

Agency Direct Referral Application Sign Off

Please complete all information on both pages and email to apply@youthreach.ca

Participant Information:

First Name _____

Last Name _____

Gender: Male Female Date of Birth _____ Phone _____
(dd/mm/yyyy)

Address _____

City _____ Postal Code _____

Parent/Guardian/Adult Information:

First Name _____

Last Name _____

Relationship to Child _____ Email _____

Number of Adults in the Home _____ Number of Children/Youth in the Home _____

Address (if different from above) _____

City _____ Postal Code _____

Phone _____
Home Work Cell

Program Information (ALL information must be provided):

Program _____

Organization/Club _____

Contact _____ Email _____

Club Mailing Address _____

City _____ Postal Code _____ Phone _____

Program start date _____ Program end date _____
(dd/mm/yyyy) (dd/mm/yyyy)

Registration Fee \$ _____

Discount from Organization/Club \$ _____

Amount requested from YouthReach \$ _____
(typical grants are \$300.00 per participant annually)

If possible attach a photo or scan of program provider's registration form with this application so payment can be linked to your child's registration fees.

Agency Referral/Endorsement:

The Agency representative endorsing this form with their signature acts as an objective third party who is familiar with the family, can confirm specifics regarding the participant, the program and is in a professional position to assess financial barriers facing the family based on current documents on file at your organization.

Name _____

Organization _____

Position _____

Email _____ Phone _____

Income:

Please sign and date one of the following two selections to verify that the applicant's total household income is \$50,000 per year or lower:

- 1.) My organization has one (1) of the following Government or Proof of Income documents on file related to YouthReach Funding of participants living in the household facing financial challenges:
- Income Tax – Notice of Assessment, for all family members over the age of 18 (living in the household)
 - ODSP Statement
 - Ontario Works Statement
 - Old Age Security & CPP Statement

Signature _____ Date _____

- 2.) Based on recent discussions with the applicant(s) to YouthReach regarding financial challenges facing their household I can confidently endorse this application knowing there is a legitimate need for support and the participant will not be able to participate in the program outlined in this application without the financial support of YouthReach.

Signature _____ Date _____

- In consideration for any funding or other services provided by YouthReach, the parent or guardian of the participant is aware of the registered activity and supports this application for funding. They hereby release YouthReach from all claims that they or their child may have with respect to the activity that funded by YouthReach. By submitting this application, I voluntarily agree with this statement in its entirety. The parent or guardian also agrees to future inquiries from YouthReach regarding the success of their child's experience in order to track success stories and positively impact fundraising efforts.