CalWORKs 2.0 | Next Generation

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!

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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

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Signature _____ Date _____