

## Photovoice Workshop Service Request & Referral Office of Diversity and Equity



All of this information is completely  ${\bf confidential}$  and is used to support consumers as they receive services from the County of San Mateo.

	Date:	For administrat	tive	use: CID
1. I would like assistance connecting with the following resources (Select all that apply)				
	Cultural/Non-traditional Care Emergency/Protective Service Employment and/or Job Training Food Housing/Shelter Health Insurance Immigration Services and Informati Legal or Mediation Services LGBTQ+ Healthcare Services	on		LGBTQ+ Community Spaces Mental Health/Counseling services Medical Care Parenting Resources and Classes Substance Use Counseling Transportation Other
	be referred to resources, please sha me:	•		ow:
2.	<ol><li>I attempted to use the services that I learned about in a storytelling workshop (Photovoice/Digital Storytelling)</li></ol>			
	Yes	□ No		☐ Not applicable
	Do you know anyone you would like			
INA	me:	Contact informatic	)n: _	
	☐ I can read and understand Englisunderstand every question and instevaluation form.			☐ At my request, a preparer helped me complete this evaluation. The name of the preparer who helped me is: