

# EVA'S PHOENIX'S INITIAL CONTACT FORM FOR THE YOUTH SUCCEEDING IN EMPLOYMENT PROGRAM



11 Ordance Street, Toronto, ON M6K 1A1

Telephone: (416) 364-4716 ext 248 Fax: (416) 364-2985

This form is the first step to getting more info about the Youth Succeeding in Employment Program @ Eva's Phoenix. Once completed, the Employment Intake/Follow up Worker will call you to book a time to be assessed on site. You must bring a S.I.N. Card, work permit (where required) and proof of age.

Referring Worker:	Agency:
Telephone and Ext. #:	E-mail:
How long have you been working with this individual?	Fax:

Name:	
Date:	
Contact Number:	
Can we reach you and leave messages on this number?	

<b><u>Date of Birth (must be between the age of 15 and 30)</u></b>		Have you previously been involved in an Eva's Phoenix Employment program? If yes, when?	
Are you registered for or in school full-time (yes or no)?		Do you require daycare?	
Are you employed full-time?		Are you available full-time hours Mon-Fri?	
Do you live in the city of Toronto?		Are you currently a Social Assistance Recipient?	
Closest major intersection:		Social Insurance Number:	
Are you receiving Employment Insurance?		Does SIN # start with "9"? *copy valid work permit	

**Are you currently involved in training and/or another employment program (please explain and give location of program)?**

\_\_\_\_\_

**What do you think is preventing you from finding and keeping a job?**

\_\_\_\_\_

**If you didn't get into the Youth Succeeding in Employment Program, what else would you do?**

\_\_\_\_\_

**Are you registered at an Employment Resource Centre? \_\_\_\_\_ If yes, which one? \_\_\_\_\_**

### RELEASE OF INFORMATION – EVA'S PHOENIX

I, \_\_\_\_\_, hereby permit any exchange of information deemed appropriate between Youth Succeeding in Employment Program, Eva's Phoenix and:

\_\_\_\_\_

in order to support my participation in the YSEP program. I understand that the information exchanged will be used for my benefit and handled in a discreet and confidential manner.

Applicant: \_\_\_\_\_ Counsellor: \_\_\_\_\_ Date: \_\_\_\_\_