

PHC TRIAGE & SERVICE ROUTING FORM - Training Guide

Authorization to Share Protected Personal Information (Back of Triage Form)

- Take the client through the form.
- Explain that you are going to ask the client to share information to assist in making connections during PHC and possibly afterward.
- Share that the release is time limited to six to eight weeks and that the client can terminate the release at any point going forward.
 - If a client refuses to sign the release or answer any individual question, please proceed with as much of the process as you can.
 - If you are presented a situation, request or client reaction that requires assistance, raise your colored card to bring a Triage Lead to your aid.
 - DO NOT fill out the Exit Interview Questions: These are for use at Discharge.

Triage Form

Time In: Note time you start Triage. Approximate or in 15-minute intervals is sufficient. Time Out will be filled in by Discharge.

Client Name, SS# and DOB (Date of Birth): Self reported – You do not need to see ID

Gender:

The blank is used if the client states an answer to gender other than “Male” or “Female”. For example, don’t ask a client if he/she is “Transgendered” but write it in if stated.

ID: Simply find out if the client has an ID with them or among their belongings. PHC may be able to help with getting or replacing an ID if it is lost or missing.

Age: Mark the appropriate group.

Marital Status:

“Married” and “DP” (Domestic Partners) refers to clients who have the official status.
“Together” = clients who are actively with the partner.

Dependents: Note number of minor children and if the client has custody.

“Pregnant” – Note due date if known and if the client is receiving Pre-Natal Care.

Has the client been to a previous PHC: “Yes” if client has or thinks he/she has been to PHC before.

Referring Agency: Note any agency that “sent” or “referred” the client to come to PHC.

What do you want from Today? Ask the client what she/he hopes to get out of the day. Did you come in the hope of getting a specific service or referral? **MARK ALL that apply.**

Source of Income, if any:

CAAP = County Adult Assistance Programs, these include

GA = General Assistance

SSIP = Social Security Income Pending

PAES (pronounced “pays”) = Personally Assisted Employment Services

CALM = County Assistance Linked to MediCAL

SSI/SSDI = Social Security Income/ Social Security Disability Income

Veterans Benefits

Medical/Health Information & Behavioral Health

Mark whatever the client tells you or you can observe.

REMEMBER – Share with the client that **MARKING** a service or request does not guarantee she/he will get that service; what is available will be determined in the Medical Service and/or BH areas.

Current Housing Situation:

These questions determine the client's current situation. This helps with service area referrals.

If the client has pets, **Certified Companion Animal** = the client has paperwork that registers the animal as a companion animal, including that the animal has any license and shots that may be required.

Legal:

PLEASE share with the client that you are asking for this information because the Legal Service area may be able to help address some or all of them.

Warrants related to Homelessness = outstanding tickets or warrants related to situations that often effect homeless people: sleeping in parks/on the street, public intoxication, jay-walking, etc.

Any other legal issue can also referred to the Legal Service area.

Clients who need assistance related to I.D. are also referred to Legal.

BOTTOM of the Triage Form

MARK ANY & ALL Service Areas (the box left of the area name) that are appropriate for the Client based on assessment.

- If a client has questions about any area, mark that area as well.
- If a client has custody of minor children, mark the FAMILY SERVICES area.
- If a client has issues with I.D., mark LEGAL
- If client wants Housing, there is no area where Housing is being offered. There is Housing Information in the SHELTER area.
- EMPLOYMENT SERVICES are not covered in the questions, please ask if the client is interested.

Please share that marking an area is a suggestion or client request – the markings will help guide the client to those service areas. At the service area, the client will find out what is available.

After marking all the areas that are appropriate for the client, **PLEASE CIRCLE ONE** as the suggested first step for the client.

1. Medical or Other Health or Family Services are the **FIRST PRIORITY**. Circle one of these if marked.
2. Benefits: CAAP, SSI, Veterans Benefits – are **FIRST** only if no Medical, Other Health or Family Services.
3. If none of the above are marked, No marked area needs to be circled.

PLEASE FILL OUT THE TOP OF THE APPOINTMENT SHEET (green sheet)
with client's Name, SS# and DOB.