

Britepaths Project BRIDGE Referral / Application

NOTE: Please be certain that your client (or you) has a high school diploma or GED, is proficient in English, and is willing to work on job search and career development strategy. Please return this form to: jberes@britepaths.org or fax to: 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><u>Head of Household</u> <input type="checkbox"/> Female <input type="checkbox"/> Male</p>
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Client Receives:

TANF	Section 8	SSI Disability	Food Stamps	Other Assistance	Head of Household Has Health Insurance
\$ _____	___ Yes	\$ _____	\$ _____	\$ _____	___ Yes ___ No
Employed? ___ Yes ___ No Income: \$ _____					Other Income (i.e. child support): \$ _____

<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>
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Please list applicant's current (if applicable) and past 2 jobs:

<u>Type of Job</u>	<u>Employer</u>	<u>Dates of Employment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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	\$24,650	\$41,050	\$54,250
2	\$28,150	\$46,900	\$62,000
3	\$31,650	\$52,750	\$69,750
4	\$35,150	\$58,600	\$77,450
5	\$38,000	\$63,300	\$83,650
6	\$40,800	\$68,000	\$89,850
7	\$43,600	\$72,700	\$96,050
8+	\$46,400	\$77,400	\$102,250

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

Is English the applicant's first language? Yes No

If no, what is the primary language? _____

Please rate applicant's 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 computer/Internet access: Always Sometimes Rarely

Please answer the following questions as thoroughly as possible:

What kinds of assistance does the applicant want/need (mark all that apply):

- Help with getting a job
- Help with writing a resume
- Help with interviewing
- Help with the Internet to find a job
- Find training opportunities
- Learn more about my skills and interests

Is the applicant considering job or technical training or going to school to further his/her career? If so, please name the type(s) of training or school the applicant is interested in.

What are the applicant's career goals? (Even if you are uncertain, just write any thoughts that you might have)

What are the challenges/obstacles the applicant has faced in career planning? (Check all that apply)

- Academic/training
 too many interests
 self-esteem/confidence
 physical health issues
 Mental health (e.g. depression, emotional concerns)
 motivation
 no interests
 lack of career information
 Indecisiveness
 Family responsibilities
 Other (please list) _____

Is there any additional information about the applicant that you would like to share that could assist us in this process?

Why do you think this applicant is a good candidate for Project BRIDGE and workforce development assistance?

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 #: _____