



CW 2.0 Triage Tool

Name _____

Date _____

We are here to help you set and achieve your GOALS! As a first step we want to be sure we understand where you are coming from. This form will help us connect you with services and activities of interest to you. **Leave anything blank that you do not want to answer.** Thanks for answering these questions!

1. Why did you come in today? What are you looking for?

2. What should I know about you?

Yes No

3. Are you currently employed? If so, how many hours a week do you work? _____
If no, would you like more information about our employment services? Yes No

4. Do you have a high school diploma or GED?

5. Are you currently attending school? (if so please fill in below)

Name of school/location: _____

Class schedule (please select day(s) you attend): M T W Th F Sa

6. Can you think of anything that is preventing you from participating in work and/or training related activities? If yes, what comes to mind?

7. Are you a current/former foster youth between the ages of 16-24? Yes No

8. Do you feel safe and stable right now? If no, why not?

9. Have you ever applied, or are you now in the process of applying for SSI/SSP/SDI?

If yes, date applied: _____

Outcome: Denied Approved Appealing Awaiting decision

10. Would you like more information about services related to anything below?

Counseling Help with addictions/substance abuse Help with violence at home

Anger management Housing assistance

Signature _____

Date _____