



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

<u>Marital Status:</u> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		<u>Race and Ethnic Background</u> <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			<u>Head of Household</u> <input type="checkbox"/> Female <input type="checkbox"/> Male
<u>Client Receives:</u> TANF   Section 8   SSI Disability   SNAP   Other Assistance <input type="checkbox"/> Yes <input type="checkbox"/> Yes   \$   \$   \$				<u>Health Insurance</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Housing Type</u> <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Other	<u>Family Type</u> <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	<u>Education Level (For adults 24 years or older)</u> <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			

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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**Additional Household Member Information:**

#	Family Member Name	Birth Date	Sex	Relationship	Additional information
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 (please write clearly):**

CSP  
  DFS  
  HS  
  NVFS  
  Other: \_\_\_\_\_

Name of Social Worker: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_