

**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 | $26,500 | $44,100 | $55,750 |
| 2 | $30,250 | $50,400 | $63,700 |
| 3 | $34,050 | $56,700 | $71,650 |
| 4 | $37,800 | $63,000 | $79,600 |
| 5 | $40,850 | $68,050 | $86,000 |
| 6 | $43,850 | $73,100 | $92,350 |
| 7 | $46,900 | $78.150 | $98,750 |
| 8+ | $49,900 | $83,200 | $105,100 |

**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?**

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

***I hereby give consent to Britepaths to transport my records off-site and to use my data for statistical purposes while maintaining my personal information confidential. I understand that this information may be shared with third party organizations solely for the purposes of improving program services and understanding statistical trends. We do not sell, trade, or rent any of this information. I agree to complete a post program survey 90 days after receiving services.***

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

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

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

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

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