

**Britepaths Workforce Development Program**

**Referral and Application**

**NOTE:** Please be certain that you (or your client) has a high school diploma or GED, is proficient in English, and is motivated to focus on workforce development. Please return this form to: [jberes@britepaths.org](mailto:smeyer@britepaths.org) or fax to: 703-273-7131.

**Applicant’s First Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_**

**Gender:** \_\_\_\_\_Male \_\_\_\_\_Female **Date of Birth:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Currently Employed?** \_\_\_\_\_Yes \_\_\_\_\_No **Veteran:** \_\_\_\_\_Yes \_\_\_\_\_No

**Current Employment Information (if applicable):**

Type of Job Employer Dates of Employment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Monthly Income:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **How many hours per week is applicant working?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Income Level: Extremely Low Income Low Income**

**(Check one)**

**Very Low Income Exceeds Income**

***Question required by grant***

|  |  |  |  |
| --- | --- | --- | --- |
| **Household Size** | **Extremely Low Income** | **Very Low Income** | **Low Income** |
| 1 | $24,650 | $41,050 | $54,250 |
| 2 | $28,150 | $46,900 | $62,000 |
| 3 | $31,650 | $52,750 | $69,750 |
| 4 | $35,150 | $58,600 | $77,450 |
| 5 | $38,000 | $63,300 | $83,650 |
| 6 | $40,800 | $68,000 | $89,850 |
| 7 | $43,600 | $72,700 | $96,050 |
| 8+ | $46,400 | $77,400 | $102,250 |

**Marital Status:** \_\_\_\_\_ Single \_\_\_\_\_Married \_\_\_\_\_Separated \_\_\_\_\_Divorced \_\_\_\_\_Widowed

**Head of Household:** \_\_\_\_\_Female \_\_\_\_\_Male

**Family Type:**

\_\_\_\_\_ Single Parent Female \_\_\_\_\_ Single Parent Male \_\_\_\_\_Two Parent Household

\_\_\_\_\_Two Adults/No Children \_\_\_\_\_Other

**Housing Type:** \_\_\_\_\_Rent \_\_\_\_\_Own \_\_\_\_\_Homeless \_\_\_\_\_Other

**Does the head of your household have health insurance:** \_\_\_\_\_Yes \_\_\_\_\_No

**Education History (check all that apply):**

\_\_\_\_\_GED \_\_\_\_\_High School Diploma \_\_\_\_\_Associate’s Degree

\_\_\_\_\_Four Year College Degree \_\_\_\_\_Advanced Academic Degree \_\_\_\_\_Vocational Program

\_\_\_\_\_N/A

**Race and Ethnic Background:**

\_\_\_\_\_Hispanic \_\_\_\_\_Non-Hispanic

\_\_\_\_\_Black/African American \_\_\_\_\_White \_\_\_\_\_Middle Eastern

\_\_\_\_\_American Indian/Alaskan Native \_\_\_\_\_Asian \_\_\_\_\_Multiracial

\_\_\_\_\_Native Hawaiian/Other Pacific Islander \_\_\_\_\_Other/Not Reported

**Applicant Receives:**

**TANF Section 8 SSI Disability SNAP Other Assistance N/A**

## $ Yes $ $ $ \_\_\_\_\_

**Is English the applicant’s first language?** \_\_\_\_\_Yes \_\_\_\_\_No **Primary language**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does the applicant have reliable transportation?** \_\_\_\_\_Yes \_\_\_\_\_No

**Does the applicant have computer/Internet access:** \_\_\_\_\_Always \_\_\_\_\_Sometimes \_\_\_\_\_Rarely

**Please answer the following questions as thoroughly as possible:**

**What kinds of assistance does the applicant want/need (mark all that apply):**

\_\_\_ Job and career identification and planning

\_\_\_ Referrals to educational, job training, or professional certification programs, if needed

\_\_\_ Resume review

\_\_\_Workshops focused on career development and job search strategies

\_\_\_Professional and social networking guidance and invitation to events

\_\_\_Financial literacy and budgeting workshops or coaching, if needed

\_\_\_Participation in Network Up, a short-term mentoring program that pairs job seekers with a professional in their desired job sector

**Is the applicant considering job or technical training or education to further his/her career? If so, please name the type(s) of training or education the applicant is interested in:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What are the applicant’s career goals:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What are the challenges/obstacles the applicant has faced in career planning? (Check all that apply)**

Academic/training  too many interests self-esteem/confidence physical health issues

Mental health (e.g. depression, emotional concerns) motivation no interests  lack of career information

Indecisiveness Family responsibilities Other (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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)

**Is there any additional information about the applicant that you would like to share that could assist us in this process?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Referral:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referring Agent Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referring Agency:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Phone Number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_