



Financial Literacy Collaboration

FINANCIAL LITERACY REFERRAL FORM

Our Mission

Clients will practice behaviors that ensure long term financial stability.

Collaboration Partners

Alice Paul House
PA Careerlink
The CARE Center
PA Dept of Human Services
Family Promise
Housing Authority of Indiana Co.
ICCAP
IC Planning & Development
Project Share

Collaboration Banks

First Commonwealth
Indiana First Bank
Marion Center Bank
PNC
S&T Bank

Referral Date:	
Referring Agency/Contact person:	
Name:	
Address:	
Phone #:	
Email:	
Reason for Referral:	
1st Workshop	
2nd Workshop	
3rd Workshop	
Needs a bus pass?	

- Bus pass sent**
- Confirmation letter sent**
- Entered onto Worksheet**
- Completed Workshop**
- Received Certificate**
- Did Not Attend**
- Canceled**
- Referring Agency Notified**
- Demographic info entered on Worksheet**

Notes: _____

Contact us at: FLCindco@gmail.com or call Family Promise at 724 464-5220. Referral Forms can be mailed to 1292B Old RT 119 HWY N, Indiana, PA 15701