



## CW 2.0 Triage Tool

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NameDate

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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!

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

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**2. What should I know about you?**

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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:

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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?**

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**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?**

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**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

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