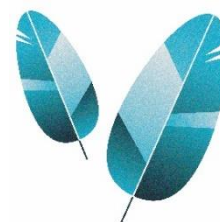


Foundry Comox Valley accepts referrals for young people ages 12 to 24 from professionals, community members, and family members. Youth are also welcome to come in during our drop-in hours to request any services they require, with or without a referral. Foundry Comox Valley aims to be a safe space for 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: | Indigenous? YES NO | Nation/Band: |
| | 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"/> Indigenous 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 Work & Education |
| <input type="checkbox"/> Mental Health Outreach (MCFD USE ONLY) | <input type="checkbox"/> Caregiver Support |
| <input type="checkbox"/> Free groups/courses | <input type="checkbox"/> Grief Counselling |
| <input type="checkbox"/> Peer Support/Youth-in-Residence | <input type="checkbox"/> _____ |



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