

PASTORAL CARE ELIGIBILITY DETERMINATION & CARE RESPONSE FORM

Use after the Pastoral Care Intake & Assessment process to document the eligibility review and the care response selected by the church. This form documents the decision; it does not replace intake or assessment.

Church / Ministry Information

Church / Ministry Name: _____
Address: _____
Phone: _____ Email: _____

1. Case & Review Information

Person Receiving Care: _____	Date of Intake: _____
Reviewed By: _____	Date of Determination: _____
Role / Ministry: _____	Case / Record ID (if used): _____

2. Basis for the Determination

Review the completed intake and assessment before making this determination. Consider the identified need, applicable Care Pathway(s), immediate or urgent concerns, existing support, pastoral-care scope, available church resources, and any established requirements for the specific resource or service.

☐ Pastoral Care Intake & Assessment reviewed	☐ Applicable Care Pathway(s) identified
☐ Pastoral Care Scope Policy Manual reviewed	☐ Church resource/service availability reviewed
☐ Resource-specific requirements reviewed (if applicable)	☐ Immediate/urgent concerns addressed or ruled out

3. Eligibility Determination

Select the determination that applies to the specific service or resource being considered. **Eligibility for one resource is not the same as eligibility for pastoral care as a whole.**

☐	Eligible for the identified church-based service/resource The identified need fits the church's established scope and the applicable service/resource requirements are met.
☐	Eligible for pastoral care; additional support is needed The person remains appropriate for pastoral care, but another professional, provider, ministry, or community resource may also be needed.
☐	Not eligible for the identified church-based service/resource The specific service/resource cannot appropriately be provided under the church's established scope, requirements, or available capacity. Determine the appropriate connection, collaboration, or referral rather than ending the care process without direction.

Service / Resource for Which the Person Was Determined Eligible

The church determines what services and resources it offers. After selecting the eligibility outcome above, write the specific service, benefit, ministry, support, or resource the person qualified for or that the church determined it could provide. Use the church's own terminology.

Specific service / resource / benefit provided or authorized:

4. Care Response Determination

Select the pathway that represents the care response determined by the team. The three pathways describe how the church will organize the response; they are not labels for the person.

■ CONTINUE WITHIN SCOPE

The church has the appropriate role, competence, and resources to provide the needed pastoral care.

Consider: The need fits the church's pastoral-care scope. • The assigned provider is appropriately equipped and authorized. • An appropriate church resource or pastoral response is available.

■ COLLABORATE ACROSS THE GAP

The person continues receiving pastoral care while also receiving support from another professional, provider, ministry, or community resource.

Consider: Pastoral care remains appropriate. • Another source of expertise or support is also needed. • Roles, communication, permission, and follow-through should be clear.

■ REFER TO APPROPRIATE PROFESSIONAL

The person requires a level or type of care outside the appropriate scope, competence, or resources of the church.

Consider: The team recognizes the limit of pastoral scope or competence. • The person is connected to an appropriate professional or organization. • Referral is treated as a care connection—not simply the handoff of a phone number.

5. Resource / Service & Decision Rationale

Resource / Service Considered: _____

Decision Rationale — briefly explain the basis for the determination and selected care response:

6. Connection, Collaboration, or Referral

Complete the portion that applies. Use the Pastoral Care Referral Form when an outside professional or community resource is involved and a formal referral needs to be documented.

■ Church resource / ministry connection	■ Outside professional / provider
■ Community resource / organization	■ Collaboration with outside support

Name of Resource / Provider / Organization: _____

Contact / Connection Information: _____

Next Step / Follow-Up Date: _____ Responsible Person: _____

7. Continued Pastoral Care

Select all that apply and document what happens next.

☐ Continue appropriate pastoral support	☐ Follow up with person
☐ Collaboration / communication with outside support	☐ No further pastoral follow-up planned
☐ Other: _____	☐ Pastoral Care Referral Form completed (if applicable)

8. Final Outcome / Notes

Decision Completed By: _____	Date: _____
Authorized Reviewer / Supervisor (if required): _____	Date: _____

AFFINITY™ Standard: Eligibility determination follows intake and assessment. When a specific resource is unavailable or a need exceeds church scope, the person should not simply be dismissed. The church determines the appropriate connection, collaboration, referral, and continued pastoral support, as applicable.

SIGNATURE & REVIEW

Decision-maker Signature: _____ Date: _____

Reviewer / Supervisor Signature (if required): _____ Date: _____