

## **FORMAL INDIVIDUAL AND CLASS COMPLAINT**

Corporation for National and Community Service  
Office of Civil Rights and Inclusiveness  
250 E Street, S.W. Suite 300  
Washington, D.C. 20525

### **COMPLAINANT**

Susie Balcom (referred to below as “Complainant”), applicant for AmeriCorps NCCC  
c/o her attorneys below

Please direct all correspondence with Complainant to her attorneys. The primary contact is Sandra Park at the ACLU Women’s Rights Project.

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### **PRELIMINARY STATEMENT**

1. This Complaint is filed pursuant to Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794, and the Corporation for National and Community Service’s (“CNCS”) own anti-discrimination policies. The Rehabilitation Act prohibits discrimination on the basis of disability including perceived disability in programs or activities conducted by any Executive agency. CNCS’s policy prohibits discrimination based on disability and on sex.
2. As detailed in the Factual and Legal Allegations below, Complainant challenges CNCS’s policy and practice of discriminating on the basis of disability and sex by: (1) requiring intrusive and unnecessary medical and mental health inquiries; and (2) discriminating against qualified applicants based on the information they provide. CNCS disqualified Complainant for service because she disclosed that she had experienced anxiety following a sexual assault and sought counseling for it.

3. Complainant files this complaint on her own behalf. She also files on behalf of all current and previous applicants for service positions with AmeriCorps NCCC who have or who were regarded as having a mental health disability and who, from one year ago and to the present and ongoing, were subjected or are being subjected to CNCS's health screening process. These applicants have been discriminated against because they were subjected to greater disclosure requirements and scrutiny due to CNCS's unlawful health inquiries. Complainant additionally files this complaint on behalf of all qualified applicants who have or who were regarded as having a mental health disability and who were medically deferred or disqualified, or whose applications were otherwise adversely affected, based on the health screening process, from one year ago to the present and ongoing. This Complaint is representative and is intended to place CNCS on notice of class-wide allegations of discrimination. See 45 C.F.R. § 1225.13.
  - a. Complainant believes that the class and the sub-class are so numerous that consolidated complaints of the members are impractical. Since 2013, AmeriCorps NCCC medically deferred 121 applicants and disqualified 171 applicants, according to information obtained from CNCS in a FOIA request. The precise number of applicants who are in the class is unknown at this time, but is likely to exceed a manageable number for consolidation.
  - b. There are questions of fact common to the class and subclass as all members were subjected to the same unlawful health screening process. Complainant believes that the conduct described herein is part of an agency-wide policy or pattern and practice of discrimination based on disability and sex.
  - c. Complainant's claims are typical of the claims of the class and the subclass: she was subjected to the unlawful screening process and she was screened out from the opportunity based on mental health disability despite being qualified.
  - d. Complainant and her counsel, ACLU, will fairly and adequately protect the interests of the class and the subclass.
  - e. Complainant has complied with the procedure necessary to serve as agent for the class. 45 C.F.R. § 1225.12.
4. In order to address these violations, Complainant and all participants in the class seek a determination that CNCS violated its obligations under the Rehabilitation Act and its own anti-discrimination policies. Complainant and all participants in the class also seek appropriate relief, including non-discriminatory health screenings, reversal of adverse decisions regarding their medical clearances except where the adverse decision is justified by law, the opportunity to serve as soon as practicable, changes to CNCS's policies and procedures in inquiring about and assessing applicants' medical and mental health, attorneys' fees and costs, and any other suitable forms of relief.
5. This complaint is timely, because it is filed within 15 days of receipt of the Notice of the Right to File a Formal Complaint. Through her attorneys, Complainant notified the Office of

Civil Rights and Inclusiveness at CNCS of her discrimination claims and the discrimination claims of class members on June 28, 2017. On July 18, 2017, the Equal Opportunity Counselor Carolyn Thompson provided her with an equal opportunity counseling package, and she returned the required paperwork on July 21, 2017. Ms. Thompson communicated with Complainant's counsel thereafter. The Notice of the Right to File a Formal Complaint was issued by the CNCS Equal Opportunity Counselor on September 28, 2017.

## **FACTUAL ALLEGATIONS**

### *AmeriCorps NCCC Medical Clearance Process*

6. Upon conditional acceptance to serve with AmeriCorps NCCC, all applicants are required to complete the AmeriCorps NCCC Medical/Mental Health Information Form ("Health Information Form"). See Exhibit A.
7. The Health Information Form requires applicants to respond to a wide-ranging list of intrusive and overbroad medical and mental health questions. For example, applicants must disclose, for the five years prior to completing the form, information including "dates, details of condition, treatment received, and current status" regarding Emergency Room visits, hospital admissions, and any treatment, therapy, counseling, or medication for any behavioral health or mental health condition. Applicants must "list all medications you are taking, including nonprescription drugs, vitamins, and herbal supplements," and to state the dose, frequency, when first prescribed, and reason for taking. The Health Information Form also requires applicants to provide a detailed lifetime report on various conditions such as ADD/ADHD, learning disorders, a laundry list of psychiatric diagnoses, and any drug or alcohol problems or treatment.
8. CNCS utilizes written mental health assessment guidelines ("Mental Health Guidelines"), see Exhibit B, and medical screening guidelines, see Exhibit K, to determine whether an applicant should be cleared, deferred, or disqualified based on a health condition. If an applicant reports a mental health issue on the Health Information Form, their health information is sent by the screening nurse at CNCS headquarters to an AmeriCorps NCCC campus counselor for review. According to AmeriCorps NCCC's Medical Status Portal Guide, it can take counselors approximately two months to make initial contact with the applicant because the agency receives a "high number of forms" reporting mental health conditions. See Exhibit C.
9. The Mental Health Guidelines are broken up into sections based on type of mental health issue: psychosocial, depression/mood disorders, anxiety disorders, attention deficit/learning disabilities, post-traumatic stress disorder, personality disorders, psychotic disorders, and "gender identity disorders (transgender)." For each type of condition, the Mental Health Guidelines provide questions for the counselor to ask the applicant and a checklist of criteria for clearance, deferral, or disqualification. They state that "[d]eferral criteria offers the selectee time to gain functionality due to present mental health diagnosis," while clearance "suggests that the selectee can function well in a team-based program." Disqualification results when CNCS determines that "clearance would not be in the best interest of the Corps nor the selectee." See Exhibit B, at 3.

10. The Mental Health Guidelines purport to be based on the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (“DSM”), published in 1994. The DSM is intended to be used by health care professionals to classify and diagnose mental disorders, not to determine whether someone is fit to serve or work in a position. The Mental Health Guidelines in use by CNCS deviate from the DSM in many significant respects. They also have not been updated to reflect DSM-V, published in 2013.
11. The Guidelines list continued symptoms and/or treatment as bases for deferral. For example, for a “psychosocial disorder,” the Guidelines list continued participation in treatment as grounds for deferral, and list being out of treatment and without symptoms for one year or longer as grounds for clearance. See Exhibit B, at 6. For anxiety disorders, the Guidelines list being “symptom-free” or having only mild symptoms for one year as a ground for clearance, and list beginning a therapeutic intervention within six months as grounds for deferral. See Exhibit B, at 21. Screening out qualified individuals with disabilities for having symptoms or for participating in treatment is disability discrimination.
12. Similarly, for issues with drug or alcohol use or abuse, the Guidelines list active participation in a peer support network as grounds for deferral. Screening out qualified individuals with a history of drug or alcohol addiction for participating in peer support networks is disability discrimination. See Exhibit B, at 10.
13. The Guidelines do not consider possible accommodation for different conditions.
14. The questions for several of the mental health conditions contained in the Mental Health Guidelines are not reasonably calculated to evaluate the applicant for service. For example, for personality disorders, the questions include “Do you think you flirt or want sex more than your peers?” and “Do you have a strong need to be loved, admired, or appreciated?” See Exhibit B, at 30.
15. Once the nurse and/or campus counselor have determined that the applicant’s ability to serve is questionable or the ability of the program to provide an accommodation is “problematic,” their recommendation is conveyed to the NCCC Medical Review and Accommodation Board. According to NCCC’s Medical Review Board Standard Operating Procedure, for applicants who are not yet in service, this Board must consist, at minimum, of the NCCC campus counselor presenting the case, two other campus counselors, the Director of Member Services, and the medical screening nurse. A representative of the general counsel’s office may also participate and the NCCC Legal Counsel will provide legal advice to the Board as required. See Exhibit D. The Board votes by simple majority whether to clear, defer, or disqualify a particular applicant. The case presenter is responsible for notifying the applicant of the Board’s decision within one business day.
16. Upon information and belief, CNCS does not consider or assess an applicant’s potential need for disability-related accommodations during the medical clearance process. In response to Freedom of Information Act requests, CNCS stated that there is no accommodation process

as part of medical clearance review and that accommodations are considered only when an applicant has been medically cleared and fully accepted into the program. See Exhibit E.

*Discrimination Against Complainant*

17. Complainant is a 2017 college graduate with a degree in social work. She previously served two terms with the AmeriCorps state program in Michigan.
18. In January 2017, Complainant applied for positions as team member and team leader with AmeriCorps NCCC and AmeriCorps NCCC FEMA Corps. She was notified in February that she was accepted as a team member for AmeriCorps NCCC FEMA Corps.
19. At that time, she submitted, as requested by CNCS, responses to the Health Information Form described above. See Exhibit F. In response to the question about whether she had received counseling in the last five years, Complainant disclosed that she had received three sessions of “counseling for anxiety, not diagnosed.” She also disclosed prior treatments for strep throat and dehydration and responded to the medication question by listing birth control she was taking and when it was first prescribed, as required by the form.
20. In March and April 2017, Complainant received offers to interview for team leader positions with the Southern Region and the North Central Region.
21. On April 14, Complainant received an offer to serve as Traditional Programs Support Team Leader in the AmeriCorps NCCC Southern Region in Vicksburg, Mississippi, as well as an offer to serve as Team Leader in the AmeriCorps NCCC FEMA North Central Region.
22. Complainant formally accepted the offer from the Southern Region the same day, which, according to the email communication from CNCS, was conditioned only on CNCS’ “receipt and review of your motor vehicle driving record.” See Exhibit G.
23. Complainant’s term in Vicksburg was to run from June 19, 2017 through May 4, 2018, and her position as Support Team Leader would consist primarily of carrying out logistical and administrative duties at the Vicksburg campus, alongside AmeriCorps employees.
24. On May 2, Complainant was contacted by Joseph Holbrooks, a counselor located at the Southern Region. They spoke the following day, and he asked her why she had gotten the counseling that she had reported on the medical and mental health questionnaire. She explained that she had sought out three counseling sessions in January and February for anxiety she experienced after a nurse had hugged her from behind and groped her breasts with his hands while she was working at a hospital as part of her social work studies. She was never diagnosed with any condition or prescribed any medications.
25. Mr. Holbrooks told Complainant that he needed more information, and asked her to sign a release to permit him to speak directly with her counselor. Complainant asked if the fact that she had received counseling would affect her position with AmeriCorps, and Mr. Holbrooks assured her that it would not.

26. Complainant was no longer attending counseling at this point and her counselor had moved, so she signed the form to permit Mr. Holbrooks to speak with the director of the agency where she had received counseling. The director had no first-hand knowledge of Complainant's counseling or her fitness to serve in AmeriCorps.
27. From May 9 to 15, Complainant received further emails from her expected supervisor at the Southern Region, welcoming her as a team leader and requesting a self-biography and information about dietary needs.
28. On or about May 15, Mr. Holbrooks presented a written memorandum to the Board recommending that Complainant be deferred from any participation in AmeriCorps for one year based on her anxiety. See Exhibit H. The memorandum cites as "History concerns" for Complainant:

"1/10/17 thru 2/7/17 attended 3 therapy sessions for anxiety issues following sexual assault by male in a supervisory position. He was removed from the position. A prior, similar sexual assault occurred when she was 16 y.o. by male. At the time of presentation she experienced anxiety around men and strangers." The memorandum further refers to page 21 of the Mental Health Guidelines and states: "Deferral – The selectee has begun therapeutic intervention for diagnosed/undiagnosed anxiety dx w/in past 6 mos. (Also reviewed PTSD deferral criterion (this is not the diagnosis) for context (Pg. 27))."
29. In making the recommendation, Mr. Holbrooks relied on the Mental Health Guidelines, which call for deferral of service for anxiety when the "selectee has begun therapeutic intervention for diagnosed/undiagnosed anxiety disorder within the past 6 months." See Exhibit B, at 21. He also referred to the guideline for PTSD. He thus concluded she could not be cleared because she had received therapy for anxiety arising from the incident with Complainant's co-worker within the past six months. The recommendation did not give any consideration as to whether she was qualified to serve despite receiving therapy or whether accommodation should be explored. It did not consider that Complainant had continued to function at a high level in her studies, work, and personal life in the time period following her anxiety and counseling in ways that necessarily involved engaging with men and strangers.
30. Complainant was unaware of the memorandum, and a copy of it was not shared with her at that time. She was never given any opportunity to address the Board regarding the recommendation.
31. On or about May 17, Mr. Holbrooks called Complainant and informed her that he had decided that he would recommend that she not be permitted to begin her AmeriCorps service, and that instead, she be deferred for six to twelve months from any AmeriCorps position. In that conversation and in another conversation with Complainant on May 18, Mr. Holbrooks stated that it is common for AmeriCorps to reject applicants who have experienced trauma such as sexual assault because sexual assault is "very traumatic" and it "typically" takes people more than a year to recover. Mr. Holbrooks stated that he believed that Complainant could be "triggered" if she had to serve as a team leader in the field.

32. Complainant explained that she was fully capable of serving. Following the sexual assault, she had maintained a 4.0 GPA while working 25-35 hours per week at a shelter for victims of domestic violence, sexual assault, and trafficking and 16 hours per week at her social work placement at the hospital where the incident occurred. She expressed her deep concern that AmeriCorps was blaming her for anxiety arising from sexual assault committed by the nurse.
33. Later in the day on May 18, Mr. Holbrooks called Complainant and said that the Board had decided that she could not be medically cleared to serve in the position she had accepted, effectively rescinding her offer. He stated that she would be unable to apply for any AmeriCorps position for one year.
34. Complainant inquired about a grievance process, and Mr. Holbrooks said that it would be explained in a letter she would receive.
35. Complainant was traveling out of state and did not return home until late May. At that time, a letter dated May 18 from Tara Lind-Zajac, Lead Medical Screening Nurse in the CNCS headquarters in Washington DC, was awaiting her. It informed her that “The AmeriCorps NCCC Medical Accommodation and Review Board met to review the condition(s) you reported on your Medical/Mental Health Information Form. The Board determined that your reported condition(s) could not be accommodated in our program.” See Exhibit I.
36. The letter did not indicate that there was any time limit to her disqualification from participation in AmeriCorps, and AmeriCorps’ system lists her status as “Disqualified.” See Exhibit J.
37. Complainant was devastated to learn of CNCS’s decision. She has set completion of four terms of service with AmeriCorps as a life goal, and wanted to serve her country through the program. She had prepared to move to Mississippi and had deferred entry into a graduate program for social work in order to accept the position with the Southern Region. Not only did she lose the opportunity to either serve in AmeriCorps or attend graduate school this coming year, but she also lost the stipend, housing, educational scholarship, insurance, and other benefits that would have accompanied the AmeriCorps position.

### **LEGAL ALLEGATIONS**

38. CNCS’s intrusive and unnecessary medical and mental health inquiries and its decision to deny Complainant a position based on the information she provided to CNCS violate federal law prohibiting discrimination and CNCS’s own civil rights policy.

#### *CNCS Violated Federal Law and Its Policy Prohibiting Discrimination Based on Disability.*

39. CNCS’ medical and mental health review process discriminates based on disability, because it subjects individuals with disabilities to greater scrutiny and heightened disclosure requirements, and because it results in adverse decisions against qualified applicants based on their disability.

40. As a federal agency, CNCS is subject to Section 504 of the Rehabilitation Act. The Rehabilitation Act provides that a qualified individual with a disability may not be excluded from participation in, be denied the benefits of, or be subjected to discrimination in any federal program or activity solely on the basis of his or her disability. 29 U.S.C. § 794; *accord* 45 C.F.R. § 1214.130(a). CNCS also prohibits discrimination based on disability under its own policy.
41. To establish disability discrimination under the Rehabilitation Act, an individual must show that (1) she is a qualified individual with a disability; (2) she is being excluded from participation or discriminated against in programs for which a public entity is responsible; and (3) such exclusion or discrimination is by reason of disability. *See, e.g., Pierce v. District of Columbia*, 128 F. Supp. 3d 250, 267 (D.D.C. 2015). A disability is defined as including “a physical or mental impairment that substantially limits one or more major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.” 29 U.S.C. § 705(9); 42 U.S.C. § 12102(1). A qualified individual is one who “meets the essential eligibility requirements and who can achieve the purpose of the program or activity without modifications in the program or activity that the agency can demonstrate would result in a fundamental alteration in its nature.” 45 C.F.R. § 1214.103.
42. Complainant is qualified to apply for and to serve in a position with CNCS. She completed all portions of the application process, and CNCS offered Complainant numerous positions. Yet, she was discriminated against on the basis of disability. She was required by the Health Information Form to disclose intimate health information, including the anxiety and counseling she experienced, which led to further scrutiny by CNCS of her disability status. This discrimination was compounded when CNCS subsequently decided that Complainant had anxiety that required her exclusion from the program. Mr. Holbrooks initially recommended to the Medical Review Board that Complainant be deferred for one year, and the Medical Review Board took this one step further in disqualifying her from service altogether. Complainant was barred from participation even though Complainant is qualified to serve, which was evident through her track record of academic and professional success before and after the sexual assault and related counseling, including carrying on her social work placement at the hospital where the incident took place, working substantial hours in addition to her studies, and her graduation from college. Furthermore, CNCS never explored the possibility with Complainant of whether she could be qualified to serve with accommodation or whether any necessary accommodation would impose an undue hardship on the agency. In fact, Complainant would have required no accommodation to successfully perform the position of Traditional Programs Support Team Leader. All of these circumstances establish that Complainant is a qualified individual with a disability or perceived disability who was discriminated against by CNCS by reason of disability.
43. CNCS apparently concluded that Complainant could not serve based on assumptions about people who experience anxiety following sexual assault and seek counseling – e.g., that they cannot function professionally and cannot lead others. The Mental Health Guidelines express these stereotypes by calling for deferral if an applicant began therapy within the past six months, had medication prescribed within the past six months, or experienced symptoms for anxiety even if symptoms overall have decreased. *See Exhibit B*, at 21. Mr. Holbrooks’s



statements that Complainant would be “triggered” in service, that it “typically” takes people more than a year to recover from sexual assault, and that it is common for AmeriCorps to reject applicants who have experienced trauma such as sexual assault because sexual assault is “very traumatic” show that CNCS did not individually assess Complainant’s case, as it was required to do, and instead acted on paternalistic assumptions. U.S. Equal Employment Opportunity Comm’n, Questions and Answers: The Application of Title VII and ADA to Applicants or Employees Who Experience Domestic or Dating Violence, Sexual Assault, or Stalking (2012), [https://www.eeoc.gov/eeoc/publications/qa\\_domestic\\_violence.cfm](https://www.eeoc.gov/eeoc/publications/qa_domestic_violence.cfm). There is no evidence that Complainant would have been unable to serve as support team leader, given the nature of the position, her individual circumstances and condition, and her record of personal and professional achievement. See Mantolete v. Bolger, 767 F.2d 1416, 1422–23 (9th Cir. 1985).

44. Complainant’s experience is illustrative of how CNCS’ health screening process discriminates against people with disabilities, including perceived disabilities.
45. CNCS unlawfully discriminates against applicants based on disability, by imposing a greater burden of disclosure, inquiry, and scrutiny on applicants with physical or mental health conditions through its medical clearance process. The Health Information Form requires applicants to respond to a wide-ranging list of overly broad and intrusive medical questions. And once applicants have identified medical or mental health issues, they are further subjected to scrutiny through follow-up inquiries using the Mental Health Guidelines and requests for information, including releases to obtain their medical records.
46. Courts have held that questions such as “Have you within the past five (5) years been treated or counselled for any mental, emotional or nervous disorders?” are framed too broadly and violate civil rights laws forbidding discrimination based on disability. See, e.g., Clark v. Va. Bd. of Bar Exam’rs, 880 F. Supp. 430, 431, 442 (E.D. Va. Feb. 23, 1995); Ellen S. v. Fla. Bd. of Bar Exam’rs, 859 F. Supp. 1489, 1493-94 (S.D. Fla. Aug. 1, 1994). These questions are discriminatory, even if they do not result in rejection of an applicant, because “they substitute an impermissible inquiry into the status of disabled applicants for the proper, indeed necessary, inquiry into the applicants’ behavior.” Ellen S., 859 F. Supp. at 1494. Furthermore, such questions impose an additional burden on applicants with disabilities to “subject themselves to further inquiry and scrutiny” that applicants without disabilities need not endure. Clark, 880 F. Supp. at 442.
47. CNCS further discriminates against applicants based on disability by taking adverse action against them, including deferral and disqualification, even when they are qualified for service. CNCS appears to mechanically apply the Mental Health Guidelines, which call for deferral or disqualification based on factors that are not tied to an applicant’s ability to serve, with or without accommodation. Thus, as described *supra*, the Mental Health Guidelines punish those with mental health conditions who sought or are continuing to seek counseling, therapy, or other support, even though such therapy is often appropriate on an ongoing basis for individuals who remain qualified to serve. Per CNCS’s FOIA Officer, there is no accommodation process as part of medical clearance for AmeriCorps NCCC. See Exhibit E. Thus, CNCS’s health screening process screens out or tend to screen out individuals based on

disability, without adequately assessing whether applicants are qualified with or without accommodation. See, e.g., Pierce v. District of Columbia, 128 F. Supp. 3d 250, 267-72 (D.D.C. 2015); Mendez v. Gearan, 956 F. Supp. 1520, 1527-28 (N.D. Cal. 1997); Guckenberger v. Boston Univ., 974 F. Supp. 106, 133-35 (D. Mass. 1997); In re Ettema, Peace Corps, Final Agency Decision, No. PCV-11-04 (2012) (finding discrimination where Peace Corps relied on medical guidelines without an individualized assessment of the applicant's circumstances).

*CNCS Violated Its Policy Prohibiting Discrimination Based on Sex.*

48. Not only did CNCS violate prohibitions on discrimination based on disability, its action against Complainant also constituted sex discrimination.
49. Refusing to permit a victim of sexual assault to participate in a program based on gender stereotypes that she will be triggered, will not be able to function without further therapy, or will be unable to carry out her responsibilities discriminates against women. The Equal Employment Opportunity Commission specifically has observed that adverse actions against victims of domestic violence or sexual assault based on stereotypes about victims violate civil rights law. U.S. Equal Employment Opportunity Comm'n, Questions and Answers: The Application of Title VII and ADA to Applicants or Employees Who Experience Domestic or Dating Violence, Sexual Assault, or Stalking (2012), [https://www.eeoc.gov/eeoc/publications/qa\\_domestic\\_violence.cfm](https://www.eeoc.gov/eeoc/publications/qa_domestic_violence.cfm).
50. Moreover, policies and procedures that result in more exacting scrutiny of sexual assault survivors and denial of their applications discriminate based on sex, because women make up the vast majority of victims of sexual assault. See, e.g., Michael Planty et al., Bureau of Justice Statistics, U.S. Dep't of Justice, Female Victims of Sexual Violence, 1994-2010 3 (2013), <https://www.bjs.gov/content/pub/pdf/fvsv9410.pdf> ("From 1995 to 2010, approximately 9% of all rape or sexual assault victimizations recorded in the NCVS involved male victims . . . In 2010, the male rate of rape or sexual assault was 0.1 per 1,000 males compared to a rate of 2.1 per 1,000 for females").

**REMEDIES SOUGHT**

51. In order to remedy these violations, Complainant seeks on her own behalf and as agent of the class (i) non-discriminatory health screenings, (ii) reversal of the Board's adverse determinations regarding their medical clearances, except where justified by law, (iii) the opportunity to serve with AmeriCorps as soon as practicable, (iv) changes to CNCS's policies and procedures in inquiring about and assessing applicants' medical and mental health so that they no longer discriminate based on disability and sex, (v) attorneys' fees and costs, and (vi) any other appropriate forms of relief.

I hereby certify that the foregoing is true and accurate to the best of my knowledge and belief.

Susie Balcom 10/10/17  
Susie Balcom Date

# Exhibit A



# AmeriCorps NCCC Medical/Mental Health Information Form

**Instructions:** Complete **ALL PAGES** of this form and provide your signature upon completion. This form must be returned to us no later than the date indicated on the accompanying materials. **Incomplete forms cannot be processed.** To process the required medical clearance, additional information may be required by the Medical Screening Nurse and/or Counselor.

**ANSWER ALL QUESTIONS. Incomplete forms cannot be processed and may result in your removal from further consideration for NCCC service.**

## Part I.

Name (Last, First, Middle)	Date of Birth (MM/DD/YYYY)	Gender/Identifies as
MyAmeriCorps Applicant ID #	Height <span style="margin-left: 20px;">ft.</span> <span style="margin-left: 20px;">in.</span>	Weight <span style="margin-left: 20px;">lbs</span>
Email Address	Primary Contact phone number	Alternate phone number

**Part II.** Answer YES or NO to all questions. All NO responses must show an explanation stating "N/A". All YES responses must have explanation in the space provided or on a separate sheet, and should include dates, details of condition, treatment received, and current status. **During the last FIVE YEARS, have you...?**

**A.** Been treated in an Emergency Room? Please provide dates, condition treated, and current status if you were treated in an ER. **If NO, write "N/A". If YES, explain.**

- NO
- YES

Date(s)	Explanation

**B.** Been admitted to a hospital? Provide dates, reason for treatment, and current status if you were admitted. **If NO, write "N/A". If YES, explain.**

- NO
- YES

Date(s)	Explanation

**C.** Been treated for ANY behavioral health conditions or mental health conditions? This includes therapy, counseling, and medications. **If NO, write "N/A". If YES, explain.**

- NO
- YES

Date(s)	Explanation

**D.** Tested positive for skin test (PPD) or had a chest x-ray for tuberculosis? **If NO, write "N/A"; if YES, explain** and provide proof of clear chest x-ray or completion of medication. (If not able to send with this form, proof can be sent via email or fax at a later time.)

- NO
- YES

Date(s)	Explanation

**Medication List:**

Please list all medications you are taking, including nonprescription drugs, vitamins, and herbal supplements.

Medication Name:	Dose and How Often	When First Prescribed and Reason for Taking:

**Part III.** Answer YES or NO to all questions. All NO responses must show an explanation stating "N/A". All YES responses must have explanation in the space provided or on a separate sheet, and should include dates, details of condition, treatment received, and current status. **Do you have now or have you ever had?**

**E.** Diabetes diagnosis or treatment? **If NO, write "N/A". If YES, explain** (specify Type I or Type II, date of diagnosis, and whether you have an insulin pump).

- NO
- YES

Date(s)	Explanation

**F.** Diagnosed or treated for any heart condition, disease, heart murmur, chest pain (angina), palpitations (irregular beat), heart attack, heart surgery, angioplasty, or a pacemaker, valve replacement, or heart transplant? **If NO, write "N/A". If YES, explain.**

- NO
- YES

Date(s)	Explanation

**G.** Asthma diagnosis or treatment? **If NO, write "N/A". If YES, explain** (specify how often you use your rescue inhaler, and how often you use a nebulizer).

- NO
- YES

Date(s)	Explanation

**H.** Arthritis; impaired use of arms, legs, feet, or hands; hip/knee/joint pain; or any bone or joint condition? **If NO, write "N/A". If YES, explain.**

- NO
- YES

Date(s)	Explanation

**I.** History of back injury or back surgery, or any limitations that prevent you from bending, twisting, lifting, or other repetitive movements? **If NO, write "N/A". If YES, explain.**

- NO
- YES

Date(s)	Explanation

J. Seizures, syncope, blackouts, or epilepsy? **If NO, write "N/A". If YES, explain** (specify the date of your last seizure, episode, or blackout).

- NO  
 YES

Date(s)	Explanation

K. Permanent loss of hearing, or need to wear hearing aids? **If NO, write "N/A". If YES, explain.**

- NO  
 YES

Date(s)	Explanation

L. Permanent loss of vision or blindness in one or both eyes? **If NO, write "N/A". If YES, explain.**

- NO  
 YES

Date(s)	Explanation

M. Life-threatening allergy? **If NO, write "N/A". If YES, explain** (and indicate whether you have an EPI pen).

- NO  
 YES

Date(s)	Explanation

N. Diagnosis of attention deficit disorder, ADD/ADHD? **If NO, write "N/A". If YES, explain.**

- NO  
 YES

Date(s)	Explanation

O. Autism, Asperger's, or a learning/processing disorder? Attach IEP if applicable. **If NO, write "N/A". If YES, explain.**

- NO  
 YES

Date(s)	Explanation

P. Depression or anxiety? **If NO, write "N/A". If YES, explain.**

- NO  
 YES

Date(s)	Explanation

Q. Bulimia, Anorexia, or Eating disorder? **If NO, write "N/A". If YES, explain.**

- NO  
 YES

Date(s)	Explanation

R. Bi-Polar, Schizophrenia, or Paranoia? **If NO, write "N/A". If YES, explain.**

- NO  
 YES

Date(s)	Explanation

S. Self-mutilation or cutting? If NO, write "N/A". If YES, explain.

- NO
 YES

Table with 2 columns: Date(s), Explanation

T. Attempted Suicide? If NO, write "N/A". If YES, explain.

- NO
 YES

Table with 2 columns: Date(s), Explanation

U. Drug or Alcohol abuse, substance treatment, or counseling? If NO, write "N/A". If YES, explain.

- NO
 YES

Table with 2 columns: Date(s), Explanation

V. Significant medical/mental health conditions not listed above? If NO, write "N/A". If YES, explain.

- NO
 YES

Table with 2 columns: Date(s), Explanation

W. Do you require an accomodation to serve in NCCC? If NO, write "N/A". If YES, explain.

- NO
 YES

Table with 2 columns: Date(s), Explanation

X.

Are you up-to-date on all immunizations including the MMR and DTaP?

- NO  YES

If NO



Are you willing to receive these vaccinations upon your arrival to campus?

- NO  YES

Part IV.

I understand it is my responsibility to notify the Medical Screening Division of any changes in this information prior to my arrival to a campus, by phone (202-606-6702) or email (NCCCmedicalscreeningunit@cns.gov).

I certify that the information disclosed in this document is true and complete to the best of my knowledge and belief. I understand that if any of the information submitted in the document is false or is an intentional omission, it may be a basis for immediate disqualification from the program.

Signature box

Applicant Signature

Date Signed box

Date Signed

This form must be signed in order to be complete. Unsigned forms cannot be processed.

PRIVACY ACT NOTICE: Information is requested pursuant to 42 U.S.C.§12615(b). Purpose is to determine whether the medical/mental health history and identifiable health risks of individual members will allow them to perform the essential functions of AmeriCorps NCCC participants with or without reasonable accommodation.



# Exhibit B

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## ASSESSMENT GUIDELINES INFORMATION AND USAGE

These mental health assessment guidelines have been developed to assist the counselor in determining if a selectee to the AmeriCorps\*National Civilian Community Corps (NCCC) is appropriate for clearance in a residential, intensive and stressful setting. Each category contains questions that pertain to the specific mental health issue being considered. All questions and criteria are based on DSM-IV diagnoses. Because some categories are broad in nature, the questions are designed to cover all aspects of the classification.

The questionnaire and criteria for clearance, recommended deferral to the Mental Health Review Board (MRB), and recommended disqualification are written with the intention of providing a clear, concise tool that draws from the counselor's skill and knowledge base. The questionnaire is not rigid in nature. The counselor may take license in the order of questioning and whether or not to ask all the questions in the category.

### USAGE

Each group of questions will lead the counselor to the information needed to determine clearance. During the interview process, the counselor will use the questionnaire to draw information regarding symptoms, functioning level, professional intervention, strengths, and diagnoses of the selectee. Boxes have been provided next to each question to assist the counselor in tracking the questions during the interview.

Attached to the questionnaire are criteria for each category. Clearance suggests that the selectee can function well in a team-based program. The selectee either is in good control of mental health issues or has no diagnosis that would hinder performance. The selectee must have a clear understanding of any diagnosis that is disclosed and how to manage that diagnosis within the parameters of the requirements of NCCC.

Deferral criteria offers the selectee time to gain functionality due to present mental health diagnosis. In addition, the counselor can recommend a deferral for a selectee who has shown good progress but may not be able, at the time of the interview, to fully function in a team-based program.

Disqualification of a selectee is based on the information gathered by the counselor and presented to the MRB who determines that clearance would not be in the best interest of the Corps nor the selectee.

Justification for disqualifying a selectee for the AmeriCorps\*NCCC program is based on the DSM-IV founded disqualifying criteria that informs the MRB's assessment of the applicant's ability to meet the basic requirements as stipulated in the Member Essential Functions Statement.

Where a GAF (General Assessment of Functioning) score is indicated as a criterion you may turn to the next page for an understanding of the level of functioning that the GAF score indicates. The GAF score is a standard tool used by mental health professionals, found in the DSM-IV, to evaluate a person's level of psychological, social, and occupational functioning.

The attached answer sheet is designed to assist the counselor in developing a full picture of the interview. Numbered space is provided to note responses that coincide with the questions on the questionnaire.

## Global Assessment of Functioning Scale (GAF)

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Global Assessment of Functioning is for reporting the clinician's judgment of the individual's overall level of functioning and carrying out activities of daily living. This information is useful in planning treatment and measuring its impact, and in predicting outcome.

The Global Assessment of Functioning Scale is a 100-point scale that measures a patient's overall level of psychological, social, and occupational functioning on a hypothetical continuum.

The GAF Report decision tree is designed to guide clinicians through a methodical and comprehensive consideration of all aspects of a patient's symptoms and functioning to determine a patient's GAF rating in less than 3 minutes.

The GAF Report addresses the growing need for accuracy and reliability in determining and reporting on GAF ratings by ensuring all aspects of a patient's functioning are considered. Use the "current" or "past week" rating to indicate current management needs, the "at discharge" rating to document progress and quality of care, and the "highest level in past year" rating as a target for termination of treatment.

The GAF scale is particularly useful for managed care-driven diagnostic evaluations to determine eligibility for treatment and disability benefits and to delineate the level of care required for patients. On completion of the GAF Report questions, a 10-point range is automatically determined. Then, using the sliding rating scale, you can quickly indicate the specific GAF rating within this 10-point range, using clinical judgment and hypothetical comparison with other patients in the range. Explanation screens provide clarification of specific questions throughout the assessment. The report, which summarizes a patient's results, can be produced immediately after an assessment. Global Assessment of Functioning

---

### Global Assessment of Functioning Scale

The scale considers the psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness.

Do not include impairment in functioning due to physical or environmental limitations.

You do not need to know the numbers but rather what the GAF measures and is used for Code ( Note. Use intermediate codes when appropriate, e.g., 45, 68, 72.)

- 91- Superior functioning in a wide range of activities, life's problems never seem to  
100 get out of hand, is sought out by others because of his or her many positive qualities. No symptoms
  
- 81- Absent or minimal symptoms ( e.g., mild anxiety before an exam ), good  
90 functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns ( e.g., an occasional argument with family members )
  
- 71- If symptoms are present, they are transient and expectable reactions to  
80 psychosocial stressors ( e.g., difficulty concentrating after family argument ); no more than slight impairment in social occupational, or school functioning ( e.g., temporarily falling behind in schoolwork ).
  
- 61- Some mild symptoms ( e.g., depressed mood and mild insomnia ) OR some  
70 difficulty in social occupational, or school functioning ( e.g., occasional truancy or theft within the household ), but generally functioning pretty well, has some meaningful interpersonal relationships.

- 51- Moderate symptoms ( e.g., flat affect and circumstantial speech, occasional panic  
60 attacks ) OR moderate difficulty in social, occupational, or school functioning ( e.g., few friends, conflicts with peers or co-workers ).
- 41- Severe symptoms ( e.g., suicidal ideation, severe obsessional rituals, frequent  
50 shoplifting ) OR any serious impairment in social, occupational or school functioning ( e.g., no friends, unable to keep a job ).
- 31- Some impairment in reality testing or communication ( e.g., speech is at times  
40 illogical, obscure, or irrelevant ) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood ( e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school ).
- 21- Behavior is considerably influenced by delusions or hallucinations OR serious  
30 impairment in communication or judgment ( e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation ) OR inability to function in almost all areas ( e.g., stays in bed all day, no job, home, or friends ).
- 11- Some danger of hurting self or others ( e.g., suicidal attempts without clear  
20 expectation of death; frequently violent; manic excitement ) OR occasionally fails to maintain minimal personal hygiene ( e.g., smears feces ) OR gross impairment in communication ( e.g., largely incoherent or mute ).
- 1-10 Persistent danger of severely hurting self or others ( e.g., recurrent violence ) OR  
persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.0 Inadequate information.

Taken from: [http://www.psyweb.com/Mdisord/DSM\\_IV/dsm\\_iv.html](http://www.psyweb.com/Mdisord/DSM_IV/dsm_iv.html)

## I. PSYCHOSOCIAL

### A. Therapist/ Psychiatrist

1. When?

Yes No n/a explain if necessary

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2. Where?

Yes No n/a explain if necessary

--	--	--	--

3. When was the last appointment?

Yes No n/a explain if necessary

--	--	--	--

4. Issues that brought you to the professional?

Yes No n/a explain if necessary

--	--	--	--

5. How many therapists have you seen? When did you see them?

Yes No n/a explain if necessary

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## CRITERIA FOR CLEARANCE, DEFERRAL, OR DISQUALIFICATION

### CLEARANCE

- It has been 1 year since the last appointment, is functioning well.
- No reoccurrence of symptoms within the past 12 months.
- Therapeutic issues do not include AXIS II diagnosis.
- The selectee has been functioning well by attending school, holding a job, maintaining relationships, etc.
- GAF score of 65 and above

### DEFERRAL

- Has been treated for an Axis II diagnosis within the past 3 years.
- Selectee reports decrease in symptoms but still experiences significant symptoms that would negatively affect performance in the team based program.
- Documentation from a mental health professional indicates that the selectee needs continued therapeutic intervention.

### DISQUALIFICATION

- Selectee reports firing multiple therapists within the past 2 years.
- Selectee refuses to produce documentation from treating professional.

**Justification to disqualify a selectee under the Psychosocial guideline is based on the following:**

- Firing multiple therapists indicates a pattern of unhealthy therapeutic relationships as well as an inability on the part of the client to be willing to successfully resolve their issues.
- Refusing to produce documentation suggests the selectee may be withholding or minimizing relevant clinical information needed to complete an accurate assessment.

Reference:

American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), Forth Edition, 1994.

Member Essential Functions Statement, AmeriCorps\*NCCC 3/2005  
Current Psychotherapies, Raymond J. Corsini



**B. Alcohol/ drug Use/abuse**

1. Do you drink alcohol? If so, how often?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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2. How much do you drink? 1, 2, 3, 6 or more drinks in one day or evening?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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3. Have you ever forgotten what you have done when you have been drinking?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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4. Do you get sick after an evening out, from drinking alcohol?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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5. Do you take street drugs? If yes, what and how often?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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6. How old were you when you first drank alcohol or took your first drug?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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7. Tell me about a time when alcohol or a drug was the cause of a fight, argument, or other problem.

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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8. What time of day do you usually have your first drink or marijuana smoke?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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9. Are you of the opinion that you cannot have a problem if you only drink beer or smoke pot?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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10. Have you ever had a DUI or DWI or any other alcohol- or drug-related charge? Please give details of charges and sentence.

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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11. Have you ever been in a treatment program for alcohol or drug abuse? If so, please explain.

Yes No n/a explain if necessary

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12. If you have been in a treatment program or have participated in AA or NA, how long have you been in recovery? Please explain.

Yes No n/a explain if necessary

--	--	--	--

13. Have you ever been in a long-term relationship with a twelve-step sponsor?

Yes No n/a explain if necessary

--	--	--	--

14. Have you ever been dependent on prescription or over-the-counter medications, i.e., pain killers, sleeping pills, diet pills. If yes, please explain.

Yes No n/a explain if necessary

--	--	--	--

15. Have your relationships been negatively affected by your drinking or drug use?

Yes No n/a explain if necessary

--	--	--	--

## CRITERIA FOR CLEARANCE, DEFERRAL, OR DISQUALIFICATION

### CLEARANCE

The selectee can demonstrate and articulate a full understanding of their disorder and how it affects them socially and personally. The selectee must be skillful in managing the disorder.

- The selectee has had 2 years sobriety. This applies to alcohol and drug recovery.
- The selectee continues to seek support through AA or NA to maintain sobriety.
- There is no indication that the selectee drinks alcohol more than socially.
- The selectee has had no social or legal issues related to drug or alcohol use.
- The selectee produces documentation from a mental health professional stating progress in alcohol or drug treatment.
- The selectee has had no problem maintaining positive and productive personal, work, and school relationships for the past 2 years.
- GAF 70 and above for one year.

### DEFERRAL

The selectee can only partially demonstrate and articulate a full understanding of their disorder and how it affects them socially and personally. The selectee must be managing their disorder some of the time.

- The selectee reports excessive alcohol use. (Drinking to drunk no more than once a month)
- The selectee has had an alcohol- or drug-related charge in the past 24 months.
- The selectee reports previously experiencing blackouts after drinking within the past 6 to 12 months.

- The selectee is actively participating in either a peer support network or has received outpatient treatment within the past 6 months.
- The selectee reports difficulties maintaining positive and productive personal, work, and school relationships due to alcohol and/or drug abuse.

#### *DISQUALIFICATION*

The selectee cannot demonstrate or articulate a full understanding of their disorder and how it affects them socially or personally. The selectee is not managing their disorder at the time of the interview.

- The selectee reports excessive alcohol use (Drinking to drunk once per week or more).
- The selectee has had an alcohol-related charge within the past 6 months of the interview.
- The selectee reports blackouts after drinking, within the past 6 months.
- The selectee reports active drug abuse.
- The selectee will not produce documentation regarding past alcohol/ drug treatment.
- The selectee has been unable to maintain positive personal, work, or school relationships due to alcohol and/or drug abuse.

#### **Justification to disqualify a selectee under the Alcohol/Drug abuse guideline is based on the following:**

- If a selectee meets any of the above criteria, the individual may be diagnosed with Substance Dependence as outlined in the DSM-IV.
- Effective treatment is an ongoing and structured process, which includes individual, group, and family counseling. This is especially applicable to adolescents and young adults. Clinical and research evidence supports this and suggests that a significant break in treatment substantially increases the recidivism rates in individuals suffering from Substance Dependence.
- Recidivism rates are also substantially increased for individuals who do not participate in supportive, ongoing, aftercare programs.

#### Reference:

American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), Forth Edition, 1994.

Member Essential Functions Statement, AmeriCorps\*NCCC 3/2005  
Social Work Practice with Alcohol. Freeman, Thomas

### C. Eating Disorders

1. Have you ever been told you have an eating disorder? If yes, explain.

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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2. Do you force yourself to vomit after meals? Do you or have you ever used laxatives or diuretics regularly? How often?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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3. Do you eat until you feel sick? How often?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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4. Have you been told you are too skinny, but you think you are overweight?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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5. Have you sought or considered mental health treatment for an eating disorder? When? How long were you in treatment?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
--------------------------	--------------------------	--------------------------	--

6. Do you hide food?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
--------------------------	--------------------------	--------------------------	--

7. Do you have a fear of gaining weight?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
--------------------------	--------------------------	--------------------------	--

8. Do you think more about food and calories than almost anything else?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
--------------------------	--------------------------	--------------------------	--

9. Do you have an insatiable need for control or perfection?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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10. Do you use exercise to balance the guilt you feel after eating?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
--------------------------	--------------------------	--------------------------	--

11. Females only: Have you lost weight recently? Have your periods stopped since the weight loss?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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## CRITERIA FOR CLEARANCE, DEFERRAL, OR DISQUALIFICATION

### CLEARANCE

The selectee can demonstrate and articulate a full understanding of their disorder and how it affects them socially and personally. The selectee must be skillful in managing the disorder.

- Selectee has completed successful treatment for the eating disorder and has been symptom-free for 2 years.
- The selectee can produce documentation from a mental health professional and an MD regarding successful treatment and good physical health.
- The selectee seeks support to continue a healthy eating lifestyle as needed.
- Selectee has held a job or attended school in the past year.
- The selectee reports the ability to manage feelings of perfectionism and control.
- The selectee can articulate causes, effect, and management skills of eating disorders.
- GAF score 70 and above.

### DEFERRAL

The selectee can only partially demonstrate and articulate a full understanding of their disorder and how it affects them socially and personally. The selectee must be managing their disorder some of the time.

- The selectee is receiving treatment for an active eating disorder.
- The selectee has maintained a healthy weight for 6 months.
- The selectee reports a significant decrease of behaviors in the past 6 months.
- The selectee's menstrual period has stopped due to the disorder.

### DISQUALIFICATION

The selectee cannot demonstrate or articulate a full understanding of their disorder and how it affects them socially or personally. The selectee is not managing their disorder at the time of the interview.

- The selectee has not maintained a healthy weight for more than 1 year post-treatment.
- During the interview process, the selectee appears to not understand the seriousness of eating disorder behaviors.
- The selectee has not received treatment for an active eating disorder.
- The selectee reports symptoms of an active, serious eating disorder and has no awareness of cause and/or effects of eating disorders.

### **Justification to disqualify a Selectee under the Eating Disorder guideline is based on the following:**

- A selectee who has not maintained a healthy weight for more than one-year post treatment is at risk for relapsing. They are especially at risk for relapse when put under the stressful situation of a new and emotionally charged work and living environment as is germane to the AmeriCorps NCCC program.
- Selectees with an eating disorder are dealing with seriously compromised mental and physical health. They will manifest any number of mood disturbances stemming from depression and/or anxiety as well as develop obsessive-compulsive behaviors regarding diet and body image. A debilitating distorted self-image is a constant struggle for someone with an eating disorder. Commonly, there is a strong need for extreme control over one's environment and a need to avoid change, both of which are not possible in

this program. Various physical complications also develop, including but not limited to: lethargy, anemia, cold intolerance, insomnia, poor dental health, menstrual cycle disturbances, cardiac problems and impaired renal function. Selectees not aware of the seriousness of their eating disorder and not committed to the proper management of their disorder present mental and physical health risks too great for the scope of this program.

- Selectees who have not received treatment for an active eating disorder have needs beyond the scope of this program. Untreated selectees are incapable of meeting the basic requirements of the program and are at constant risk for physical and mental health impairment.
- A selectee who reports symptoms of an active eating disorder and who demonstrates little to no awareness of its causes and effects is in need of immediate and possibly long-term medical and mental health attention. An assessment of program readiness cannot be made until at least one-year post treatment of being relapse free.

Reference:

American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), Fourth Edition 1994

Member Essential Functions Statement, AmeriCorps\*NCCC 3/2005

**D. Medications** (Refer to Medical/Mental Health Information Form)

1. Have you been prescribed medications for mental health difficulties? If yes, what?

Yes	No	n/a	explain if necessary

2. For what condition was the medication prescribed?

Yes	No	n/a	explain if necessary

3. How long did you take the medications?

Yes	No	n/a	explain if necessary

4. Side effects?

Yes	No	n/a	explain if necessary

5. If you are not taking medication now, why did you stop?

Yes	No	n/a	explain if necessary

**CRITERIA FOR CLEARANCE, DEFERRAL, OR DISQUALIFICATION**

*CLEARANCE*

The selectee can demonstrate and articulate a full understanding of their disorder and how it affects them socially and personally. The selectee must be skillful in managing the disorder.

- Prescribed medication reportedly has had positive results by both selectee and treating professional.
- The selectee has been under good control for 6 months to 1 year with the medication prescribed.
- Side effects do not cause physical or mental limitations regarding a basic level of participation.
- Selectee provides copies of prescriptions and other pertinent documents to NCCC.

*DEFERRAL*

The selectee can only partially demonstrate and articulate a full understanding of their disorder and how it affects them socially and personally. The selectee must be managing their disorder some of the time.

- The selectee has started medications for mental health issues within the past 3 months.
- Medications are creating side effects that can hinder the selectee's ability to perform required tasks as a Corps member.

## DISQUALIFICATION

The selectee cannot demonstrate or articulate a full understanding of their disorder and how it affects them socially or personally. The selectee is not managing their disorder at the time of the interview.

- Selectee has been prescribed psychotropic medication and has been diagnosed with an Axis II disorder.
- Selectee will not provide copies of prescriptions or other pertinent documentation to NCCC.
- There is a history of poor results and frequent medication adjustments.

### Justification to disqualify a selectee under the Medication Treatment guideline is based on the following.

- A selectee who has been prescribed and is takes psychotropic medication(s) and who has been diagnosed with an Axis II disorder presents a set of mental health special needs too complicated and challenging for the scope of this program. (Please read the DQ section under personality disorders for further clarification regarding the Axis II aspect.)
- A selectee who will not provide copies of medication prescriptions or access to their treating psychiatrist to obtain same records cannot be accurately evaluated for treatment compliance or program readiness.
- A selectee who presents with a history of poor medication treatment results and frequent medication adjustments is not appropriate for this program for one or both of the following reasons:
  1. Some with mental health disorders require frequent and on-going monitoring and medication adjustments in order to obtain even a modicum level of stability.
  2. Poor medication results and/or frequent medication adjustments may indicate that an accurate diagnosis has yet to be reached therefore making appropriate treatment impossible and stability insufficient.

#### Reference:

American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), Forth Edition, 1994.

Member Essential Functions Statement, AmeriCorps\*NCCC 3/2005



**II. DEPRESSION/ MOOD DISORDERS (including Bipolar Disorder)**

1. Suicidal thoughts/ attempts

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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2. When did you last feel depressed?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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3. Have you ever felt like killing yourself? If yes, did you try?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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4. How many times have you tried?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
--------------------------	--------------------------	--------------------------	--

5. How did you try?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
--------------------------	--------------------------	--------------------------	--

6. Did you have to be hospitalized?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
--------------------------	--------------------------	--------------------------	--

7. Did you call a friend or family member?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
--------------------------	--------------------------	--------------------------	--

8. Did you see a therapist afterward?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
--------------------------	--------------------------	--------------------------	--

9. Do you have highs and lows in your mood? How often? How long does it last?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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10. Have you ever cut or burned yourself to feel better emotionally? If yes, when did you last cut/burn? How old were you when you first cut/burn?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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11. Have you talked to a counselor about cutting or burning?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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12. Are you irritable more than you are happy? Describe how this feels to you. What sets you off?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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13. Do you rage? Describe your rages.

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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14. To whom do you direct your rage or anger?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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15. How do you cope with feelings of anger and rage?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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16. How do you feel after you become angry or raged?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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17. Do you ever feel hopeless?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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18. Do you have poor concentration or have problems making decisions?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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19. How are your sleeping patterns? Do you sleep too much, not enough?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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20. Is your appetite normal as compared to your friends or family?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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21. How long have you felt sad or have had these symptoms?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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22. Does anyone in your family have depression or any other emotional difficulties?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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23. Would you say that you engage in pleasurable activities to excess or not enough?  
Explain.

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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## **CRITERIA FOR CLEARANCE, DEFERRAL, OR DISQUALIFICATION**

### *CLEARANCE*

The selectee can demonstrate and articulate a full understanding of their disorder and how it affects them socially and personally. The selectee must be skillful in managing the disorder.

- No suicide ideation/ attempt within the past 2 years.
- Selectee has sought counseling for diagnosed mood disorders with positive results (bipolar, manic episodes, depression)
- Selectee reports the absence of abnormal highs and lows in mood, or raging behaviors.
- Selectee has had positive results from medications and has shown stability (significant decrease in symptoms) for 2 years.
- Selectee can produce documentation from a professional with a statement of mental health.
- Selectee has had no history of cutting/ burning behavior.
- The selectee can provide the Confidential Mental Health Evaluation Form, completed by all treating professionals.
- GAF score of 70 and above

### *DEFERRAL*

The selectee can only partially demonstrate and articulate a full understanding of their disorder and how it affects them socially and personally. The selectee must be managing their disorder some of the time.

- The selectee reports suicidal ideation within the past 12 months but no suicidal thoughts at the time of the interview.
- Significant changes in mood and has not received therapeutic intervention.
- Reports persistent dysfunctional relationship issues due to mood issues.
- Selectee has been on medication for less than 1 year for mood issues.
- Selectee is not able to articulate appropriate skill development related to management of the mood disorder.
- The selectee reports cutting or burning within the past 6 to 12 months.

### *DISQUALIFICATION*

The selectee cannot demonstrate or articulate a full understanding of their disorder and how it affects them socially or personally. The selectee is not managing their disorder at the time of the interview.

- Suicide attempt within the past years with or without therapeutic intervention.
- Any suicide attempt within the past 5 years without documentation of successful completion of therapeutic treatment.
- Has not sought group or individual therapeutic intervention for depression, extreme anger, mania, or complicated grief.
- Selectee reports that medication recommendations are not followed as prescribed.
- Refuses to produce professional documentation regarding mental health.
- Selectee is actively cutting or burning self to relieve emotional stress.

**Justification to disqualify a selectee under the Depression/Mood Disorder guideline is based on the following.**

- Symptoms currently interfere with activities of daily living and affect interpersonal relationships.
- There are current suicidal, lethargic, anger, manic and/or other disruptive behavior issues (e.g., self-mutilation).
- A diagnosis is less than a year old.
- Current treatment is on going and structured.
- There is self-diagnosis with no treatment history.
- The selectee lacks an understanding of their disorder and how to manage it.
- There is an unwillingness or refusal to provide documentation from current and/or past treatment providers.

Reference:

American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), Forth Edition, 1994.

Member Essential Functions Statement, AmeriCorps\*NCCC 3/2005

### III. ANXIETY DISORDERS

1. Do you become anxious? How often?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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2. What types of situations cause you to feel anxious?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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3. How do you cope when you are anxious?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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4. Explain how your body feels when you are anxious? Describe symptoms.

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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5. How old were you when you first remember being anxious?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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6. How do you know you are anxious? What triggers anxiety for you?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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7. What mechanisms do you have for stopping the anxiety?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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8. Have you ever cut or burned yourself to relieve feelings of anxiety? If yes, when did you last cut/burn? How old were you when you first cut/burn?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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9. Have you talked to a counselor about cutting or burning your self?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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10. Have you ever taken medications for anxiety?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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11. Do you repeat activities over and over again to the point where it interrupts your daily life? If yes, describe.

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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12. If yes, have you ever taken medications for this behavior?

Yes No n/a explain if necessary

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13. Describe any irrational fears that make your daily life difficult.

Yes No n/a explain if necessary

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14. Do you worry excessively?

Yes No n/a explain if necessary

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15. Is it difficult for you to be in social situations? Are you more comfortable alone or with only one other person?

Yes No n/a explain if necessary

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16. Do you feel keyed up or edgy often? Describe your behavior.

Yes No n/a explain if necessary

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### **CRITERIA FOR CLEARANCE, DEFERRAL, OR DISQUALIFICATION**

#### *CLEARANCE*

The selectee can demonstrate and articulate a full understanding of their disorder and how it affects them socially and personally. The selectee must be skillful in managing the disorder.

- Selectee has maintained a productive life for the past year. ( job, school, no hospitalizations)
- Selectee has been symptom-free or only had mild symptoms, i.e., occasional sleep disturbance, occasional anxious anticipation, or concentration difficulties, for one year after treatment.
- Selectee takes medications appropriately, has had positive results, and can produce copies of prescriptions to NCCC.
- Selectee has no apparent history of significant anxiety.
- Selectee has no history of cutting/ burning or cutting behavior has stopped for one year.
- GAF score of 70 and above

#### *DEFERRAL*

The selectee can only partially demonstrate and articulate a full understanding of their disorder and how it affects them socially and personally. The selectee must be managing their disorder some of the time.

- The selectee has begun therapeutic intervention for diagnosed/ undiagnosed anxiety disorder within the past 6 months.
- The selectee has been free of compulsive behavior for 6 months or less.
- Medications have been prescribed within the past 6 months.
- The selectee has experienced a decrease in anxiety-related symptoms within the past 6 months due to therapeutic intervention but symptoms still exist.
- The selectee reports having a panic attack within the past 6 months but has awareness of self-management.

## DISQUALIFICATION

The selectee cannot demonstrate or articulate a full understanding of their disorder and how it affects them socially or personally. The selectee is not managing their disorder at the time of the interview.

- The selectee reports frequent episodes of fear, anxiety, compulsive actions or thoughts.
- Has not sought treatment for anxiety-related symptoms.
- Medications were stopped without the recommendation of a professional.
- Selectee reports that symptoms frequently impair the individual socially, occupationally, and/or academically.
- Selectee is actively cutting/burning self to relieve emotional stress.
- The selectee frequently has panic attacks and has no awareness of self-management.

Justification to disqualify a selectee under the Anxiety Disorder guideline is based on the following.

- Symptoms currently interfere with activities of daily living and affect interpersonal relationships.
- There is current avoidance, anxious anticipation, and/or excessive fear of unfamiliar social and/or performance situations.
- Current treatment is on going and structured.
- There is a lack of understanding of the disorder and how to manage it.
- There is a self-diagnosis with no treatment history.
- There is an unwillingness/refusal to provide documentation from current and/or past treatment providers.

Reference:

American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), Forth Edition, 1994.

Member Essential Functions Statement, AmeriCorps\*NCCC 3/2005

**IV. ATTENTION DEFICIT DISORDERS / LEARNING DISABILITIES**

1. Have you been diagnosed with a learning disability or ADD/ADHD?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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2. Do you have problems paying attention to detail?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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3. Can you follow through with instructions?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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4. Are you careless or sloppy in your work?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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5. Do you feel disorganized most of the time?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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6. In school, did you ever have an evaluation for attention deficit?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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7. Do you feel you have a learning disability or ADD/ADHD?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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8. Do you have an IEP (Individual Educational Plan)? Did you receive Special Education services in elementary, middle school, or high school?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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9. Do you have problems finishing projects that you start because you became interested in something else?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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10. Do you regularly lose things?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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11. Are you forgetful?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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12. Has anyone ever said that you fidget or squirm too much?

Yes No n/a explain if necessary

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13. Do you find yourself so focused on an activity that you cannot stop?

Yes No n/a explain if necessary

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14. Can you listen patiently to others?

Yes No n/a explain if necessary

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15. Do you have problems assembling objects?

Yes No n/a explain if necessary

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16. Is reading a problem? Explain.

Yes No n/a explain if necessary

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17. Do you lose your place when you read?

Yes No n/a explain if necessary

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18. Are you impulsive most of the time?

Yes No n/a explain if necessary

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19. Do you often feel restless?

Yes No n/a explain if necessary

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### **CRITERIA FOR CLEARANCE, DEFERRAL, OR DISQUALIFICATION**

#### *CLEARANCE*

The selectee can demonstrate and articulate a full understanding of their disorder and how it affects them socially and personally. The selectee must be skillful in managing the disorder.

- The selectee can articulate successful treatment for ADD/ADHD.
- The selectee reports that useful coping skills have been developed to assist in daily life.
- Assessment report with accommodations for diagnosed learning disability in written documentation by a PhD is provided.
- If medications have been prescribed, selectee reports positive results from treatment.
- GAF score of 70 and above

#### *DEFERRAL*

The selectee can only partially demonstrate and articulate a full understanding of their disorder and how it affects them socially and personally. The selectee must be managing their disorder some of the time.

- The selectee reports difficulty following directions, reading required documents, and focusing on work sufficiently.

- Professional documentation states that the selectee has been diagnosed within the past 3 months.
- The selectee has not yet received the accommodation documentation from the diagnosing professional.

#### *DISQUALIFICATION*

The selectee cannot demonstrate or articulate a full understanding of their disorder and how it affects them socially or personally. The selectee is not managing their disorder at the time of the interview.

- Selectee reports behaviors or challenges that will make functioning as an AmeriCorps team member prohibitive.
- Has not maintained employment, attended school, or been otherwise productive in the past year.
- Selectee has discontinued prescribed medication without the advice of the treating professional, which results in active symptoms of attention deficit.

#### **Justification to disqualify a selectee under the Attention Deficit/Learning Disabilities guideline is based on the following.**

- Selectees who have a learning or developmental disorder such as, but not limited to, ADD, ADHD, autism, Aspergers and reading, writing and math disorders must be able to demonstrate social, cognitive and learning functions high enough to teach, mentor, monitor and appropriately relate to school age children and adolescents. This is essential since a significant percentage of AmeriCorps NCCC projects involve working in schools, camps and programs designed to help children and adolescents to progress in their education and their social maturity.
- If a selectee is unable to maintain employment, attend school or hold down a productive job due to their learning or developmental disorder they demonstrate the inability to meet basic functioning expectations as outlined in the member essential functions statement.
- If the selectee has discontinued prescribed psychotropic medication without the advice of the treating professional and it exacerbates their symptoms, it presents the high probability that the selectee's symptoms will impair his or her functioning level as well as increase safety risks.
- To accurately evaluate the selectee's learning or developmental disorder, diagnosis and level of functioning impairment, a treating professional must provide formal documentation. This may include an IEP (Individual Education Plan) completed by a special education teacher and any medical records completed by a psychiatrist and/or neurologist.

#### Reference:

American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), Forth Edition, 1994.

Member Essential Functions Statement, AmeriCorps\*NCCC 3/2005

[www.nimh.nih.gov](http://www.nimh.nih.gov)

[www.nih.gov](http://www.nih.gov)

<http://www.nimh.nih.gov/HealthInformation/adhdmenu.cfm>

<http://www.nimh.nih.gov/publicat/adhd.cfm#treat>

**V. POST-TRAUMATIC STRESS DISORDER**

1. Have you ever had reoccurring thoughts or dreams about something traumatic that you have seen or experienced? How often?

Yes No n/a explain if necessary  

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2. If yes, how long ago did this event occur?

Yes No n/a explain if necessary  

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3. Do certain things in your environment trigger intense fear or anxiety?

Yes No n/a explain if necessary  

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4. How do you cope with these thoughts or fears?

Yes No n/a explain if necessary  

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5. Do you regularly lose time?

Yes No n/a explain if necessary  

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6. Do you sometimes feel disconnected from the "here and now"?

Yes No n/a explain if necessary  

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7. Do you ever realize you have changed clothes, driven somewhere, or written something you do not remember doing?

Yes No n/a explain if necessary  

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8. Describe the feeling you have when you are under extreme stress and how long have you been experiencing these feelings?

Yes No n/a explain if necessary  

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9. Do you wake up in the night with intense fear? If so, how often?

Yes No n/a explain if necessary  

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10. Who in your life supports you emotionally?

Yes No n/a explain if necessary  

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11. Have you ever cut or burned yourself to feel better or relieve emotional stress? If yes, when did you last cut/burn? When did you last cut, and how old were you when you first cut/burn?

Yes No n/a explain if necessary

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12. Have you talked to a counselor about the cutting or burning?

Yes No n/a explain if necessary

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## CRITERIA FOR CLEARANCE, DEFERRAL, OR DISQUALIFICATION

### CLEARANCE

The selectee can demonstrate and articulate a full understanding of their disorder and how it affects them socially and personally. The selectee must be skillful in managing the disorder.

- Selectee has no history of PTSD or significant trauma.
- Selectee reports treatment with a professional and has successfully completed treatment (no intrusive thoughts, hyper-vigilance, or other signs of PTSD as described in the DSM-IV)
- Selectee produces documentation regarding treatment from a professional.
- Selectee maintains a healthy emotional support system.
- Selectee has had no history of cutting/ burning or behavior has stopped or one year.
- The selectee reports successful management of daily stressors of work, school, and personal relationships.
- GAF score of 70 and above.

### DEFERRAL

The selectee can only partially demonstrate and articulate a full understanding of their disorder and how it affects them socially and personally. The selectee must be managing their disorder some of the time.

- Although therapeutic intervention has been sought, environmental triggers frequently interfere with daily functioning.
- The selectee has been engaged in therapeutic intervention for less than 1 year for PTSD issues.
- There has been a decrease in cutting, burning, or dissociation in the past year, but the behavior may still occur if the selectee is under stress.

### DISQUALIFICATION

The selectee cannot demonstrate or articulate a full understanding of their disorder and how it affects them socially or personally. The selectee is not managing their disorder at the time of the interview.

- Selectee has not sought treatment for symptoms of PTSD.
- PTSD symptoms interfere with daily life.
- Selectee reports behavior characteristic of dissociation when under stress.
- Selectee refuses to produce documentation regarding treatment from the treating professional.
- Selectee is actively cutting/burning or other methods of self-harm.

**Justification to disqualify a selectee under the Post Traumatic Stress Disorder guideline is based on the following.**

- PTSD that is not treated causes increased hyper-vigilance, which is exacerbated through stress.
- Dissociation, literally the splitting of the consciousness, creates periods of black out which is a general safety issue.
- Dissociation tends to peak during times of high stress, thus exacerbating the tendency of individuals to split, which could create a danger to themselves or others.
- Refusal to produce documentation suggests an attempt to cover up treatment, crucial information or lack of treatment for their issue.
- Self-injurious behavior, indicative of poor coping mechanisms, is exacerbated by high stress environments. In these environments, selectees are a potential danger to themselves.
- Self-injurious behaviors that induce blood create a biohazard presenting a health risk to the team.

Reference:

American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), Forth Edition, 1994.

Member Essential Functions Statement, AmeriCorps\*NCCC 3/2005

[www.nih.gov](http://www.nih.gov)

[www.nimh.nih.gov](http://www.nimh.nih.gov)

<http://www.nimh.nih.gov/publicat/reliving.cfm>

<http://www.nimh.nih.gov/publicat/adfacts.cfm>

<http://www.nimh.nih.gov/HealthInformation/ptsdmenu.cfm>

## VI. PERSONALITY DISORDERS

1. Are you distrustful or suspicious of most people?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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2. Do you often believe others intentionally do mean things to you?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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3. How often do you find yourself having difficulties with others? Describe.

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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4. How would you describe your past and present relationships?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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5. Are you overly sensitive to criticism or feel inadequate when others give you feedback?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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6. How often do you feel ignored in your relationships to the point that you are not getting your needs met?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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7. In your relationships, do people seem to come and go quickly?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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8. Do you get into arguments with your peers when you feel ignored?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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9. Have you ever used cutting yourself to relieve your emotional pain? If yes, when did you last cut and how old were you when you first started to cut? How often do you cut?

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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10. Can you put yourself in another person's shoes? Please give an example.

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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11. Describe your need for order, control, perfection, or cleanliness.

Yes No n/a explain if necessary

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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12. Do you think you flirt or want sex more than your peers?

Yes No n/a explain if necessary

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13. Is there always drama in your life?

Yes No n/a explain if necessary

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14. Do you have a strong need to be loved, admired, or appreciated? Explain.

Yes No n/a explain if necessary

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15. Have you ever been described as aggressive, reckless, or deceitful?

Yes No n/a explain if necessary

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### **CRITERIA FOR CLEARANCE, DEFERRAL, OR DISQUALIFICATION**

#### *CLEARANCE*

The selectee can demonstrate and articulate a full understanding of their disorder and how it affects them socially and personally. The selectee must be skillful in managing the disorder.

- There is no indication that the selectee has significant dysfunctional relationship issues.
- The selectee reports the ability to appropriately trust and be trusted.
- There is no report of cutting, burning or other self-harming behavior.
- Has successfully engaged in therapeutic treatment in the past 2 years.
- Selectee produces documentation from treating professional.
- The selectee's attitude regarding rules, sexual behavior, regard for another person, and need for control appear to be within normal limits.
- GAF score of 70 and above

#### *DEFERRAL*

The selectee can only partially demonstrate and articulate a full understanding of their disorder and how it affects them socially and personally. The selectee must be managing their disorder some of the time.

- The selectee reports self-harming behaviors within the past two years.
- There is an indication that the selectee may have significant trust/relationship issues as evidenced by multiple short-term relationships, avoids intimate relationships, withholds important information for fear it will be detrimental to the selectee.
- The selectee has been engaged in therapeutic intervention for less than 2 years.
- The selectee reports reckless, aggressive behavior within the past year.

## DISQUALIFICATION

The selectee cannot demonstrate or articulate a full understanding of their disorder and how it affects them socially or personally. The selectee is not managing their disorder at the time of the interview.

- The selectee appears, by report, to lack empathy, is manipulative, demands excessive attention, has aggressive episodes when denied attention, and has difficulties maintaining relationships.
- The selectee refused to produce documentation from the treating professional.
- The selectee is actively cutting, burning, or is engaged in any other self-mutilating behavior.
- The selectee indicates a disdain for rules, the welfare of others, suspicious of the questioning, expresses distrust of others and/or the interviewer or seems aggressive at the time of the interview.

### **Justification to disqualify a selectee under the Personality Disorder guideline is based on the following.**

- A selectee who lacks the ability for empathy, who uses manipulation to meet their needs, demands excessive attention, becomes aggressive or violent when their attention needs are unmet, and have a history of being unable to maintain personal relationships meet key criteria of a personality disorder. They will be unable to function effectively, productively and safely in a team-based environment.
- A selectee who will not provide documentation of their treatment recommendations and outcomes or provide access to their treating psychiatrist/therapist to obtain records cannot be accurately evaluated for treatment compliance or program readiness.
- Repetitive self-injurious behavior is indicative of poor coping skills that are typically exacerbated by high stress environments. This makes the selectee potentially dangerous to themselves and is too great a responsibility for their team leader and team. Self-injurious behaviors that induce blood create a biohazard presenting a health risk to others.
- A selectee who has a history of disregarding rules and the welfare of others, who demonstrates a history of mistrust and/or expresses aggression, suspicion and/or mistrust during the interview also meets key criteria of having a personality disorder. They will be unable to build and maintain the minimum level of healthy relationships required in a team based environment, as stipulated in the Member Essential Functions Statement.

#### Reference:

American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), Forth Edition, 1994.

Member Essential Functions Statement, AmeriCorps\*NCCC 3/2005



## VII. PSYCHOTIC DISORDERS

1. Do you become afraid that you will be injured, followed, infected, cheated on by your family, friends or significant other, or poisoned, during a typical day? If so, how often?

Yes No n/a explain if necessary

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2. Do you become confused or angry when you see people, hear people talking, or see objects that others claim they do not see or hear?

Yes No n/a explain if necessary

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3. Have you ever been surprised by a voice telling you to do things or giving you suggestions? When? How often does this happen?

Yes No n/a explain if necessary

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4. Has anyone ever told you that you have disorganized thinking?

Yes No n/a explain if necessary

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## CRITERIA FOR CLEARANCE, DEFERRAL, OR DISQUALIFICATION

### *CLEARANCE*

The selectee can demonstrate and articulate a full understanding of their disorder and how it affects them socially and personally. The selectee must be skillful in managing the disorder.

- Selectee reports no psychotic behavior in the past or present.
- Selectee has been under the continuous care of a psychiatrist and can produce documentation that psychosis has not been present for more than 5 years.
- Selectee has been treated with medication successfully and has documentation to support success.
- The selectee reports successful management of daily stressors such as school, work and personal relationships.
- GAF score of 85 or above

### *DEFERRAL*

The selectee can only partially demonstrate and articulate a full understanding of their disorder and how it affects them socially and personally. The selectee must be managing their disorder some of the time.

- A diagnosis of psychosis was due to bipolar w/ psychotic features or medically-induced. The selectee must have documentation of either absence of symptoms for 2 years.
- The selectee is presently engaged in therapeutic intervention.
- Medication has been prescribed and has shown positive result for the past 2 years.

## *DISQUALIFICATION*

The selectee cannot demonstrate or articulate a full understanding of their disorder and how it affects them socially or personally. The selectee is not managing their disorder at the time of the interview.

- Selectee has been diagnosed as Schizophrenic or other Psychotic disorder not including Bipolar w/psychotic features or drug-induced psychosis.
- Interviewer determines that the selectee has disorganized thought processes, delusional thinking, or any other indicator of active psychosis.

### **Justification to disqualify a selectee under the Psychotic Disorders guideline is based on the following.**

- To be disqualified, the selectee would have active symptoms lasting at least one month that encompass symptoms of "delusions, hallucinations, disorganized speech, gross disorganized or catatonic behavior". During these psychotic episodes, there is severe to moderate impairment in both social and occupational functioning and intense treatment requiring inpatient or intense outpatient services are indicated. As a result, it would be in the best interest of the selectee not be engaged in NCCC while symptoms are not under control and intense treatment is needed.

#### Reference:

American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), Forth Edition, 1994.

Member Essential Functions Statement, AmeriCorps\*NCCC 3/2005

**VIII.GENDER IDENTITY DISORDER (TRANSGENDER)**

1. Do you identify yourself as an individual with Gender Identity Disorder or feel you were born in the wrong gender?

Yes No n/a explain if necessary  

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2. Have you been given a diagnosis of GID by a professional?

Yes No n/a explain if necessary  

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3. Are you currently engaged in counseling, hormone therapy, or living a “real life experience” full time. If yes, give details.

Yes No n/a explain if necessary  

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4. How do you feel about sharing a living space with your current birth gender?

Yes No n/a explain if necessary  

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5. How do you feel about sharing living space with the opposite birth gender?

Yes No n/a explain if necessary  

--	--	--	--

6. Please express your concerns about serving in NCCC and going through your transition period.

Yes No n/a explain if necessary  

--	--	--	--

7. What accommodations do you believe need to be put in place for you to be comfortable?

Yes No n/a explain if necessary  

--	--	--	--

**CRITERIA FOR CLEARANCE, DEFERRAL, OR DISQUALIFICATION**

*CLEARANCE*

The selectee can demonstrate and articulate a full understanding of their disorder and how it affects them socially and personally. The selectee must be skillful in managing the disorder.

- Selectee has been engaged in therapy for more than 2 years with a focus on Gender Identity Disorder.
- The selectee is not struggling with additional diagnoses that limit daily functioning or a healthy lifestyle.
- Selectee, if currently in hormone therapy, is under the care of a qualified physician regarding gender identity.
- Selectee produces documentation from a therapist or the GID transition team and a letter of recommendation from one professional in the team.
- If in hormone therapy, side effects are not limiting to performance as an NCCC corps member.

### *DEFERRAL*

The selectee can only partially demonstrate and articulate a full understanding of their disorder and how it affects them socially and personally. The selectee must be managing their disorder some of the time.

- Selectee's letter from the GID transition team or therapist does not recommend CLEARANCE to NCCC at this time.
- The selectee struggles with other mental health issues that limit daily functioning or a healthy lifestyle.
- The selectee has been living a "real life experience" for less than 1 year.
- The selectee has been in hormone therapy for less than 1 year.

### *DISQUALIFICATION*

The selectee cannot demonstrate or articulate a full understanding of their disorder and how it affects them socially or personally. The selectee is not managing their disorder at the time of the interview.

- The selectee is not comfortable with living arrangements that are necessary to accommodate all Corps members for the duration of their service.
- The selectee will not produce documentation regarding the gender reassignment process.

### **Justification to disqualify a selectee under the Gender Identity Disorder (Transgender) guideline is based on the following:**

- The NCCC is a communal living environment where limited privacy is the program norm. Selectees who express an inability or unwillingness to share living space will be at high risk of not completing the program. In addition, failure to produce documentation concerning their disorder limits the ability to assess ones process.

#### Reference:

American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), Forth Edition, 1994.

Member Essential Functions Statement, AmeriCorps\*NCCC 3/2005



## Member Essential Functions Statement

The AmeriCorps\*National Civilian Community Corps' (NCCC) mission is to strengthen communities and develop leaders through team-based national and community service.

The NCCC is modeled after the Civilian Conservation Corps of the 1930s and incorporates aspects of teamwork, leadership, and self discipline derived from the military model. Members live in dormitory-like facilities that are located on closed military bases, a veterans' medical center, a college campus, and a municipal facility. There are currently five AmeriCorps\*NCCC campuses: three on the fall cycle (Sacramento, California; Charleston, South Carolina; and Washington, DC) and two on the winter cycle (Denver, Colorado; and Perry Point, Maryland). Members choose their attendance cycle but do not get to choose the Campus where they will serve.

Members selected to serve in the NCCC are between the ages of 18-24 and have demonstrated a strong interest and willingness to participate in a national service program. NCCC members serve on teams of 8-12 other members, led by a team leader. Team leaders, hired through a separate selection process, are generally similar in age to the corps members.

Teams participate in community service projects that respond to the most pressing needs in the areas of the environment, education, public safety/homeland security, unmet needs, and disaster relief. A project can last from 1 day to several months, but the average project length is 6-8 weeks. A team will do a variety of assigned projects throughout their term of service. Spikes, projects that require a team to temporarily establish a base of operations in another community away from the campus, are in a wide variety of settings from remote rural areas to the inner city. Teams participate in 4-5 projects during their 10 months of service, with about 3 of them on spikes away from their campus.

Members share living space with other members at the campus and with up to 8-12 other people when working on projects away from the campus. Members will travel in passenger vans with limited space for long distances to get to project sites. Members will experience a lack of privacy because the team eats, lives, serves, and travels together. On spike, Members will routinely have to shop for and prepare their own team meals, and members may have to compromise on menu selection to stay within a limited team budget.

NCCC promotes diversity. As an NCCC member, you will encounter people with varying social, economic, ethnic, and religious backgrounds, as well as different sexual orientations, educational experiences, and work and physical abilities. As a result, there will be differing viewpoints, feelings, perspectives, or values.

The NCCC program is a rigorous experience. Members are required to participate fully and at a minimum be capable of:

## **Flexibility**

- Deploying to any location in the United States, and its ocean territories, and be flexible and adaptable to sudden and unexpected changes.
- Serving beyond traditional work hours that may include weekends and evenings.
- Living in a communal setting, sharing a living space. The living conditions may be isolated and rustic such as camping or sleeping on the floor and sharing one bathroom with the entire team for the entire length of the project.
- Participating in the upkeep of the shared living space with little or no access to technology such as phones, cell phones, computers, the internet, etc.
- Adjusting to limited nutritional options.

## **Team Dynamics**

- Working collaboratively in a team-based environment which includes considering team needs and values at all times.
- Interacting with others in a professional manner.
- Expressing one's needs and being supportive to the needs of others.
- Developing healthy relationships with other people from diverse backgrounds.
- Managing and coping effectively in high stress environments.
- Engaging in appropriate conflict resolution and problem solving which includes the appropriate management of anger.

## **Roles and Responsibilities**

- Complying with the rules and regulations outlined in the NCCC Member Handbook and the campus code of conduct. The NCCC is a structured program with strict policies regarding the wearing of uniforms, visual facial piercings, alcoholic beverages on NCCC property, reporting to service on time, room inspections, and physical training.
- Taking responsibility for completing additional team roles and duties outside of the direct team service responsibilities.
- Taking responsibility for completing 80 hours of independent service outside of normal duty hours.
- Following directions and instructions verbally or in writing.
- Operating basic hand tools with appropriate training and supervision without endangering self and others.
- Accepting consequences for one's own behavior.
- Being drug free and submitting to random drug testing.

## **Acknowledgements**

Appreciation is expressed to all the AmeriCorps\*NCCC Campus Counselors and to Tom Bryant and Wilsie Minor from the Office of General Counsel for review and evaluation of the original drafts of the Mental Health Assessment Guidelines. These Guidelines were written by Roxanne Thompson under the direction of Nicholas Zefran, Director of Member Services and Mary Jane Ezekiel, Medical Screening Nurse, AmeriCorps\*National Civilian Community Corps.

# Exhibit C



## AmeriCorps NCCC – Medical Status Portal Guide

Portal Medical Status	Medical Status Condition	Action to take with applicant	Action to take with HQ
<b>Pending</b>		Applicant’s clearance paperwork is processing and could take an average of 8 weeks to complete	Please email <b>NCCCmedicalscreeningunit@cns.gov</b> with any questions
<b>In Review</b>	Mental health (MH)	Applicant’s clearance paperwork has been sent to a campus counselor for review. Due to high number of forms received, it can take about 2 months before outreach is made. Applicants should expect to hear from a campus counselor via phone call, text or email and should keep this information up to date in the portal at all times.	Please email <b>NCCCmedicalscreeningunit@cns.gov</b> with any questions
<b>In Review</b>	Medical	Applicant’s clearance paperwork is being reviewed by a medical screening nurse at HQ. Applicants should expect to hear from nurse via phone or email within 1 week of date listed in portal.	Please email <b>NCCCmedicalscreeningunit@cns.gov</b> with any questions
<b>In Review</b>	Mental Health and Medical	Applicant’s medical form is being processed by both nurse and campus counselor. Please refer to notes above for each status.	Please email <b>NCCCmedicalscreeningunit@cns.gov</b> with any questions
<b>In Review</b>	MRB decision listed	Applicant has the option to appeal MRB decision within 5 business days of MRB date.	Please email <b>NCCCmedicalscreeningunit@cns.gov</b> with any questions
<b>Disqualified- No contact</b>		Applicant did not respond to three outreach attempts made by HQ medical staff or campus counselors for further information needed to process clearance.	Please email <b>NCCCmedicalscreeningunit@cns.gov</b> with any questions
<b>Disqualified-MRB</b>		Applicant was Disqualified per the MRB on date listed in the portal. Applicant should expect to receive a letter in the mail and outreach from campus counselor stating MRB result. Applicant is eligible to re-apply in 1 year.	Please email <b>NCCCmedicalscreeningunit@cns.gov</b> with any questions
<b>Deferred-MRB</b>		Applicant was Deferred per the MRB on date listed in the portal. Applicant should expect to receive a letter in the mail and outreach from campus counselor stating MRB result. Applicant is eligible to re-apply after deferment period listed in portal	Please email <b>NCCCmedicalscreeningunit@cns.gov</b> with any questions
<b>Deferred-Applicant Decision</b>		Applicant has chosen to withdraw	Please email <b>NCCCmedicalscreeningunit@cns.gov</b> with any questions
<b>Cleared</b>		Applicant has cleared both medical and mental health process and is medically eligible to serve.	N/A

Medical Clearance questions –  
Tara Lind-Zajac, Lead Medical Screening Nurse



# Exhibit D

# Section 302 - Medical Review Board

Effective Date: February 6, 2012
Point of Contact: Recruitment, Selection, and Placement
Supersedes: N/A

## 1. Purpose

Provides administrative procedure and guidance for convening an AmeriCorps National Civilian Community Corps (NCCC) medical review board to address reasonable accommodation issues for Members with diagnosed significant medical/ mental health conditions, learning disabilities and/or substance abuse histories.

## 2. Coverage

NCCC personnel responsible for assessing and recommending reasonable accommodation for Members diagnosed with significant medical mental health conditions, learning disabilities and/or substance abuse histories. These conditions could be disabilities as defined by the ADA, and implemented in the Rehabilitation Act of 1973) or they could be less-serious conditions. (<http://www.ada.gov/>) (<http://www.ada.gov/cguide.htm>)

## 3. Overview

### 3.1 Section Function

This document provides administrative procedure and guidance for convening an NCCC Medical Review Board (MRB) to address reasonable accommodation issues for candidates selected to serve in the program (selectee) and for enrolled Members with diagnosed significant medical mental health conditions, learning disabilities and/or substance abuse histories. The MRB is a confidential process.

Pre-service documents are filed with the Member's medical file at headquarters. In-service documents are filed on campus in the Members personnel file.

## 3.2 Applicability to NCCC

The NCCC's policy is to fully comply with the requirements of the Rehabilitation Act of 1973. Reasonable accommodation will be provided for a known physical and/or mental limitation of an otherwise qualified individual unless doing so would cause an undo hardship to the NCCC.

## 3.3 Section Need

The NCCC program is a strenuous, physically demanding and often emotionally stressful national service experience. There are also potential dangers inherent on some service projects. Expectations for Member's participation are defined in the Member Essential Functions Statement (attachment 2). The medical/mental health clearance process is intended to ensure that Members can fully comply with the Member Essential Functions Statement, ensure the safety and wellbeing of all Members, and to identify accommodations that may facilitate full participation. This clearance process also takes into consideration if service with the NCCC could potentially aggravate or exacerbate an existing medical/mental health condition.

Medical mental health conditions, learning disabilities and substance abuse histories that may warrant consideration for reasonable accommodation occasionally manifest after a Member arrives on an NCCC campus. This occurs most often when:

- a. a new medical/mental health condition is diagnosed that is unknown to the Member;
- b. a Member was aware of but did not report a condition and therefore was not evaluated prior to arrival;
- c. the Member was cleared by the medical screening nurse and/or counselor, but the medical/mental health condition is more severe than reported or is no longer stable.

# 4. Purpose of Medical Review Board

The purpose of the MRB is to address reasonable accommodation issues for selectees or Members with diagnosed significant medical mental health conditions, learning disabilities, and/or substance abuse histories.

## 5. Composition of Medical Review Board

### 5.1 Eligible Participants (pre-service)

Eligible participants on the MRB as part of the pre-service medical/mental health clearance process include: all the campus counselors, the Director of Member Services the medical screening nurse, and sometimes a representative of the general counsel's office. The NCCC Legal Counsel will provide legal advice to the MRB as required.

#### 5.1.1 Minimum Number of Participants

In the event that not all Members of the MRB are available to participate, the following are required, at a minimum: campus counselor presenting the case, two other campus counselors, Director of Member Services, and medical screening nurse. If the medical screening nurse is presenting a case an additional counselor is required.

### 5.2 Eligible Members (during service year)

Eligible participants in a MRB regarding an enrolled Member during the service year include: the region director, campus counselor, the Member's unit leader, a second counselor serving on a rotating basis from one of the other campuses, the Director of Member Services, the medical screening nurse, and a representative from general counsel.

#### 5.2.1 Minimum Number of Participants

In the event that not all Members of the MRB are available to participate, the following are required: the region director, the unit leader, the campus

counselor, the director for member services, and the medical screening nurse.

### 5.2.2 Team Leader Input

The enrolled Member's Team Leader may provide written input regarding the issue to her/his unit leader before the MRB convenes.

## 6. Convening the Medical Review Board (pre-service)

### 6.1 Determination of Need

The medical screening nurse or counselor, as appropriate, determines if the MRB needs to review a selectee's reported health issues.

### 6.2 Dissemination of Files

The medical screening nurse disseminates to the appropriate counselor, medical files of assigned selectees who disclose a significant mental health issue, learning disability and/or substance abuse history.

### 6.3 Compliance with Member Essential Functions Statement

If the medical screening nurse/counselor determines that the selectee's compliance with the Member Essential Functions Statement is questionable or the ability of the program to provide an accommodation is problematic, the case is referred to the Medical Review Board for disposition.

### 6.4 Meeting Organization

Organizing the conference call, the medical screening nurse uses Outlook to schedule the MRB, provides a copy of the selectees Medical/Mental Health Information form to all participants. MRB Members are required to provide timely notice to the medical screening nurse if they are unable to participate.

## 6.5 Polling MRB Participants

The MRB participants will be polled to accept, defer or disqualify with the decision made by the majority.

## 6.6 Notifying Selectee

Within one business day of the MRB, the case presenter is responsible for notifying the selectee of the MRB's decision. Documentation of the notification is to be placed in the member's medical file. The file (including the counselor/medical screening nurse's notes and other related documentation) of those selectees who are deferred or disqualified are shipped to the medical screening nurse immediately.

## 6.7 Notification by Mail

In addition to being notified by the case presenter, selectees who are disqualified or deferred are sent notification via certified mail. The letter is prepared by the medical screening nurse or other Member Services staff. The letter, sent within 1 business days of the MRB, communicates the decision and explains the appeal process. Selectees have 5 business days from receipt of this letter to submit a written appeal to the national director. The appeal may include any additional documentation the selectee feels will support their request. The national director (or his/her designee) reviews the appeal, and the selectee's file. Within 3 business days of receipt of the appeal a written response is provided; a copy of the response is given to the medical screening nurse to place in the selectee's medical file.

## 6.8 Maintaining Information

The medical screening nurse will maintain an Excel spreadsheet for each class that depicts all MRB cases and their dispositions including outcomes of any appeal.

# 7. Convening the Medical Review Board (during service year)

## 7.1 Determination of Need

The region director determines whether the medical review board will be convened to consider a case regarding reasonable accommodation. If so, the region director notifies the director of member services of the date, time, and call-in procedure. The director of member services informs general counsel and the second counselor selected on a rotating basis from another campus.

## 7.2 MRB Recommendation

The medical review board meets and provides recommendations to the region director on the appropriate determination regarding the Member and reasonable accommodation.

## 7.3 Final Decision

The region director makes the final decision if the Member can be reasonably accommodated.

## 7.4 Minutes of Proceedings

The region director designates a campus staff member to record minutes of the proceedings. A copy of the minutes is placed in the Member's personnel file.

# 8. Timeframe for Determination (enrolled Member)

## 8.1 Convening the MRB

The MRB will convene within two business days following a request to the director of member services from a region director. At that time, or soon thereafter, the region director will issue his or her decision.



## 8.2 Region Director Decision

The duration of time from the point that the region director contacts the director of member services to convene the medical review board and the point at which the region director makes a decision should last no more than 2 business days.

## 8.3 Appeal

In the event that the region director decides that the Member cannot be accommodated, the Member may make an appeal to the National Director through the process outlined in the Member Handbook. The National Director or his/her designee will rule on the appeal within 3 business days from date of receipt.

# Exhibit E

**From:** [Freedom of Information](#)  
**To:** [Sandra Park](#)  
**Cc:** [Bryant, Tom](#); [Freedom of Information](#)  
**Subject:** RE: CNCS response to FOIA 2017-42 for item 3  
**Date:** Monday, August 14, 2017 11:25:41 AM

---

Dear Ms. Park,

I do believe that production with respect to Request #2 is complete, but I've sent a note to NCCC to make doubly sure we didn't miss anything.

For item 2 below, it's accurate that there isn't an accommodation process that's part of medical clearance, but there is accommodation for members who need it. It's just not part of the clearance process; it's something we do once someone has been fully accepted into the program. That's why I was trying to clarify the narrowness of your scope – it would miss information I believe we do have. In the same note I sent about medical clearance guidelines, I asked for any accommodation policy documents. I've also asked the director of our Office of Human Capital for the employee reasonable accommodation form.

Last, I've asked NCCC to send me the medical/mental health tracking spreadsheets.

Sincerely,

Stephanie Soper  
Law Office Manager & FOIA Officer  
Corporation for National and Community Service  
250 E Street, SW  
Washington, DC 20525

---

**From:** Sandra Park [mailto:spark@aclu.org]  
**Sent:** Monday, August 14, 2017 10:05 AM  
**To:** Freedom of Information <FOIA@cns.gov>  
**Cc:** Bryant, Tom [REDACTED]  
**Subject:** RE: CNCS response to FOIA 2017-42 for item 3

Dear Ms. Soper,

Thank you for your response.

For item 1 below, I take your response to say that the production with respect to Request #2 is complete. We wanted to confirm that there are no other any guidelines to assist counselors or others in the medical clearance process for non-mental health issues, similar to the Mental Health Assessment Guidelines.

For item 2, I take your response to say that there is no accommodation process for non-employees,

such as applicants to NCCC or OIG principal investigators, as part of medical clearance. Please confirm that this is correct, or clarify as needed.

For item 3, Request #3 asked for all records showing numbers of applicants in the various medical status categories, as well as the reasons for the status. The description of the spreadsheets in Standard Operating Procedure 6.8 states that it includes the dispositions of each medical clearance case, including outcomes of any appeal, by each class. It also appears that the spreadsheets are kept by class and thus provide data broken down by NCCC classes from the past. I understand the point you are raising, but it appears from the description that the spreadsheets likely capture information related to numbers and the reasons for the medical status. Please confirm or clarify as needed.

Sincerely yours,

Sandra

Sandra Park |T: 212.519.7871 | [spark@aclu.org](mailto:spark@aclu.org)

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**From:** Freedom of Information [<mailto:FOIA@cns.gov>]  
**Sent:** Friday, August 11, 2017 4:52 PM  
**To:** Sandra Park  
**Cc:** Bryant, Tom; Freedom of Information  
**Subject:** RE: CNCS response to FOIA 2017-42 for item 3

Dear Ms. Park,

For item 1, the Medical/Mental Health screening form and the Medical/Mental Health SOP that we sent you apply to both medical (i.e., physical) and mental health screening.

For item 2, I will check and get back to you. Your request asked for information about evaluation and clearance/denial, not about policies or procedures for accommodation. Also, to be clear (and as has been described in our responses), when you say “the medical clearance process,” please understand that that happens only with NCCC conditional applicants (that is, those who have passed the initial application process) and OIG prospective investigators. Are you asking for accommodation information solely in that context? We have a reasonable accommodation process for employees, but it is not connected to a clearance process for employment (since, other than in OIG, such a clearance process does not exist for employees).

For your request for spreadsheets: Insofar as you consider this to fall within the original FOIA request, may I assume you are asking for blank spreadsheets (that is, that has fields noting all the data we capture), and not completed spreadsheets? The latter would be beyond the scope of the original request. Your original item 3 asked for the numbers, not the actual records. Also, as I noted previously, those records are dynamic and change as applicants move through the review process.

Sincerely,

Stephanie Soper

Law Office Manager & FOIA Officer  
Corporation for National and Community Service  
250 E Street, SW  
Washington, DC 20525

---

**From:** Sandra Park [<mailto:spark@aclu.org>]  
**Sent:** Friday, August 11, 2017 3:03 PM  
**To:** Freedom of Information <[FOIA@cns.gov](mailto:FOIA@cns.gov)>  
**Cc:** Bryant, Tom [REDACTED]  
**Subject:** RE: CNCS response to FOIA 2017-42 for item 3

Good afternoon,

I'm following up on the responses received thus far. My understanding is that the responses to Items 1 through 4 are now complete, and we are awaiting responses on Items 5 and 6.

I wanted to confirm the following:

- 1) There are no policies and procedures governing screening of medical conditions, other than the mental health guidelines provided, such as conditions that affect physical health.
- 2) There are no policies and procedures governing evaluation of accommodation requests related to the medical clearance process.

I also noted that section 6.8 of the NCCC Medical Review Board Standard Operating Procedures describes maintenance of Excel spreadsheets and would like to request their production.

The above requests fall within the original FOIA request filed with your office. Thank you.

Sincerely,

**Sandra Park**  
Senior Staff Attorney, Women's Rights Project  
American Civil Liberties Union  
125 Broad St. 18<sup>th</sup> Fl., New York, NY 10004  
t 212.519.7871 | [spark@aclu.org](mailto:spark@aclu.org)  
[www.aclu.org](http://www.aclu.org) -

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**From:** Freedom of Information [<mailto:FOIA@cns.gov>]  
**Sent:** Tuesday, August 08, 2017 6:36 PM  
**To:** Sandra Park; Freedom of Information  
**Cc:** Bryant, Tom  
**Subject:** RE: CNCS response to FOIA 2017-42 for item 3

You're most welcome, and thank you for the confirmation.

---

**From:** Sandra Park [<mailto:spark@aclu.org>]  
**Sent:** Tuesday, August 08, 2017 5:41 PM  
**To:** Freedom of Information <[FOIA@cns.gov](mailto:FOIA@cns.gov)>  
**Cc:** Bryant, Tom [REDACTED]  
**Subject:** RE: CNCS response to FOIA 2017-42 for item 3

Thank you, I have received these partial responses. I appreciate your ongoing work on this.

Best, Sandra

Sandra Park | T: 212.519.7871 | [spark@aclu.org](mailto:spark@aclu.org)

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**From:** Freedom of Information [<mailto:FOIA@cns.gov>]  
**Sent:** Tuesday, August 08, 2017 12:10 PM  
**To:** Sandra Park  
**Cc:** Bryant, Tom; Freedom of Information  
**Subject:** CNCS response to FOIA 2017-42 for item 3

Dear Ms. Park,

I just received the last piece of information for a response to item 3 of your request, in which you asked for "all records showing numbers of applicants who were medically cleared, deferred, disqualified, in review, incomplete and returned, or pending medical clearance statuses and the reasons for the status of deferred, disqualified, in review, incomplete and returned, pending, or other non-cleared status."

As I mentioned in the partial response I sent on August 2, medical clearance applies only to conditionally-accepted applicants to AmeriCorps NCCC and to prospective investigators for our Office of the Inspector General (OIG).

Clearance is a process, and ultimately all candidates are either cleared or not. We don't track the other categories you list. Here are the statistics for January 1, 2013 through the present for NCCC and OIG:

- AmeriCorps NCCC had 121 medical deferrals, 171 medical disqualifications, and 11,901

medically clearances.

- OIG had 4 investigators medically cleared for hire, and none disqualified.

As with the previous partial responses, please feel free to contact me about the response, or to contact our FOIA Public Liaison, Tom Bryant, at [REDACTED] (Mr. Bryant is on leave this week, but will be back on Monday.)

This completes our responses for the first four items in your request. For items 5 and 6, our NCCC are searching for “serious incident reports” and the Office of Civil Rights and Inclusiveness is pulling the initial complaint records. I will send those to you as soon as I have them and have redacted them per the FOIA.

Would you please confirm that you have received this partial response and the ones sent on July 14 and August 2?

Sincerely,

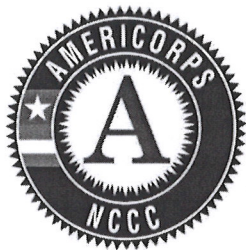
[Stephanie Soper](#)

Law Office Manager & FOIA Officer  
Corporation for National and Community Service  
250 E Street, SW  
Washington, DC 20525

[REDACTED]  
[REDACTED]

# Exhibit F





# AmeriCorps NCCC Medical/Mental Health Information Form

**Instructions:** Complete **ALL PAGES** of this form and provide your signature upon completion. This form must be returned to us no later than the date indicated on the accompanying materials. **Incomplete forms cannot be processed.** To process the required medical clearance, additional information may be required by the Medical Screening Nurse and/or Counselor.

**ANSWER ALL QUESTIONS. Incomplete forms cannot be processed and may result in your removal from further consideration for NCCC service.**

**Part I.**

Name (Last, First, Middle) Balcom, Susie, Jo
 Date of Birth (MM/DD/YYYY) [REDACTED]
 Gender/Identifies as [REDACTED]

MyAmeriCorps Applicant ID # [REDACTED]
 Height [REDACTED] ft. [REDACTED] in.
 Weight [REDACTED] lbs
 Shoe Size [REDACTED]

Email Address [REDACTED]
 Primary Contact phone number [REDACTED]
 Alternate phone number [REDACTED]

**Part II.** Answer YES or NO to all questions. All NO responses must show an explanation stating "N/A". All YES responses must have explanation in the space provided or on a separate sheet, and should include dates, details of condition, treatment received, and current status.

**During the last FIVE YEARS, have you...?**

**A.** Been treated in an Emergency Room? Please provide dates, condition treated, and current status if you were treated in an ER. **If NO, write "N/A". If YES, explain.**

- NO  
 YES

Date(s)	Explanation
2012 2015	→ Treated for Strep throat, current status healthy
2013	→ Dehydration, current status healthy

**B.** Been admitted to a hospital? Provide dates, reason for treatment, and current status if you were admitted. **If NO, write "N/A". If YES, explain.**

- NO  
 YES

Date(s)	Explanation
	N/A

**C.** Been treated for ANY behavioral health conditions or mental health conditions? This includes therapy, counseling, and medications. **If NO, write "N/A". If YES, explain.**

- NO  
 YES

Date(s)	Explanation
1/10/17 1/17/17 2/7/17	Counseling for anxiety, not diagnosed.

**D.** Tested positive for skin test (PPD) or had a chest x-ray for tuberculosis? **If NO, write "N/A"; if YES, explain** and provide proof of clear chest x-ray or completion of medication. (If not able to send with this form, proof can be sent via email or fax at a later time.)

- NO  
 YES

Date(s)	Explanation
	N/A

**Medication List:**

Please list all medications you are taking, including nonprescription drugs, vitamins, and herbal supplements.

Medication Name:	Dose and How Often	When First Prescribed and Reason for Taking:
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

**Part III.** Answer YES or NO to all questions. All NO responses must show an explanation stating "N/A". All YES responses must have explanation in the space provided or on a separate sheet, and should include dates, details of condition, treatment received, and current status.

**Do you now have/have you ever had...?**

**E.** Diabetes diagnosis or treatment? **If NO, write "N/A". If YES, explain** (specify Type I or Type II, date of diagnosis, and whether you have an insulin pump).

- NO
- YES

Date(s)	Explanation
	N/A

**F.** Diagnosed or treated for any heart condition, disease, heart murmur, chest pain (angina), palpitations (irregular beat), heart attack, heart surgery, angioplasty, or a pacemaker, valve replacement, or heart transplant? **If NO, write "N/A". If YES, explain.**

- NO
- YES

Date(s)	Explanation
	N/A

**G.** Asthma diagnosis or treatment? **If NO, write "N/A". If YES, explain** (specify how often you use your rescue inhaler, and how often you use a nebulizer).

- NO
- YES

Date(s)	Explanation
	N/A

**H.** Arthritis; impaired use of arms, legs, feet, or hands; hip/knee/joint pain; or any bone or joint condition? **If NO, write "N/A". If YES, explain.**

- NO
- YES

Date(s)	Explanation
	N/A

**I.** History of back injury or back surgery, or any limitations that prevent you from bending, twisting, lifting, or other repetitive movements? **If NO, write "N/A". If YES, explain.**

- NO
- YES

Date(s)	Explanation
	N/A

J. Seizures, syncope, blackouts, or epilepsy? **If NO, write "N/A". If YES, explain** (specify the date of your last seizure, episode, or blackout).

- NO  
 YES

Date(s)	Explanation
	N/A

K. Permanent loss of hearing, or need to wear hearing aids? **If NO, write "N/A". If YES, explain.**

- NO  
 YES

Date(s)	Explanation
	N/A

L. Permanent loss of vision or blindness in one or both eyes? **If NO, write "N/A". If YES, explain.**

- NO  
 YES

Date(s)	Explanation
	N/A

M. Life-threatening allergy? **If NO, write "N/A". If YES, explain** (and indicate whether you have an EPI pen).

- NO  
 YES

Date(s)	Explanation
	N/A

N. Diagnosis of attention deficit disorder, ADD/ADHD? **If NO, write "N/A". If YES, explain.**

- NO  
 YES

Date(s)	Explanation
	N/A

O. **explain.**

- NO  
 YES

Date(s)	Explanation
	N/A

P. Depression or anxiety? **If NO, write "N/A". If YES, explain.**

- NO  
 YES

Date(s)	Explanation
	N/A

Q. Bulimia, Anorexia, or Eating disorder? **If NO, write "N/A". If YES, explain.**

- NO  
 YES

Date(s)	Explanation
	N/A

R. Bi-Polar, Schizophrenia, or Paranoia? **If NO, write "N/A". If YES, explain.**

- NO  
 YES

Date(s)	Explanation
	N/A

S. Self-mutilation or cutting? If NO, write "N/A". If YES, explain.

- NO
 YES

Table with 2 columns: Date(s), Explanation. Handwritten 'N/A' in the Explanation column.

T. Attempted Suicide? If NO, write "N/A". If YES, explain.

- NO
 YES

Table with 2 columns: Date(s), Explanation. Handwritten 'N/A' in the Explanation column.

U. Drug or Alcohol abuse, substance treatment, or counseling? If NO, write "N/A". If YES, explain.

- NO
 YES

Table with 2 columns: Date(s), Explanation. Handwritten 'N/A' in the Explanation column.

V. Significant medical/mental health conditions not listed above? If NO, write "N/A". If YES, explain.

- NO
 YES

Table with 2 columns: Date(s), Explanation. Handwritten 'N/A' in the Explanation column.

W. Do you require an accomodation to serve in NCCC? If NO, write "N/A". If YES, explain.

- NO
 YES

Table with 2 columns: Date(s), Explanation. Handwritten 'N/A' in the Explanation column.

X.

Are you up-to-date on all immunizations including the MMR and DTaP?

- NO  YES

If NO



Are you willing to receive these vaccinations upon your arrival to campus?

- NO  YES

Part IV.

I understand it is my responsibility to notify the Medical Screening Division of any changes in this information prior to my arrival to a campus, by phone (202-606-6702) or email (NCCCmedicalscreeningunit@cns.gov).

I certify that the information disclosed in this document is true and complete to the best of my knowledge and belief. I understand that if any of the information submitted in the document is false or is an intentional omission, it may be a basis for immediate disqualification from the program.

Susie Balcom (Handwritten Signature)

Applicant Signature

2/15/17 (Handwritten Date)

Date Signed

This form must be signed in order to be complete. Unsigned forms cannot be processed.

PRIVACY ACT NOTICE: Information is requested pursuant to 42 U.S.C. § 12615(b). Purpose is to determine whether the medical/mental health history and identifiable health risks of individual members will allow them to perform the essential functions of AmeriCorps NCCC participants with or without reasonable accommodation.

# Exhibit G

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**From:** Chan, Jonathan <[REDACTED]>  
**Sent:** Friday, April 14, 2017 1:00:44 AM  
**To:** Susie J. Balcom  
**Subject:** Support Team Leader Offer: Traditional Corps Southern Region

Susie,

Congratulations! We are pleased to extend a conditional offer for the position of Traditional Programs Support Team Leader with AmeriCorps NCCC Southern Region in Vicksburg, Mississippi. Our panel was impressed with your application and interview. Your full acceptance is pending our receipt and review of your motor vehicle driving record.

Support Team Leaders are tentatively scheduled to arrive in Vicksburg, MS on June 19, 2017. In-processing and orientation will be conducted during the first days, followed by Team Leader Training. The arrival of Corps Members will tentatively take place on July 25, 2017.

**IMPORTANT:** By formally accepting this offer, you are acknowledging that the Southern Region campus position will not open until June 19, 2017. Also, by formally accepting this offer, you are committing yourself to be available for this position from June 19, 2017 through May 4, 2018. These dates are subject to change due to availability of funds; if any changes to this timeframe occur, you will be notified immediately.

I join the entire Southern Region Staff in welcoming you for next year and look forward to your formal acceptance of this offer. **Please reply to Unit Leader Jonathan Chan at [REDACTED] no later than Friday, April 14<sup>th</sup> at 3PM pm Central Time to accept or decline this offer.** You can expect periodic contacts throughout the interim period, so it is imperative that you keep us informed of any changes in address or telephone number or email.

Welcome to the NCCC Southern Region Team Leader group and one of the most challenging and rewarding years of your life!

Kathy Ricks  
Region Director  
AmeriCorps NCCC FEMA Corps Southern Region



# Exhibit H



## Medical Review Board

Selectee: Balcom, Susie (TL) Age [REDACTED] DOB [REDACTED]

Class & Campus Assignment: SR S17

DATE 5/15/2017

Presenter J. Holbrooks

Campus: SR

History concerns: 1/10/17 thru 2/7/17 attended 3 therapy sessions for anxiety issues following sexual assault by male in a supervisory position. He was removed from the position. A prior, similar sexual assault occurred when she was 16 y.o. by male. At the time of presentation she experienced anxiety around men and strangers.

She completed a BSW focus on Gender Studies. She has served 2 terms in a State & National AmeriCorps program. She is slated to serve as an STL on our campus.

### Applicable Clinical Guidelines:

Pg. 21 Deferral - The selectee has begun therapeutic intervention for diagnosed/undiagnosed anxiety dx w/in past 6 mos. (Also reviewed PTSD deferral criterion (this is not the diagnosis) for context (Pg. 27)).

### Recommendation:

1 year deferral



# Exhibit I

# Corporation for National and Community Service

NationalService.gov



5/18/2017



Dear Susie Balcom,

The AmeriCorps NCCC Medical Accommodation and Review Board met to review the condition(s) you reported on your Medical/Mental Health Information Form. The Board determined that your reported condition(s) could not be accommodated in our program.

Given your interest in community service, you may want to consider other programs. Please visit the Corporation for National and Community Service's website at <http://www.nationalservice.gov/>

You may appeal the Medical Review Board's decision by submitting a written statement with additional or new information about your condition within 5 business days of receipt of this letter.

Please send your written appeal and any additional information to the following:

Gina Cross  
Acting National Director  
ATTN: Tara Lind-Zajac  
AmeriCorps NCCC  
250 E Street, SW Suite 300  
Washington, DC 20525

OR

NCCCmedicalscreeningunit@cns.gov

We appreciate your interest in AmeriCorps NCCC and your commitment to national and community service.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tara Lind-Zajac'.

Tara Lind-Zajac, MSN, RN-BC  
Lead Medical Screening Nurse AmeriCorps/NCCC



# Exhibit J



- Members and Alumni
- Recruitment
- Programs
- Events
- Trust
- Reports

## Staff Portal

Search Members and Alumni

Search Applicants

### Susie Balcom

Applicant Home

References

View Applications

View Submissions

Search Listings

Member Home

<b>Name:</b> Susie Balcom	<b>Date of Birth:</b> [REDACTED]
<b>Preferred Name:</b> Susie	<b>Username:</b> [REDACTED]
<b>Applicant ID:</b> [REDACTED]	<b>E-mail:</b> [REDACTED]
<b>SSN:</b> [REDACTED]	
<b>SSN Status:</b> Verified-07/10/2015 ?	
<b>Citizenship Status:</b> Verified-07/10/2015 ?	
<b>Veteran/Active Duty/Military Family Status:</b> I am not in the military, a veteran or a family member of someone in the U.S. Armed Forces	
<b>Current Mailing Address:</b> [REDACTED]	<b>Permanent Address:</b> [REDACTED]
<b>Preferred Phone:</b> [REDACTED]	<b>Preferred Phone:</b> [REDACTED]
<b>Other Phone:</b> [REDACTED]	<b>Other Phone:</b> [REDACTED]
<b>Preferred Method of Communication:</b> E-mail	

[View Profile](#)

**Applications**

<u>Name</u>	<u>Created</u>	<u>Last Modified</u>	<u>Status</u>
Application 1	08/30/2016	04/18/2017	Complete

**Application Submissions**  
If you have an application in Selected, Pending Placement or Pending Waitlist status, please click on the program name to accept or decline the offer.

<u>Program</u>	<u>Application</u>	<u>Created</u>	<u>Last Modified</u>	<u>Status</u>
<a href="#">AmeriCorps NCCC Traditional Corps Team Leader - Summer 2017</a>	Application 1	10/12/2016	10/12/2016	Disqualified

**Attach Document**

Select a document:

[Attach](#)

# Exhibit K

<b>MEDICAL SCREENING GUIDELINES TABLE OF CONTENTS</b>	<b>Review/ Update/ Revision</b>	<b>Review/ Update/ Revision</b>	<b>Review/ Update/ Revision</b>
<b>I. Audiology</b>			
A. Deafness			
<b>II. Cardiovascular Disease</b>			
A. Pericarditis			
B. Valvular Heart Disease			
C. Congestive Heart Failure			
D. Coronary Artery Disease			
E. Arrhythmia			
F. Hypertension			
<b>III. Dermatology</b>			
A. Acne			
B. Malignant Melanoma			
C. Basal Cell Carcinoma			
D. Squamous Cell Carcinoma			
E. Psoriasis/Eczema			
<b>IV. Endocrinology and Metabolism</b>			
A. Non-Insulin Dependent Diabetes Mellitus (NIDDM)			
B. Insulin Dependent Diabetes Mellitus (IDDM)			
C. Grave's Disease/Hyperthyroidism			
D. Hypothyroidism			
E. Gout			
<b>V. Gastroenterology</b>			
A. Gastro-Esophageal Reflux Disease (GERD)			
B. Peptic Ulcer			
C. Ulcerative Colitis			
D. Crohn's Disease			
E. Pancreatitis			
F. Hepatitis			
G. Irritable Bowel Syndrome			
<b>VI. Genitourinary</b>			
A. Testicular and Prostate Cancer			

<b>MEDICAL SCREENING GUIDELINES TABLE OF CONTENTS</b>	<b>Review/ Update/ Revision</b>	<b>Review/ Update/ Revision</b>	<b>Review/ Update/ Revision</b>
B. Polycystic Kidney Disease			
<b>VII. Gynecology</b>			
A. Breast Cancer			
B. Cervical/Ovarian/Uterine Cancers			
C. Premenstrual Syndrome			
D. Polycystic Ovarian Syndrome			
E. Uterine Fibroids			
<b>VIII. Infectious Disease</b>			
A. Tuberculosis			
B. Lyme Disease			
C. Hepatitis			
D. HIV			
<b>IX. Neurology</b>			
A. Bell's Palsy			
B. Seizure Disorder			
C. Migraine Headaches			
D. Neuromuscular Disorders			
<b>X. Ophthalmology</b>			
A. Retinal Detachment			
B. Blindness			
<b>XI. Orthopedics</b>			
A. Bursitis			
B. Tendonitis			
C. Carpal Tunnel Syndrome			
D. Osteoarthritis			
<b>XII. Pulmonary Disease</b>			
A. Asthma			
B. Chronic Obstructive Pulmonary Disease			

**LEFT INTENTIONALLY BLANK**



<b>AUDIOLOGY</b>				
	<b>CLEAR</b>	<b>DEFER</b>	<b>DISQUALIFY</b>	<b>ACCOMMODATION CONSIDERATIONS/ DOCUMENTATION REQUIRED</b>
<b>DEAFNESS</b>	All	Not Applicable	Not Applicable	Sign Language, Voice/Text Applications For Phone/Computer, Hearing Aid Care and Storage
<b>CARDIOVASCULAR</b>				
	<b>CLEAR</b>	<b>DEFER</b>	<b>DISQUALIFY</b>	<b>ACCOMMODATION CONSIDERATIONS/ DOCUMENTATION REQUIRED</b>
<b>PERICARDITIS</b>	History of pericarditis, resolved, with normal ECG; absence of clinical signs and symptoms, and no underlying systemic illness.	Recurrent pericarditis with abnormal ECG and symptoms within past 12 months	Not applicable	Questionnaire completed by cardiologist; defer to cardiologist to list limitations/accommodations
<b>VALVULAR HEART DISEASE</b>	No present evidence of congestive heart failure or arrhythmia; normal stress test	Heart valve replacement within the past 12 months	Not applicable	Questionnaire completed by cardiologist with cardiologist acknowledgement of risk of sudden death
<b>CONGESTIVE HEART FAILURE</b>	Congestive heart failure, resolved, with left ventricular ejection fraction greater than 50%.	Acute congestive heart failure within the past 12 months	Congestive heart failure or left ventricular ejection fraction less than 50%.	Questionnaire completed by cardiologist; defer to cardiologist to list limitations/accommodations
<b>CORONARY ARTERY DISEASE</b>	All	Not Applicable	Not Applicable	Questionnaire completed by cardiologist; defer to cardiologist to list limitations/accommodations

<b>CARDIOVASCULAR</b>				
<b>ARRYTHMIA</b>	Sinus arrhythmia, premature atrial contractions, infrequent PVCs	Episode of SVT or atrial fibrillation within the past 12 months; medication modification for SVT or AF within past 12 months	Recurrent SVT; chronic atrial fibrillation	Questionnaire completed by cardiologist; defer to cardiologist to list limitations/accommodations
<b>HYPERTENSION</b>	Controlled with/without medication.	New medication or dosage within past 6 months.	Not controlled and on medication	Questionnaire by Cardiologist or PCP; defer to MD to list limitations/accommodations
<b>DERMATOLOGY</b>				
	<b>CLEAR</b>	<b>DEFER</b>	<b>DISQUALIFY</b>	<b>ACCOMMODATION CONSIDERATIONS/ DOCUMENTATION REQUIRED</b>
<b>ACNE</b>	No treatment; topical treatment; antibiotic treatment	If on Accutane therapy, defer until > 3 months post completion of therapy	Not Applicable	Accutane requires monthly laboratory monitoring; originally marketed as a chemotherapy drug
<b>MALIGNANT MELANOMA</b>	Excised at least 2 years prior to class start with no recurrence	Excised less than two years prior to class start /recurrence within 2 years of class start	Not Applicable	Questionnaire by treating physician to provide excision date, reoccurrence information, and frequency of follow up.
<b>BASAL CELL CARCINOMA</b>	Single episode at least one year ago.	Less than one year from last episode	Not Applicable	Questionnaire by treating physician to provide excision date, reoccurrence information, and frequency of follow up.
<b>SQUAMOUS CELL CARCINOMA</b>	Single episode at least one year ago.	Less than one year from last episode	Not Applicable	Questionnaire by treating physician to provide excision date, reoccurrence information, and frequency of follow up.
<b>PSORIASIS/ ECZEMA</b>	No treatment; topical treatment	If on steroid/ immune compromising meds, defer until > 3 months post completion	Not Applicable	Questionnaire completed by selectee

<b>ENDOCRINOLOGY</b>				
	<b>CLEAR</b>	<b>DEFER</b>	<b>DISQUALIFY</b>	<b>ACCOMMODATION CONSIDERATIONS/ DOCUMENTATION REQUIRED</b>
<b>NIDDM</b>	Diagnosed at least 12 months prior to start of class; no emergency room or inpatient hospitalizations within past 12 months	Diagnosed less than 12 months prior to start of class; emergency room or inpatient hospitalization within past 12 months	Not Applicable	Possible accommodation at campus for grocery budget considerations
<b>IDDM</b>	Diagnosed at least 12 months prior to start of class; no emergency room or inpatient hospitalizations within past 12 months	Diagnosed less than 12 months prior to start of class; emergency room or inpatient hospitalization within past 12 months	Not Applicable	Determine insulin storage needs (ie refrigerator), needle disposal, etc.
<b>GRAVE'S DISEASE/ HYPERTHYROIDISM</b>	Diagnosed at least 12 months prior to start of class; asymptomatic with or without medications	Diagnosed less than 12 months prior to start of class; symptomatic; surgical treatment recommended	Not Applicable	Questionnaire by treating physician to provide symptom history, treatment, and frequency of follow up.
<b>HYPOTHYROIDISM</b>	Diagnosed at least 12 months prior to start of class; asymptomatic with or without medications	Diagnosed less than 12 months prior to start of class; symptomatic	Not Applicable	Questionnaire by treating physician to provide symptom history, medication, and frequency of follow up.

<b>GOUT</b>	Symptoms controlled with oral medications	Not applicable	Symptoms require injections at an MD's office at a frequency that would disrupt service; symptoms cause selectee to miss school/work at least once weekly on a routine basis.	Questionnaire by treating physician to provide symptom history, medication, and frequency of follow up.
<b>GASTROENTEROLOGY</b>				
	<b>CLEAR</b>	<b>DEFER</b>	<b>DISQUALIFY</b>	<b>ACCOMMODATION CONSIDERATIONS/ DOCUMENTATION REQUIRED</b>
<b>GASTRO-ESOPHAGEAL REFLUX DISEASE</b>	Gastroesophageal Disease or recurrent gastritis, episodic and well controlled on medication.	If history of esophageal stricture or obstruction within the past 12 months, defer until at least 12 months since episode.	Not applicable.	Questionnaire completed by selectee
<b>PEPTIC ULCER</b>	Diagnosed at least 6 months prior to with no active bleeding, symptoms controlled with medications.	Diagnosed less than 6 months prior with/without bleeding.	Not applicable	Questionnaire completed by treating physician
<b>ULCERATIVE COLITIS</b>	Last exacerbation of symptoms > 6 months with normal colonoscopy within past 6 months	Exacerbation of symptoms < 6 months ago	Not applicable	Questionnaire completed by treating physician, most recent colonoscopy report
<b>CROHN'S DISEASE</b>	Symptoms well controlled on medication	Meds changed/ started within past 6 months	Not applicable	Questionnaire completed by selectee

<b>PANCREATITIS</b>	No acute episodes requiring hospitalization within past year; controlled with diet and medication as needed	Hospitalization for acute episode within the past year	Unable to clear medically if caused by alcoholism-refer for MH review	Questionnaire completed by selectee
<b>HEPATITIS</b>	History of Hepatitis A; History of Hepatitis B or Hepatitis C with no acute symptoms in last 6 months	Hepatitis B or C diagnosed less than 6 months prior	Not Applicable	Questionnaire completed by physician
<b>IRRITABLE BOWEL SYNDROME</b>	Well controlled on medication, diet	No new medication or medication change within last 6 months	Not Applicable	Questionnaire completed by selectee; alert counselor if also a concomitant mental health diagnosis
<b>GENITOURINARY</b>				
	<b>CLEAR</b>	<b>DEFER</b>	<b>DISQUALIFY</b>	<b>ACCOMMODATION CONSIDERATIONS/ DOCUMENTATION REQUIRED</b>
<b>TESTICULAR AND PROSTATE CANCER</b>	History of cancer with surgical intervention and radiation/chemotherapy completed at least 12 months prior.	Surgical intervention, radiation/chemotherapy within past 12 months	Not applicable	Questionnaire completed by treating physician
<b>POLYCYSTIC KIDNEY DISEASE</b>	Hypertension and pain well controlled with medication and not recommended for a kidney transplant or surgical intervention to remove cysts	Until one year post surgical treatment if cyst removal recommended and symptoms well controlled on medication	If recommended for kidney transplant	Questionnaire completed by treating physician

<b>GYNECOLOGY</b>				
	<b>CLEAR</b>	<b>DEFER</b>	<b>DISQUALIFY</b>	<b>ACCOMMODATION CONSIDERATIONS/ DOCUMENTATION REQUIRED</b>
<b>BREAST CANCER</b>	History of breast cancer diagnosed and treated with surgery, chemotherapy, and/or radiation at least 12 months prior.	Diagnosed and/or treated less than 12 months prior; treatment (chemotherapy/radiation) active	Not Applicable	Questionnaire completed by treating physician
<b>CERVICAL/OVARIAN/UTERINE CANCERS</b>	History of cervical/ovarian/uterine cancers diagnosed and treated with surgery, chemotherapy, and/or radiation at least 12 months prior.	Diagnosed and/or treated less than 12 months prior; treatment (chemotherapy/radiation) active	Not Applicable	Questionnaire completed by treating physician
<b>PREMENSTRUAL SYNDROME</b>	Well controlled on medication; no new medication or medication change within last 6 months	New medication or medication change within past 6 months	Not Applicable	Questionnaire complete by selectee; defer clearance on this condition to MH counselor if tranquilizers, antidepressants, and/or counseling required for treatment.
<b>POLYCYSTIC OVARIAN SYNDROME</b>	Controlled with medication.	Not Applicable	Not Applicable	Questionnaire completed by selectee; May have comorbidities associated with this syndrome, of obesity or diabetes. These conditions should be reviewed using their respective guidance
<b>UTERINE FIBROIDS</b>	Pain well controlled with medication; no recommendation for surgical treatment	New medication or medication change within past 6 months	Surgical treatment recommended, but not completed	Questionnaire completed by selectee

<b>INFECTIOUS DISEASE</b>				
	<b>CLEAR</b>	<b>DEFER</b>	<b>DISQUALIFY</b>	<b>ACCOMMODATION CONSIDERATIONS/ DOCUMENTATION REQUIRED</b>
<b>TUBERCULOSIS</b>	History of positive PPD skin test and submission of clear chest x-ray summary /proof of completion of meds or a statement from their medical doctor clearing them for TB	Not Applicable	Not Applicable	IF assigned to North Central and unable to obtain current documentation, will attempt a campus transfer; if campus transfer is not an option, campus will be responsible for processing as needed upon arrival to campus.
<b>LYME DISEASE</b>	History of Lyme Disease with symptoms resolved at least one year prior to review	Symptoms resolved less than 12 months prior to clearance	Not Applicable	Questionnaire completed by physician
<b>Hepatitis</b>	History of Hepatitis A; History of Hepatitis B or Hepatitis C with no acute symptoms in last 6 months	Hepatitis B or C diagnosed less than 6 months prior	Not Applicable	Questionnaire completed by physician
<b>HIV</b>	HIV infection, with no clinical evidence of AIDS, and with CD4 count within past 6 months that is greater 300, and on medication	New medication or medication change less than 6 months prior to review	HIV infection, with clinical diagnosis of AIDS, or CD4 Count less than 300.	Questionnaire completed by physician that includes prognosis and treatment.

<b>NEUROLOGY</b>				
	<b>CLEAR</b>	<b>DEFER</b>	<b>DISQUALIFY</b>	<b>ACCOMMODATION CONSIDERATIONS/ DOCUMENTATION REQUIRED</b>
<b>BELL'S PALSY</b>	Diagnosed at least 6 months prior to review and resolving and not related to a CNS lesion or other neurological condition	Diagnosed less than 6 months prior to review	Has CNS lesion or causal diagnosis that is under treatment	Questionnaire completed by MD that includes presence/absence of CNS lesion or other causal diagnosis
	<b>CLEAR</b>	<b>DEFER</b>	<b>DISQUALIFY</b>	<b>ACCOMMODATION CONSIDERATIONS/ DOCUMENTATION REQUIRED</b>
<b>SEIZURE DISORDER</b>	No active seizure within 12 months of review; stable on/off medication for at least 6 months	Seizure within past 12 months; medication change (addition, dosage, or discontinuation) within past 6 months	Not Applicable	Questionnaire completed by MD; unable to operate motor vehicle; no roof climbing; no operation of heavy machinery.
<b>MIGRAINE HEADACHES</b>	History of migraine headaches well controlled on medication, that does not debilitate selectee causing absence from school/work 4 times monthly or more	Migraine headaches have required emergency room treatment within past 6 months; not well controlled and causes absence from school/work 4 or more times monthly	Not Applicable	Questionnaire completed by selectee



<b>NEUROMUSCULAR DISORDERS (PARKINSON'S DISEASE, MULTIPLE SCLEROSIS, MUSCULAR DYSTROPHY)</b>	No progression of disease in the past year; symptoms controlled with medications that selectee is able to administer/take independently	Progression of disease within the past year; new medication/medication change within past 6 months	Not Applicable	Questionnaire to be completed by treating neurologist
<b>OPHTHALMOLOGY</b>				
	<b>CLEAR</b>	<b>DEFER</b>	<b>DISQUALIFY</b>	<b>ACCOMMODATION CONSIDERATIONS/ DOCUMENTATION REQUIRED</b>
<b>RETINAL DETACHMENT</b>	History of retinal detachment, corrected and resolved at least 1 year prior	Detachment occurred and corrected less than 1 year ago	Not Applicable	Questionnaire completed by selectee; may have vision accommodations
<b>BLINDNESS</b>	All	Not Applicable	Not Applicable	Questionnaire completed by selectee; will not be able to drive if selected as a Team Leader; Campus will have to assess ability to meet accommodations
<b>ORTHOPEDICS</b>				
	<b>CLEAR</b>	<b>DEFER</b>	<b>DISQUALIFY</b>	<b>ACCOMMODATION CONSIDERATIONS/ DOCUMENTATION REQUIRED</b>
<b>BURSITIS</b>	Single episode, treated and resolved at least 6 months prior; chronic and well controlled on oral medications	Episode occurred within past 6 months;	Treatment requires frequent steroid injections; surgical intervention is recommended and not yet performed	Questionnaire completed by treating physician

<b>TENDONITIS</b>	Single episode, treated and resolved at least 6 months prior; chronic and well controlled on oral medications	Episode occurred within past 6 months;	Not Applicable	Questionnaire completed by selectee
<b>CARPAL TUNNEL SYNDROME</b>	Pain well controlled with splints/brace and/or oral medications	Medication change within 6 months of assessment	Treatment requires frequent steroid injections; surgical intervention is recommended and not yet performed	Questionnaire completed by treating physician; alert FEMA campus as tasks may involve typing which may exacerbate condition
<b>OSTEOARTHRITIS</b>	Pain well controlled with non-narcotic oral medication	Not Applicable	Pain requires narcotic medications; not well controlled and causes absence from school/work 4 or more times monthly	Questionnaire completed by treating physician

<b>PULMONARY</b>				
	<b>CLEAR</b>	<b>DEFER</b>	<b>DISQUALIFY</b>	<b>ACCOMMODATION CONSIDERATIONS/ DOCUMENTATION REQUIRED</b>
<b>ASTHMA</b>	History of asthma, well controlled on daily maintenance inhaler and/or as needed rescue inhaler or nebulizer, with no episodes requiring urgent care within the past 6 months	History of asthma requiring urgent/emergent treatment within past 6 months; medication change within past 6 months	Asthma stability would be compromised or emergent episodes would be exacerbated by required physical activities; multiple emergent/urgent care visits for asthma within past 12 months	Questionnaire to be completed by treating physician; campus consideration of electricity if selectee has a nebulizer machine
<b>COPD</b>	Not Applicable	Not Applicable	Pulmonary insufficiency disease process presents with shortness of breath doing every day activities and often requires continuous oxygen	Questionnaire completed by treating physician; placing selectee in environment would put selectee at risk

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