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# CENTRALIZED EMPLOYMENT SUPPORT PROGRAM

## Referral Form



**JUMPSTART**



### HOW IT ALL WORKS

**Step 1:** Start the referral process by filling out the other side of this sheet.

**Step 2:** Fax it off to the Centralized Employment Support Program (CESP).

**Step 3:** You'll receive a call back or response from the Program Coordinator to arrange a meeting

**Step 4:** Meet with the Program Coordinator and Program Team Lead to complete intake and start CESP!

### OVERVIEW

The Centralized Employment Support Program (CESP) is based on an Employment First approach. Similar to Housing First, Employment First's core set of principles supports youth in accessing rapid employment opportunities with little employment readiness requirements. CESP recognizes that employment is a basic human right and is needed to live a healthy life.

To access CESP services, youth must be:

- Between 16 and 29 years of age (inclusive)
- A Canadian citizen, permanent resident, or person who has been granted refugee status in Canada under the Immigration and Refugee Protection Act
- Legally entitled to work according to the relevant provincial legislation and regulations
- Not in receipt of Employment Insurance (EI) benefits

Youth accepted into CESP will work with an Employment Support Worker to develop and engage in individual supports that promote self-efficacy and meaningful employment. CESP offers youth unique and comprehensive trainings / education supports, pre-employment, supported employment, and competitive employment opportunities. CESP strives to prepare and empower young people to not only secure meaningful employment but deal successfully with life challenges and barriers they face.

**Contact Centralized Employment Support Program with any questions:**

**Phone:** (709) 699-2840 | **Fax:** (709) 726-3125



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### REFERRAL INFORMATION

Referring Agency: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

### ABOUT YOU

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Birthday: \_\_\_\_\_ Age: \_\_\_\_\_  
Have you ever applied to Choices for Youth or been involved in Choices' programs in the past?  
 Yes  No If yes, which program? \_\_\_\_\_

### EDUCATION | EMPLOYMENT | VOLUNTEER INFORMATION

Have you completed high school?  Yes  No  
If no, what is your last grade completed? \_\_\_\_\_  
Are you willing / interested to enter a GED program?  Yes  No  
Have you ever worked?  Yes  No  
If yes, where did you work and for how long? \_\_\_\_\_

### INCOME | RELEASE OF INFORMATION

Are you currently receiving (please check all that apply):  
 Income Support / AES  Employment Income  
 Youth Services  Not receiving any financial support  
What is your current monthly income? \_\_\_\_\_  
It is ok for information to be exchanged between the referring worker / agency and Choices for Youth as it pertains to this application to the Centralized Employment Support Program. I understand the information will be exchanged in confidential manner.  
Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Referring Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_