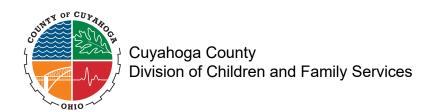




AFFIRM.ME. Safe Identification Data and Triage Form

| Today's Date:/ | | | |
|---|---------------------------------|------------------|--|
| Youth's Legal Name: | SACWIS Person #: | SACWIS Person #: | |
| Youth's Chosen Name: DOB:/_ | / Race: Ethn | icity: | |
| Youth's Current Address: | | | |
| Best Phone Number: | Home Cell Oth | ıer | |
| Describe how the youth self-identifies their sexual orientation | on AND gender identity/expressi | on: | |
| | | | |
| | | | |
| | | | |
| | | | |
| Name, phone, and email of Children Services worker and su | upervisor: | | |
| Traine, phone, and email of email of ectivities worker and se | ape. 1301. | | |
| | | | |
| | | | |
| | | | |
| Custody Status: How Long? Placement So | etting Type: | | |
| Is Caregiver aware of the youth's SOGIE?: Yes No | Is Caregiver affirming?: Yes | s No | |
| Name/Contact info. for Caregiver: | | | |
| | | | |
| | | | |
| Family/Caregiver issues surrounding youth's SOGIE: | | | |





| Mental Health history. Behaviors of the youth. Developmental Delay | s or Dia | ignosis: |
|--|----------|----------|

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

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

| For Office Use Only: |
|----------------------------|
| Date Received: |
| Date of Triage |
| Date Sent (if applicable): |
| |

Comments: