**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 is required for a successful Project BRIDGE candidate. Client must be employed 30+ hrs, 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:** **smeyer@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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**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’ offices? 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 Project Bridge?**
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 Project BRIDGE Manager monthly, as well as attend educational and support meetings 4-6 times a year at Britepaths’ office in Fairfax City?**

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**Additional Household Member Information:**

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

 **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:**

 **CSP DFS HS NVFS Other:**

 **Name of Social Worker:**

 **Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**