**YMCA Employment Programs Referral Form**

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| --- | --- |
| **Participant Information** | **Referral Agency Information** |
| **First Name:** Click here to enter text. | **Agency Name:** Click here to enter text. |
| **Last Name:** Click here to enter text. | **Agency Contact Name:** Click here to enter text. |
| **Main Phone Number:** Click here to enter text. | **Position Title:** Click here to enter text. |
| **Cell Number:** Click here to enter text. | **Phone Number:** Click here to enter text. |
| **Email:** Click here to enter text. | **Email:** Click here to enter text. |
| **Address:** Click here to enter text. | **Address:** Click here to enter text. |

**Eligibility Requirements:**

[ ]  15 to 29 years old (youth services)

[ ]  30+ years old (adult services)

[ ]  A resident of Ontario

[ ]  Eligible to work in Canada

[ ]  Unemployed, underemployed, or working part-time

[ ]  Student intending to return to high school or access postsecondary education

**Barriers to Employment Opportunities (check all that apply)**

[ ] Aboriginal

[ ]  Self-identifies as a person with a disability (as per AODA and OHRC)

[ ]  Less than 20 years of age

[ ]  Grade 12 education or less

[ ]  Recent immigrant (less than 5 years)

[ ]  Lack of English/French proficiency

[ ]  Low level of proficiency in Essential Skills (reading, writing, numeracy, etc.)

[ ]  No work experience or very limited work experience

[ ]  Living conditions (check all that apply):

[ ]  Low income household [ ]  Unstable housing [ ]  Lacks family support [ ]  Single parent

[ ]  Lives alone with no income [ ]  Identifies source of income as social assistance (OW, ODSP)

[ ]  School Factors (check all that apply):

[ ]  Failing courses [ ]  Skipping classes/frequent absences [ ]  Being bullied/harassed

[ ]  Feeling of not belonging at school

[ ]  Affected by (check all that apply):

[ ]  Discrimination based on race, sexual orientation, religion, etc. [ ]  Addiction issues

[ ]  Involvement with the justice system [ ]  Involvement with the child welfare system

[ ]  Other: Click here to enter text.