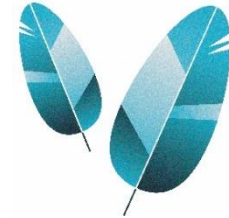


Foundry Comox Valley accepts referrals for young people ages 12 to 24 from professionals, community members, and family members. Youth are also welcome to come in during our drop-in hours to request any services they require, with or without a referral. Foundry Comox Valley aims to be a safe space for all young people, including people who identify as Indigenous, POC, LGBTQ+, or Trans.

Deliver this form in person at **575 10th Street** or fax to **250-338-6568** or email to **mail@jhsni.bc.ca**

To book an appointment call 250-338-7341



Office hours:

Mon/Wed/Fri 8:30 am – 4:30 pm
Tue/Thu 10 am – 6 pm
Closed for lunch 12 pm – 1 pm

Drop-in Hours:

Mon 9 am – 12 pm and 1 – 4:30 pm
Tue/Thu 1 – 6 pm
Wed 1 – 4:30 pm

Date of referral _____ Urgent? YES NO

Youth Info

Preferred name:	Age:	Birth date (if under 19):
Legal name (if different):	Gender:	Pronouns:
Youth Cell:	Okay to text or leave message on cell?	YES NO
Home Phone:	Okay to leave message at home number?	YES NO
Address:	Aboriginal?	Nation/Band:
	YES NO	
	Doctor/General Practitioner:	

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

Name	Phone number:	OK to contact? YES NO
Name	Phone number:	OK to contact? YES NO
Name	Phone number:	OK to contact? YES NO

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"/> Sexual Health: Youth Clinic Nurse | <input type="checkbox"/> Cultural Support/Elder-in-Residence |
| <input type="checkbox"/> Mental Health Support & Counselling DROP IN ONLY | <input type="checkbox"/> Aboriginal Youth Navigator |
| <input type="checkbox"/> Substance Use Support & Counselling | <input type="checkbox"/> Outreach Worker |
| <input type="checkbox"/> Youth to Adult Transition Counselling | <input type="checkbox"/> Foundry Works (Employment Support) |
| <input type="checkbox"/> Mental Health Outreach (MCFD USE ONLY) | <input type="checkbox"/> Caregiver Support |
| <input type="checkbox"/> Free groups/courses | <input type="checkbox"/> Not sure, would like to explore options. |
| <input type="checkbox"/> Peer Support/Youth-in-Residence | <input type="checkbox"/> Other: _____ |

Family referred as well? YES* NO

* If yes, what supports might be helpful:

- Parent Support Group
 Counselling for family affected by youth's substance use

Other Involved Professionals / Supportive People

Name:	Role / Relationship:	Phone number:
Name:	Role / Relationship:	Phone number:
Name:	Role / Relationship:	Phone number:

Relevant additional information:

Are there any known risk factors for Foundry/John Howard staff working with this client? **YES**
(e.g. physical or aggressive behaviour; threats made by others to this client)
NO

FOUNDRY USE ONLY:

Referring person/agency notified of... Receipt of referral form First contact with youth