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

Date: ____________________  For administrative 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 Information
   - Legal or Mediation Services
   - LGBTQ+ Healthcare Services
   - LGBTQ+ Community Spaces
   - Mental Health/Counseling services
   - Medical Care
   - Parenting Resources and Classes
   - Substance Use Counseling
   - Transportation
   - Other ________________

To be referred to resources, please share your information below:
Name: ____________________  Contact information: ____________________

2. I attempted to use the services that I learned about in a storytelling workshop (Photovoice/Digital Storytelling)
   - Yes
   - No
   - Not applicable

3. Do you know anyone you would like to refer to participate in a Storytelling workshop?
Name: ____________________  Contact information: ____________________

☐ I can read and understand English and understand every question and instruction on this evaluation form.

☐ At my request, a preparer helped me complete this evaluation. The name of the preparer who helped me is: ____________________