

# 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: [smever@britepaths.org](mailto:smever@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><b><u>Marital Status:</u></b>  <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;"><b><u>Race and Ethnic Background</u></b></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 &amp; Other Pacific Islander  <input type="checkbox"/> Asian    <input type="checkbox"/> American Indian or Alaskan Native         </p>	<p style="text-align: center;"><b><u>Head of Household</u></b></p> <p> <input type="checkbox"/> Female  <input type="checkbox"/> Male         </p>																		
<p><b><u>Client Receives:</u></b></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: 15%;">SNAP</td> <td style="width: 15%;">Other Assistance</td> <td style="width: 20%;"><b>Health Insurance</b></td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Yes</td> <td>\$</td> <td>\$</td> <td>\$</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> No</td> </tr> </table>			TANF	Section 8	SSI Disability	SNAP	Other Assistance	<b>Health Insurance</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	\$	\$	\$	<input type="checkbox"/> Yes						<input type="checkbox"/> No
TANF	Section 8	SSI Disability	SNAP	Other Assistance	<b>Health Insurance</b>															
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	\$	\$	\$	<input type="checkbox"/> Yes															
					<input type="checkbox"/> No															
<p><b>Housing Type</b></p> <p> <input type="checkbox"/> Rent  <input type="checkbox"/> Own  <input type="checkbox"/> Homeless  <input type="checkbox"/> Other         </p>	<p><b>Family Type</b></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><b>Education Level (For adults 24 years or older)</b></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 here any advanced training or higher degree completed by applicant (i.e. technical school, community college, 4 year college/university).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Britepaths Project BRIDGE Referral Application Page 3

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