



Bridge Beyond Benefits Application

Please answer all questions to prevent delays.

Applicant Information		
First Name	Last Name	Middle Initial
Street Address		
City	State	Zip Code
Email Address		Phone Number
Date of Birth (DOB)	Social Security Number (SSN)	OBWP Case Number (if known)
Best way to reach you <input type="checkbox"/> Phone call <input type="checkbox"/> Text <input type="checkbox"/> Email	Preferred Language?	
Do you need any of the following services? <input type="checkbox"/> Interpreter <input type="checkbox"/> Sign Language Interpreter <input type="checkbox"/> Large Print Notices <input type="checkbox"/> Other _____		
I receive the following public assistance benefit(s) (check all that apply) <input type="checkbox"/> SNAP <input type="checkbox"/> OWF (TANF) <input type="checkbox"/> CHILD CARE <input type="checkbox"/> MEDICAID		
Are you a U.S. citizen or non-citizen national or qualified alien? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you serving a sanction period for SNAP or OWF? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you paying back a fraud overpayment for OWF or PRC? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you serving an Intentional Program Violation ineligibility period? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a parent of a minor child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you part of a household with a minor child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you pregnant with your first child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is anyone in your household eligible for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does the child or children receive the child support? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a minor child or children who live outside of your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you pay child support for your minor child or children who live outside of your home? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Household information – Complete the section below for all members of your household (other than applicant)

Name(s) of Other Household Members	Relationship to the Applicant	Date of Birth	Social Security Number	Source of Income	Monthly Amount of Income
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Household Size: (Count all verified household members, including applicant)	_____	Total Countable Monthly Household Income for everyone: (child support, employment, self-employment, disability payments, strike benefits, training allowances, Workers' Comp, unemployment, etc.)	\$_____
--	-------	---	---------

Bridge Assessment Questions

Education	Highest education level attained:		
	<input type="checkbox"/> Less than High School Diploma or GED <input type="checkbox"/> High School Diploma or GED complete <input type="checkbox"/> Job training or certificate complete (beyond high school) <input type="checkbox"/> Associate's degree or professional certification complete <input type="checkbox"/> Bachelor's degree or higher complete		
Employment	Are you working full-time (40 hours per week) at one employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Employer		Position
	Employer Street Address		Employer Phone Number
	Employer City		Employer State
	Employment Start Date	Hourly Wage	Number of Weekly Hours
	Weekly Schedule		

Housing	Do you receive housing assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	How much do you pay towards housing?
Transportation	Check the one that best fits. <input type="checkbox"/> I have no transportation to work or school <input type="checkbox"/> I have different ways to get to work or school, but they are not dependable <input type="checkbox"/> Dependable transportation to work or school is available some of the time <input type="checkbox"/> I am mostly able to get transportation to work or school <input type="checkbox"/> I can always get transportation to work or school	
Debt	How much total debt do you have?	Debts. Check the one that best fits. <input type="checkbox"/> I am not making any payments on my debt <input type="checkbox"/> I am behind in paying 1 or more debts <input type="checkbox"/> I am paying the minimum amount due on all debts <input type="checkbox"/> I am up to date on all my debts and am paying more than the minimum amount due on one or more of them <input type="checkbox"/> I have no debt other than mortgage, education, and/or car loan, and am up to date on them
Savings	How much do you have in total savings?	
Family and Child Care	How do children or family needs affect being able to work or go to school? Check the one that best fits. <input type="checkbox"/> I am not able to go to work or school because of children and/or family needs <input type="checkbox"/> I am barely able to go to work or school because of children and/or family needs <input type="checkbox"/> Sometimes I can go to work or school because of children and/or family needs <input type="checkbox"/> Most of time I can go to work or school; children and/or family needs rarely get in the way <input type="checkbox"/> I can always go to work or school; family life does not get in the way	
Physical and Mental Health	How do your physical and/or mental health needs affect being able to work or go to school? Check the one that best fits. <input type="checkbox"/> I am not able to go to work or school because of physical and/or mental health needs <input type="checkbox"/> I am barely able to go to work or school because of physical and/or mental health needs <input type="checkbox"/> Sometimes I can go to work or school because of physical and/or mental health needs <input type="checkbox"/> Most of time I can go to work or school; physical and/or mental health needs rarely get in the way <input type="checkbox"/> I can always go to work or school; physical and/or mental health needs do not get in the way	
Social Networks	How reliable are your social networks and connections with people to provide advice, guidance, and support? Check the one that best fits. <input type="checkbox"/> I can never rely on social networks to provide advice, guidance, and support <input type="checkbox"/> I can rarely rely on social networks to provide advice, guidance, and support <input type="checkbox"/> I can sometimes rely on social networks to provide advice, guidance, and support <input type="checkbox"/> I can often rely on social networks to provide advice, guidance, and support <input type="checkbox"/> I can always rely on social networks to provide advice, guidance, and support	

Additional Questions
How did you hear about the Bridge Beyond Benefits program?
Are you willing to transition and remain off SNAP? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to stay in the program for the entire 18 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you ready and willing to set goals for self-reliance and take steps to achieving them? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to work with a Success Coach weekly on multiple goals? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a minimum of one to three hours per week to participate in this program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to change jobs to assist you in increasing your earning potential? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to find new employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently facing any repossession of property or in any eviction proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <ol style="list-style-type: none"> 1. Describe what the debt is for: 2. Amount: 3. Who is owed the debt? 4. What steps, if any, are you taking to pay off this amount?"
Are you willing to complete training or an educational program to assist you in increasing your earning potential? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you comfortable working with community partners to assist you in achieving your goals, such as non-profit and other organizations Cuyahoga County works with? <input type="checkbox"/> Yes <input type="checkbox"/> No
List the number one reason you applied to this program:
In your words, what is your ultimate career goal?

In your words, what steps are you taking to become and remain self-reliant?

What is it you would like to gain from this program?

By signing this form, I promise that all of my answers are true and complete as far as I know. I understand that the Bridge Beyond Benefits program is not a Federal or State Entitlement program and that this application does not guarantee that I will get into the program. If I make any false statements on this form, I could be removed from the program or sustain other discipline.

Signature of Applicant

Date

This institution is an equal opportunity provider. Visit <https://www.fns.usda.gov/cr/fns-nondiscrimination-statement>. Cuyahoga Job and Family Services provides access to an interpreter at no charge to customers who are limited-English proficient and individuals with impaired vision and/or hearing.