



360°kids Employment Programs Referral Form

Please complete and submit this form:
via email to employmentprograms@360kids.ca
via fax to (905)475-5733

Date of Referral: _____

Please indicate which 360°kids Employment Program this referral is for:

- B4S Base 4 Success EBM Every Bite Matters STEP Success Through Employment Program
 YJC Youth Job Connection Youth Job Connection Summer Uncertain

Please Select: Self Referred Referred by Agency

Agency Support Details: Agency Name _____

Name of Referrer: _____

Email: _____ Phone: _____

Youth Name _____

Email: _____

Age: _____ DOB: _____

Address: _____

Postal Code: _____

Home Phone: _____ Cell Phone _____

To determine eligibility within our various employment programs, please provide us with the following information (please check one):

Is the youth between the ages of 15 and 30? YES NO

Does the youth have a valid Social Insurance Number (SIN)? YES NO

Has the youth received Employment Insurance (EI) in the last 5 years? YES NO

Is the youth currently working? YES NO

If yes, would the employment be? FT PT Temp Casual Sporadic Relief Seasonal

Is the youth currently enrolled in school? YES NO

If yes, is it: Secondary Post-secondary and Full-time Part-time

Is the youth legally eligible to work in Canada? YES NO

Does the youth have concerns about their mental health? YES NO Not disclosed

Is the youth currently accessing 360°kids services? Yes No

If yes, which ones? _____

Please CHECK all relevant indicators and provide explanation (s) as applicable below:

- | | | |
|---|---|---|
| <input type="checkbox"/> Age (under 20 years) | <input type="checkbox"/> Legal issues/ police record | <input type="checkbox"/> Identifies as aboriginal or visible minority |
| <input type="checkbox"/> Absenteeism | <input type="checkbox"/> Low education level attained | <input type="checkbox"/> Little or no work experience |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Socially marginalized | <input type="checkbox"/> Recent immigrant (<5 years) |
| <input type="checkbox"/> LGBTQQIP2SA | <input type="checkbox"/> Addictions | <input type="checkbox"/> Single parent family |
| <input type="checkbox"/> Language barrier | <input type="checkbox"/> Little or no family support | <input type="checkbox"/> Identifies as a person with disability |
| <input type="checkbox"/> Experiencing or has experienced bullying | | |

Provide an explanation about the youth's background, current living/working situation and why you believe they may be a good fit for 360°kids' employment program (please type/write in the space provided)

Does the youth require financial support with transportation and/or childcare costs in order to successfully participate in an employment program?

YES NO Not disclosed

Are you aware of accommodations that will be necessary to ensure the youth's success in a classroom and/or work environment? If yes, please type/write in the space provided.

YES NO Not disclosed

A member of the 360°kids employment team will reach out to the youth directly within 3 business days of receiving your referral. Thank you.