Olympic Peninsula YMCA Basic Needs Voucher Program

Employment Support Program Overview

The Olympic Peninsula YMCA's Employment Support Program removes barriers to gainful employment by providing the resources you may need to obtain a good job — including tuition for short-term training programs, transportation assistance, childcare assistance, and basic needs funds.

The Basic Needs Voucher Program is available to Olympic Connect clients who:

- Are currently between the ages of 25–54
- Live and are actively seeking a good job in Clallam or Jefferson County
- Are currently unemployed or underemployed (making less than $26/hour and/or not working full-time/receiving employer benefits)

Funds are limited, and applications are processed on a first-come, first-served basis. Form

Instructions:

Please complete all sections before submission. Incomplete forms may delay processing.

CBWs: Please upload completed document and save in the attachments section of the client profile. Send the electronic referral to Olympic Peninsula YMCA via Connect 2 Coordinator. Please attach any relevant documents regarding client's basic needs, e.g. an estimate from an auto repair shop, or quoted price for new tires.

Email questions to basicneedsv@olympicpeninsulaymca.org

Thank you!

Olympic Peninsula YMCA Basic Needs Voucher Program

Olympic Connect Employment Support Program

Applicant Information

Client's Name: _____ Client ID #: _____

Client Phone #: _____ Client Email Address: _____

Community-Based Worker's Name: _____

CBW Email: _____ CBW Phone: _____

Requested Assistance (check all that apply)

☐ **Transportation assistance**

☐ **Auto repair help**

☐ **Laundry voucher**

☐ **Laundry soap**

☐ **Shower tokens**

☐ **Personal hygiene items**

☐ **Other (please describe): _____**

Brief Description of Need

_____

Businesses & Facilities

What businesses or facilities have you already contacted? E.g. Do you have estimates for auto repairs?

☐ **Facility Name & Phone # _____**

☐ **Facility Name & Phone # _____**

☐ **Facility Name & Phone # _____**

What businesses or facilities are you planning to contact? E.g. Who are you planning to reach out to for auto repairs? Where would you like to take showers? Please work with your CBW for possible facilities.

☐ Facility Name & Phone # _____

☐ Facility Name & Phone # _____

☐ Facility Name & Phone # _____

Consent & Verification

By signing below, I confirm that:

- I am between 25–54 years old and live in Clallam or Jefferson County.
- I am currently unemployed or underemployed (earning less than $26/hour or not full-time with benefits).
- I understand the YMCA may verify information with basic needs providers or other relevant agencies.
- Processing may take up to 2–3 weeks; delays may occur depending on circumstances.
- Vouchers are limited to a single 6-month period.
- I commit to seeking and securing employment during this period.
- I may request reasonable accommodations if I have a disability or need assistance completing this application.

Client's Printed Name: _____Signature: _____ Date: _____

CBW's Name: _____ Signature: _____ Date: _____

Thank you for applying!

CBWs: Please upload completed document and save in the attachments section of the client profile. Send the electronic referral to Olympic Peninsula YMCA via Connect 2 Coordinator.

Please attach any relevant documents regarding client's basic needs, e.g. an estimate from an auto repair shop, or quoted price for new tires.

Submit Questions by Email: basicneedsv@olympicpeninsulaymca.org

Decision Timeline

Applications are reviewed within 7–10 business days. You will be contacted once a decision is made.

YMCA Staff Use Only

Date Received: _____

Staff Reviewer: _____

Type of Vouchers / Items Issued: _____

Notes: _____

Approval Signature / Date: _____

Status: ☐ **Approved** ☐ **Denied** ☐ **Pending**