



Financial Mentoring Referral Application

NOTE: Please be certain that the applicant you are referring possesses a positive attitude, a responsible and reliable nature, and willingness to set and achieve goals that is required for a successful Financial Mentoring candidate. Client must be employed 30+ hrs, be a High School graduate or earned GED, proficient in English, possess computer competency skills, have reliable transportation and be willing to meet twice monthly. Upon completion, please return via email to: mmiles@britepaths.org or fax: 703-273-7131.

Applicant's First and Last Names: _____

Referral Date: _____

Applicant's Address:

Line 1: _____

Line 2: _____

City: _____

Zip Code: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Race and Ethnic Background <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other/Not Reported <input type="checkbox"/> Multiracial <input type="checkbox"/> Native Hawaiian & Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native			Head of Household <input type="checkbox"/> Female <input type="checkbox"/> Male
Client Receives: TANF Section 8 SSI Disability SNAP Other Assistance				Health Insurance	
<input type="checkbox"/> Yes <input type="checkbox"/> Yes		\$ \$ \$		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Housing Type

- Rent
- Own
- Homeless
- Other

Family Type

- Single Parent Female
- Single Parent Male
- Two-Parent Household
- Two Adults/No Children
- Other

Education Level (For adults 24 years or older)

- 0-8
- 9-12 Non-Graduates
- High School Graduate/GED
- 12 + Some Post-Secondary
- 2 or 4 years College Graduate

Occupation of Applicant: _____ Place of Employment: _____

Monthly Income: _____ How many hours per week is applicant working? _____

Please describe here any advanced training or higher degree completed by applicant (i.e. technical school, community college, 4 year college/university).

Income Level: (Check one) Extremely Low Income Low Income Very Low Income Exceeds Income

Household Size	Extremely Low Income	Very Low Income	Low Income
1	\$26,500	\$44,100	\$55,750
2	\$30,250	\$50,400	\$63,700
3	\$34,050	\$56,700	\$71,650
4	\$37,800	\$63,000	\$79,600
5	\$40,850	\$68,050	\$86,000
6	\$43,850	\$73,100	\$92,350
7	\$46,900	\$78,150	\$98,750
8+	\$49,900	\$83,200	\$105,100

Is English the applicant's first language? Yes No

If no, what is her primary language? _____

Please rate her level of English proficiency (circle one):

1 2 3 4 5
Low Moderate High

Does the applicant have reliable transportation? Yes No

Does the applicant have reliable childcare if required in order to meet with financial mentor and/or attend seminars at Britepaths office? Yes No

Does the applicant have computer/Internet access: Always Sometimes Rarely

Does the applicant possess enough computer knowledge in order to receive and send emails in a timely fashion and to complete Internet searches if need be? Yes No

Please answer as thoroughly as possible the following 3 questions:

1. Why do you think this applicant is a good candidate for Financial Mentoring?

2. Why do you believe the candidate has the willingness to make and meet goals to achieve financial stability and job growth?

3. Do you think the applicant will show responsibility and reliability necessary to meet with her Financial Mentor twice monthly and is motivated to develop financial goals?

Additional Household Member Information:

#	Family Member Name	Birth Date	Sex	Relationship	Additional information
1	First: Last (If different)		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Child <input type="checkbox"/> Non-Relative	
2	First: Last (If different)		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Child <input type="checkbox"/> Non-Relative	
3	First: Last (If different)		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Child <input type="checkbox"/> Non-Relative	
4	First: Last (If different)		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Child <input type="checkbox"/> Non-Relative	
5	First: Last (If different)		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Child <input type="checkbox"/> Non-Relative	
6	First: Last (If different)		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Child <input type="checkbox"/> Non-Relative	

Referring Agency (please write clearly):

CSP DFS HS NVFS Other: _____

I hereby give consent to Britepaths to transport my records off-site and to store and to use my data for statistical purposes while maintaining my personal information confidential. I understand that this information may be shared with third party organizations solely for the purposes of improving program services and understanding statistical trends. We do not sell, trade, or rent any of this information. Please see our full privacy statement at: <https://britepaths.org/privacy>. I agree to complete a post survey interview 90 days after receiving this free education.

ALL INFORMATION WILL REMAIN CONFIDENTIAL

Name of Social Worker: _____

Email: _____

Phone #: _____