

www.uhc.ca uhc@uhc.ca

YOUTH JOB CONNECT (YJC)

PARTICIPANT REFERRAL

Windsor Location

6955 Cantelon Drive Windsor ON N8T 3J9 Phone: (519) 944-4900 Fax: (519) 944-9184

Belle River Location

612 Notre Dame Street Belle River ON NOR 1A0 Phone: (519) 944-4900 Fax: (519) 728-9055

PLEASE FAX COMPLETED & SIGNED FORM TO EITHER OF THE UNEMPLOYED HELP CENTRE LISTED ABOVE Date of Referral (dd-mm-yyyy): REFERRING AGENCY/ORGANIZATION INFORMATION Name of Referring Agency/Organization: **Contact Person:** Signature: Phone: Email: PARTICIPANT INFORMATION Participant Name: ☐ Male ☐ Female ☐ Undisclosed Gender: Date of Birth (dd-mm-yyyy): Street Address: Postal Code: City: Cell Phone: Home Phone: Email: **ELIGIBILITY AND SUITIBILITY** The YJC program will serve youth aged 15 to 29 who experience multiple and/or Suitability Indicators complex barriers to employment by providing more intensive supports beyond Participants must possess, on average, 2 to 4 of the suitability indicators. traditional job search and placement opportunities. These include: Aboriginal Person • Paid pre-employment training to promote job-readiness; Person with Disability, Mental Impairment/Disorder, Learning Disability Job matching and paid job placements, with placement supports for • Age <20 participants and hiring incentives for employers; Recent immigrant (<5 years) Mentorship services; and Education level attained (<=Grade 12) Education and work transitions supports. English/French Language proficiency (documented evidence) Eligibility • Essential Skills including literacy (documented evidence or assessment of low level proficiency in one Individuals must be: or more of the nine essential skills) 15 to 29 years old at time of registration • Work experience (no experience or none in the last six months) A resident of Ontario · Family/Household Circumstances (i.e. low income, lacks family support, primary caregiver, lives alone Eligible to work in Canada with low income) Unemployed* • Socially Marginalized (Homelessness/lack of stable residence, youth that have experienced racism, Not participating in full-time training or education* homophobia, religious or other form of discrimination) *Individuals who are employed or in training/education may be considered based • Addictions issues, criminalized or involvement with the justice system, in or leaving care of child upon further assessment welfare system, other forms of discrimination or hardship • Source of Income (Crown Ward, OW, ODSP, dependent of EI/OW/ODSP, no income) CONSENT FOR RELEASE OF INFORMATION IN ACCORDANCE WITH THE FREEDOM OF INFORMAITON AND PROTECTION PRIVACT ACT __ do hereby authorize _____ Participant Name Name of Referring Agency/Organization to share and/or release any information/documents pertaining to my intake, approval or participation in the Youth Job Connection (YJC) program with the Unemployed Help Centre of Windsor Inc. I also hereby authorize the Unemployed Help Centre of Windsor Inc. to share and/or release information/documents with respect to my participation in the YJC program with the above-named referring agency/organization. This consent is given for the stated purpose and for no other purpose without my express written consent. I understand that I may change or cancel this authorization at any time, except for such action as has already been taken. **Participant Signature**