



Triage Meeting Notice

Date: _____

Client/Recipient ID: _____

Dear: _____,

(Print Participant First & Last Name)

You are currently considered noncompliant with PATH and a triage meeting has been requested for the following reason(s): _____ (Insert Dates and Details of Noncompliance Below)

You will receive a triage appointment notice from the Department of Human Services. Please follow the instructions on the letter. If you believe that you had good cause for the noncompliance you must bring proof to the triage appointment.

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

MWA Use Only

Please complete section below PRIOR to providing participant with their copy of this notice.
Distribution of Notice: Original remains in case file and a copy must be given to the participant.

NOTE: The "Assigned to Triage" activity must be entered in OSMIS the same day the notice is distributed to the participant.

Triage Meeting Notice Issued:	<input type="checkbox"/> In Person	<input type="checkbox"/> By Mail	<input type="checkbox"/> By E-mail	<input type="checkbox"/> By Fax	Date: _____
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Issued by: _____ Contact: _____
(Print name of MW! staff issuing the notice) (Phone Number)