

## Rule Summary and Fiscal Analysis

### Part A - General Questions

**Rule Number:** 5101:2-50-02

**Rule Type:** Amendment

**Rule Title/Tagline:** Requirements for bridges eligibility.

**Agency Name:** Department of Job and Family Services

**Division:** Division of Social Services

**Address:** OFC- 4200 E. 5th Ave., 2nd fl. L2-01 P.O. Box 183204 Columbus OH  
43218-3204

**Contact:** Michael Lynch **Phone:** 614-466-4605

**Email:** Michael.Lynch@jfs.ohio.gov

#### I. Rule Summary

1. **Is this a five year rule review?** No
  - A. **What is the rule's five year review date?** 2/7/2025
2. **Is this rule the result of recent legislation?** No
3. **What statute is this rule being promulgated under?** 119.03
4. **What statute(s) grant rule writing authority?** 5101.1414
5. **What statute(s) does the rule implement or amplify?** 5101.1411, 5101.1412, 5101.1413
6. **Does the rule implement a federal law or rule in a manner that is more stringent or burdensome than the federal law or regulation requires?** No
  - A. **If so, what is the citation to the federal law or rule?** Not Applicable
7. **What are the reasons for proposing the rule?**

This rule is being amended to align with Ohio Revised Code requirements and identify forms used in the application process.

- 8. Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.**

OAC rule 5101:2-50-02 entitled "Requirements for bridges eligibility" outlines eligibility requirements and application process for Bridges. This rule is being amended to align with Ohio Revised Code requirements and identify forms used in the application process.

- 9. Does the rule incorporate material by reference? Yes**
- 10. If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.**

This rule incorporates one or more references to a form or a digital application into which data is entered. This question is not applicable to any incorporation by reference to forms or digital data applications because such reference is exempt from compliance with RC 121.75 to 121.74 pursuant to RC 121.75(B)(4).

This rule incorporates one or more references to the Ohio Revised Code. This question is not applicable to any incorporation by reference to the Ohio Revised Code because such reference is exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.75(A)(1)(a).

This rule incorporates one or more references to another rule or rules of the Ohio Administrative Code. This question is not applicable to any incorporation by reference to another OAC rule because such reference is exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.75(A)(1)(d).

- 11. If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.**

*Not Applicable*

## **II. Fiscal Analysis**

- 12. Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.**

This will have no impact on revenues or expenditures.

0

Not applicable.

- 13. What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?**

There is no cost of compliance to agency or Bridges participants.

- 14. Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No**

- 15. Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No**

- 16. If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.**

Not applicable.

### **III. Common Sense Initiative (CSI) Questions**

- 17. Was this rule filed with the Common Sense Initiative Office? No**

- 18. Does this rule have an adverse impact on business? No**

- A. Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? No**

Not applicable.

- B. Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? No**

Not applicable.

- C. Does this rule require specific expenditures or the report of information as a condition of compliance? No**

Not applicable.

- D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? No**

Not applicable.

**IV. Regulatory Restriction Requirements under S.B. 9. Note: This section only applies to agencies described in R.C. 121.95(A).**

**19. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? Yes**

**A. How many new regulatory restrictions do you propose adding to this rule? 1**

Not applicable.

**B. How many existing regulatory restrictions do you propose removing from this rule? 1**

5101:2-50-02(B) To be eligible for bridges, all of the following must be met:

**C. If you are not removing existing regulatory restrictions from this rule, please list the rule number(s) from which you are removing restrictions.**

Not applicable.

**D. Please justify the adoption of the new regulatory restriction(s).**

Not applicable.

**Bridges Disability Verification Form**

Bridges, administered by the Ohio Department of Job and Family Services, provides financial and case management services to eligible individuals who emancipated from the custody of the public children's services agency. To qualify for these services, at least one of the following eligibility criteria must be met:

1. Completing secondary education or a program leading to an equivalent credential at 70% of required attendance.
2. Enrolled in an institution which provides post-secondary or vocational education for at least 7 educational credit hours or the equivalent of more than a part-time student.
3. Participating in a program or activity designed to promote, or remove barriers to, employment for a least 80 hours every 30 days.
4. Employed for a least 80 hours every 30 days.

For an individual incapable of doing any of the above identified activities due to a diagnosed physical or mental health condition, they may qualify for services through Bridges based on a documented health condition diagnosed by a licensed qualified practitioner.

To meet eligibility due to a health condition, a Bridges Disability Verification Form (JFS 01628) must be completed.

If you believe your patient qualifies for services through Bridges due to a health condition, please note the following:

1. All fields on the form must be completed.
  - Inadequate information, illegible handwriting, or missing fields may delay the eligibility review process by necessitating follow-up contact for clarification and/or additional information.
2. The form must be completed by a licensed practitioner qualified to assess, diagnose, and treat the health conditions identified on the form.
3. The form should clearly document specific impediments that hinder the patient from meeting at least one, or a combination, of the other program criteria.
4. At a minimum, the form must be completed every 90 days, even for ongoing or lifelong conditions.

Ohio Department of Job and Family Services  
**BRIDGES DISABILITY VERIFICATION FORM**

Ohio Administrative Code Chapter 5101:2-50 requires that a Bridges Disability Verification Form be completed for any individual requesting to meet program eligibility due to a health condition. The form must be completed, in its entirety, by a licensed practitioner qualified to assess, diagnose, and treat the health conditions identified on the form.

<b>SECTION I: PATIENT INFORMATION</b>		
Patient Name <i>(first and last)</i>	Date of Birth <i>(mm/dd/yyyy)</i>	
<b>SECTION II: HEALTH CONDITION(S)</b>		
Please list the <b>physical and/or mental</b> health condition(s) that substantially impedes him/her from meeting one of the four Bridges eligibility criteria, on a part-time basis. NOTE: Bridges defines part time as a minimum of 70% of required attendance for a secondary education program or equivalent credential, 7 credit hours for post-secondary, 80 hours every 30 days for employment, employment programs, and when an individual is combining any of the four criteria.		
Diagnosis	Diagnosis Code	<input type="checkbox"/> Physical <input type="checkbox"/> Mental
Diagnosis	Diagnosis Code	<input type="checkbox"/> Physical <input type="checkbox"/> Mental
Diagnosis	Diagnosis Code	<input type="checkbox"/> Physical <input type="checkbox"/> Mental
Diagnosis	Diagnosis Code	<input type="checkbox"/> Physical <input type="checkbox"/> Mental
Diagnosis	Diagnosis Code	<input type="checkbox"/> Physical <input type="checkbox"/> Mental
Diagnosis	Diagnosis Code	<input type="checkbox"/> Physical <input type="checkbox"/> Mental
Diagnosis	Diagnosis Code	<input type="checkbox"/> Physical <input type="checkbox"/> Mental
Diagnosis	Diagnosis Code	<input type="checkbox"/> Physical <input type="checkbox"/> Mental
<b>SECTION III: SUMMARY OF LIMITATIONS</b>		
This section is <b>REQUIRED</b> to be completed or your patient cannot be determined eligible for our program.		
Please describe the functional limitations and specifically how the identified diagnosis(es) currently limits your patient's ability to engage in educational activities, work, or employment program on a part-time basis:		
a) Completing secondary education or a program leading to an equivalent credential at 70% of required attendance?		
b) Enrolled in an institution which provides post-secondary or vocational education for at least 7 educational credit hours or the equivalent of more than a part-time student?		

c) Working a job for at least 80 hours every 30 days?

d) Participating in a program or activity designed to promote, or remove barriers to, employment that totals at least 80 hours every 30 days?

Do you believe the individual will be able to resume routine activity in the next 90 days?  Yes  No

Please list approximate date individual can resume routine activity Date

**SECTION IV: PROVIDER INFORMATION**

I certify that the above information is true, accurate and complete. I certify that I am licensed and qualified to assess, diagnose, and treat the above-named individual for the identified condition(s) on this form.

Provider Name Date

Provider Signature

License # License Type

Agency/Organization Name:

**ODJFS OFFICE USE ONLY**

SACWIS Case ID:



By signing this form:

- I acknowledge the below requirements to maintain my eligibility in Bridges. Among these requirements, I agree to participate in at least one of the five Eligibility Criteria, and required number of hours related to the activities listed below.
- Except when enrolling under a disabling mental or physical condition, I understand that I may combine more than one of the other criteria to be eligible for the program. The combined activities must total, at least, 80 hours every 30 days.
- I understand that my eligibility will be verified at least every 30 days or when requested by my Bridges Liaison.
- I understand that if I do not meet all requirements provided below for my corresponding Eligibility Criteria, I may be terminated from Bridges.

Initials	Eligibility Criteria	Examples of Qualifying Activities	Current Documentation Below are examples, other documentation may be considered on a case-by-case basis. Multiple documents may be requested to show eligibility.
_____	Completing a secondary education (High School) or a program leading to equivalent credential	<ul style="list-style-type: none"> <li>• Enrollment in school to receive high school diploma (i.e., traditional, non-traditional, alternative – must be accredited)</li> <li>• Participating in a GED program</li> <li>• Other institution/program by the Department of Education</li> </ul>	<ul style="list-style-type: none"> <li>• Enrollment letter</li> <li>• Class Schedule</li> <li>• Attendance Report</li> <li>• Grade Report</li> </ul>
<ul style="list-style-type: none"> <li>• There is an expectation that young adults will attend school at least 70% of possible attendance every 30 days. If combining with another criterion, total hours attended and/or worked must equal 80 hours every 30 days. Online schools without required amount of hours guideline will be required to produce at least 80 hours of activity every 30 days.</li> <li>• Eligibility continues during scheduled summer break if participant remains enrolled in an educational institution.</li> <li>• Schools must be recognized by the State Board of Education.</li> </ul>			
_____	Enrolled in an institution that provides post- secondary (College) or vocation education for 7 or more credit hours in a semester or quarter	<ul style="list-style-type: none"> <li>• Public or Private college or universities (in-state or out-of-state)</li> <li>• Community College (in-state or out-of-state)</li> <li>• On-line studies offered through a licensed institution</li> <li>• Vocational Program</li> <li>• Technical Schools</li> <li>• Graduate School</li> </ul>	<ul style="list-style-type: none"> <li>• Enrollment letter</li> <li>• Class Schedule</li> <li>• Grade Report</li> <li>• Statement of Account displaying Housing Deposit, Enrollment Fee, or other costs paid for current or upcoming semester</li> <li>• Attendance/Participation Report</li> </ul>
<ul style="list-style-type: none"> <li>• There is an expectation that young adults will attend school or engage in related activities totaling at least 80 hours every 30 days. There is a conversion ratio of 1:3 (For every hour spent in class, an additional 2 hours is added to account for out of class work and projects.) For a noncredit course of study such as certification programs, at least 80 hours every 30 days will be the expectation.</li> <li>• Eligibility continues during scheduled summer break if participant remains enrolled in an educational institution.</li> <li>• Schools must be accredited.</li> </ul>			
_____	Employed for at least 80 hours every 30 days	<ul style="list-style-type: none"> <li>• Full/ Part time Employment</li> <li>• AmeriCorps</li> <li>• Military Reserve/National Guard</li> <li>• Internship/Externship (Paid/ Unpaid)</li> </ul>	<ul style="list-style-type: none"> <li>• Paystubs current within 30 days</li> <li>• <b>PROVISIONAL ENROLLMENT ONLY:</b> Written verification, on employer letterhead, that includes a point of contact for the employer, number of hours the participant is scheduled weekly/monthly, and their start date.</li> </ul>





# BRIDGES ELIGIBILITY ACKNOWLEDGEMENT FORM (BEAF)

• Suggested average of 20 hours per week, but hours may fluctuate.		
_____	Participating in a program or activity designed to promote, or remove barriers to, employment for at least 80 hours every 30 days	<ul style="list-style-type: none"> <li>• Work force preparation classes (CCMEP)</li> <li>• Job Corps</li> <li>• Job Shadowing / Skills Training classes</li> <li>• Apprenticeship / Mentoring</li> <li>• Volunteering</li> <li>• Resume/Interview skills classes/training</li> <li>• Substance abuse / Mental health treatment</li> <li>• Domestic violence/date violence program</li> <li>• Parenting classes</li> </ul>
		<ul style="list-style-type: none"> <li>• Attendance current within 30 days</li> <li>• <b>PROVISIONAL ENROLLMENT ONLY:</b> Written verification letter, on program’s letterhead, that includes description of program and/or activity, duration (e.g., six-week program) including start dates and number of hours the participant is scheduled weekly/monthly, and a point of contact. Each activity must be fully explained.</li> </ul>
• Suggested average of 20 hours per week, but hours may fluctuate.		
_____	Unable to participate in the activities detailed above due to a physical or mental health condition documented by a qualified practitioner	<ul style="list-style-type: none"> <li>• Young Adult’s condition may be short or long term.</li> <li>• This eligibility criterion cannot be combined with other criteria.</li> </ul>
		<ul style="list-style-type: none"> <li>• The JFS 01628 Bridges Disability Verification form must be completed by a qualified practitioner.<sup>1</sup> This form can be obtained from your Bridges Liaison. This form must be completed within 90 days of Bridges Application submission to be sufficient proof of eligibility.</li> <li>• <b>AT ENROLLMENT ONLY:</b> A copy of the applicant’s Social Security award letter and supportive documentation. <u>The award letter must have been effective within the past 180 days.</u><sup>2</sup></li> </ul> <p><sup>1</sup> An assigned Bridges Liaison or Bridges Supervisor does not meet criteria as qualified practitioner.  <sup>2</sup> Amount of benefits should be recorded in SACWIS.</p>

\_\_\_\_\_  
Young Adult Name (Print)

\_\_\_\_\_  
Young Adult Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bridges Representative (Print)

\_\_\_\_\_  
Bridges Representative Signature

\_\_\_\_\_  
Date

**A copy of this signed form is to be provided to the Bridges Participant**

**BRIDGES VOLUNTARY PARTICIPATION AGREEMENT****Purpose:**

Pending approval by Ohio Department of Job and Family Services (herein after referred to as ODJFS) of the Bridges application submitted, I, <full name of young adult>/<Date of birth>, hereby request to voluntarily participate in Bridges. This agreement outlines specific responsibilities for me and ODJFS as they relate to Bridges.

**Bridges Participant's Responsibilities:****Enrollment**

- Meet at least one of the following program eligibility requirements:
  - Completing a secondary education or a program leading to an equivalent credential;
  - Enrolled in an institution that provides post-secondary or vocational education;
  - Participating in a program or activity designed to promote, or remove barriers to, employment;
  - Employed for at least eighty hours per month;
  - Is incapable of completing the education or employment requirements due to a diagnosed physical or mental health medical condition.

**Ongoing**

- Provide documentation when requested or at minimum every 30 days showing that I am meeting Bridges eligibility requirements while enrolled in the program. Please refer to the JFS 01627 Bridges Eligibility Acknowledgement Form for more information on eligibility requirements.
- Within 5 calendar days, inform my Bridges Representative of any concerns and/or changes with my housing, eligibility requirement, or contact information.
- In partnership with my Bridges Representative, develop goals and create an individualized Bridges Plan within 45 days of entering the program and participate in meetings every 90 days to review this plan.
- Follow through with my responsibilities and participate in identified services as outlined in my Bridges Plan and keep my Bridges Representative informed of my needs.
- If I am receiving any benefits outside of Bridges (i.e., SSI, social security, food stamps, cash assistance, subsidized housing, etc.), I will notify the agency or organization providing the benefit that I am enrolled in Bridges. I understand my enrollment in Bridges may impact my benefit(s).

**Living Arrangement**

- Every 30 days, meet in-person with my Bridges Representative within my living arrangement. If I do not meet with my Bridges Representative within my living arrangement after 60 days, then I will be placed in a non-paid housing status until an in-person home visit occurs within my living arrangement.
- Reside in a safe and stable living arrangement that has been approved by my Bridges Representative and myself. I understand that my preferred living arrangement may not be available but will work with my Bridges Representative to find an agreeable option.
- If my living arrangement is found not to be safe and stable by the Bridges Representative, then I will be placed in a non-paid housing status until the concern(s) is resolved or I move to new safe and stable living arrangement. Examples of unsuitable living arrangements may include but not limited to: housing not up to building code, untreated infestation, criminal activity, etc.
- I will follow the rules and regulations of my living arrangement as outlined in my lease agreement, host home agreement, college/university room and board requirements, etc.
- If I initiate unplanned, multiple moves to my living arrangement, I will be at risk of limiting my living arrangement options and funding.
- Notify my Bridges Representative at least 30 days prior to moving from my current living arrangement, or immediately if an unplanned/emergency move.
- I understand that I may be required to pay a portion of the security deposit and first month's rent.

- Upon becoming aware of a written/verbal lease agreement violation or request to leave the property, I will notify my Bridges Representative immediately.
- I understand that if I choose to reside with any parent or guardian from whom I was removed from and then placed in foster care, this living arrangement will be considered non-paid housing.
- I understand that if I choose to receive an add on cost for my minor dependent(s), then they must be seen every 30 days within my living arrangement.

### **Termination**

- ODJFS may terminate this agreement if I no longer meet program eligibility requirements.
- If an eligibility requirement is not being met, I have 60 calendar days in which to re-establish program eligibility. This period begins the day I become ineligible.
- If any of the following occur, I will no longer be eligible for Bridges:
  - No longer in compliance with an eligibility requirement for more than 60 calendar days;
  - Failure to be in face-to-face contact with Bridges Representative for more than 60 calendar days;
  - Incarcerated for more than 60 calendar days;
  - Voluntarily withdraw from Bridges
  - 21<sup>st</sup> birthday;
  - Death; or
  - ODJFS discretionary termination
- **If I provide falsified eligibility documentation, I understand that I will be terminated immediately from Bridges and will have to wait 60 days to reapply.**

### **Legal**

- Within 48 hours, inform my Bridges Representative of any new involvement with a Public Children Services Agency.
- Attend court reviews as needed for continued program eligibility. If I am unable to attend these reviews, I will notify my Bridges Representative at least 72 hours prior to the court review. If it is an emergency, I will notify my Bridges Representative as soon as I know that I will not be able to attend.
- Complete the Waiver of Attendance at Bridges Hearing form when requested so the Bridges Representative can submit to court in a timely manner. On the waiver form, you will indicate:
  - If you are unable to attend your scheduled court hearing; and
  - If you are requesting appointed counsel or waiving right to counsel
- If I am aware or become aware of any outstanding warrants or court related issues, I must notify my Bridges Representative as soon as possible.
- As an adult age 18 or above, ODJFS has no legal or financial responsibility in the event I am charged with a crime, or cause damages to another person's being or property.

### **Bridges Responsibilities:**

---

#### **Ongoing**

- Notify the Bridges Participant of the types of documentation that can be used to verify program eligibility.
- Educate the Bridges Participant on activities to support continued eligibility.
- In partnership with the Bridges Participant, create an individualized Bridges Plan, Review, and update the Plan as needed, notify the participant of when these reviews will occur, and provide a copy of the Plan and all Reviews to the participant.
- Be accessible to the Bridges Participant, maintain consistent contact with the participant, and meet in-person with the participant at least every 30 calendar days, or more frequently if needed.
- Assist the Bridges Participant in developing and achieving goals for independent living and help them learn how to utilize services and supports to help the participant meet their needs.
- Assist the Bridges Participant in remaining connected to or establishing permanent connections and supports.
- Ensure the Bridges Participant has Medicaid or other health insurance, and assist the participant with getting medical, dental, vision, and mental health care as needed.

**Living Arrangement**

- Assist the Bridges Participant in locating a safe and supportive living arrangement that is free of violence, abuse, and neglect. ODJFS does not guarantee that a particular living arrangement will be readily available for the participant.
- Provide continued living arrangement benefits and services if the eligibility requirements are maintained and the Bridges Participant is residing in a living arrangement approved by the Bridges Representative. These benefits and services include, but are not limited to housing payments, food, clothing, other personal incidentals, access to transportation, case management, monthly visit(s), service referrals, life skills instruction, etc.
- Reserve the right to limit living arrangement options if the Bridges Participant is demonstrating repetitive behaviors resulting in premature termination of lease, damage to property, evictions, etc.

**Termination**

- Provide the Bridges Participant with a Notice of Ineligibility (NOI) upon determination that the participant is no longer meeting program eligibility.
- Provide the Bridges Participant with the Notice of Termination (NOT) and State Hearing Request form and educate them on their state hearing rights if eligibility is not reestablished.
- Refer the Bridges Participant to a Public Children Services Agency for Young Adult Services, if applicable.

**Legal**

- Notify the Bridges Participant of all court proceedings required for continued program eligibility and assist at the proceedings.
- Provide the Waiver of Attendance at Bridges Hearing form to the Bridges Participant. This form is to be submitted to court prior to the hearing.

<b>By signing this Voluntary Participation Agreement:</b>	
<ul style="list-style-type: none"><li>• I understand and agree to my responsibilities as outlined in this agreement and agree to participate in Bridges in accordance with ODJFS policy.</li><li>• I understand that failure to follow these expectations may jeopardize my program involvement.</li><li>• I understand that this is a voluntary agreement that I may terminate at any time.</li><li>• If I am terminated from the program or voluntarily choose to terminate Bridges services, I understand that I can reapply if I am under the age of 21 and meet at least one eligibility requirement.</li></ul>	
<b>Signature of Bridges Participant</b>	<b>Date</b>
ODJFS, through a Bridges Representative, agrees to provide services to the Bridges Participant as outlined in this agreement and in accordance with ODJFS policy.	
<b>Signature of ODJFS Representative</b>	<b>Date</b>

## BRIDGES APPLICATION

Bridges provides assistance with stable housing, support to complete educational goals and to connect with employment opportunities, and access to community resources to any young adult who emancipated from foster care in the State of Ohio and who meet the eligibility criteria below.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

**How may we reach you? Please check all methods of preferred communication:**

Phone  Email  Text Message  US Mail

**Primary Native Language:** \_\_\_\_\_ **Is an interpreter needed?:**  YES  NO

**Additional Languages:** \_\_\_\_\_

**Type of Current Living Arrangement:**

Foster Home  Group Home  Residential  Supervised Independent/Transitional Living  
 Family/Relative  College Dormitory  Own Apartment  Host Home  Homeless  Other: \_\_\_\_\_

**Pregnant or Parenting:**  YES  NO

**Parenting:**  YES  NO

Name(s) and Date(s) of Birth of Child(ren)/ Due Date \_\_\_\_\_

**Emancipation Status:**  YES  NO

**Custody Termination Date:**  YES  NO

**County where you emancipated from foster care:**

County: \_\_\_\_\_

**Eligibility Requirements for Bridges:** Check all that apply.

Documentation is required and some examples are listed below. Other forms of documentation may be accepted.

- Completing secondary education (high school) or a program leading to an equivalent credential  
 Example Documentation Required: School enrollment letter, current grade report, current school schedule.
- Enrolled in an institution that provides post-secondary (college) or vocational education  
 Example Documentation Required: College/university enrollment letter, current class schedule
- Participating in a program that is designed to promote, or remove barriers to, employment  
 Example Documentation Required: Letter from program verifying activities, current participation, and length of time spent participating in the program each week
- Employed at least 80 hours every 30 days  
 Example Documentation Required: Current paystub, employer written verification of current employment and number of hours worked per week
- Incapable of completing education or employment requirements due to a physical or mental health medical condition  
 Example Documentation Required: JFS XXXXX "Bridges Disability Verification Form" or Social Security Award Letter and supportive documentation, if issued within the past 180 days.

**Secondary Education:**

Name of school: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Current grade level:  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

Do you have a current Individual Education Plan or IEP:  YES  NO  Maybe, not sure

I intend to earn the following degree or certificate when completed:  High School Diploma  GED

Anticipated Graduation or Completion Date: \_\_\_\_\_

**Post-Secondary Education:**

Name of college or vocational program: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Current education level: [ ]GED [ ] College [ ] Vocational Program [ ]Other: \_\_\_\_\_  
Did you have an Individual Education Plan or IEP: [ ]YES [ ]NO [ ] Maybe, not sure  
I intend to earn the following degree or certificate when completed:  
[ ]BA/BS degree [ ]AA/AS degree [ ] Vocational Certificate [ ]Other: \_\_\_\_\_  
Anticipated Graduation or Completion Date: \_\_\_\_\_

**Employment:**

Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Position: \_\_\_\_\_  
Work Schedule (hours/days): \_\_\_\_\_ Wage/Hour: \_\_\_\_\_

**Participating in a program that is designed to promote or remove barriers to employment:**

Name of Program: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of Program Contact: \_\_\_\_\_  
# of participation hours per week: \_\_\_\_\_

**Condition that prevents me from full participation:**

Medical Condition: \_\_\_\_\_  
Diagnosing Physician or Clinician: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Please describe the physical, intellectual, emotional or psychiatric condition that limits your ability to participate fully in education or employment activities: \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Do we have permission to contact this person? [ ]YES [ ]NO  
Is this person a Permanent Connection [ ]YES [ ]NO

**AFFIRMATION**

With my signature, I affirm my interest in participating in Bridges. I understand that the information and documents that I have provided will be used to determine my eligibility to participate in Bridges.

**Young Adult:**

\_\_\_\_\_  
Signature Date

**Bridges Staff:**

I acknowledge that I have received this application and I have provided \_\_\_\_\_ with Bridges information and we have discussed what happens next.

\_\_\_\_\_  
Name (Print) Signature Date  
\_\_\_\_\_  
Phone Email