YOUTH EMPLOYMENT PATHWAYS REFERRAL FORM

Fax Number: **(705) 476-9302**
Email:

PART A - PARTICIPANT INFORMATION

Name	Date	Date of Birth (yyyy-mm-dd)

Address Phone Number

PART B - PROGRAM ASSISTANCE

Client is looking for:

☐ Part-Time Work ☐ Full-Time Work ☐ Education ☐ Other: _____

Assistance Required:

- ☐ Housing
- ☐ Trusteeship
- ☐ Individualized Marketing
- ☐ Assistance with attending court hearings
- ☐ Looking for pardon
- ☐ Require addiction support and/or referrals
- ☐ Homeless, Risk of Homeless or Housing Crisis Imminent
- ☐ Victim of Domestic Violence/Abuse/Human Trafficking
- ☐ Currently in or seeking Counselling
- ☐ Lacks nutrition
- ☐ Other: _____
- ☐ Require budgeting assistance
- ☐ Require assistance completing taxes
- ☐ Does not have a bank account
- ☐ No pieces of I.D.
- ☐ Does not know SIN
- ☐ Lacks employability skills
- ☐ Require assistance with transportation

Health Care

- ☐ Needs Family Doctor
- ☐ Needs Dentist Needs
- ☐ Optometrist

PART C - FURTHER CLIENT INFORMATION

Highest Level of Education Completed: _____ Source of Income: _____

- ☐ Indigenous

Person with Disability:

- ☐ Any degree of physical disability
- ☐ A learning disability
- ☐ A mental disorder (ie; anxiety/depression)

- ☐ A Recent Immigrant (Living in Canada less than 5 months)
- ☐ Recently moved to the area
- ☐ Lack of work experience (or hasn't worked in last 6 months)

Family/Household Circumstances:

- ☐ Lives in low income household
- ☐ Lacks family/parental support (financial or emotional)

- ☐ Leaving Care of Child Welfare
- ☐ Discrimination Based on Social Identity (LGBTTQ+, race, religion, etc.)
- ☐ Lone Parent / Primary Caregiver of Household

Consent:

I/we authorize the release of all relevant information regarding this referral to ***Yes Employment Services.***

Referring Agency Name	Contact Person	Contact Number	Email Address

I, _____ (client name), authorize _____ (referral agency) to share my information with Yes Employment Services.

Client Signature: _____ Date: _____

Referring Agency Signature: _____ Date: _____

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Additional Comments:

Counsellor Signature: _____