



## Women United Financial Mentorship Initiative Application

*\*This program is free*

### General Information

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

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

Do you live in Lewis County?  Yes  No If not, which county: \_\_\_\_\_

**Phone:** \_\_\_\_\_ Is it okay to leave a voicemail?  No  Yes

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

**Primary Language:**  English  Español  Other: \_\_\_\_\_

**Own home:**  Yes  No **Rent home:**  Yes  No **Homeless:**  Yes  No **Veteran:**  Yes  No

**Relationship Status** (circle): *Single* *Married* *Partner* *Widowed* *Divorced* *N/A*

Do you have children or other dependents (people in your care)?  No  Yes, how many: \_\_\_\_\_

**Current employment:**  No  Yes, please list employer: \_\_\_\_\_

Current monthly income: \$ \_\_\_\_\_

Do you currently have a bank account?  Yes  No

What kind of account?  *Checking*  *Savings*

How did you hear about Women United's Financial Mentorship Initiative? \_\_\_\_\_

What are your financial goals? \_\_\_\_\_

Are you able to commit to four (4) once-a-week sessions lasting 30-minutes?  Yes  No

*(in-person, video conferencing, or phone options available)*

What are the current barriers to your financial success? \_\_\_\_\_

How stressful is your financial situation in relation to the rest of your life? (0 = not at all to 10 = very stressful)  
Feel free to share details if needed.

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Are there additional services you need but do not know how to access?  No  Yes

**Confidentiality, Anti-Discrimination Acknowledgements & Consent Form**

**Privacy:** Women United and all our volunteers are dedicated to protecting your confidential information. You have the right to request a copy of this application. By signing below, you authorize Women United (WU) to share your application information with a financial mentor.

**Anti-Discrimination Policy:** Women United does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry) disability, marital status, sexual orientation or military status, in any of its activities or operations.

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***Drop off or mail this completed application to United Way of Lewis County.***

If you have any questions regarding the Financial Mentorship Initiative through Women United, please contact us through the information below.

United Way of Lewis County  
450 NW Pacific Ave.  
Chehalis, WA 98532  
360-748-8100  
[Annie.Oien@lewiscountyuw.com](mailto:Annie.Oien@lewiscountyuw.com)

I have read and understand this confidentiality policy. (please check box)

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Initiative completion date:** \_\_\_\_\_

Certificate of Completion date given: \_\_\_\_\_

Follow up card to mentor date given: \_\_\_\_\_

Survey from client returned:  Yes  No

Mentor Survey returned:  Yes  No