

**Operation Come Home- Employment Program
 EXTERNAL REFERRAL FORM**

Client Info:

Client Name: _____ Date of Referral: _____

Primary Number: _____ Secondary Number: _____

Email: _____ Preferred method of contact: Phone Email

Referring Agency:

Organization Name: _____ Program: _____

Staff name: _____ Number: _____

Fax: _____ Email: _____

Referral to:

Organization: Operation Come Home Program/Service: Youth Workforce Initiative (YWI)

Staff Name: Lindsay Pritchard, Employment Support Staff Number: 613-230-4663

Fax: 613-230-8223 Email: Lindsay@operationcomehome.ca

Included in Referral:

Resume Cover Letter Previous Intake Form(s) Other: _____

Please check off if the client meets the following basic criteria:

- Between the ages of 16-29
- Legally allowed to work in Canada (has a Social Insurance Number)
- Canadian Citizen, Permanent Resident, or a person granted refugee status in Canada
- NOT** in receipt of Employment Insurance (EI) Benefits
- In need of assistance to overcome employment barriers, which may be impacted by, but are not limited to:
 - High school non-completion
 - Disability (Mental Health, Addiction, Physical Limitation, Learning Disability etc.)
 - Indigenous origin
 - Lone (single) parent
 - Identify with a minority group (eg: Visible/Ethnic/Gender/Sexual minority)
 - Language barriers (eg: English as a second language)
 - Recent immigrant
 - Other

Additional Comments:
