

Applicant:

ID#:

Applicant File Review  
Center Recommendation of Denial

<b>Date File Received from OA:</b>		<b>Center:</b>	
<b>Applicant Name:</b>		<b>ID#:</b>	
<b>Regional Office:</b>		<b>Date Submitted to Regional Office:</b>	

**Section A:**

<b>File Review Team Participants:</b>			
Name:		Position:	
Name:		Position:	
Name:		Position:	
Name:		Position:	
Name:		Position:	

<b>Reason for Recommendation of Denial:</b>		
<input type="checkbox"/>	1.	Applicant poses a direct threat to self or others that cannot be alleviated with reasonable accommodation. If so, the completed direct-threat assessment form found in Appendix 609 of the PRH is attached to this document. Skip to Section C.
<input type="checkbox"/>	2.	The health-care needs of an applicant is beyond what the Job Corps' Health and Wellness program can provide as defined as basic health care in PRH Exhibit 6-4: Job Corps Basic Health Care Responsibilities and cannot be eliminated or reduced by reasonable accommodation or modification. If so, the completed health care needs assessment form found in Appendix 610 of the PRH is attached to this document. Skip to Section C.
<input type="checkbox"/>	3.	The applicant is ineligible for Job Corps due to the review of new information that the AC could not have reasonably known. Complete Section B only.

**Section B:**

<b>Ineligibility Determination:</b>					
Check the EAR from PRH Chapter 1, Exhibit 1-1 for which the applicant was found to be ineligible for the program.					
<input type="checkbox"/>	A.	Age	<input type="checkbox"/>	H.	Child Care
<input type="checkbox"/>	B.	Selective Service Registration	<input type="checkbox"/>	I.	Program Suitability
<input type="checkbox"/>	C.	Legal U.S. Resident	<input type="checkbox"/>	J.	Group Participation and Understanding of Rules
<input type="checkbox"/>	D.	Low Income	<input type="checkbox"/>	K.	Interference with Other Students' Participation
<input type="checkbox"/>	E.	Education/Training/Family Needs	<input type="checkbox"/>	L.	Community Relations

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<input type="checkbox"/>	F.	Authorization for Use and Disclosure of Health Information	<input type="checkbox"/>	M.	Court Involvement and/or Agency Supervision
<input type="checkbox"/>	G.	Parental Consent	<input type="checkbox"/>	N.	Maintenance of Sound Discipline

**\*IMPORTANT:** Neither the center file review team nor its individual members may revisit the determination that an applicant is qualified for admission unless:

- There is new information presented that the AC could not have reasonably known at the time the applicant's qualification for admission was established; and
- This new information indicates that the applicant offered enrollment may not meet one of the Essential Admissions Requirements (EAR).

Please list the specific question from Exhibit 1-1 which the applicant was determined to be ineligible and list the applicant's specific response to this question.

Identify the new information that the AC could not have reasonably known that was the basis for revisiting eligibility (i.e.; document name and where the document was located, applicant stated during a specific interview, etc.).\*

Summarize your findings.

Signature:

Title:

Date:

Applicant: \_\_\_\_\_

ID#: \_\_\_\_\_

**Section C:**

<input type="checkbox"/> Yes <input type="checkbox"/> No	The applicant requested accommodations or there is documentation of a disability present in the file. If so, complete Section D. If not, skip to Section E.
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**Section D:**

Reasonable Accommodation Considerations:		
Accommodation	Applicant Accepts	Reasonable*
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*If the center believes that an accommodation requested by the applicant is unreasonable (i.e., unduly costly or fundamental alteration to the program), then the center must complete the **Accommodation Recommendation for Denial and Justification Analysis/Documentation Form** and attach to this document (i.e. **Center Recommendation of Denial Form**).

Summary/Notes

Reasonable Accommodation Committee Participants			
Name	Position	Date	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Did the applicant participate in the RAC meeting?	
Via what medium did the applicant participate?			
<input type="checkbox"/>	Phone	<input type="checkbox"/>	Video conferencing
<input type="checkbox"/>	Face-to-face meeting on center	<input type="checkbox"/>	Other – Describe:

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ID#: \_\_\_\_\_

<b>Summarize the applicant's input:</b>	

**Section E:**

<input type="checkbox"/>	The file review team rationale for recommendation of denial may be found in the attached completed direct threat assessment.
<input type="checkbox"/>	The file review team rationale for recommendation of denial may be found in the attached completed basic health care needs assessment.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_