

STUDENT TRANSFER SUMMARY FOR SAN JOSE JOB CORPS

INSTRUCTIONS FOR COMPLETING THIS FORM:

1. This is the **ONLY** form that will be accepted and it **must be typed**.
2. For students with a mental health diagnosis, the CMHC must meet with and assess her/his coping strategies r/t relocating from a rural area to an urban center.
3. Students must be sent with a *minimum of 30 day's supply* of any medications s/he is taking (it takes 30 – 45 days to obtain Medi-Cal in Santa Clara County.)
4. If a student uses an inhaler or Epi-pen, s/he must have one on them when they arrive to center.

REQUESTING TRANSFER FROM:

CENTER NAME AND ADDRESS:

HEALTH & WELLNESS MANAGER EMAIL:

PHONE #:

GENERAL INFORMATION

Student Name:

DOB:

ID#:

Date of Entry:

Insurance (check all that apply):

Private insurance: Yes No If yes, enter insurer:

Medicaid: Yes No If yes, enter state:

Other (specify):

Allergies: Medication:

Seasonal:

Other:

Current medication(s) and dosage(s):

What is the monthly cost of medication(s) currently prescribed?

Did student received a pair of glasses from Job Corps? Yes No

Upcoming appointments (e.g., orthodontic, off-center healthcare provider):

ACCOMMODATIONS

Check one:

Accommodation plan is attached

Student does not have an accommodation plan

Comments (include any specific additional information that needs to be known in relation to the student's accommodation plan such as the use of specific technologies or other information that was helpful in implementing the plan):

MEDICAL

Date of last medical assessment:

Does student choose to receive most of her/his medical care on center?

Medical summary (include diagnoses, chronic/acute conditions, and treatments):

Activity/Vocational Restrictions:

Special dietary needs, food sensitivities:

Does student have any conditions for which surgery or treatment has been recommended and the student has declined? If "yes", please explain:

ORAL HEALTH

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Refused elective oral examination | <input type="checkbox"/> Received oral health treatment |
| <input type="checkbox"/> Received elective oral examination | <input type="checkbox"/> Refused oral health treatment |

If student received priority classification, current priority classification: 1 2 3 4

Does the student have orthodontics? Yes No

If yes, is an updated orthodontic treatment plan in place? Yes No N/A

Oral health summary (include diagnoses, chronic/acute conditions, and treatment):

TEAP

Entry Toxicology: Negative Positive If positive, list drug(s):

Suspicion testing dates/results (if applicable): _____

TEAP summary (include results of initial assessment, interventions, and dates of all contacts with TEAP Specialist):

MENTAL HEALTH

Check one:

- Student received mental health services Student did not receive mental health services

Mental health summary (include clinical impressions from initial intake assessment, interventions [on and/or off center], medications, and any other relevant care management contacts with the CMHC):

RECEIVING CENTER:

San Jose Job Corps Health and Wellness Center, 3485 E. Hills Drive, San Jose, CA 95127

Please direct any questions to:

Heather Holland, RN, HWM

Holland.Heather@jobcorps.org

408-937-3219