Olympic Peninsula YMCA – Basic Needs Voucher Program

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 may only be used for expenses directly related to employment goals.
- 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.
- 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

Thank you!

For Community Based Worker only:

1) In C2C, send a new referral to: "Employment Support Program – Basic Needs Voucher Program."
2) Send a C2C message, with the completed application form and any supporting documents attached, to Kobus Eksteen and Anne Dean.
3) Please attach any documents that support the client's request, for example: an auto repair estimate.
4) In the referral, click the arrow on the left side to expand it.
5) Then select "Complete Application Process" and click on "Complete."

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Olympic Connect Employment Support Program

For Community Based Worker only:

CBW Name: _____ CBW Org.: _____ Client ID #: _____

CBW Email: _____ CBW Phone #: _____

Applicant Information

Full Name: _____ Current Age: _____

Phone #: _____ Email Address: _____

Current Home Address: _____

Employment Goals

Describe your current employment goals.

_____

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

_____

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

_____

Describe the help needed to reach your employment goals.

_____

Requested Assistance (check all that apply)

- ☐ Transportation assistance
- ☐ Auto repair (vehicle must be registered to applicant's name)
- ☐ Vehicle registration
- ☐ Automobile insurance
- ☐ Identification (birth certificate, driver's license, state ID)
- ☐ Employment documents (background checks, fingerprinting, notaries)
- ☐ Communication and connectivity
- ☐ Protective clothing or equipment
- ☐ Interview clothing or uniforms
- ☐ Laundry tokens
- ☐ Laundry supplies
- ☐ Shower tokens
- ☐ Personal hygiene items
- ☐ Other (please describe): _____

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 # _____**

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