



Cuyahoga County
Division of Children and Family Services



AFFIRM.ME. Safe Identification Data and Triage Form

Today's Date: ___/___/___

Youth's Legal Name: _____ SACWIS Person #: _____

Youth's Chosen Name: _____ DOB: ___/___/___ Race: _____ Ethnicity: _____

Youth's Current Address: _____

Best Phone Number: _____ Home Cell Other

Describe how the youth self-identifies their sexual orientation AND gender identity/expression:

Name, phone, and email of Children Services worker and supervisor:

Custody Status: _____ How Long? _____ Placement Setting Type: _____

Is Caregiver aware of the youth's SOGIE?: Yes No Is Caregiver affirming?: Yes No

Name/Contact info. for Caregiver:

Family/Caregiver issues surrounding youth's SOGIE:



Cuyahoga County
Division of Children and Family Services



Mental Health history, Behaviors of the youth, Developmental Delays or Diagnosis:

Is it okay for us to contact the youth directly? Yes No

***** Please E-mail referrals to kori.sewell@ifs.ohio.gov

For Office Use Only:

Date Received: _____

Date of Triage _____

Date Sent (if applicable): _____

Comments: