



Post-Triage PATH Appointment Notice

Date: _____

Client/Recipient ID: _____

Dear: _____,
(Print Participant First & Last Name)

Your triage meeting was held on _____ and resulted in a determination of good cause.
(Date of Meeting)

You must attend the following reengagement appointment:

Date: _____ Time: _____ Location: _____

(Additional Information)

If you have questions, please contact: _____ at _____
(Name of MW! Staff) (Phone Number)

(Participant Signature)

(Date)

(MW! Staff Signature)

(Date)

(DHS Staff Signature)

(Date)

MWA Use Only

Distribution of Notice: Original remains in case file and a copy must be given to the participant and to the DHS.