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**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: Race and Ethnic Background Head of Household**

 **Single Hispanic Non-Hispanic Black/African American**

 **Married Separated White Middle Eastern Other/Not Reported Female**

 **Divorced 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**

##  Yes Yes $ $ $ Yes

## No

##

**Housing Type Family Type Education Level (For adults 24 years or older)**

**Rent Single Parent Female 0-8**

**Own Single Parent Male 9-12 Non-Graduates**

**Homeless Two-Parent Household High School Graduate/GED**

**Other Two Adults/No Children 12 + Some Post-Secondary**

 **Other 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).**

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**Income Level: Extremely Low Income Low Income**

**(Check one)**

 **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: Female Spouse Relative**

 **Last Male Child Non-Relative**

 **(If different)**

 **2 First: Female Spouse Relative**

 **Last Male Child Non-Relative**

 **(If different)**

 **3 First: Female Spouse Relative**

 **Last Male Child Non-Relative**

 **(If different)**

 **4 First: Female Spouse Relative**

 **Last Male Child Non-Relative**

 **(If different)**

 **5 First: Female Spouse Relative**

 **Last Male Child Non-Relative**

 **(If different)**

 **6 First: Female Spouse Relative**

 **Last Male Child Non-Relative**

 **(If different)**

**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 #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**