

Welcome to Foundry Prince George

DATE: _____

Thanks for coming to Foundry Prince George today. **Completing this form is entirely voluntary, fill in as much or as little as you want.** Choosing not to complete this form will not affect your ability to receive services today. You can skip any questions on these forms that you are uncomfortable answering, don't understand or don't want to answer. **This information will be used to determine the services you need, connect you with the right member of the Foundry team and help us get to know you better.**

My preferred name is: First _____ Last _____

I was born on: _____ I am _____ years old.
Month Day YearMy BC Care Card number is: _____ ☐ I don't know it
I'm Status, my Status Card number is: _____ ☐ I don't know itMy address is: _____ ☐ I don't have an addressMy sex is: ☐ Female ☐ Male ☐ Other

I identify my gender as: (please check all that apply)

| | | |
|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Two-Spirit | <input type="checkbox"/> Not Sure / Questioning |
| <input type="checkbox"/> Male | <input type="checkbox"/> Non-Binary | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Transgender | <input type="checkbox"/> Cis | <input type="checkbox"/> Prefer not to answer |

The pronoun I prefer is: ☐ her ☐ him ☐ they

Is there anything we should know to help us make your experience at Foundry as helpful and comfortable as possible?

(e.g. Do you have any allergies? Do you have a fear of needles? Do you prefer that doors to rooms be left open whenever possible? Is sitting for long periods uncomfortable for you? Do you struggle with reading or understanding instructions?)

We may need to contact you to remind you about an appointment, let you know about your test results or give you an update on your plan. We will only share personal information directly with you (in person).

☐ I don't want anyone to contact me, I will contact you.☐ The best way to contact me is: ☐ phone ☐ email ☐ other

➤ Phone Number: _____

Is it okay to text you? ☐ Yes ☐ NoIs it okay to leave a message? ☐ Yes ☐ No

➤ Email: _____

Can we contact you through e-mail? ☐ Yes ☐ No

➤ Other way to connect with you? (eg. Social Media) _____

If there was an emergency, the responsible adult or adult I trust to contact to support me is:

Name: _____ Relationship to me: _____ Phone: _____

The number one reason I came to Foundry PG today was: (complete one)

- Explain here or select an option below. _____

- ☐ The service I need today is: Examples are listed in the table below. (tick one)
☐ Primary Care ☐ Mental Health ☐ Social Supports ☐ I don't know.
- ☐ I am here to see a worker/ service I have seen before? ☐ Yes ☐ No

Your safety is important to us.

Are you worried you may hurt yourself (suicide) or someone else today ☐ Yes ☐ No

Do you have any other safety concerns today? ☐ Yes ☐ No

If you feel you need immediate assistance today, please let the worker at the front know right away instead of completing this form so we can get you the support you need.

Other services I would be interested in are: (please check all that apply)

| Primary Care Services (Health Care) | |
|---|---|
| I would be interested in seeing a primary care provider (nurse, nurse practitioner or doctor) about my: | |
| <input type="checkbox"/> Physical health: health care, injury <input type="checkbox"/> Sexual health: STI Testing <input type="checkbox"/> Prescription <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Eating/nutrition <input type="checkbox"/> Immunizations <input type="checkbox"/> OPT: Pregnancy Test, Birth Control |
| Mental Health Services | |
| I would be interested in speaking with someone about: | |
| <input type="checkbox"/> Suicidal thoughts <input type="checkbox"/> My feelings or thoughts (stress, anxiety, depression, etc.) <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Substance use (Alcohol, drugs, other) <input type="checkbox"/> Relationships or family issues <input type="checkbox"/> "I think I am losing it or going to lose it" |
| Support Services | |
| I would be interested in speaking to someone about: | |
| <input type="checkbox"/> Food <input type="checkbox"/> Housing support <input type="checkbox"/> Personal care (laundry, shower etc) <input type="checkbox"/> Personal safety <input type="checkbox"/> Peer support; someone to talk to <input type="checkbox"/> Relationships (family, friends, parenting etc.) <input type="checkbox"/> Other: _____ | <input type="checkbox"/> School and education support <input type="checkbox"/> Work/Employment support <input type="checkbox"/> Life skills <input type="checkbox"/> Finances <input type="checkbox"/> Information, resources, what's available? <input type="checkbox"/> Cultural needs |

Other Community Supports I Use

I have received support for my mental health or substance use in the past year (12 months):

☐ Yes ☐ No ☐ Not Sure

➤ If yes, where or who? _____

I have a family doctor or primary care home I usually go to for my health care needs:

☐ Yes ☐ No ☐ Not Sure

➤ If yes, what is your doctor or clinics name? _____

Are there any other organizations or places you go to get support and services from?

Thank you for taking the time to share this information with us. Please let us know if any of this information changes in the future to ensure we are up to date on your needs.

I have voluntarily provided this information to Foundry Prince George.

Print your name

Your Signature

The following questions gather more detailed demographic and personal characteristic information. We are asked to collect this information for research and evaluation to find out more about the young people accessing Foundry PG. It will also help your care team learn more about you as an individual and how we can support you.

I found out about Foundry PG from?

- | | |
|--|--|
| <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> My family member |
| <input type="checkbox"/> My worker | <input type="checkbox"/> Foundry website |
| <input type="checkbox"/> My doctor / nurse | <input type="checkbox"/> Other website or social media |
| <input type="checkbox"/> My friend | <input type="checkbox"/> Advertising (e.g. pamphlet, poster) |
| <input type="checkbox"/> Saw the Foundry building | <input type="checkbox"/> Social Media (please specify) _____ |
| <input type="checkbox"/> My school counselor / teacher | |
| <input type="checkbox"/> Other (please specify) _____ | |

If I couldn't have come here today, I would have gone to:

- | | |
|---|--|
| <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Emergency services (911) |
| <input type="checkbox"/> Family members/friends | <input type="checkbox"/> Street nurse |
| <input type="checkbox"/> Hospital emergency | <input type="checkbox"/> Outreach worker |
| <input type="checkbox"/> Walk-in clinic | <input type="checkbox"/> I wouldn't have gotten help |
| <input type="checkbox"/> Family doctor | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Other: _____ | |

My guardian is: (Please skip question if you are 19 years or older)

- | | |
|---|---|
| <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Social Worker, Aboriginal Child & Family |
| <input type="checkbox"/> Parent(s) | <input type="checkbox"/> Social Worker MCFD |
| <input type="checkbox"/> Other family members | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Service Agency | <input type="checkbox"/> Other (please specify) _____ |

I would describe my ethnic or cultural background as? (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Indigenous (First Nations, Métis, Inuit) | <input type="checkbox"/> South Asian (e.g. East Indian, Pakistani, Punjabi, Sri Lankan) |
| <input type="checkbox"/> White | <input type="checkbox"/> Southeast Asian (e.g. Indonesian, Vietnamese) |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> West Asian (e.g. Afghan, Iranian) |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Black (e.g. African, Haitian, Jamaican) |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Arab |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Other (please specify) _____ |

I am First Nations. My Band/Nation is: _____.

I identify as:

- | | | |
|---|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Gay | <input type="checkbox"/> Asexual |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Lesbian | <input type="checkbox"/> Pansexual |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Queer | <input type="checkbox"/> Aromantic |
| <input type="checkbox"/> Questioning | <input type="checkbox"/> Pansexual | <input type="checkbox"/> Other: _____ |

I live with: (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Other adults related to me |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Brother(s) / sister(s) |
| <input type="checkbox"/> Father | <input type="checkbox"/> Boyfriend / girlfriend/ Partner |
| <input type="checkbox"/> Both parents at different times | <input type="checkbox"/> Friend(s) |
| <input type="checkbox"/> Stepmother or stepfather | <input type="checkbox"/> I live alone |
| <input type="checkbox"/> Grandparent(s) | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Guardian/foster parent(s) | |
| <input type="checkbox"/> my own child/children | |

I currently live:

- | | |
|--|---|
| <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> I couch surf |
| <input type="checkbox"/> In a house | <input type="checkbox"/> On the street |
| <input type="checkbox"/> In an apartment | <input type="checkbox"/> In a single room occupancy |
| <input type="checkbox"/> In a group home | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> In a homeless shelter | |

I am a student: ☐ Yes ☐ No ☐ Prefer not to answer

If yes, I am going to:

☐ Middle School

☐ Trades School

☐ Training program (e.g. Culinary, Game Design)

☐ Other (please specify _____)

☐ High School

☐ College

☐ University

My main sources of income are: (Please check all that apply)

☐ Prefer not to answer

☐ Full-time job

☐ Part-time job

☐ Casual work (e.g. Labor Ready)

☐ Student loan

☐ Family gives me money

☐ Disability assistance

☐ Income / social assistance (welfare)

☐ Employment insurance

☐ Panhandling / binning / scavenging / recycling

☐ Sex work

☐ Crime

☐ No source of income

☐ Other (please specify _____)

Your feedback is important to us: Permission to Contact:

From time to time, young people attending Foundry will be contacted to participate in a research or

evaluation activity to help provide information to improve Foundry service and find out more about the people who use Foundry. If I am willing to hear about these opportunities, I will mark the "yes" box. This does not mean that I will have to take part just that Foundry will let me know about it. If I do not want to be contacted for research or evaluation, I will mark the "no" box. If I say yes, I can change my mind at any time by telling someone at the front desk.

Are you willing to be contacted by Foundry for evaluation or research activities?

☐ YES - What is the best way to contact you? _____

☐ NO