

Waitlist Prioritization Guide

Instructions: Programs may use this guide when they have more referrals than caseload space to identify who may have greater need of PCAP services. This is not a mandatory form, and it is up to the supervisors' discretion to accept clients according to community need and program strengths.

Date of review (mm/dd/yyyy):		Reviewer:	
Prospective client:		If client is a PCAP transfer, from where:	

CLIENT ELIGIBILITY

Does the client meet the PCAP referral criteria? <p style="text-align: center;">OR</p> If a transfer client, did the client meet PCAP referral criteria at intake?	<input type="checkbox"/> Yes, primary intake criteria <input type="checkbox"/> Yes, secondary intake criteria <input type="checkbox"/> No*
*=If yes, proceed to the guide. If no , provide rationale for still considering the referral:	

(Primary: Pregnant/up to 6 months post-partum AND self-reports alcohol AND/OR drug use during pregnancy AND poorly connected to services. Secondary: Has a child diagnosed with FASD AND/OR client is drinking AND capable of bearing children)

PRIORITIZATION RATING SCALE

Category	Criteria	Rating (circle)	Comment
Current pregnancy status	Pregnant	3	
	Post-partum	2	
	Not pregnant; has a child with FASD	1	
	Not pregnant; no child with FASD	0	
Recent or typical alcohol use	Heavy /Binge	3	
	Occasional	2	
	Does not drink	0	
Recent or typical drug use	Heavy	2	
	Occasional	1	
	Does not use drugs	0	
Connection to services	Lack of concrete community services supports in times of need	3	
	Inadequate connection to some services and possibly requires more support.	2	
	Well connected to community services	0	

Page 1 Subtotal Score: _____

Prioritization Rating Scale (cont.)

Category	Criteria	Rating (circle)	Comment
Family supports	Lack of concrete family supports in times of need	2	
	Family is present but support is inadequate or questionable	1	
	Well-supported by family	0	
The severity of the risk	<input type="checkbox"/> Social isolation <input type="checkbox"/> No income <input type="checkbox"/> Inadequate/no prenatal or general medical health care <input type="checkbox"/> Mental health concerns <input type="checkbox"/> Limitations in cognitive function <input type="checkbox"/> Is experiencing inter-personal violence (Domestic or other) <input type="checkbox"/> Homeless/inadequately housed <input type="checkbox"/> Children Services actively involved <input type="checkbox"/> Legal issues	/9	
Willingness to participate in PCAP	Eager	2	*If "Reluctant", comment why
	Indifferent	1	
	Reluctant*	0	

Page 2 Subtotal Score: _____

<p>TOTAL SCORE (page 1+page2): _____</p> <p>Low (6-9)¹ Medium (10-17) High (18-24)</p> <p>Notes about score²: _____</p> <p>Notes: 1: Scores below 5 may not be an appropriate referral to PCAP 2: These scores and ranges are meant as a guideline only. Scores may need extra notes to consider the interaction of different factors, the severity of certain factors, available program/community resources, etc.</p>
