

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 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):

<u>Type of Job</u>	<u>Employer</u>	<u>Dates of Employment</u>

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

Income Level: (Check one) Extremely Low Income Low Income
 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:

<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"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Multiracial
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> 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: 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	

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: _____