|  |  |
| --- | --- |
| **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:**

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_