



## Employment Support Program Overview

The Olympic Peninsula YMCA’s **Employment Support Program** helps people overcome barriers to **employment**. The program provides support that may help you get or keep a **full-time job**. This support includes help with basic needs like transportation, childcare and hygiene.

Basic Needs Vouchers are available to applicants who meet **ALL** five requirements below:

1	Be between 25 and 54 years of age
2	Be currently unemployed or underemployed (earning less than \$26 per hour, working part-time or without employer benefits)
3	Looking for a full-time job in Clallam or Jefferson County that pays at least \$26 per hour with employer benefits
4	Live in Clallam or Jefferson County
5	Able to reasonably get the job in #3 within six-months

Payment of Basic Needs Vouchers:

- Vouchers are paid directly to approved partner vendors for the client.
- Funds will not be provided directly to the client.
- The YMCA cannot reimburse clients for purchases made with their own money.
- Vouchers may only be used for expenses related to getting or keeping a full-time job.
- Funds are limited. Applications are reviewed & processed in the order they are received.
- Voucher payments are reviewed and approved by the YMCA Voucher Coordinator.

Instructions:

Please complete all sections of the application. Missing information may delay processing.

Email questions to [j.eksteen@olympicpeninsulaymca.org](mailto:j.eksteen@olympicpeninsulaymca.org)

Thank you!

### For Community Based Worker only:

1. In C2C, send a new referral to: “Employment Support Program – Basic Needs Voucher Program”
2. Click on Case ID number for Basic Needs Voucher Referral.
3. Scroll down to the “Attachments” section
4. Upload a PDF of the completed application to the Attachments section of the client case
5. Attach any documents that support the client’s request, for example: an auto repair estimate (PDFs only)



# Olympic Peninsula YMCA – Basic Needs Voucher Program

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## Olympic Connect Employment Support Program

### Applicant Information

Client Name: \_\_\_\_\_ Client ID #: \_\_\_\_\_

Client Phone #: \_\_\_\_\_ Client Email Address: \_\_\_\_\_

Community-Based Worker Name: \_\_\_\_\_ CBW Org.: \_\_\_\_\_

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

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### 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?

Facility Name & Phone # \_\_\_\_\_

Facility Name & Phone # \_\_\_\_\_

Facility Name & Phone # \_\_\_\_\_



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## Jobs and Training

What kind of job(s) will you be applying for?

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Are you currently enrolled in any training program? If 'Yes' please give more details.

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Have you completed any training courses or certifications that may help you with your job search?

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## Consent & Verification

By signing below, I confirm that:

- I am currently unemployed or underemployed (earning less than \$26 per hour, working part-time or without employer benefits).
- I commit to looking for a full-time job in Clallam or Jefferson County that pays at least \$26 per hour with employer benefits over the next 6 months.
- I am between 25 and 54 years of age and live in Clallam or Jefferson County.
- Vouchers are limited to a single 6-month period.
- I understand the YMCA may verify information with basic needs providers or other relevant agencies.
- Processing normally takes 7-10 business days; delays may occur depending on circumstances. You will be contacted once a decision is made.
- I may request reasonable accommodations if I have a disability or need assistance completing this application.

By typing my name below, I understand and agree that this form of electronic signature has the same effect as a manual signature.

Client's Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By typing my name below, I understand and agree that this form of electronic signature has the same effect as a manual signature.

CBW's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for applying!**

Email questions to: [j.eksteen@olympicpeninsulaymca.org](mailto:j.eksteen@olympicpeninsulaymca.org)

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