

WAITLIST PRIORITIZATION CHECKLIST

		Yes/ No	Documentation Required
1	Client Name <div style="background-color: yellow; height: 20px; width: 100%;"></div>		
2	Client SSN* <div style="background-color: yellow; height: 20px; width: 100%;"></div>		
3	APD Area <div style="background-color: yellow; height: 20px; width: 100%;"></div>		
4	Form Completed by: <div style="background-color: yellow; height: 20px; width: 100%;"></div> Contact Number <div style="background-color: yellow; height: 20px; width: 100%;"></div>		
5	Date Completed: <div style="background-color: yellow; height: 20px; width: 100%;"></div>		
6	What is the name of your primary caregiver? <div style="background-color: yellow; height: 20px; width: 100%;"></div>		
7	What is the age of your primary caregiver? <div style="background-color: yellow; height: 20px; width: 100%;"></div>		
8	Is the age of your primary caregiver 70 or over? <div style="background-color: yellow; height: 20px; width: 100%;"></div>		*
9	Is there any reason your primary caregiver will not be able to continue to care for you in the next 12 months? <div style="background-color: yellow; height: 20px; width: 100%;"></div>		*
10	If your primary caregiver is not available to continue care, is there another person who would be able to provide care? <div style="background-color: yellow; height: 20px; width: 100%;"></div>		*

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11	Have you had any incidents in the past 12 months that involved unlawful activity that required the intervention of law enforcement?		*
12	Did the incident result in an arrest?		
13	Did the incident result in detention in jail or an institution for more than 3 days?		
14	Has your behavior placed you at risk of harm in the past 12 months?		*
15	Will your physical needs place your caregiver at risk in the next 12 months?		*
16	Have you been identified, by the facility, as ready for discharge from a state mental health hospital, intermediate care facility for the developmentally disabled, a skilled nursing facility, correctional facility, or a secure forensic facility within th		*
17	Do you expect to graduate from secondary school within the next 12 months?		
18	Do you expect to earn a regular diploma?		*
19	Do you expect to earn a special diploma?		*
20	Do you need support for employment?		*

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21	Do you need support to pursue an accredited program of postsecondary education?		*

** The collection of social security numbers is for record keeping and is imperative to the agency's duties and responsibilities as prescribed by law. The social security number collected will not be available to the general public.*