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

| Applicant's First and Last Na                                 | t and Last Names: Referral Date:                   |  |                        |  |  |  |
|---|--|--|------------------------|--|--|--|
| Applicant's Address:  |  |  |                        |  |  |  |
| Line 1:   |  |  |                        |  |  |  |
| Line 2:   |  |  |                        |  |  |  |
| City:   |  | Zip Code:  |                        |  |  |  |
| Phone Number:   |  | Email Address:   |                        |  |  |  |
| Date of Birth:  |  |  |                        |  |  |  |
|   |  |  |                        |  |  |  |
| <u>Marital Status</u> :<br>☐ Single                           | Race and ☐ Hispanic                                | Ethnic Background                                      | Head of Household      |  |  |  |
| ☐ Married ☐ Separated   | ☐ White  | ☐ Middle Eastern ☐ Other/Not Reported                  | ☐ Female               |  |  |  |
| ☐ Divorced ☐ Widowed  | ☐ Multiracial                                      | $\square$ 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  Rent Own Homeless Other                         | Family Type  Single P Single P Two-Pa Two Ad Other | es 24 years or older) es atte/GED condary e Graduate   |                        |  |  |  |
| Occupation of Applicant:                                      | Place of Employment:                               |  |                        |  |  |  |
| Monthly Income:   | How 1  | many hours per week is applicant working?              |                        |  |  |  |
| Please describe here any adva-<br>4 year college/university). | nced training or higl                              | her degree completed by applicant (i.e. technical scho | ol, community college, |  |  |  |
|   |  |  |                        |  |  |  |

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| Is Engl | lish the applicant's first langu   | uage? Yes No               |                     |                                |                           |
|---------|--|----------------------------|---------------------|--------------------------------|---------------------------|
|         | If no, wha   | t is her primary lan       | guage?              |                                | <del></del>               |
|         | Please rate  | e her level of Englis      | h proficiency (circ | cle one):                      |                           |
|         |  | 1 2                        | 3 4<br>Moderate     | 5<br>High                      |                           |
| Does th | ne applicant have reliable tra   | insportation? Yes          | No                  |                                |                           |
|         | ne applicant have reliable chi<br>aths' offices? Yes No  | _                          | n order to meet w   | ith financial mentor and/or at | tend seminars at          |
| Does th | ne applicant have computer/I   | Internet access:           | Always              | Sometimes                      | Rarely                    |
|         |  | computer knowledg<br>es No | e in order to recei | ve and send emails in a timely | y fashion and to complete |
|         | Please answe   | er as thorough             | lv as possible      | e the following 3 ques         | tions:                    |
| 1.      | Why do you think this appl   |                            | _                   | _                              |                           |
|         | The second secon | area and an entire         |                     | 2.1.age (                      |                           |
|         |  |                            |                     |                                |                           |
|         |  |                            |                     |                                |                           |
| 2.      | Why do you believe the can growth?   | ndidate has the willi      | ngness to make ar   | nd meet goals to achieve finan | cial stability and job    |
|         |  |                            |                     |                                |                           |
|         |  |                            |                     |                                |                           |
| 3.      | Do you think the applicant   |                            |                     | 4444444                        | T' ' 134 4 4 '            |

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## **Additional Household Member Information:** Sex Relationship **Family Member Name Birth Date** Last 4 digits of SS# 1 First: $\Box$ Female $\Box$ Spouse $\Box$ Relative ☐ Child ☐ Non-Relative Last ☐ Male (If different) First: $\Box$ Female $\Box$ Spouse $\Box$ Relative ☐ Child ☐ Non-Relative $\square$ Male Last (If different) $\Box$ Female $\Box$ Spouse $\Box$ Relative First: ☐ Child ☐ Non-Relative Last ☐ Male (If different) First: $\Box$ Female $\Box$ Spouse $\Box$ Relative ☐ Child ☐ Non-Relative Last $\square$ Male (If different) $\Box$ Female $\Box$ Spouse $\Box$ Relative First: Last $\square$ Male ☐ Child ☐ Non-Relative (If different) First: ☐ Female ☐ Spouse ☐ Relative Last ☐ Male ☐ Child ☐ Non-Relative (If different) **Referring Agency:** $\square$ CSP $\square$ DFS $\square$ HS $\square$ NVFS ☐ Other: Name of Social Worker:\_\_\_\_ Email: Phone #: