

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):

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: 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?

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: _____