



## BRIDGES ELIGIBILITY ACKNOWLEDGEMENT FORM (B.E.A.F.)

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.
- I understand that if I do not meet all the requirements of an Eligibility Criteria, I may combine more than one to be eligible for the program. The combined activities must equal 80 hours a month or more.<sup>1</sup>
- I understand that my eligibility will be verified at least every 30 days.
- 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 monthly. If combining with another criterion, total hours attended and/or worked must equal 80 hours per month. Online schools without required amount of hours guideline will be required to produce at least 80 hours of activity per month.</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	<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 20 hours a week. 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 20 hours a week 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 per month.	<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>AT 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>
<ul style="list-style-type: none"> <li>• Suggested average of 20 hours per week, but hours may fluctuate.</li> </ul>			

<sup>1</sup> If a young adult qualifies for the program because they have a disabling mental or physical condition documented by a qualified practitioner, this eligibility criterion cannot be combined.



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_____	Participating in a program or activity designed to promote, or remove barriers to, employment for at least 80 hours per month.	<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>AT 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 per month, 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 mental or physical 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></ul>	<ul style="list-style-type: none"><li>• The 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.</p> <p><sup>2</sup> Amount of benefits should be recorded in SACWIS.</p>

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bridges Liaison (Print)

\_\_\_\_\_  
Bridges Liaison Signature

\_\_\_\_\_  
Date

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