discloses a disability and may want RA/RM/AAS or staff suspects a student may have a disability that is impacting their success in the program and should meet with the DCs to consider RA/RM/AAS. All documentation related to the referral/feedback must be stored in the student's AF or in the SHR if no AF exists.

REASONABLE ACCOMMODATION, REASONABLE MODIFICATION IN POLICIES, PRACTICES OR PROCEDURES, AND AUXILIARY AIDS AND SERVICES (RA/RM/AAS) REQUEST AND DISABILITY COORDINATOR CONTACT FORM

Individuals with disabilities may request RA/RM/AAS (changes in the way things are done, or other types of help) to assist them in participating in the Job Corps program. This form is divided into three parts:

- **Part 1** is to be completed by the applicant or student if requesting RA/RM/AAS or if the applicant or student would like to speak with a center Disability Coordinator.
- **Part 2A or 2B** is to be completed by the Disability Coordinator to document the contact with the applicant or student.

Part 1: RA/RM/AAS Request (completed by applicant/student)

Applicant/Student - Complete Part 1 of this form if you would like to request RA/RM/AAS or if you would like to discuss RA/RM/AAS with a Center Disability Coordinator.

Applicant/Student Name: _____ ID#: _____

Select the appropriate box.

- I would like to request RA/RM/AAS. *Please list each specific RA/RM/AAS you are requesting. For example, if you are requesting extended time for tests and extended time for assignments, then be sure to include both below. Do not use general statements such as "See IEP." A Center Disability Coordinator will contact you to discuss the request.*
 -
 -
 -
- I think I may need RA/RM/AAS, but I am not sure what I will need. I would like to talk directly with a Center Disability Coordinator about my RA/RM/AAS needs. *A Center Disability Coordinator will contact you.*

Depending on your disability and the type of RA/RM/AAS you are asking for, Job Corps may ask you to provide documentation about your disability and how it affects you.

Applicant/Student Signature **Date**

Parent/Guardian Signature **Date**

Outreach and Admissions staff or the Center Disability Coordinator must upload this form and related documentation to the respective Wellness and Accommodation E-Folders in CIS.

**REASONABLE ACCOMMODATION, REASONABLE MODIFICATION IN POLICIES,
PRACTICES OR PROCEDURES, AND AUXILIARY AIDS AND SERVICES
(RA/RM/AAS) REQUEST AND DISABILITY COORDINATOR CONTACT FORM
(cont.)**

Part 2: Disability Coordinator Contact (completed by Disability Coordinator)

Job Corps policy requires that a Center Disability Coordinator contact an applicant/student to discuss potential RA/RM/AAS needs if the applicant discloses a disability and/or requests RA/RM/AAS. Disability Coordinators must use this section of the form to document that contact.

Part 2A: Accommodation Requests

Job Corps policy requires that a Center Disability Coordinator contact an applicant/student to discuss potential RA/RM/AAS needs if the applicant requests RA/RM/AAS. Disability Coordinators must use this section of the form to document that contact.

Skip to Part 2B, Disclosure of Disability, to discuss potential RA/RM/AAS needs if the applicant/student did not make a formal RA/RM/AAS request but instead disclosed their disability via the 653, documentation of disability, or via any other communication method. Disability Coordinators must use this section of the form to document that contact.

Step 1: Check each box that applies.

- Requested RA/RM/AAS prior to arrival
- Requested RA/RM/AAS after enrollment

Step 2: Ensure that PART 1 has been completed in its entirety. If the first box was checked without listing specific accommodations (i.e., says “See IEP,” for example), then contact the applicant to define the specific RA/RM/AAS(s) being requested and document in Part 1 above. If a student declines accommodation initially but then decides that they do wish to have accommodations, then have the individual complete Part 1.

Step 3: Document the outcome(s) of the interactive RA/RM/AAS process by completing the section below. Check all that apply.

- I have met with the applicant/student by telephone or in person to discuss their RA/RM/AAS needs.
- The applicant/student would like RA/RM/AAS. An accommodation plan was developed and entered in CIS. Store this form in the AF.
- The applicant/student does not wish to receive RA/RM/AAS. The applicant/student has been informed that they may request RA/RM/AAS at any time. Store this form in the Disability No Accommodation File (DNAF).
- The applicant/student and the center cannot agree to an accommodation plan. The center has offered reasonable alternative accommodations and completed a Reasonableness

Review and submitted the Reasonableness Review Form for National Office review. Upload this form to the Wellness and Accommodation E-Folder, Disability E-Folder and may put a copy in the DNAF or the AF as determined by the outcome of the review.

Update the notes in the Accommodation Plan Notes section of CIS.

**REASONABLE ACCOMMODATION, REASONABLE MODIFICATION IN POLICIES,
PRACTICES OR PROCEDURES, AND AUXILIARY AIDS AND SERVICES
(RA/RM/AAS) REQUEST AND DISABILITY COORDINATOR CONTACT FORM
(cont.)**

Part 2B: Disclosure of Disability

Job Corps policy requires that a Center Disability Coordinator contact an applicant/student to discuss potential RA/RM/AAS needs if the applicant discloses a disability via the 653, documentation of disability, or via any other communication method but made no formal RA/RM/AAS request. Disability Coordinators must use this section of the form to document that contact.

Step 1: Check each box that applies.

- Disclosed/provided documentation indicating disability is likely prior to arrival (no request made) (i.e., documentation source(s) such as IEP, Chronic Care Management Plan, health documentation, etc.)
- Disclosed/provided documentation indicating disability is likely after enrollment (no request made) (i.e., documentation source(s) such as IEP, Chronic Care Management Plan, health documentation, etc.)
- Diagnosed with a disability by a qualified center licensed health professional or program partner after enrollment

Step 2: Document the outcome(s) of the contact by completing the section below.

- I have met with the applicant/student by telephone or in person to discuss their RA/RM/AAS needs.
- The applicant/student would like RA/RM/AAS. An accommodation plan was developed and entered in CIS. Ensure that Part 1 of the form is completed. Store this form in the AF.
- The applicant/student does not wish to receive RA/RM/AAS. The applicant/student has been informed that they may request RA/RM/AAS at any time. Store this form in the DNAF.
- The applicant/student and the center cannot agree to an accommodation plan. The center has offered reasonable alternative accommodations and completed a Reasonableness Review and submitted the Reasonableness Review Form for National Office review. Upload this form to the Wellness and Accommodation E-Folder, Disability E-Folder and may put a copy in the DNAF or the AF as determined by the outcome of the review.

Update the notes in the Accommodation Plan Notes section of CIS.

Applicant/Student Signature	Date
Parent/Guardian Signature	Date
Disability Coordinator Signature	Date

REASONABLENESS REVIEW FORM UNDUE HARDSHIP OR FUNDAMENTAL ALTERATION

Instructions: If there is a concern that a reasonable accommodation, reasonable modification in policies, practices or procedures, and auxiliary aids and services (RA/RM/AAS) request may cause undue hardship or fundamental alteration to the program,¹⁸ then the Center Director (CD) **must** complete a reasonableness review. The center Disability Coordinator (DC) may assist with the completion of this form, but it must be signed by the CD.

Name:		Date:	
Center:		ID#:	

Applicant

 Student

List the RA/RM/AAS requested that are under review:

1.		<input type="checkbox"/>	Undue Hardship	<input type="checkbox"/>	Fundamental Alteration
2.		<input type="checkbox"/>	Undue Hardship	<input type="checkbox"/>	Fundamental Alteration
3.		<input type="checkbox"/>	Undue Hardship	<input type="checkbox"/>	Fundamental Alteration

Background

- Why is the RA/RM/AAS needed? List the specific functional limitations and/or reasons the RA/RM/AAS is needed for the individual to participate in the Job Corps program.

- Did the individual with a disability provide documentation of the disability (if the disability is not obvious)? If so, what documentation was provided?

- Does the documentation support the functional limitations that require the requested RA/RM/AAS? Provide a brief explanation.

¹⁸ See PRH Form 2-03.

4. Were any alternative RA/RM/AASs/modifications offered to the applicant/student that would be equally effective in providing access to participation in the Job Corps program? If so, please complete the table below.

Alternative Accommodations/Modifications	Applicant's/Student's Response			
	<input type="checkbox"/>	Declined	<input type="checkbox"/>	Accepted
	<input type="checkbox"/>	Declined	<input type="checkbox"/>	Accepted
	<input type="checkbox"/>	Declined	<input type="checkbox"/>	Accepted
	<input type="checkbox"/>	Declined	<input type="checkbox"/>	Accepted
	<input type="checkbox"/>	Declined	<input type="checkbox"/>	Accepted
	<input type="checkbox"/>	Declined	<input type="checkbox"/>	Accepted
	<input type="checkbox"/>	Declined	<input type="checkbox"/>	Accepted
	<input type="checkbox"/>	Declined	<input type="checkbox"/>	Accepted

Instructions:

*If the individual with a disability has accepted the alternative RA/RM/AAS and is no longer requesting the RA/RM/AAS under reasonableness review, then **STOP** here as there is no need to complete the remainder of the form. Maintain this documentation in the Accommodation File (AF).*

Center Analysis

Contracted OBS:		Current OBS:	
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5. Is there a cost associated with providing the RA/RM/AAS? If so, explain the associated costs.

6. Are there any community resources (e.g., Vocational Rehabilitation) that could assist in providing the RA/RM/AAS? If so, please list and briefly describe how they could assist.

7. Is the center eligible for certain tax credits or deductions to offset the cost of the RA/RM/AAS? If so, which ones?

8. What is the impact on the center's operations if the RA/RM/AAS were to be provided? (*i.e., the impact on the ability of other students to receive aid, benefits, services, or training, or of other staff to perform their duties; and the impact on the center's ability to carry out its mission.*)

9. If the modification would change the essential nature of the program or activity, please explain why. Be as specific as possible.

Instructions:

If the center has determined that the requested RA/RM/AAS would post an undue hardship and/or the that the requested modification(s) would result in a fundamental alteration, please do the following:

- 1. Upload the signed Reasonableness Review Form and all supporting documentation to the Wellness and Accommodation E-Folders (e.g., health/disability) in CIS.*

- 2. Email your Regional Disability Coordinator that a Reasonableness Review has been uploaded for review.*

Center Director's Signature

Date

**REASONABLENESS REVIEW FORM
UNDUE HARDSHIP OR FUNDAMENTAL ALTERATION (cont.)**

National Office Analysis/Decision *(National Office Use Only)*

Step 1: Using the information provided by the center in items 1-9 and using **ALL** of the factors listed in the Fundamental Alteration/Undue Hardship sections in Form 2-03, complete an analysis of the reasonableness of the applicant's/student's RA/RM/AAS request to include the following:

Step 2: For each RA/RM/AAS request, complete the following table:

RA/RM/AAS Under Review		Approve Request	UH	FA
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 3:

- a. If the request(s) is **approved**, then the Disability Support Contractor informs the center of the approved RA/RM/AAS so that the applicant/student* may be informed. No further action is required.
- b. If the determination of a request is that the RA/RM/AAS would pose an **undue hardship** or the modification would result in a **fundamental alteration** to the program, then the following must occur:

- 1. Summarize why the RA/RM/AAS request was an UH or a FA.

- 2. Identify actions Job Corps can take that would not result in UH/FA (i.e., what alternate RA/RM/AAS can be provided or other actions can be taken, if any).

	Alternate RA/RM/AAS or Other Actions
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____

- 3. The Disability Support Contractor informs the center that the National Office determined that the RA/RM/AAS requested were determined to be UH/FA so that the center may inform the applicant/student.*

*An applicant approved for enrollment may choose to enroll without the benefit of the alternative RA/RM/AAS or a student may choose to continue enrollment without the benefit of the RA/RM/AAS.

FORM 2-04

INDIVIDUALIZED ASSESSMENT OF POSSIBLE DIRECT THREAT

Purpose

To provide additional information and guidance on the direct-threat assessment process currently outlined in Chapter 1, Section 1.5, R6 and Chapter 6, Section, 6.2 R5.

Background

Job Corps requires, as a qualification standard, that an applicant or student not pose a direct threat to the health or safety of others, including students and staff. Like any qualification standard, this requirement must apply to all applicants and students, not just to those with disabilities. If, however, an individual poses a direct threat as a result of a medical condition or disability (a physical or mental impairment that substantially limits one or more of the individual's major life activities),¹⁹ the qualified health professional conducting the assessment must determine whether reasonable accommodation, reasonable modification in policies, practices or procedures and auxiliary aids and services (RA/RM/AAS) would either eliminate the risk or reduce it to an acceptable level.

This document provides Job Corps health services qualified health professionals, including Trainee Employee and Assistance Program (TEAP) specialists, with guidance designed to help them understand the process of properly and lawfully assessing an individual applicant's or student's ability to safely participate in the Job Corps program.

If the qualified health professional determines that the individual poses a direct threat (using specified criteria discussed below; see also 29 CFR §38.4(p)), and the threat results from a medical condition or disability, the qualified health professional must consider whether any RA/RM/AAS would reduce the risk. Identification of RA/RM/AAS must be made in collaboration with the Disability Coordinator and take into consideration relevant requested RA/RM/AAS. Please note that the qualified health professional must not consider whether, in their view, a particular accommodation would impose an undue hardship; or whether a particular modification of policies, practices and/or procedures, or provision of auxiliary aids or services, would fundamentally alter the program. That determination must be made by the Center Director or their designee, on the basis of a number of specific factors that are required by law. Any documents, information, or notes utilized during this process must be retained in the event of further review.

Overview

The attached form may be used to conduct an individualized assessment of an applicant's or a student's possible direct threat to others. This assessment should be conducted if the Health and Wellness Director (HWD) has a reasonable belief, based on objective evidence, that an individual applicant or student has a medical condition or disability that may pose a significant risk of

¹⁹ For the complete definition of the term "disability," see 29 CFR 38.4(q).

substantial harm to the health or safety of others. An assessment must not be conducted based solely on information that an individual has a particular disability or medical condition. For example, federal disability nondiscrimination laws make clear that individuals do not pose a direct threat simply because they have a history of psychiatric disability or are currently receiving treatment for a psychiatric disability. Rather, an assessment should be conducted when there is *objective* evidence regarding a possible risk to others posed by the specific applicant or student. The assessment process is described in detail below.

Federal disability nondiscrimination laws define a “direct threat” as **a significant risk of substantial harm to the health and safety of others that cannot be eliminated or reduced by RA/RM/AAS**. A “significant risk” means a high, not a slight, probability; a speculative or remote risk is insufficient.

Determining whether an individual poses a significant risk of substantial harm to the health or safety of others that cannot be eliminated or reduced (in a manner consistent with the previous paragraph) must be done on a case-by-case basis, by qualified health professionals who have current, documented expertise in the medical condition(s) or disability or disabilities involved in a particular case, as described below. The fact that an individual has been referred for a direct threat assessment should not be interpreted as suggesting that the individual will be determined to be a direct threat.

Procedures

When evaluating whether an individual with a disability or medical condition poses a direct threat, please keep in mind that there are legal requirements:

- a) restricting disability-related inquiries, i.e., questions which are likely to elicit information about a disability, and
- b) strictly limiting who may be informed about an individual’s disability status or medical condition and who may have access to medical and disability-related information in an individual’s file.

Because of these requirements, Job Corps has developed the procedures below, to ensure that the evaluation process complies with the law.

- In the context of evaluating an *applicant* for Job Corps, a direct-threat assessment may be done when the HWD reasonably believes, based on objective evidence, that the applicant’s disability, disabilities, or medical condition(s) may pose a direct threat to the health or safety of others. Such assessments may occur only when all three criteria below are met:
 - a) the applicant has received conditional assignment to a Job Corps center and has completed the questions on the “Job Corps Health Questionnaire (ETA 653)”; *and*
 - b) specific, objective, factual, information about that particular conditionally enrolled

- applicant has been gathered that is medically related to any “yes” responses given to the questions of the ETA 653. The HWD reviews relevant disclosed health information, and if applicable, requests additional information on disclosed medical conditions or disability and/or makes effort to contact current treating providers with applicant’s and/or guardian’s permission; *and*
- c) the initial review of this specific, objective, factual, information supports a reasonable belief that the conditionally enrolled applicant 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. See file review timeframes, Chapter 1, Section 1.5.R2.g.

If all of these criteria are satisfied, the HWD will forward the applicant’s information to a qualified health professional who has current, documented expertise in the medical condition(s) or disability or disabilities involved in the individual case for a detailed direct-threat assessment, as described below.

- In the case of a *current student*, a direct threat assessment may be conducted if the HWD has a reasonable belief, based on objective evidence, that the student has a disability, disabilities, or medical condition that may pose a “direct threat” to others as defined above and requires a medical separation with reinstatement rights (MSWR). The HWD reviews relevant disclosed health information, and if applicable, requests additional information on disclosed medical conditions or disability and/or makes effort to contact current treating providers with applicant’s and/or guardian’s permission. If as a result, the HWD concludes that the individual is a potential direct threat to others, the HWD will forward the objective evidence to a qualified health professional who has current, documented expertise in the medical condition(s) or disability or disabilities involved in the individual case for a detailed direct threat assessment, as described below.

Any current student medically separated for direct threat, must have a direct threat assessment conducted by the qualified health professional. The signed assessment must be present in the student health record.

Who May Conduct the Assessment?

The clinical assessment of whether an individual’s medical condition or disability poses a significant risk to others and, if so, the degree of potential harm that may be caused by the individual’s specific medical condition or disability, can only be completed after taking into consideration any relevant health information, interviews with the individual, information from current treating providers, if received, and RA/RM/AAS, and ultimately, is a medical decision properly determined only by qualified health professionals who have *current, documented* expertise in the medical condition(s) or disability or disabilities involved in a particular case. General medical expertise, without expertise in the specific medical condition(s) or disabilities at issue in a given case, is insufficient.

The staff of a particular Center may not include a professional who has the current expertise necessary to conduct a direct threat assessment for a specific applicant or student. Therefore, a

Center may need to consult with the applicant's or student's individual treating provider or may need to retain an outside provider with the necessary current expertise in the particular medical condition or disability and its effects, to conduct an assessment in a given case.

The Center must document in writing why the particular health professional(s) chosen to conduct the assessment is/are considered to have the required documented, current expertise in the medical condition(s) or disability(ies) involved in a given case. This written documentation, including documentation of the medical professional's current expertise, must be retained in the applicant's or student's medical file, pursuant to the requirements of 29 CFR 38.41(b) and 38.43.

Basis for the Assessment

The determination whether an individual has a disability or medical condition that poses a "direct threat" to others must be based on an individualized assessment of the individual's present ability to safely participate in the Job Corps program. This assessment must be based on a reasonable medical judgment that relies on the most current medical knowledge and/or the best available objective evidence. In making such a determination, the qualified health professional must identify the specific medical condition or disability that is considered to potentially pose a significant risk of substantial harm, and consider:

- a) The duration of the risk;
- b) The nature and severity of the potential harm;
- c) The likelihood that the potential harm will occur; and
- d) The imminence of the potential harm.

The harm to others must be serious and likely to occur, not remote and speculative. Reliance on stereotypes about specific disabilities or medical conditions is inappropriate in the assessment process. The determination cannot be based on generalizations about the medical condition or disability; the qualified health professional must identify any specific risk to others that is posed by the medical condition or disability of the named individual in the applicable Job Corps context. Subjective perceptions, irrational fears, and patronizing attitudes have no place in the assessment process.

If the qualified health professional concludes that the individual has a disability (see discussion below) that poses a significant risk of substantial harm to others, a determination must be made whether the risk may be eliminated or reduced by RA/RM/AAS. A discussion of how to make this determination appears below.

Factors to Be Considered

As mentioned above, to determine whether a specific individual with a medical condition or disability poses a direct threat, the qualified health professional must consider four specific factors: the duration of the risk; the nature and severity of the potential harm; the likelihood that

the potential harm will occur; and the imminence of the potential harm.

If the qualified health professional considers these four factors and determines that the individual has a disability (a physical or mental impairment that substantially limits one or more major life activities) that poses a significant risk of substantial harm to others, they must consider whether the risk can be eliminated or reduced to an acceptable level by RA/RM/AAS.

Relevant information to be considered in making the direct threat assessment (including the consideration of whether the risk may be lessened or eliminated) may include, but is not necessarily limited to:

- Input from the individual with the medical condition or disability;
- The medical history of the individual, including their experience in previous situations similar to those they would encounter in the program; and
- Opinions of medical doctors, rehabilitation counselors, and/or therapists who have direct knowledge of the individual.

Under federal disability nondiscrimination laws, the burden is on Job Corps to prove that a particular individual has a medical condition or disability that poses a direct threat to others. This means that if the objective, factual evidence is equivocal (not clear), or is insufficient to prove that the participation of that specific individual would pose a direct threat, the qualified health professional must determine that no direct threat exists.

The four factors for assessing potential direct threat are described in more detail below.

1. **Nature and severity of the potential harm.** In the professional judgment of the qualified health professional:
 - a. What *kind of harm to others* is potentially posed by this individual's medical condition or disability? **List the specific symptoms or behaviors** and the information on which the judgment is based.
 - b. What is the *seriousness of the potential harm* in this particular case (e.g., death, incapacitation, serious injury, minor injury/emotional distress)? List the specific information on which the judgment is based.
2. **Duration of the risk.** In the professional judgment of the qualified health professional, how long will the risk to others last? List the specific information on which the judgment is based.
3. **Likelihood that the potential harm will occur.** In the professional judgment of the qualified health professional, is the likelihood that potential harm to others will occur high, moderate, or low? List the specific information on which the judgment is based.

4. **Imminence of the potential harm.** In the professional judgment of the qualified health professional, how soon is the harm to others likely to occur? List the specific information on which the judgment is based.

Taking all four of these factors into consideration, the qualified health professional should determine whether the applicant's or student's disability or medical condition poses a significant risk of substantial harm to others.

The qualified health professional must document in writing the assessment of each of the above factors and include copies of any background information that has been considered, including individual medical information about the applicant or student. This written documentation must be retained in the applicant's or student's medical file, pursuant to the requirements of 29 CFR 38.41(b) and 38.43.

Post-Direct Threat Assessment Review of Reasonable Accommodations, Reasonable Modifications in Policies, Practices or Procedures, and Auxiliary Aids and Services (RA/RM/AAS)

If the qualified health professional has determined that the individual poses a direct threat to others, and the individual is a person with a disability, as defined in the law (in other words, they have a physical or mental impairment that substantially limits one or more of their major life activities), the qualified health professional must next consider whether RA/RM/AAS may eliminate or reduce the risk sufficiently to allow for enrollment. Identification of RA/RM/AAS must be made in collaboration with the Disability Coordinator and take into consideration relevant requested RA/RM/AAS.

Every effort should be made to identify appropriate RA/RM/AAS that may eliminate or reduce the risk in a given case. Qualified health professionals are encouraged to be flexible and creative in working with applicants and students to come up with possible solutions. It is recommended that qualified health professionals use appropriate resources (e.g., collaborate with the individual's own health care provider(s) and/or review resources such as the Job Accommodation Network) to assist them in the identification process, as appropriate.

Examples of Potential Reasonable Accommodations or Reasonable Modifications in Policies, Practices, or Procedures to Reduce Risk:

- Schedule adjustments to allow the applicant or student to attend necessary off-center appointments
- Shortened training day or later start to the training day to adjust for medication side effects
- Passes during the training day to allow an applicant or student to leave class and meet with a counselor to de-escalate behaviors as needed

For each risk identified in the assessment, the qualified health professional must make a specific determination of whether any RA/RM/AAS that may eliminate or reduce the risk have been

identified. This determination must be included in the written report of the assessment. If any RA/RM/AAS that could eliminate or reduce the risk have been identified, each potential accommodation, modification, or auxiliary aid and service must be listed in the assessment report. Any background information that has been considered must also be documented in writing, and copies of the information must be included with the assessment report.

If the qualified health professional has identified one or more RA/RM/AAS that will eliminate or sufficiently reduce the risk, then the applicant will be enrolled, or the student will be retained.

If the qualified health professional determines that the potential RA/RM/AAS identified would not eliminate or sufficiently reduce the risk, then the qualified health professional must explain in the written report why the accommodations, modification, or auxiliary aids and services would be insufficient. Copies of all documentation that has been considered must be included with the report. A copy of the report and all written documentation must be retained in the applicant's or student's medical file, pursuant to the requirements of 29 CFR 38.41(b) and 38.43.

In the rare circumstances in which RA/RM/AAS are identified that the qualified health professional determines would eliminate or reduce the risk to others posed by an individual with a disability, but the qualified health professional is concerned that a particular accommodation would impose an undue hardship, or a particular modification or auxiliary aid or service would result in a fundamental alteration to the Job Corps program, the qualified health professional or the Disability Coordinator will forward the assessment report to the Center Director for a determination regarding undue hardship and/or fundamental alteration. See Reasonableness Reviews in Form 2-03, Procedures for Providing Reasonable Accommodation, Reasonable Modification in Policies, Practices or Procedures, and Auxiliary Aids and Services for Participation in the Job Corps Program. Otherwise, the relevant staff members responsible for implementing the particular RA/RM/AAS will be directed to take appropriate implementing actions. These relevant staff members will not receive copies of the assessment report that contains specific information about the individual's medical condition or disability, unless they fall into one of the three categories listed in 29 CFR 38.41(b)(3)(i)(A) through (C).

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: _____ **ID #:** _____

Center Name: _____ **Date of Review:** _____

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 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 type="checkbox"/>	2. The applicant has responded "yes" to one or more questions in sections 8 and 9 of the ETA 653.
<input 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 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 <i>Referral to Qualified Health Professional</i> .

Referral to Qualified Health Professional

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

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.

FORM FOR INDIVIDUALIZED ASSESSMENT OF POSSIBLE DIRECT THREAT

Applicant/Student: _____ **ID #:** _____

Center Name: _____ **Date of Review:** _____

Interview Conducted By: Telephone In Person Videoconference

<p>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.</p>

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.

<p>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).)</p>

<p>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.)</p>

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

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

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

<p>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?</p>	
<input type="checkbox"/>	<p>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.</p> <p><i>If this box is checked, proceed to question #7 below.</i></p>
<input type="checkbox"/>	<p>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.</p> <p><i>If this box is checked, then you <u>do not</u> 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></p>

<p>7. Consideration of Reasonable Accommodations; Reasonable Modifications in Policies, Practices, and Procedures; and Auxiliary Aids and Services</p>		
<p>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)?</p> <p><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></p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>

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 type="checkbox"/>	Modified first 30 days on center with a reduction in tasks to minimize stress	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide a pass to leave class and go to designated “calm down” area	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Allow frequent breaks during the day	<input type="checkbox"/>	<input 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 type="checkbox"/>	Reduce mandatory participation in large group activities	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide additional orientation on conduct and behavioral expectations	<input type="checkbox"/>	<input type="checkbox"/>

OTHER ACCOMMODATIONS, MODIFICATIONS, OR AUXILIARY AIDS AND SERVICES		Accepts	Declines
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
What are the physical changes or placement considerations in the dorm we can make to eliminate or reduce the level of risk?		Accepts	Declines
<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 type="checkbox"/>	Placement in residential dorm with fewer students and/or more experienced Residential Advisors (RAs)/Residential Counselors (RCs)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide dorm room closer to RA's/RC's office	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Allow refrigerator in room	<input type="checkbox"/>	<input type="checkbox"/>
OTHER ACCOMMODATIONS, MODIFICATIONS, OR AUXILIARY AIDS AND SERVICES		Accepts	Declines
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
What can we do to adjust our level of supervision or structure at the center to eliminate or reduce the level of risk?		Accepts	Declines
<input type="checkbox"/>	Provide staff mentor as needed (like a job coach)	<input type="checkbox"/>	<input 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"/>
OTHER ACCOMMODATIONS, MODIFICATIONS, OR AUXILIARY AIDS AND SERVICES		Accepts	Declines
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
How can our instructors and/or RA/RC staff adjust their communication methods in a way to eliminate or reduce the level of risk?		Accepts	Declines
<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 type="checkbox"/>	Provide praise and positive reinforcement	<input type="checkbox"/>	<input type="checkbox"/>
OTHER ACCOMMODATIONS, MODIFICATIONS, OR AUXILIARY AIDS AND SERVICES		Accepts	Declines
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
What equipment, device, or auxiliary aids and services can we consider that can eliminate or reduce the level of risk?		Accepts	Declines
<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"/>
OTHER EQUIPMENT, DEVICES, OR AUXILIARY AIDS AND SERVICES		Accepts	Declines
		<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.*

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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.

--

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

8. Clinical and Disability Accommodation Process (DAP) Summary.	
a.	Clinical Summary: Summarize information from the file, clinical interview and/or discussions with providers to support the direct threat assessment.
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.

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.

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

Signature of Qualified Health Professional Conducting the Assessment

Date

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

Date

FORM 2-05 HEALTH CARE NEEDS ASSESSMENT

Purpose

To provide additional information and guidance on the health care needs assessment process currently outlined in Chapter 1, Section 1.5, R6 and Chapter 6, Section 6.2, R5.

Background

Job Corps can meet the majority of applicants' and students' treatment and monitoring needs. However, a small percentage of applicants and students may have health care management needs that present barriers to enrollment or continued participation in Job Corps. Any such determination must be made by Job Corps health services staff in accordance with federal nondiscrimination laws.

This document provides Job Corps health services qualified health professionals, including Trainee Employee and Assistance Program (TEAP) specialists, with guidance on how to determine whether an applicant or student has a medical, mental health, and/or substance abuse treatment/monitoring need that presents a barrier to enrollment or continued participation that cannot be addressed through the disability accommodation process.

For an applicant, this determination is derived in part by a review of the "Job Corps Health Questionnaire (ETA 6-53)."

The "Job Corps Health Questionnaire (ETA 6-53)" serves three main purposes:

1. Determine the health care needs of the applicant or student and assist in the assessment of whether those needs fall outside the Job Corps Basic Healthcare Responsibilities as described in PRH Exhibit 2-4 and these needs significantly interfere with or preclude further training in Job Corps.
2. Alert center staff to the potential need for a direct threat assessment to others.
3. Obtain consent for required routine medical assessments and/or consent to receive basic health care services.

For a student being placed on medical separation with reinstatement rights (MSWR), this determination is derived from qualified health professionals determining the student to have a preexisting or acquired health condition that:

1. Creates a significant risk of substantial harm to the health or safety of others (see Chapter 6, Section 6.2 R5.e)
2. Requires treatment beyond the basic health services provided by Job Corps; and
3. The necessary treatment will be unusually costly to Job Corps; and the use of Administrative Leave with Pay, Personal Leave with Pay, and other types of leave, and/or other methods of addressing relevant medical concerns without resorting to separation have been tried or

considered in each individual case and determined to be insufficient. Medical Separation with Reinstatement Rights (MSWR) should be utilized prior to a regular medical separation being given.

If the student is an individual with a disability, prior to a discussion about consent or separation, the center must consider the relevant medical concerns and, determine, in conjunction with the student via an interactive interview, if there are any reasonable accommodation, reasonable modification in policies, practices or procedures, and auxiliary aids and services (RA/RM/AAS) that would address or mitigate any concerns, with the goal of allowing the student to participate in the Job Corps program to the maximum extent.

If the student meets one of three conditions above for a medical separation, first the qualified health professional(s) and any other applicable treating providers should collaborate with the student to determine whether they would consent to be placed on MSWR. If so, document the consent in the student health record (see Chapter 6, Section 6.2, R5.e.2), and the center qualified health professionals do not need to complete a health care needs assessment. If the student does not consent but has a health need for the MSWR given the three factors above, the qualified health professional(s) must complete the health care needs assessment process.

Medical separations are used only as a last resort, after the use of Administrative Leave with Pay, Personal Leave with Pay, and other types of leave, and/or other methods of addressing the relevant medical concerns without resorting to separation (including, for example, reasonable accommodations) have been tried or considered in each individual case and determined to be insufficient.

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 falls under health services on each center. As such, these clinical assessments only properly determined by qualified health professionals who have *current, documented* expertise in the medical condition(s) or disability or disabilities involved in a particular case. General medical expertise, without expertise in the specific medical condition(s) or disabilities at issue in a given case, is insufficient.

The staff of a particular Center may not include a professional who has the current expertise necessary to conduct a health care need assessment for a specific applicant or student. Therefore, a Center may need to consult with the applicant's or student's individual treating provider, or may need to retain an outside provider with the necessary current expertise in the particular medical condition or disability and its effects, to conduct an assessment in a given case. Health and Wellness Directors (HWDs) may assist in completing the assessment but may not sign the assessment.

The Center must document in writing why the particular health professional(s) chosen to conduct the assessment is/are considered to have the required documented, current expertise in the medical condition(s) or disability(ies) involved in a given case. This written documentation, including

documentation of the medical professional's current expertise, must be retained in the applicant's or student's medical file.

Factors to Be Considered

As mentioned above, to determine whether a specific individual with a medical condition or disability may have health care management needs that present barriers to enrollment or continued participation in Job Corps, the qualified health professional must assess whether the needs fall outside the Job Corps Basic Healthcare Responsibilities as described in PRH Exhibit 2-4 and if these needs significantly interfere with or preclude further training in Job Corps.

If the qualified health professional considers the health care needs and determines that the individual has a condition or disability (a physical or mental impairment that substantially limits one or more major life activities) that present barriers to enrollment or continued participation in Job Corps, they must consider RA/RM/AAS that would remove or sufficiently reduce the barriers to enrollment.

Relevant information to be considered in making the health care needs assessment (including the consideration of whether the barriers may be eliminated or sufficiently reduced) may include, but is not necessarily limited to:

- Input from the individual with the medical condition or disability
- The medical history of the individual, including their experience in previous situations similar to those they would encounter in the program
- Opinions of medical doctors, rehabilitation counselors, or therapists who have direct knowledge of the individual

The qualified health professional must document in writing the assessment and include copies of any background information that has been considered, including individual medical information about the applicant or student. This written documentation must be retained in the applicant's or student's medical file.

Post-Health Care Needs Assessment Review of Reasonable Accommodation, Reasonable Modification in Policies, Practices or Procedures, and Auxiliary Aids and Services (RA/RM/AAS)

If the qualified health professional determined that the individual with a disability's health care needs fall outside the Job Corps Basic Healthcare Responsibilities as described in PRH Exhibit 2-4 and these needs significantly interfere with or preclude further training in Job Corps, the qualified health professional must next consider RA/RM/AAS that may eliminate or sufficiently reduce the barriers to enrollment or to remaining in the Job Corps program. Identification of RA/RM/AAS must be made in collaboration with the Disability Coordinator and take into consideration relevant requested RA/RM/AAS.

Every effort should be made to identify appropriate RA/RM/AAS that may eliminate or reduce the barriers to enrollment in a given case. Qualified health professionals are encouraged to be flexible and creative in working with applicants and students to come up with possible solutions. It is

recommended that qualified health professionals use appropriate resources (e.g., collaborate with the individual's own health care provider(s) and review resources such as the Job Accommodation Network) to assist them in the identification process, as appropriate.

Examples of Potential Reasonable Accommodations to Reduce Barriers to Enrollment or Remaining in the Job Corps Program:

- Schedule adjustments to allow the applicant or student to attend necessary off-center appointments
- Shortened training day or later start to the training day to adjust for medication side effects
- Passes during the training day to allow an applicant or student to leave class and go to health services as needed

For each health care concern or barrier identified in the assessment, the qualified health professional must make a specific determination of whether any RA/RM/AAS that may eliminate or sufficiently reduce the barriers to enrollment or to remaining in the Job Corps program have been identified. This determination must be included in the written assessment. If any RA/RM/AAS that could eliminate or reduce the barriers to enrollment or remaining in the Job Corps program have been identified, each potential accommodation must be listed in the assessment. Any background information that has been considered must also be documented in writing, and copies of the information must be included with the assessment.

If the qualified health professional has identified one or more RA/RM/AAS that will eliminate or sufficiently reduce the barriers to enrollment or remaining in the Job Corps program, then the applicant would be enrolled or the student would be retained.

If the qualified health professional determines that the potential RA/RM/AAS identified would not eliminate or sufficiently reduce the barriers to enrollment or remaining in the program, then the qualified health professional explains in the Health Care Needs Assessment (HCNA) why the accommodations would be insufficient. Copies of all documentation that have been considered must be included with the assessment. A copy of the assessment and all written documentation must be retained in the applicant's or student's medical file (e.g., uploaded to Wellness and Accommodation E-Folder and a copy may be maintained in the Student Health Record (SHR)), pursuant to the requirements of 29 CFR 38.41(b) and 38.43.

In circumstances in which RA/RM/AAS are identified that the qualified health professional determines would eliminate or sufficiently reduce the barriers to enrollment or remaining in the Job Corps program, but the qualified health professional is concerned that a particular accommodation would impose an undue hardship, or a particular modification or auxiliary aid or service would result in a fundamental alteration to the Job Corps program, the qualified health professional or the Disability Coordinator will forward the assessment to the Center Director for a determination regarding undue hardship and/or fundamental alteration. See Reasonableness Reviews in Form 2-03: Procedures for Providing Reasonable Accommodation, Reasonable Modification in Policies, Practices, or Procedures and Auxiliary Aids and Services for participation in the Job Corps Program. Otherwise, the relevant staff members responsible for implementing the particular RA/RM/AAS will be directed to take appropriate implementing actions. The latter category of individuals will not

receive copies of the assessment report that contains specific information about the individual's medical condition or disability, unless they fall into one of the three categories listed in 29 CFR 38.41(b)(3)(i)(A) through (C).

FORM FOR INDIVIDUALIZED HEALTH CARE NEEDS ASSESSMENT

Applicant's/Student's Name:		Date of Review:	
Center Name:		ID #:	

Interview Conducted By: Telephone In Person Videoconference

<p>List/explain any reasonable accommodation, reasonable modification to policies, practices, or procedures and auxiliary aids and services to include effective communication supports/accommodations offered and/or provided during the applicant file review process (applicants), and/or completion of the health care needs assessment process (applicants/students). If not provided, please explain below. See Form 2-03, Procedures for Providing Reasonable Accommodation, Reasonable Modification in Policies, Practices or Procedures and Auxiliary Aids and Services for Participation in the Job Corps Program.</p>

In determining whether, in your professional judgment, the above named individual's health care needs exceed the Job Corps Basic Health Care Responsibilities in Exhibit 2-4 and interfere with participation in the program, consider the following and respond accordingly.

If the above-named individual has a disability, identify RA/RM/AAS necessary to reduce or remove barrier(s) to enrollment or continued participation in Job Corps. Do not consider whether, in your view, a particular RA/RM/AAS is "reasonable." That determination must be made by the center director or their designees.

Only qualified health professionals (i.e., CMHCs, physicians, TEAP specialists, or outside specialists, etc.) may conduct and sign the **Form for Individualized Health Care Needs Assessment** for their respective disciplines.

<p>1A. Complete if APPLICANT.</p>
<p>What is the applicant's history and present functioning to support statement of health care needs? Complete sections below.</p>
<p>ETA 653: (list affirmative responses and explanations provided on ETA 653 only)</p>
<p>Applicant file review summary: (provide summary of all health, educational or other documents reviewed)</p>

Chronic Care Management Plan (CCMP) Provider Form/Provider Documents: Does the applicant's treating outside provider recommend applicant to enter Job Corps? Yes No Provider unable to provide recommendation (explain below) Not applicable (no CCMP provided)

Provide a summary of the CCMP and/or provider documents here.

Remember: If you have a conflicting recommendation with the outside treating provider, summarize discussion with treating provider or indicate efforts to contact treating provider and summarize here.

Applicant interview summary: Include current impressions from clinical interview. This may include, but not be limited to, a mini mental status exam, current level of functioning, and areas of strengths and weaknesses.

1B. Complete if STUDENT.

What is the student's history and present functioning to support statement of health care needs? Complete sections below.

Summary of student's health record:

Summary of health records from outside Job Corps:

Summary of discussion with all involved treating providers:

Summary of any additional information or observations provided by center staff:
Summary of student interview:

2. What are the functional limitations, specific symptoms, and/or behaviors of the individual that are barriers to enrollment or continued enrollment in Job Corps at this time?		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Avoidance of group situations and settings <input type="checkbox"/> Difficulty coping with panic attacks <input type="checkbox"/> Difficulty managing stress <input type="checkbox"/> Difficulty regulating emotions <input type="checkbox"/> Difficulty with communication <input type="checkbox"/> Difficulty with concentration <input type="checkbox"/> Difficulty handling change <input type="checkbox"/> Difficulty with memory <input type="checkbox"/> Difficulty with self-care </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Difficulty with sleep patterns <input type="checkbox"/> Difficulty with social behavior, including impairment in social cues and judgment <input type="checkbox"/> Difficulty with stamina <input type="checkbox"/> Impaired decision making/problem solving <input type="checkbox"/> Interpersonal difficulties with authority figures and/or peers <input type="checkbox"/> Organizational difficulties <input type="checkbox"/> Sensory impairments <input type="checkbox"/> Uncontrolled symptoms/behaviors that interfere with functioning (specify below) <input type="checkbox"/> Other (specify below) </td> </tr> </table> <p><i>Note: This list is not all inclusive. These are suggestions for your use and you may need to consider functional limitations, symptoms, and/or behaviors beyond those identified on this list.</i></p>	<input type="checkbox"/> Avoidance of group situations and settings <input type="checkbox"/> Difficulty coping with panic attacks <input type="checkbox"/> Difficulty managing stress <input type="checkbox"/> Difficulty regulating emotions <input type="checkbox"/> Difficulty with communication <input type="checkbox"/> Difficulty with concentration <input type="checkbox"/> Difficulty handling change <input type="checkbox"/> Difficulty with memory <input type="checkbox"/> Difficulty with self-care	<input type="checkbox"/> Difficulty with sleep patterns <input type="checkbox"/> Difficulty with social behavior, including impairment in social cues and judgment <input type="checkbox"/> Difficulty with stamina <input type="checkbox"/> Impaired decision making/problem solving <input type="checkbox"/> Interpersonal difficulties with authority figures and/or peers <input type="checkbox"/> Organizational difficulties <input type="checkbox"/> Sensory impairments <input type="checkbox"/> Uncontrolled symptoms/behaviors that interfere with functioning (specify below) <input type="checkbox"/> Other (specify below)
<input type="checkbox"/> Avoidance of group situations and settings <input type="checkbox"/> Difficulty coping with panic attacks <input type="checkbox"/> Difficulty managing stress <input type="checkbox"/> Difficulty regulating emotions <input type="checkbox"/> Difficulty with communication <input type="checkbox"/> Difficulty with concentration <input type="checkbox"/> Difficulty handling change <input type="checkbox"/> Difficulty with memory <input type="checkbox"/> Difficulty with self-care	<input type="checkbox"/> Difficulty with sleep patterns <input type="checkbox"/> Difficulty with social behavior, including impairment in social cues and judgment <input type="checkbox"/> Difficulty with stamina <input type="checkbox"/> Impaired decision making/problem solving <input type="checkbox"/> Interpersonal difficulties with authority figures and/or peers <input type="checkbox"/> Organizational difficulties <input type="checkbox"/> Sensory impairments <input type="checkbox"/> Uncontrolled symptoms/behaviors that interfere with functioning (specify below) <input type="checkbox"/> Other (specify below)	
Specify additional functional limitations, symptoms, and/or behaviors for medical or behavioral health conditions if applicable:		

3. What are the health care management needs of the individual that are barriers to enrollment or continued participation in Job Corps at this time?
<ul style="list-style-type: none"> <input type="checkbox"/> Complex behavior management system required <input type="checkbox"/> Complex full mouth reconstruction/rehabilitation <input type="checkbox"/> Daily assistance with activities of daily living required <input type="checkbox"/> Frequency and length of treatment <input type="checkbox"/> Hourly monitoring required <input type="checkbox"/> Medical needs requiring specialized treatment to which individual would not have access <input type="checkbox"/> Out of state insurance impacting access to required and necessary health care

<input type="checkbox"/> Severe medication side effects <input type="checkbox"/> Therapeutic milieu required <input type="checkbox"/> Other (specify): _____
Brief narrative on why the barrier(s) are checked above:

4. Based on your review of the individual’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 2-4: Job Corps Basic Health Care Responsibilities? [Please mark one below.]	
<input type="checkbox"/>	a. In my professional judgment, the individual’s health care needs exceed the Job Corps Basic Health Care Responsibilities in Exhibit 2-4. <i>If this box is checked, please proceed to question #5 below.</i>
<input type="checkbox"/>	b. In my professional judgment, the individual’s health care needs do not exceed the Job Corps Basic Health Care Responsibilities in Exhibit 2-4, but they do require community support services which are not available near center. Applicant should be considered for center closer to home where health support and insurance coverage are available. <i>If this box is checked, please proceed to question #5 below.</i>
<input type="checkbox"/>	c. In my professional judgement, the individual’s health care needs do not exceed the Job Corps Basic Health Care Responsibilities in Exhibit 2-4. <i>If this box is checked, then you do not 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, within the applicant’s or student’s Health Record.</i>

5. Consideration of Reasonable Accommodation, Reasonable Modification in Policies, Practices or 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)? <ul style="list-style-type: none"> • <i>If no, skip to #6 to recommend denial for an applicant or MSWR for a student.</i> • <i>If no and recommending an alternate center for an applicant go to #7(a and c).</i> • <i>If yes, then continue to Post-Health Care Needs Assessment Disability Accommodation Review.</i> 	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Post-Health Care Needs Assessment Disability Accommodation Review

Qualified Health Professional Responsibilities

If the individual has a disability, the qualified health professional, in collaboration with the Disability Coordinator, completes the process and information below to explore the available RA/RM/AAS possibilities to reduce or remove the barriers to enrollment or to remaining in the program for a particular student/applicant with a disability. Ultimately, the qualified health professional is responsible for determining whether RA/RM/AAS would eliminate or sufficiently reduce the barriers to enrollment.

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/ASS table below. If there are other RA/RM/AAS that can potentially reduce this applicant's/student's barriers to enrollment or to remaining in the program, insert in the OTHER section for each identified functional limitation.

Here are some possible examples of RA/RM/AAS that could eliminate or reduce the barriers. *Important: The items in the table are merely suggestions of possible RA/RM/AAS that may eliminate or reduce the barriers 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 barriers to enrollment or to remaining in the program.*

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 and (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 barriers to enrollment or to remaining in the program, 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.

Avoidance of group situations and settings		Accepts	Declines
<input type="checkbox"/>	Allow student to arrive 5 minutes late for classes and leave 5 minutes early	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Excuse student from student assemblies and group activities	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Identify quiet area for student to eat meals in or near cafeteria	<input type="checkbox"/>	<input type="checkbox"/>
OTHER		Accepts	Declines
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Difficulty coping with panic attacks		Accepts	Declines
<input type="checkbox"/>	Allow student to designate a place to go when anxiety increases in order to practice relaxation techniques or contact supportive person	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide flexible schedule to attend counseling and/or anxiety reduction group	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Allow student to select most comfortable area for them to work within the classroom trade site	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide peer mentor to shore up support	<input type="checkbox"/>	<input type="checkbox"/>
OTHER		Accepts	Declines
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Difficulty managing stress		Accepts	Declines
<input type="checkbox"/>	Allow breaks as needed to practice stress reduction techniques	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Modify education/work schedule as needed	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Identify support person on center and allow student to reach out to person as needed	<input type="checkbox"/>	<input type="checkbox"/>

OTHER		Accepts	Declines
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Difficulty regulating emotions		Accepts	Declines
<input type="checkbox"/>	Allow breaks as needed to cool down	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Allow flexible schedule to attend counseling and/or emotion regulation support group	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Teach staff to support student in using emotion regulation strategies	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide peer mentor/support staff	<input type="checkbox"/>	<input type="checkbox"/>
OTHER		Accepts	Declines
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with communication		Accepts	Declines
<input type="checkbox"/>	Allow student alternative form of communication (e.g., written in lieu of verbal)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide advance notice if student must present to group and opportunity to practice or alternative option (e.g., present to teacher only)	<input type="checkbox"/>	<input type="checkbox"/>
OTHER		Accepts	Declines
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with concentration		Accepts	Declines
<input type="checkbox"/>	Allow use of noise canceling headset	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Reduce distractions in learning/work environment	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide student with space enclosure (cubicle walls)	<input type="checkbox"/>	<input type="checkbox"/>
OTHER		Accepts	Declines
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Difficulty handling change		Accepts	Declines
<input type="checkbox"/>	Provide regular meetings with counselor to discuss upcoming changes and coping	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Maintain open communication between student and new and old counselors and teachers	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Recognize change in environment/staff may be difficult and provide additional support	<input type="checkbox"/>	<input type="checkbox"/>
OTHER		Accepts	Declines
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with memory		Accepts	Declines
<input type="checkbox"/>	Provide written instructions	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Allow additional training time for new tasks and hands-on learning opportunities	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Offer training refreshers	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Use flow-charts to indicate steps to complete task	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide verbal or pictorial cues	<input type="checkbox"/>	<input type="checkbox"/>
OTHER		Accepts	Declines
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with self-care		Accepts	Declines
<input type="checkbox"/>	Provide environmental cues to prompt self-care	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	Assign staff/peer mentor to provide support	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Allow flexible scheduling to attend counseling/supportive appointments	<input type="checkbox"/>	<input type="checkbox"/>
OTHER		Accepts	Declines
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with sleep patterns		Accepts	Declines
<input type="checkbox"/>	Allow for a flexible start time	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide more frequent breaks	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide peer/dorm coach to assist with sleep routine/hygiene	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Increase natural lighting/full spectrum light	<input type="checkbox"/>	<input type="checkbox"/>
OTHER		Accepts	Declines
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with social behavior, including impairment in social cues and judgment		Accepts	Declines
<input type="checkbox"/>	Assign mentor to reinforce appropriate social skills	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Allow daily pass to identified area to cool down	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide concrete examples of accepted behaviors and teach staff to intervene early to shape positive behaviors	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Adjust communication methods to meet students' needs	<input type="checkbox"/>	<input type="checkbox"/>
OTHER		Accepts	Declines
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with stamina		Accepts	Declines
<input type="checkbox"/>	Allow more frequent or longer breaks	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Allow flexible scheduling	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide additional time to learn new skills	<input type="checkbox"/>	<input type="checkbox"/>
OTHER		Accepts	Declines
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Impaired decision making/problem solving		Accepts	Declines
<input type="checkbox"/>	Utilize peer staff mentor to assist with problem solving/decision making	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide picture diagrams of problem-solving techniques (e.g., flow charts, social stories)	<input type="checkbox"/>	<input type="checkbox"/>
OTHER		Accepts	Declines
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal difficulties with authority figures and/or peers		Accepts	Declines
<input type="checkbox"/>	Encourage student to take a break when angry	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide flexible schedule to attend counseling and/or therapy group	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide peer mentor for support and role modeling	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Develop strategies to cope with problems before they arise	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide clear, concrete descriptions of expectations and consequences	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Allow student to designate staff member to check in with for support when overwhelmed	<input type="checkbox"/>	<input type="checkbox"/>
OTHER		Accepts	Declines
		<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Organizational difficulties	Accepts	Declines
<input type="checkbox"/> Use staff/peer coach to teach/reinforce organizational skills	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Use weekly chart to identify and prioritize daily tasks	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Use assistive technology organization apps	<input type="checkbox"/>	<input type="checkbox"/>
OTHER	Accepts	Declines
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Sensory Impairments	Accepts	Declines
<input type="checkbox"/> Modify learning/work environment to assist with sensitivities to sound, sight, and smells	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Allow student breaks as needed	<input type="checkbox"/>	<input type="checkbox"/>
OTHER	Accepts	Declines
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Uncontrolled symptoms/behaviors that interfere with functioning	Accepts	Declines
<input type="checkbox"/> Alter training day to allow for treatment	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Allow passes for health services center outside of open hours to monitor symptoms	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reduce tasks and activities during CPP to not aggravate symptoms/behaviors	<input type="checkbox"/>	<input type="checkbox"/>
OTHER	Accepts	Declines
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
OTHER ACCOMMODATIONS, MODIFICATIONS, AUXILIARY AIDS AND SERVICES	Accepts	Declines
	<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 sufficiently reduce or remove the barriers to enrollment or to remaining in the Job Corps program. *Provide explanation/justification below. For example, the applicant/student has active psychotic symptoms that impact ability to benefit from any RA/RM/AAS at this time.*

Summarize any special considerations and findings as well as the applicant's or student's input related to RA/RM/AAS ONLY. For example, if the applicant/student does not wish to discuss RA/RM/AAS, document that information below.

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

6.	Clinical and Disability Accommodation Process (DAP) Summary
a.	Clinical Summary: Summarize information from the file, clinical interview and/or discussions with providers to support the health care needs assessment.
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 barriers to allow for enrollment or to remain in the Job Corps program.

7.	APPLICANT ONLY- IF RECOMMENDING AN ALTERNATE CENTER (if selected "b" in item 4)
Clinical and Disability Accommodation Process (DAP) Summary	
a.	Clinical Summary: Summarize information from the file, clinical interview and/or discussions with providers to support the health care needs assessment.
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 barriers to allow for enrollment to YOUR center.
c.	Document efforts to secure community support near center in the space below. (Include name of organizations/facilities and specific individuals contacted and why access is not available near center.)

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.

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

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

Signature of Second Consulting Qualified Health Professional **Date**
if applicable

FORM 2-06
MYPACE CAREER PLAN REVIEW CHECKLIST



MYPACE CAREER PLAN REVIEW CHECKLIST		
CAREER PREPARATION PERIOD		
Center Name:		
Student Name:	Student ID:	Date of Entry:
Date of Birth:	Counselor:	CTT:
SECTION 1 - CAREER PATHWAY PLAN SUMMARY		
<input type="checkbox"/>	Student's summary connects the dots along his/her pathway, ties together all short-term, mid-term, and long-term SMART career goals, and defines in chronological order the steps from his/her current position to his/her ultimate long-term career goal.	

SECTION 2 - STUDENT PROFILE AND TRAITS

<input type="checkbox"/>	Desired Location Upon Exit: Student's desired location upon exit aligns with student's mid-term career goal (pathway placement goal). Student has a plan to address transitional concerns such as Housing, Transportation, etc.
<input type="checkbox"/>	Age: Does the chosen pathway have a minimum age limitation for entry? If student is a minor, has the center received parental/guardian consent for the career plan?
<input type="checkbox"/>	Date of Enrollment: The Career Management Team monitors the date of entry to ensure student has adequate time for completion prior to the two-year program limitation. If more than two years is anticipated to be needed due to special circumstances (e.g. low learning level), the center should apply for an extension at least 3 months prior to the two year period. If student is granted an extension, the pathway & transition plan will need to be adjusted. Some pathways (i.e. Advanced Training & post-secondary) have fixed enrollment dates.
<input type="checkbox"/>	<p>Education Background:</p> <p>How will a student's level of education impact the CTT trade the student selected on their plan?</p> <p>How will a student's level of education impact their mid-term career goal (Post-Job Corps)?</p> <p><i>Ex. If a student's mid-term goal is to go to college, but the student's current reading level is 5th Grade", the Career Management Team should ensure that the student is aware of what it will take to be ready for college upon exit and/or discuss other possible mid-term goals that may be more appropriate.</i></p>
<input type="checkbox"/>	Favorite and Least Favorite Subjects: This is to help the Career Management Team get an idea of what a student perceives as their academic strengths and weaknesses. The academic manager could use this information along with other baseline assessments to help the student develop a viable academic plan.
<input type="checkbox"/>	Self-Identified Traits: Do the "Self-Identified Traits" reasonably align with the traits assigned under the MyPACE Career Interest Profiler?

<input type="checkbox"/>	<p>Prior Employment History: Student has provided information related to their work experience prior to entering Job Corps. This information should be used by center staff to ensure a student’s previous work experience and wages are given consideration when staff are assisting a student with developing a career pathway that both aligns with the student’s individual career goals and interests; and increases the student’s earning potential and/or vocational skills.</p>
SECTION 3 – CHOSEN OCCUPATION (LONG-TERM CAREER GOAL)	
<input type="checkbox"/>	<p>Student’s self-assigned traits (work style, work values, career priorities and interests), and skills reasonably match his/her chosen occupational profile.</p>
<input type="checkbox"/>	<p>Student understands the relationship between their self-assigned traits and the education, training, and demands of their chosen occupation.</p>
<input type="checkbox"/>	<p>Student is aware of the commitment it will take to achieve the level of education and related work experience required to achieve their long-term occupation</p>
<input type="checkbox"/>	<p>Student has chosen an in-demand occupation that provides a “living wage”; leads to a successful career; and is suited to the student’s interest, capabilities, and career goals.</p>
<input type="checkbox"/>	<p>Student has provided a sound reason for how he/she identified their long-term goal (chosen occupation)</p>
<input type="checkbox"/>	<p>Long-term goal is SMART (specific, measurable, attainable, recorded and time-based).</p>
<input type="checkbox"/>	<p>Chosen Occupation “Occupation Traits” reasonably match student’s “My Assigned Traits”</p>

SECTION 4 – CHOSEN PLACEMENT PATHWAY ACHIEVEMENT RECORD (MID-TERM CAREER GOAL)	
Please refer to appropriate pathway sub-section below: (4a) Advanced Training, (4b) Military, (4c) Apprenticeship, (4d) Post-secondary Education (ACT/College), and (4e) Entry-Level Job.	
Sub-section 4a – Advanced Training Pathway	
<input type="checkbox"/>	The Career Management Team and student have reviewed the “Prerequisites for Entry to the Advanced Training Pathway “. The student understands these requirements and can likely meet these requirements upon completion of the Job Corps program (see Exhibit 2-5).
<input type="checkbox"/>	Student has provided a sound reason for how he/she identified an Advanced Training Program that appropriately aligns with his/her ultimate long-term career goal.
<input type="checkbox"/>	The e-TAR code, Advanced Training program and location are accurately recorded on the student’s MyPACE Career Plan.
<input type="checkbox"/>	The mid-term Career SMART goal supports career progression and is specific, measurable, attainable, recorded and time-based.
<input type="checkbox"/>	<p>Career Management Team has assigned appropriate staff to support and monitor completion of the Advanced Training PAR and transitional tasks, and will inform Career Management Team of student progress throughout program.</p> <ul style="list-style-type: none"> • Timelines for pathway task completion and follow-up have been drafted. • Short-term career planning goals have been developed for next 60 day ESP period (e.g. acquiring birth certificate for driver’s license if not already attained, developing a plan to pay fines if needed).

Sub-section 4b – Military PAR	
<input type="checkbox"/>	The Career Management Team and student have reviewed the “Prerequisites for Entry to the Military Pathway“, student understands the Placement Pathway entry requirements and can likely meet the entry requirements after completion of the Job Corps program (see Exhibit 2-5).
<input type="checkbox"/>	Career Management Team has discussed with student the requirements for delayed enlistment and has reviewed the Center Enlistment Contract”
<input type="checkbox"/>	Student has provided a sound reason for how he/she identified a Military branch and military related occupation that appropriately aligns with his/her long-term career goal.
<input type="checkbox"/>	The mid-term Career SMART goal supports career progression and is specific, measurable, attainable, recorded and time-based.
<input type="checkbox"/>	Student has provided the correct contact information for the nearest recruitment office to their location
<input type="checkbox"/>	<p>Career Management Team has assigned appropriate staff to support and monitor completion of the Military PAR and transitional tasks, and will inform Career Management Team of student progress throughout program.</p> <ul style="list-style-type: none"> • Timelines for pathway task completion and follow-up have been drafted. • Short-term pathway goals have been developed for next 60 day ESP period.
Sub-section 4c - Apprenticeship PAR	
<input type="checkbox"/>	The Career Management Team and student have reviewed the “Prerequisites for Entry to the Apprenticeship Pathway “, student understands the Placement Pathway entry requirements and can likely meet the entry requirements after completion of the Job Corps program (see Exhibit 2-5).
<input type="checkbox"/>	<p>Student has provided a sound reason for how he/she identified an Apprenticeship Program that appropriately aligns with his/her long-term career goal.</p> <ul style="list-style-type: none"> • If student is unable to locate an apprenticeship program that aligns with their long-term or short-term career goal, Career Management Team may recommend the student choose another career pathway. • Career Management Team understands requirement differences between state-approved and federally approved apprenticeships.

<input type="checkbox"/>	The e-TAR code and chosen Apprenticeship program are accurately recorded on MyPACE Career Plan.
<input type="checkbox"/>	Student has identified a potential apprenticeship program that aligns with the student’s long-term career goal.
<input type="checkbox"/>	The mid-term Career SMART goal supports career progression and is specific, measurable, attainable, recorded and time-based.
<input type="checkbox"/>	<p>Career Management Team has assigned appropriate staff to support and monitor completion of the Apprenticeship PAR and transitional tasks, and will inform Career Management Team of student progress throughout program.</p> <ul style="list-style-type: none"> • Timelines for pathway task completion and follow-up have been drafted. • Short-term pathway goals have been developed for next 60 day ESP period.
Sub-section 4d - Post-Secondary Education (ACT/College) PAR	
<input type="checkbox"/>	The Career Management Team and student have reviewed the “Prerequisites for Entry to the Post-Secondary (ACT/College) Pathway”, student understands the Placement Pathway entry requirements and Career Management Team has determined the student can likely meet the entry requirements after completion of the Job Corps program (see Exhibit 2-5).
<input type="checkbox"/>	Student has explored financial aid and scholarship options, and developed a tentative plan to secure adequate funding.
<input type="checkbox"/>	Student has provided a sound reason for how he/she identified a college that appropriately aligns with his/her long-term career goal. The chosen post-secondary institution is recorded on MyPACE Career Plan.
<input type="checkbox"/>	The mid-term Career SMART goal supports career progression and is specific, measurable, attainable, recorded and time-based.
<input type="checkbox"/>	<p>Career Management Team has assigned appropriate staff to support and monitor completion of the Post-secondary PAR and transitional tasks, and will inform Career Management Team of student progress throughout program.</p> <p>Timelines for pathway task completion and follow-up have been drafted.</p> <p>Short-term pathway goals have been developed for next 60 day ESP period.</p>

<input type="checkbox"/>	If applicable, student intends to enroll in Advanced Career Training if student’s selected college is an Advanced Career Training partner?
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Sub-section 4e – Entry-Level Job PAR

<input type="checkbox"/>	The Career Management Team and student have reviewed the “Prerequisites to Entry Level Job Pathway “, student understands the Placement Pathway entry requirements and can likely meet the entry requirements after completion of the Job Corps program (see Exhibit 2-5).
<input type="checkbox"/>	Student has provided a sound reason for how he/she identified an Entry-Level Job that appropriately aligns with his/her long-term career goal, in demand, and will make a living wage.
<input type="checkbox"/>	Student has identified three potential employers in area student is willing to relocate to and has identified a JTM entry-level which pays a living wage, and aligns with student’s long-term career goal.
<input type="checkbox"/>	The mid-term Career SMART goal supports career progression and is specific, measurable, attainable, recorded and time-based.
<input type="checkbox"/>	Career Management Team has assigned appropriate staff to support and monitor completion of the Entry-Level Job PAR and transitional tasks, and will inform Career Management Team of student progress throughout program. Timelines for pathway task completion and follow-up have been drafted. Short-term pathway goals have been developed for next 60 day ESP period.

SECTION 5 – CHOSEN JOB CORPS CAREER DEVELOPMENT EDUCATION AND TRAINING PROGRAM (SHORT-TERM CAREER GOALS)

<input type="checkbox"/>	Student is able to explain why his/her choice of CTT program area is the best choice for his/her career path, and can describe the similarity of knowledge and skills between the CTT and his/her mid- and long-term goals.
<input type="checkbox"/>	The e-TAR code and CTT program chosen by the student are accurately recorded on the student’s MyPACE Career Plan.
<input type="checkbox"/>	Student understands the projected length of time to complete the CTT training program and is willing to commit to the required timeframe.

<input type="checkbox"/>	<p>The CTT selection is reasonably based on work style, work values, skills, career priorities, academic scores and career interests expressed by the student.</p>
<input type="checkbox"/>	<p>There's slot availability in the chosen CTT selection.</p> <ul style="list-style-type: none"> • If first choice is not available, assignment to a second choice CTT Program is compatible with the student's long-term career goals.
<input type="checkbox"/>	<p>Short-term SMART career goals in academics and CTT have been identified, and are specific, measurable, attainable, recorded and time-based.</p>
<input type="checkbox"/>	<p>Student has accurately recorded the Primary Credential and Credential Sponsor associated with their chosen CTT program.</p>
<input type="checkbox"/>	<p>Career Management Team has collaborated with student to identify his/her schedule, individualized mix of classes and activities, including any additional needed support that will move the student toward meeting the Career Success Standards and his/her career goals.</p> <ul style="list-style-type: none"> • Accommodations to achieve career goals are identified. (e.g., Staff will engage in conversations with Voc. Rehab. early on.) • Tutors, if needed, have been assigned. • Peer or staff mentors, if needed, have been assigned. Other on- or off-center resources, as needed, have been assigned.

SECTION 6 - TRANSITIONAL CONSIDERATIONS

<input type="checkbox"/>	<p>Student has completed a Transitional Needs Assessment that identifies action items that will aid the student in successfully transitioning to his/her chosen Placement Pathway. The CTS Provider and student have worked closely to develop an initial transition plan based on chosen pathway. Considerations include (at a minimum):</p> <ul style="list-style-type: none"> • Housing • Transportation • Childcare • Health care • Work clothes/tools • Food and nutrition • Budgeting and money management • Counseling/mentoring • Job retention skills • Legal services • Other needs?
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SECTION 7 – INITIAL APPROVAL OF MyPACE CAREER PLAN (Transition from CPP to CDP)

<input type="checkbox"/>	<p>Risk factors and barriers for a successful transition (e.g., drug & alcohol issues, low learning levels) have been identified from baseline assessments and the Career Management Team, as needed, has initiated multiple levels of intervention. Other on-center and off-center resources have also been identified to provide additional support to the student on an as-needed basis (e.g., Recreation Specialist, other dorm staff, Student Conduct Coordinator, Mental Health Consultant, AA/NA Groups, etc.). Career Management Team has developed an intervention support plan and will closely monitor student response to intervention. This support plan begins to shape the student’s individual career plan.</p>
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<input type="checkbox"/>	During initial (first 60 day) ESP meeting, the Career Management Team has determined student: <ul style="list-style-type: none"> • Has a clear understanding of and commitment to completing the Job Corps program; • Is adjusting to center life • Is a positive influence on center culture • Is progressing satisfactorily in all areas • Completed all CPP requirements (including MyPACE career planning requirements for CPP) and is ready to transition from CPP to CDP. 				
<input type="checkbox"/>	The Career Management Team and student have reviewed the appropriate requirements on the “Pathway Prerequisites for Entry” documents (reference Exhibit 2-5). The student understands these requirements, and can likely meet these requirements upon completion of the Job Corps program.				
<input type="checkbox"/>	(If student is under 18) The counselor has received parental/guardian consent for student’s MyPACE Career Plan and has notified parent/guardian of any major behavior or performance issues.				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">Lead Career Management Team:</td> <td style="padding: 5px;">Date:</td> </tr> <tr> <td style="padding: 5px;">Center Director or Senior Management Designee:</td> <td style="padding: 5px;">Date:</td> </tr> </table>		Lead Career Management Team:	Date:	Center Director or Senior Management Designee:	Date:
Lead Career Management Team:	Date:				
Center Director or Senior Management Designee:	Date:				

FORM 2-07

DETERMINATION OF CURRENT/ACTIVE USE VERSUS RESIDUAL USE FOR THC ON A FOLLOW-UP DRUG TEST

Introduction

When a student tests positive for THC on the follow-up drug test, it may be because they have used marijuana while enrolled in Job Corps or it may be due to marijuana use prior to Job Corps enrollment where residual metabolites are reflected on the drug test. This form documents the determination by the Health and Wellness professionals of whether a THC-positive follow-up drug test is due to current/active use by a student since enrollment or is due to residual THC concentrations from drug use prior to Job Corps enrollment. The form also documents the outcome based on the determination.

Instructions

This form must be completed for each student who tests positive for THC on both the entry drug test and the follow-up drug test, as follows:

- The TEAP Specialist (or designated healthcare provider in the absence of a TEAP Specialist) is responsible for the completion of this form and must:
 - Complete the identification information.
 - Complete Step 1. Double-click on the table. Enter the entry and follow-up THC test dates and results into the table. Click out of the table.
 - Complete Step 2. Review the THC metabolite concentration percent change and check the appropriate corresponding box.
 - If the student's THC concentration (ng/mL) decreased by 50% or more, the cell will remain green, indicating the positive THC test is most likely due to residual concentrations of THC. There is no disciplinary consequence. The student must continue to receive TEAP services, including mandatory relapse prevention, per PRH 2.3 R5 (e3).
 - If the student's THC concentration (ng/mL) decreased by less than 50%, increased, or remained the same, the cell will turn red indicated the positive THC test is most likely due to current/active drug use since arrival. The student shall be referred to the Fact-Finding Board.
 - Complete Step 3. Sign the form.
- File this form in the SHR.
- If a determination of "Current/active drug use since arrival at Job Corps" is made, a copy of this form must be provided to the Fact-Finding Board. This information is confidential and must not be viewed by staff members outside of the Fact-Finding Board.

Determination of Current/Active Use Versus Residual Concentrations for THC on a Follow-Up Drug Test

Student name:

ID number:

Step 1: Calculate the percent change in THC concentration

	Date	THC Concentration (ng/mL)
Entry THC Test		
Follow up (37-40 day test)		
THC concentration percent change		#DIV/0!

Step 2: Determination

Between the entry urine drug screen and the follow-up urine drug screen, THC metabolite concentration (ng/mL):

The student’s THC concentration (ng/mL) decreased by 50% or more between the entry toxicology and follow-up test (prior to their 45th day in Job Corps). Based on Job Corps policy, the positive THC result is most likely due to residual concentrations of THC resulting from drug use prior to entering Job Corps. There is no disciplinary consequence. The student should continue to receive TEAP services, including mandatory relapse prevention, per PRH 2.3 R5 (e3).

The student’s THC concentration (ng/mL) decreased by less than 50%, increased, or remained the same between the entry toxicology and follow-up test (prior to their 45th day in Job Corps). Based on Job Corps policy, the positive THC result is most likely due to current/active drug use since arrival at Job Corps. Referral to the Fact-Finding Board per PRH 2.3 R5, g3(d) and PRH Exhibit 2-1.

Step 3: Health and Wellness Professionals Signatures

I have reviewed the provided documentation and attest that this information is accurate to the best of my knowledge.

TEAP Specialist (or designee) Signature

Date

Health & Wellness Director (or designee) Signature

Date

Other Health & Wellness Staff Signature
(in absence of TEAP or HWD)

Date