



Social Services Waiting List Information (Non-Medicaid Waiver Participants)

Fiscal Year:	<input type="text"/>	Quarter:	<input type="text"/>
Service:	<input type="text"/>		
Agency Name:	<input type="text"/>		
Target/Underserved Population To Be Served:	<input type="text"/>		
Person Preparing Report			
Name:	<input type="text"/>		
Email:	<input type="text"/>		
Phone:	<input type="text"/>		

1. Enter the number of individuals on the waiting list:	<input type="text"/>
2. Describe the length of stay for individuals on the waiting list: (these should total the number above)	
Less than 30 days	<input type="text"/>
30 – 60 days	<input type="text"/>
Greater than 60 days	<input type="text"/>
Greater than 180 days	<input type="text"/>
2a. Enter the number of individuals that currently receive services that are “underserved” (i.e. received social services at less than assessed level, etc.)	<input type="text"/>

2b. Describe the reasons that participants in question 2a (above) are “underserved” (check all that apply):

<input type="checkbox"/>	Reduced or closed services or programs
<input type="checkbox"/>	Loss of caregivers or informal support that supplemented AASA/AAA services or programs
<input type="checkbox"/>	Participant served fewer hours of service than assessed or requested service hours
<input type="checkbox"/>	Shortages of in-home service staff/direct care workers
<input type="checkbox"/>	Prioritization of participant leads to “underservice” for some participants based on priority level
<input type="checkbox"/>	Service delays and/or disruptions
<input type="checkbox"/>	Other (please describe below):
<input type="text"/>	

3. Describe any assistance/referrals provided to individuals that are placed on waiting lists:

- ☐ Referred to a local non-AAA-funded food assistance program (e.g. MiCAFE, Project FRESH) that is currently accepting participants
- ☐ Referred to a local food bank/pantry shelf
- ☐ Referred to local DHS office
- ☐ Referred to HCBS/ED Waiver Program
- ☐ Referred to AAA 1-B's CLP for service options
- ☐ Referred to private pay program
- ☐ Other assistance (please describe below):

4. Additional comments on waiting list (e.g. changes, events, issues impacting the list, etc.):

5. Does the demand for in-home, access, and priority services exceed service availability?

- ☐ Yes ☐ No ☐ Unknown

5a. If yes, describe below (check all that apply):

- ☐ Limited funding for services
- ☐ Limited service area/service delivery availability
- ☐ Driver/worker shortage
- ☐ Participant choice

6. In order to address service demand that exceeds service availability, are services provided:

6a. At levels less than identified need (underserved)?

- ☐ Yes ☐ No ☐ Unknown

6b. To all participants at their identified need level. **Individuals that cannot be served at identified need level are placed on the waiting list?**

- ☐ Yes ☐ No ☐ Unknown

7. Additional comments on “underservice”:

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8. If a “0” count of individuals is being reported on the waiting list, please describe:

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Service capacity/funding is sufficient to serve all individuals that are eligible

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Other (describe):

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