

## **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: <a href="mailto:mmiles@britepaths.org">mmiles@britepaths.org</a> or fax: 703-273-7131.

Applicant's First and Last Na	Referral Date:_	Referral Date:				
Applicant's Address:	<u> </u>					
Line 1:						
Line 2:						
City:		Zip Code:				
Phone Number:		-	s:			
			·			
Date of Birth:						
<u>Marital Status</u> :  ☐ Single	Race and	l Ethnic Background ☐ Non-Hispanic	☐ Black/African American	Head of Household		
☐ Married ☐ Separated	□ White	☐ Middle Eastern	☐ Other/Not Reported	☐ Female		
$\square$ Divorced $\square$ Widowed	☐ Multiracial	☐ Native Hawaiian	& Other Pacific Islander	☐ Male		
	☐ Asian	☐ American Indian	or Alaskan Native			
Client Receives: TANF Section 8	SSI Disability	SNAP	Other Assistance	Health Insurance		
$\square$ Yes $\square$ Yes	\$	\$	\$	☐ Yes ☐ No		
				□ No		
Housing Type ☐ Rent	Family Type ☐ Single F	Education Level (For adult		s 24 years or older)		
☐ Own	☐ Own ☐ Single Pa		9-12 Non-Graduate	9-12 Non-Graduates		
<ul><li>☐ Homeless</li><li>☐ Other</li></ul>	☐ Homeless ☐ Two-Par ☐ Other ☐ Two Adv			High School Graduate/GED 2 + Some Post-Secondary		
	☐ Other		☐ 2 or 4 years Colleg			
Occupation of Applicant:	Place of Employment:					
Monthly Income:	How 1	many hours per week i	s applicant working?			
Please describe here any adva 4 year college/university).	nced training or hig	her degree completed l	by applicant (i.e. technical scho	ol, community college,		

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Is Engl	lish the applicant's first language?	Yes No					
	If no, what is her	primary langu	age?				
Please rate her level of English proficiency (circle one):							
		1 2 Low	3 4 Moderate	5 High			
Does th	he applicant have reliable transport	ation? Yes N	lo				
	he applicant have reliable childcare aths office? Yes No	if required in o	rder to meet witl	n financial mentor and/or atte	end seminars at		
Does th	he applicant have computer/Interne	t 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 growth?	has the willing	ness to make and	meet goals to achieve financi	al stability and job		
3.	Do you think the applicant will sh monthly and is motivated to devel	_		necessary to meet with her F	inancial Mentor twice		

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## **Additional Household Member Information:** Sex Relationship **Family Member Name Birth Date Additional information** $\Box$ Female $\Box$ Spouse $\Box$ Relative 1 First: ☐ Child ☐ Non-Relative ☐ Male Last (If different) First: ☐ Female ☐ Spouse ☐ Relative ☐ Child ☐ Non-Relative $\square$ Male Last (If different) $\Box$ Female $\Box$ Spouse $\Box$ Relative First: Last $\square$ Male ☐ Child ☐ Non-Relative (If different) First: $\Box$ Female $\Box$ Spouse $\Box$ Relative ☐ Child ☐ Non-Relative Last $\square$ Male (If different) $\Box$ Female $\Box$ Spouse $\Box$ Relative 5 First: Last $\square$ Male ☐ Child ☐ Non-Relative (If different) First: ☐ Female ☐ Spouse ☐ Relative ☐ Child ☐ Non-Relative Last $\square$ Male (If different) Referring Agency (please write clearly): $\square$ CSP $\square$ DFS $\square$ HS $\square$ NVFS ☐ Other: \_\_\_\_ Name of Social Worker:\_\_

Phone #:

Email: