





**8. Potential study participant:**

**First name:** \_\_\_\_\_

**Last name:** \_\_\_\_\_

**Alternate name(s)** (if applicable): \_\_\_\_\_

**Date of Birth** (dd/mm/yy): \_\_\_\_\_

**9.**

<b>a. Phone number(s) where young person can be reached:</b>	<b>b. What kind of phone number is this?</b> (personal, phone number of a shelter, worker, drop-in, friend, relative, etc)	<b>c. In addition to calling, can we text this number?</b> (Yes/No/NA)
i.		
ii.		

**Note to referral sources:** If the young person is deemed an appropriate referral, we request that you make it known to the young person that you are available to speak with them to debrief after the baseline interview, if necessary. Also, if the person you refer to our study is randomized to the housing and support services group, your contact information will be shared with their new service team so that you can be contacted you if they require any additional information.

*Information for service team*

**10. Current living situation, including address or name of residence, if applicable** (e.g. housed, shelter, 'sleeping rough', couch surfing, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**11. Are they currently in school or a training program?**

Yes  No

\_\_\_\_\_  
\_\_\_\_\_



**12. Are they currently employed?**

Yes  No

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**13. In your view, will they need support around substance use?**

Yes  No

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**14. In your view, will they need support around their physical health?**

Yes  No

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**15. In your view, will they need support around their mental health?**

Yes  No

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**16. In your view, will they need support with legal issues?**

Yes  No

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**17. Please provide any further information you think would be helpful**

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**18. How did you hear about the Making the Shift Project and/or Free 2 Be Program?**

- Presentation by Free 2 Be staff
- From a client
- From a colleague
- Social Media
- Poster, post card, or other promotional materials
- Other: \_\_\_\_\_