

Britepaths Project BRIDGE 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 are required to be a successful Project BRIDGE candidate. **Client must be employed 30+ hrs** per week, be a High School graduate or earned GED, proficient in English, possess computer competency skills, and have reliable transportation. Upon completion, please return via email to: jberes@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: _____

<p><u>Marital Status:</u> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed</p>	<p style="text-align: center;"><u>Race and Ethnic Background</u></p> <p> <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 </p>	<p style="text-align: center;"><u>Head of Household</u></p> <p> <input type="checkbox"/> Female <input type="checkbox"/> Male </p>												
<p><u>Client Receives:</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">TANF</td> <td style="width: 15%;">Section 8</td> <td style="width: 20%;">SSI Disability</td> <td style="width: 20%;">SNAP</td> <td style="width: 20%;">Other Assistance</td> <td style="width: 10%;"></td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Yes</td> <td>\$</td> <td>\$</td> <td>\$</td> <td></td> </tr> </table>		TANF	Section 8	SSI Disability	SNAP	Other Assistance		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	\$	\$	\$		<p style="text-align: center;">Health Insurance</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
TANF	Section 8	SSI Disability	SNAP	Other Assistance										
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	\$	\$	\$										
<p>Housing Type</p> <p> <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Other </p>	<p>Family Type</p> <p> <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Two Adults/No Children <input type="checkbox"/> Other </p>	<p>Education Level (For adults 24 years or older)</p> <p> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduates <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12 + Some Post-Secondary <input type="checkbox"/> 2 or 4 years College Graduate </p>												

Occupation of Applicant: _____ **Place of Employment:** _____

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

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

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Additional Household Member Information:

#	Family Member Name	Birth Date	Sex	Relationship	Last 4 digits of SS#
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:

CSP DFS HS NVFS Other: _____

Name of Social Worker: _____

Email: _____

Phone #: _____