



## Benefit Bridge Program Application

Benefit Bridge is an 18-month program that helps people become self-reliant and no longer need food assistance (SNAP). Participants in Benefit Bridge will get in-depth help from a personal coach and a team of other specialists. The program includes support with goal setting, financial education, earned rewards, and other financial assistance. Participants will be encouraged to make life changes and decisions that lead to self-reliance and will need to meet achievable program requirements to remain enrolled in Benefit Bridge.

Please answer all questions.

Applicant Information		
First Name	Last Name	Middle Initial
Current Address		
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 _____		
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		
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		
Please <b>check all that apply</b> : <input type="checkbox"/> I am a U.S. citizen or non-citizen national or qualified alien <input type="checkbox"/> I am not a fugitive felon <input type="checkbox"/> I do not have an OWF/PRC fraud overpayment or an existing Intentional Program Violation		
My family is currently receiving the following public assistance benefits. Note: You may be eligible for the Benefit Bridge program whether or not you are currently receiving the following benefits. <b>(check all that apply)</b> <input type="checkbox"/> SNAP <input type="checkbox"/> OWF (TANF) <input type="checkbox"/> CHILD CARE <input type="checkbox"/> MEDICAID		
Are you pregnant with your first child? <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 a non-custodial parent? <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		



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: \$ (Employment, self-employment, disability payments, strike benefits, training allowances, Workers' Comp, and unemployment)			

Benefit Bridge Information			
Employment	Employer	Position	
	Employer Address	Employer Phone Number	
	Employment Start Date	Hourly Wage	Number of Weekly Hours
	Weekly Schedule		



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	
Housing	Do you receive housing assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	How much do you pay towards housing?
Transportation	Check the <b>one</b> 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 <b>one</b> 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 <b>one</b> 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 <b>one</b> 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	<p>How reliable are your social networks and connections with people to provide advice, guidance, and support? Check the <b>one</b> that best fits.</p> <p><input type="checkbox"/> I can never rely on social networks to provide advice, guidance, and support</p> <p><input type="checkbox"/> I can rarely rely on social networks to provide advice, guidance, and support</p> <p><input type="checkbox"/> I can sometimes rely on social networks to provide advice, guidance, and support</p> <p><input type="checkbox"/> I can often rely on social networks to provide advice, guidance, and support</p> <p><input type="checkbox"/> I can always rely on social networks to provide advice, guidance, and support</p>
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*By signing this form, I promise that all my answers are true and complete as far as I know. I understand that the Benefit Bridge 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.*

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Signature of Applicant

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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.