

Foundry Campbell River accepts referrals from professionals, community members, and family members for young people ages 12 to 24. Youth are also welcome to walk in during our drop-in hours to request any services they require, with or without a referral. This form may be delivered in person at 140 10<sup>th</sup> Ave, or faxed to Foundry's confidential fax number: 250 286 3650

Foundry Campbell River aims to be a safe space for all young people, including people who identify as Indigenous, POC, LGBTQ+, or Trans.

## Drop-in Hours:

**Monday 9 – 11 am & 1 – 3 pm**

**Tuesday – Thursday 1 – 6 pm**

**Friday 9 – 11 am**

## To book an appointment:

**Call (250) 286-0611**

**Office hours: Monday & Friday 8:30 am – 4:30 pm**

**Office hours: Tuesday – Thursday 8:30 am – 6 pm**

Date of referral \_\_\_\_\_

Urgent?      YES      NO

### Youth Info

Preferred name:	Age:	Birth date (if under 19):
Legal name (if different):	Gender:	Preferred Pronouns
Youth Cell:	Okay to text or leave message on cell?	
Home Phone:	Okay to leave message at home #?	
Address	Aboriginal?	
Personal Health Number:	Doctor / General Practitioner:	

### Significant Others (parent, guardian, or other responsible adult)

Name	Phone number:	Okay to contact this adult?
Name	Phone number:	Okay to contact this adult?
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### Referring Person's Info

Referred by:	Relationship to this youth:
Organization (if applicable):	Length of relationship:
Email:	Phone number:

**Reason for requesting services:**

**Has this young person received services at Foundry previously?** YES NO NOT SURE

**What services offered at Foundry might be helpful now?** Check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Health Care: Doctor/N.P. appointment | <input type="checkbox"/> Aboriginal Youth Navigator               |
| <input type="checkbox"/> Sexual Health: Youth Clinic Nurse    | <input type="checkbox"/> Outreach Worker                          |
| <input type="checkbox"/> Mental Health Support & Counselling  | <input type="checkbox"/> Employment Information and Support       |
| <input type="checkbox"/> Substance Use Support & Counselling  | <input type="checkbox"/> Housing Support                          |
| <input type="checkbox"/> Youth and Family Conflict Resolution | <input type="checkbox"/> Independent Living                       |
| <input type="checkbox"/> Free Groups and Courses              | <input type="checkbox"/> FASD Support                             |
| <input type="checkbox"/> Peer Support/Youth-in-Residence      | <input type="checkbox"/> Not sure, would like to explore options. |
| <input type="checkbox"/> Cultural Support/Elder-in-Residence  | <input type="checkbox"/> Other: _____                             |

**Is family being referred as well:** YES\* NO

**\*If yes, what family supports might be helpful:**

- |   |  |
|---|--|
| <input type="checkbox"/> Parent Support Group       | <input type="checkbox"/> Counselling for family members affected by youth's substance use. |
| <input type="checkbox"/> Family Conflict Resolution |  |

**Other Involved Professionals / Supportive People**

Name:	Role / Relationship:	Phone number:
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**Relevant additional information:**

**Are there any known risk factors for Foundry/John Howard staff while working with this client?**

**(e.g., physical or aggressive behaviour; threats made by others to this client; etc.)** YES NO

**FOR FOUNDRY USE ONLY**

**REFERRING PERSON NOTIFICATION:**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Referring person/agency notified of receipt of referral form |
| <input type="checkbox"/> | Referring person/agency notified of first contact with youth |