|  |  |
| --- | --- |
| **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. |



**YMCA Employment Services - Agency Referral Form**

**Eligibility Requirements:**

[x]  15 to 29 years old (youth services)

[ ]  30+ years (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 post-secondary education

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

[ ]  Indigenous Person

[ ]  Person with Disability

[ ]  Recent Immigrant (in Canada less than 5 years)

[ ]  Education Level Attained (less than Grade 12)

[ ]  School Factors (failing, skipping, being bullied, feelings of not belonging)

[ ]  Essential Skills including Literacy (reading, writing, document use, numeracy, computer use, etc.)

[ ]  Limited Work Experience (none, not in last 6 months, not in Canada)

[ ]  Family/Household Circumstances (low income, lacks parental support)

[ ]  Mental Health

[ ]  Hardship based on Life Circumstances (addiction issues, involvement with the justice system, etc.)

[ ]  Homeless and Housing

[ ]  Leaving Care of Child Welfare

[ ]  Discrimination based on Social Identity (racialization, homophobia, other discrimination)

[ ]  Lone Parent

[ ]  Source of Income

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_