



# CONFIDENTIAL ASSISTANCE REFERRAL FORM

All applications screened based on funding availability. Applicant must be referred by an official representative of a Washington State registered apprenticeship or recognized apprenticeship preparation program where the applicant is participating. All optional information gathered here helps us to secure more funding to meet the need and be better advocates for workers. *Assistance is limited to once every 12 months for a maximum of two years.*

## Applicant Information *(please print or type)*

<b>Last Name:</b>		<b>First Name:</b>	
<b>Street Address:</b>		<b>City:</b>	<b>Zip:</b>
<b>Please Check All That Apply (optional):</b> <input type="checkbox"/> Veteran <input type="checkbox"/> Formerly Incarcerated <input type="checkbox"/> TANF Recipient <input type="checkbox"/> Housing Insecure <input type="checkbox"/> SNAP Recipient <input type="checkbox"/> Former/Current <input type="checkbox"/> LGBTQ+                              Unaccompanied Youth		<b>Email:</b>	<b>Phone:</b>
<b>Pronouns (optional):</b> <input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Theirs		<b>Ethnicity (optional):</b> <input type="checkbox"/> American Indian or Alaska Native (AIAN) <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic or Latino/a <input type="checkbox"/> White <input type="checkbox"/> Other	<b># of Dependents (optional):</b> 0-6 yrs _____ 7-17 yrs _____ 18+ yrs _____
<b>Accessibility Needs:</b>	<b>Preferred Language:</b>	<b>Monthly Income (optional):</b>	
<b>Requested Assistance:</b> <b>Sizing Preference:</b> <input type="checkbox"/> Men's/Unisex <input type="checkbox"/> Women's <input type="checkbox"/> Hard hat   type _____ <input type="checkbox"/> Lightweight jacket   Size _____ <input type="checkbox"/> Heavyweight jacket   Size _____ <input type="checkbox"/> Work pants   Size _____ <input type="checkbox"/> Steel-toed boots   Size _____ <input type="checkbox"/> High-vis gear   Size _____ <input type="checkbox"/> Tool belt <input type="checkbox"/> Gas/vehicle repairs* \$ _____ <input type="checkbox"/> Childcare* \$ _____ <i>*For cash requests please include receipts and documentation.</i>		<i>Please use this space for other requests like tools or for requirements for your trade like fire rated gear.</i>	
		<b>Signature:</b>	<b>Date:</b>

## Referred By *(please print or type)*

<b>Name:</b>	<b>Email:</b>	<b>Phone:</b>
<b>Signature:</b>	<b>Program:</b>	

### OFFICE USE ONLY

<b>Date Received:</b>	<b>Date Processed:</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>\$</b>	<b>Initials:</b>
<b>Notes:</b>				

Email completed form and supporting materials to [support@bluecollarfund.org](mailto:support@bluecollarfund.org)