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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**](mailto: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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**Financial Mentoring Referral Application Page 2**

**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?**

**Financial Mentoring Referral Application Page 3**

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**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:**

**Name of Social Worker:**

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