Youth Services

Name of Local Area: *Niagara*

Name of Organization Providing Youth Services *(Provide name of organization)*	**Phone Number**	**Type of Agreement** *(Select from the 3 options in the drop-down menu)*	**Youth & Young Adult Recruitment**	**Case Management/Pathways Coaching**	**Intake & Eligibility**	**Data Entry in Case Managemet System**	**Objective Assessments**	**Individual Service Strategy**	**Tutoring/ Study Skills**	**Alternative Sec. School**	**Occupational Skills Training**	**Work Experience**	**Edu. Offered Concurrently with Work Experience**	**Leadership Development**	**Supportive Services**	**Adult Mentoring**	**Comp. Guidance/ Counseling**	**Financial Literacy**	**Enterpreneurial Skills**	**Labor Market Information**	**Postsecondary prep./transition**	**Follow-Up**
			Please review the program elements listed above and mark "O" for Out-of-School Youth (OSY), "I" for In-School Youth (ISY) or "Both" for both ISY and OSY for all program elements provided by the organization(s).																			
Niagara County Employment & Training Department	(716) 278-8148	MOA	MOA	MOA	Both	Both	Both	Both	Both	O	O	Both	O	Both	Both	Both	Both	Both	Both	Both	Both	Both