



December 7, 2022

Family, Children, and Adult Services Manual Transmittal Letter No. 511

TO: Family, Children, and Adult Services Manual Holders

FROM: Matt Damschroder, Director

SUBJECT: Amendments to Bridges Rules in Chapter 5101:2-50 and Bridges Forms

This letter transmits amendments due to the 5-year review of Ohio Administrative Code rules 5101:2-50-01, 5101:2-50-02 and 5101:2-50-03, which includes one amended form, and adds three forms which set forth requirements of the Bridges program. Additionally, one form has been amended and three forms have been proposed.

OAC rule 5101:2-50-01 entitled “**Bridges definitions**” provides definitions for key terms used in the Bridges rules. This rule is being amended to update definitions for consistency and clarity.

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.

OAC rule 5101:2-50-03 entitled “**Bridges termination and reentry**” outlines the reasons and process for terminating a participant from Bridges. This rule is being amended for clarity and to include the provision of terminating a participant who submits falsified documentation.

JFS 01617 “**Bridges Voluntary Participation Agreement**” This form voluntarily places the Bridges participant into the care and placement of ODJFS. This form is being amended to increase clarity and transparency of responsibilities outlined for both the Bridges participant and ODJFS.

JFS 01626 “**Bridges Application**” This form is completed for each young adult who applies for Bridges program services.

JFS 01627 “**Bridges Eligibility Acknowledgement Form (BEAF)**” This form is used to outline the eligibility criteria for Bridges and provide examples of qualifying activities and supporting documentation. By signing this form, a Bridges applicant acknowledges these requirements.

JFS 01628 “**Bridges Disability Verification Form**” This form is completed by a licensed qualified practitioner to document the health condition that is impeding a Bridges applicant or participant from meeting required eligibility criteria.

INSTRUCTION: The following chart indicates the material that should be removed from the Family, Children and Adult Services Manual (FCASM) and the materials that are to be inserted in the FCASM.

LOCATION	REMOVE AND FILE AS OBSOLETE	INSERT/REPLACEMENT
Social Services	OAC 5101:2-50-01	OAC 5101:2-50-01
	OAC 5101:2-50-02	OAC 5101:2-50-02
	OAC 5101:2-50-03	OAC 5101:2-50-03
Forms	JFS 01617 (12/2020)	JFS 01617 (12/2022)
		JFS 01626 (12/2022)
		JFS 01627 (12/2022)
		JFS 01628 (12/2022)
Transmittal Letters		FCASMTL NO. 511

5101:2-50-01 **Bridges definitions.**

This rule contains the definitions of terms used in Chapter 5101:2-50 of the Administrative Code.

- (A) "Bridges applicant" is an individual applying for bridges.
- (B) "Bridges liaison" is an individual acting on behalf of a bridges regional grantee to provide case management to, and advocacy for, a bridges participant.
- (C) "Bridges participant" is an emancipated young adult approved for and actively receiving bridges services.
- (D) "Bridges regional grantee" is the agency or consortium selected by ODJFS as a result of the procurement process that will be providing services to emancipated young adults in a region or regions of the state.
- (E) "Bridges representative" is an individual acting on behalf of a bridges regional grantee.
- (F) "Business day" is any day, Monday through Friday, excluding ~~the ten~~ federal holidays.
- (G) "Calendar day" is any day in the month including weekends and holidays.
- (H) "Designee" means a person designated by the governing body of an agency who is responsible for the management and administration of a program on behalf of the agency.
- (I) "Emancipation" ~~means the termination of custody because an individual has reached the age of majority and who was in the custody of a public children services agency~~ is the legal process of custody termination from a Title IV-E agency on or after a youth attains the age of eighteen.
- (J) "Foster care maintenance" is an individual entitlement for financial assistance for board and care of ~~children~~ young adults who meet the eligibility requirements as outlined in rule 5101:2-50-04 of the Administrative Code, who are in the care and placement of a Title IV-E agency and are in an approved substitute care placement.
- (K) "Issued," when used in reference to notices, decisions, and other documents, means the date the document is sent by U.S. mail or hand delivered, whichever is earlier.
- (L) "Qualified practitioner," for the purposes of bridges, is a licensed professional qualified to diagnose an individual with a physical, mental, or developmental medical condition.

- (M) "Statewide Automated Child Welfare Information System (Ohio SACWIS)," as established and maintained in accordance with the requirements of 42 U.S.C. 674 (a) (3)(C) (10/2008), is a comprehensive automated case management tool that supports child protective and family preservation services.
- (N) "Supervised setting" means any setting in which a bridges participant resides that is approved and visited by a bridges liaison, at a minimum, once ~~per month~~ every thirty days.
- (O) "Voluntary Participation Agreement (VPA)" is a written agreement, binding on the parties to the agreement, between ODJFS and a young adult which specifies, at a minimum, the legal status of the young adult and the rights and obligations of the young adult and ODJFS while the young adult is involved in bridges.
- (P) "Young adult" means a person who has attained the age of eighteen ~~but not attained the age of twenty-one~~.

Effective: 12/12/2022
Five Year Review (FYR) Dates: 9/19/2022 and 12/12/2027

CERTIFIED ELECTRONICALLY

Certification

12/02/2022

Date

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Statutory Authority: 5101.1414
Rule Amplifies: 5101.1411, 5101.1412, 5101.1413
Prior Effective Dates: 12/11/2017

5101:2-50-02

Requirements for bridges eligibility.

Pursuant to section 5101.1414 of the Revised Code, bridges is a voluntary benefits program with the intended outcome of an eligible emancipated young adult gaining skills to self-sufficiency. Bridges provides an eligible emancipated young adult assistance with stable housing, support to complete educational goals, employment resources, and access to community resources.

(A) A bridges representative must be contacted to apply for services.

(B) ~~In order for an applicant to~~ To be eligible for bridges, an applicant is to meet all of the following ~~must be met~~:

(1) Attained the age of eighteen but not attained the age of twenty-one; and

~~(1)(2) -Emancipated from one of the following: Upon attaining the age of eighteen, an applicant who was in the custody of an Ohio public children services agency (PCSA), or in the care and placement responsibility of an Ohio Title IV-E juvenile court, or in the care and placement of the Ohio department of youth services (DYS) and in a Title IV-E reimbursable placement setting.~~

(a) The custody of an Ohio public children services agency (PCSA),

(b) The care and placement responsibility of an Ohio Title IV-E juvenile court,
or

(c) The care and placement of the Ohio department of youth services (DYS) and was in a placement that qualifies for Title IV-E maintenance reimbursement, excluding juvenile correctional facilities, upon turning the age of eighteen.

~~(2) An applicant has attained the age of eighteen but not attained the age of twenty-one; and~~

~~(3) An applicant has left the custody of a PCSA, or the care and placement of a Title IV-E juvenile court or DYS; and~~

~~(4)~~(3) An applicant satisfies Satisfies at least one of the following eligibility criteria as outlined in the JFS 01627 "Bridges Eligibility Acknowledgement Form":

(a) Completing a secondary education or a program leading to an equivalent credential;

(b) Enrolled in an institution that provides post-secondary or vocational education;

- (c) Participating in a program or activity designed to promote, or remove barriers to, employment;
 - (d) Employed for at least eighty hours per month;
 - (e) Incapable of doing any of the activities as described in paragraphs (B)(3)(a)(B)(4)(a) to (B)(3)(d)(B)(4)(d) of this rule due to a diagnosed physical or mental health condition.
- (C) The applicant, with the assistance of the bridges representative, shall submit the necessary supporting documentation to verify eligibility criteria. Documentation may include but is not limited to any of the following:
- (1) School or college enrollment letter;
 - (2) Current class schedule;
 - (3) Most recent employment paystub;
 - (4) Letter from job training program verifying participation;
 - (5) ~~Written verification~~ JFS 01628 "Bridges Disability Verification Form" completed from by a qualified practitioner stating how a physical or mental health condition prevents participation in activities described in paragraphs (B)(3)(a)(B)(4)(a) to (B)(3)(d)(B)(4)(d) of this rule.
- (D) The bridges representative shall submit a completed and signed ~~application~~ JFS 01626 "Bridges Application", along with supporting JFS 01617 "Bridges Voluntary Participation Agreement", documentation supporting eligibility described in paragraph (B)(4) of this rule, and a signed JFS 01627 to the Ohio department of job and family services (ODJFS) for ~~the approval process~~ approval.
- (E) An applicant approved for bridges participation shall sign a JFS 01617 ~~"Bridges Voluntary Participation Agreement"~~ pursuant to section 5101.1412 of the Revised Code; ~~and be provided with the JFS 04059 "Explanation of State Hearing Procedures."~~
- (F) Under certain circumstances, an applicant may be enrolled in bridges on a provisional basis. Provisional enrollment allows the applicant up to sixty calendar days to provide documentation that supports their eligibility.
- (G) An applicant enrolled in bridges on a provisional basis is to be notified of ineligibility and subsequent termination from bridges as outlined in rule 5101:2-50-03 of the

Administrative Code if supporting documentation to verify eligibility has not been submitted within sixty calendar days from the date of enrollment.

- (H) A bridges participant must maintain continued eligibility which is to be reviewed by the bridges representative no later than every thirty calendar days but may be reviewed at any time. If a bridges participant fails to maintain eligibility, the bridges representative shall notify the participant in writing of ineligibility and possible termination from bridges as outlined in rule 5101:2-50-03 of the Administrative Code.
- (I) If a bridges application is denied, ODJFS will send the applicant a JFS 01618 "Bridges Notice of Denial" and JFS 01622 "Bridges State Hearing Request Form" no later than three business days after the application is denied. The denial notice shall inform the applicant of the reason for denial and the right to appeal the decision as outlined in rule 5101:2-50-05 of the Administrative Code.

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5101:2-50-03 **Bridges termination and reentry.**

- (A) Bridges participants shall be terminated from bridges when any of the following occurs:
- (1) Participant no longer meets bridges eligibility requirements as outlined in rule 5101:2-50-02 of the Administrative Code; or
 - (2) Participant fails to be in face to face contact with bridges representative for more than sixty calendar days; or
 - (3) Participant is incarcerated for more than sixty calendar days; or
 - (4) Participant voluntarily withdraws from bridges; or
 - (5) Participant reaches the age of twenty-one; or
 - (6) Death of the participant; or
 - (7) ODJFS discretionary action to terminate as described in paragraph (I) of this rule.
- (B) A bridges participant deemed ineligible for bridges based on circumstances as outlined in paragraphs (A)(1) to (A)(3) of this rule will be provided the JFS 01619 "Bridges Notice of Ineligibility" that indicates the date of ineligibility and date of termination. The effective date of termination will be sixty calendar days following the date of ineligibility.
- (C) Bridges eligibility can be reestablished ~~within those~~ during the sixty calendar days described in paragraph (B) of this rule prior to the termination date by as long as the bridges participant submitting submits documentation to the bridges representative that verifies meeting eligibility criteria has been reestablished as outlined in rule 5101:2-50-02 of the Administrative Code, ~~resuming face to face contact with the bridges representative, or no longer being incarcerated~~ and the termination reasons outlined in paragraph (A) of this rule no longer exist.
- (D) Fifteen calendar days prior to the effective date of termination ~~Upon termination,~~ the bridges representative shall provide the JFS 01620 "Bridges Notice of Termination" and JFS 01622 "Bridges State Hearing Request Form" to the bridges participant. The termination notice shall state the effective date of termination, the reason for termination and include the right to appeal the decision as outlined in rule 5101:2-50-05 of the Administrative Code.
- (E) The bridges participant is to be provided ~~information on the right to appeal the JFS 01622~~ each time the participant is provided the JFS 01620.

- (F) A bridges participant can be provisionally enrolled on a provisional basis is to be provided the JFS 01619 within for thirty calendar days to allow the participant time to submit documentation of eligibility from the date of enrollment if supporting documentation that verifies eligibility has not been submitted. If the documentation is not received by the thirtieth day, the participant will be provided the JFS 01619. A bridges participant will have an additional thirty days to submit documentation that verifies eligibility.
- (G) A bridges participant enrolled on a provisional basis that does not provide documentation of eligibility within sixty calendar days of the participant's date of enrollment is to be provided the JFS 01620 as outlined in paragraph (D) of this rule and terminated from bridges sixty calendar days from the date of enrollment if supporting documentation that verifies eligibility has not been submitted.
- (H) A bridges participant choosing to voluntarily withdraw from bridges shall submit a JFS 01621 "Bridges Voluntary Withdrawal Form" to the bridges representative. The bridges participant shall be terminated from the program on the date indicated as such on the form.
- (I) ~~On a situational basis, the~~ The ODJFS' deputy director or their designee has the discretion to terminate a bridges' participant without providing a sixty day notice, including but not limited to, if the participant falsifies eligibility documentation, is incarcerated for a period impacting program requirements, participant refuses to participate in program activities, or program funds are not utilized for participant basic needs ~~participant's actions are in opposition to the intent and the design of bridges.~~ The bridges representative shall provide the participant the JFS 01620 stating the reason for the discretionary termination and the date services terminate.
- (J) Reapplication for bridges can be made any time after termination if eligibility criteria is established and a new application is submitted as outlined in rule 5101:2-50-02 of the Administrative Code.
- (K) Upon verification that a bridges participant provided falsified eligibility documentation, the following will occur:
- (1) The bridges participant will be terminated immediately from bridges.
 - (2) The bridges representative will provide the participant with the JFS 01620 stating the reason for termination and the date services terminated.
- (L) A bridges participant who was terminated for falsified documentation may reapply for bridges by submitting a new application as outlined in rule 5101:2-50-02 of the Administrative Code sixty calendar days from the following:

(1) The mailing date on the JFS 01620 provided to the participant; or

(2) The date a state hearing decision is overruled or withdrawn, if the participant files an appeal of the termination as outlined in paragraph (B)(2) of rule 5101:2-50-05 of the Administrative Code.

~~(K)~~(M) No individual can receive benefits from bridges upon turning the age of twenty-one. No later than sixty calendar days prior to the bridges participant's twenty-first birthday, the bridges representative shall provide the participant the JFS 01620 stating that services will terminate upon the participant's twenty-first birthday.

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Ohio Department of Job and Family Services
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
 - 21st 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.

By signing this Voluntary Participation Agreement:	
<ul style="list-style-type: none">• I understand and agree to my responsibilities as outlined in this agreement and agree to participate in Bridges in accordance with ODJFS policy.• I understand that failure to follow these expectations may jeopardize my program involvement.• I understand that this is a voluntary agreement that I may terminate at any time.• 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.	
Signature of Bridges Participant	Date
ODJFS, through a Bridges Representative, agrees to provide services to the Bridges Participant as outlined in this agreement and in accordance with ODJFS policy.	
Signature of ODJFS Representative	Date

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: 9th 10th 11th 12th

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



BRIDGES ELIGIBILITY ACKNOWLEDGEMENT FORM (BEAF)

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"> • Enrollment in school to receive high school diploma (i.e., traditional, non-traditional, alternative – must be accredited) • Participating in a GED program • Other institution/program by the Department of Education 	<ul style="list-style-type: none"> • Enrollment letter • Class Schedule • Attendance Report • Grade Report
<ul style="list-style-type: none"> • 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. • Eligibility continues during scheduled summer break if participant remains enrolled in an educational institution. • Schools must be recognized by the State Board of Education. 			
_____	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"> • Public or Private college or universities (in-state or out-of-state) • Community College (in-state or out-of-state) • On-line studies offered through a licensed institution • Vocational Program • Technical Schools • Graduate School 	<ul style="list-style-type: none"> • Enrollment letter • Class Schedule • Grade Report • Statement of Account displaying Housing Deposit, Enrollment Fee, or other costs paid for current or upcoming semester • Attendance/Participation Report
<ul style="list-style-type: none"> • 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. • Eligibility continues during scheduled summer break if participant remains enrolled in an educational institution. • Schools must be accredited. 			
_____	Employed for at least 80 hours every 30 days	<ul style="list-style-type: none"> • Full/ Part time Employment • AmeriCorps • Military Reserve/National Guard • Internship/Externship (Paid/ Unpaid) 	<ul style="list-style-type: none"> • Paystubs current within 30 days • PROVISIONAL ENROLLMENT ONLY: 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.



BRIDGES ELIGIBILITY ACKNOWLEDGEMENT FORM (BEAF)

<p>• Suggested average of 20 hours per week, but hours may fluctuate.</p>		
<p>_____</p>	<p>Participating in a program or activity designed to promote, or remove barriers to, employment for at least 80 hours every 30 days</p>	<ul style="list-style-type: none"> • Work force preparation classes (CCMEP) • Job Corps • Job Shadowing / Skills Training classes • Apprenticeship / Mentoring • Volunteering • Resume/Interview skills classes/training • Substance abuse / Mental health treatment • Domestic violence/date violence program • Parenting classes <ul style="list-style-type: none"> • Attendance current within 30 days • PROVISIONAL ENROLLMENT ONLY: 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.
<p>• Suggested average of 20 hours per week, but hours may fluctuate.</p>		
<p>_____</p>	<p>Unable to participate in the activities detailed above due to a physical or mental health condition documented by a qualified practitioner</p>	<ul style="list-style-type: none"> • Young Adult’s condition may be short or long term. • This eligibility criterion cannot be combined with other criteria. <ul style="list-style-type: none"> • The JFS 01628 Bridges Disability Verification form must be completed by a qualified practitioner.¹ 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. • AT ENROLLMENT ONLY: 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>² <p>¹ An assigned Bridges Liaison or Bridges Supervisor does not meet criteria as qualified practitioner. ² 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

Instructions For Completion of JFS 01628 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.

SECTION I: PATIENT INFORMATION		
Patient Name <i>(first and last)</i>	Date of Birth <i>(mm/dd/yyyy)</i>	
SECTION II: HEALTH CONDITION(S)		
Please list the physical and/or mental 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
SECTION III: SUMMARY OF LIMITATIONS		
This section is REQUIRED 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: