

Assessment is to be generated
from SACWIS or completed in
the Collaborative portal.

Bridges Assessment

Date: _____

Young Adult Information				
Age:	<div>Name: Age: Address: County:</div>			
Contact Information				
Phone:				
Email:				
Custody Termination Date:		County of Emancipation:		
Do you have any of the original documents below?				
Birth Certificate	<input type="checkbox"/> Have	<input type="checkbox"/> Applied for	<input type="checkbox"/> Do not have	<input type="checkbox"/> N/A
State I.D/Drivers License	<input type="checkbox"/> Have	<input type="checkbox"/> Applied for	<input type="checkbox"/> Do not have	<input type="checkbox"/> N/A
Citizen/Immigration Docs	<input type="checkbox"/> Have	<input type="checkbox"/> Applied for	<input type="checkbox"/> Do not have	<input type="checkbox"/> N/A
Social Security Number	<input type="checkbox"/> Have	<input type="checkbox"/> Applied for	<input type="checkbox"/> Do not have	<input type="checkbox"/> N/A
Letter Verifying Emancipation from Agency Custody	<input type="checkbox"/> Have	<input type="checkbox"/> Do not have		
Do you have a place where you can safely keep important documents? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>(Consider using the Ohio Benefit Bank www.odjfsbenefits.ohio.gov to secure a copy of your important documents online)</i>				

SELF-DEVELOPMENT AND HEALTHY RELATIONSHIPS

Tell me about yourself? How would a good friend describe you? What's important to you?

What do you love to do? What do you do for fun? What are some of your interests, hobbies, etc?

Are you involved in the community? ☐ YES ☐ NO

If YES, how so?

If NO, would you like to participate in any extracurricular activities, volunteer opportunities, or community events?

Do you consider yourself to be a leader? Why?

How comfortable are you asking for support or help?

When you are stressed or upset, what does that look like for you? How should a support person respond to you during this time?

Relationship Status:

☐ Divorced ☐ Legally Separated ☐ Married ☐ Single ☐ Unmarried Couple ☐ Widowed

Parenting

No children have been added.

Do you have any children or other children that are not listed above? ☐ YES ☐ NO

Child's name:

DOB:

Gender:

Child's name:

DOB:

Gender:

Do all of those children live with you? ☐ YES ☐ NO

If No, where and with whom are they living?

Do you have custody of your children? ☐ YES ☐ NO

If Yes, what type of custody do you have(e.g sole, joint, etc)?

Do you have stable child care? ☐ YES ☐ NO

What is your relationship with the other parent?

Do you have a child support order that you need help with? ☐ YES ☐ NO

Do you feel you are the parent you want to be ? ☐ YES ☐ NO

If No, what knowledge, skills, and/or supports do you need at this time?

Safety

How do you use social media? What are safety and financial risks of using social media? How can you protect yourself?

What are some characteristics of a healthy relationship (trust, respect, boundaries, safety, etc.)?

How can you tell if a relationship is unhealthy?

If you or a family/friend were in an unhealthy or unsafe relationship, what would you do?

Have you and/or your children ever experienced or were exposed to violence or traumatic events (e.g. dating violence, domestic violence, gun violence, physical abuse)?

Supportive connections

Do you feel like you have caring and supportive person(s) in your life?

☐ YES ☐ NO

The following are changes that need to be made to the Young Adult's Contacts:

Please identify those individuals above that you plan to spend holidays with, if applicable?

If not applicable, how will you spend your holidays?

Please identify those individuals above who you would contact in an emergency, if applicable?

If not applicable, in an emergency, who can you reach out to?

Do you feel responsible for, or provide support to, anyone?

☐ YES ☐ NO

If YES, who?

Name:

Relationship:

Please describe your relationships with any members of your birth and/or adoptive family (siblings, grandparents, etc.)?

HOME MANAGEMENT AND LIFE SKILLS

Housing

Housing Type:

There is no housing type associated with this person.

The following are changes to the young adult's housing:

How long can you remain in your current housing arrangement?

Is this your preferred housing plan? ☐ YES ☐ NO

If NO, what type of housing do you prefer?

- ☐ Apartment(subsidized or Unsubsidized) ☐ Roommate ☐ Shared Housing ☐ Host Home ☐ Supervised Independent Living
- ☐ Relative/Kinship ☐ College Dorm ☐ Other: _____

Do you feel safe in your current housing arrangement?

☐ YES ☒ NO

Do you have a backup plan for housing ?

☒ YES ☐ NO

If YES, what is your back-up plan?

Where would you go to search for affordable housing?

Have you ever completed a housing rental application ?

☐ YES ☐ NO

If YES, were you approved or denied?

If Denied, what was the reason given?

Where can you go if you need rental assistance?

Where can you go if you need utility assistance?

What are tenant rights?

What are some potential problems that can cause conflict when living with others?

What's a roommate agreement?

Have you ever reviewed a lease agreement? ☐ YES ☐ NO

Life & Home Management Skills

Which of these life and home management skills would you like to learn more about? (Check all that apply)

- | | | | | |
|---|--|---|---|---|
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Home Safety | <input type="checkbox"/> Grocery Shopping | <input type="checkbox"/> Cooking | <input type="checkbox"/> Meal Prepping |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Personal Hygiene | <input type="checkbox"/> Paying Bills | <input type="checkbox"/> Setting Up utilities | <input type="checkbox"/> Living on your own |
| <input type="checkbox"/> Signing a contract/Lease agreement | <input type="checkbox"/> General house repairs | <input type="checkbox"/> Comparison pricing when shopping | <input type="checkbox"/> Using coupons or sale ad when shopping | |

Transportation

What is your current mode of transportation (Please check all that apply)?

- ☐ Vehicle ☐ Friend/Family Provides ☐ Public Transportation ☐ Bicycle ☐ Walk ☐ Other

Do you have a valid Driver's License? ☐ YES ☐ NO

Would you like to participate in Driver's Education Classes? ☐ YES ☐ NO

Complete the following questions if you own a car, or if you are driving someone else's car:

Does the car have valid vehicle registration and tags? ☐ YES ☐ NO

Do you know what type of maintenance may be needed for a car?

Auto Insurance (Company name):

Policy# :

Coverage:

What is your back-up transportation plan?

Are you currently receiving any transportation assistance (e.g. bus pass, voucher)? ☐ YES ☐ NO

Education

There is no Education Information Recorded for this person.

The following are changes to the young adult's education that need to be updated in SACWIS:

What is your cumulative G.P.A:

Have you taken academic placement tests (e.g. ACT, SAT, COMPASS)?

☐ YES ☐ NO

What test?

When?

Results?

Are you participating in any academic support services (i.e. tutoring, study table)?

☐ YES ☐ NO

If YES, what services?

If not attending college, are you interested in attending college/vocational program?

☐ YES ☐ NO

If YES, what school would you like to attend?

What are you interested in studying?

When do you plan to start?

If attending or planning to attend college, please complete the questions below. If not, please advise young adult about their options for student aid.

Have you completed your Free Application for Federal Student Aid(FAFSA)?

☐ YES ☐ NO

Please remember to reapply annually.

Are you registered for the selective service?

☐ YES ☐ NO

(Males must register for selective service or will not be eligible for federal financial aid.)

Have you applied for Educational Training Voucher (ETV)?

☐ YES ☐ NO

Please remember to submit your grades to ETV at the end of every semester

Have you applied for and/or received other grants and scholarships?

☐ YES ☐ NO

If YES, which ones? Award Amount?

Have you reviewed your college financial aid award and online statement of account? ☐ YES ☐ NO

Do you have access to a computer? ☐ YES ☐ NO

Do you have access to the internet ? ☐ YES ☐ NO

If No, what knowledge, skills, and/or supports do you need at this time?

EMPLOYMENT & CAREER PREPARATION

There is no Employment Information Recorded for this person.

The following are changes to the young adult's employment that need to be made in SACWIS:

Reason(s) for leaving prior jobs:

Do you have any volunteer experience? ☐ YES ☐ NO

If Yes, what organization? What did you like best? What did you like least?

Are you interested in a military career? ☐ YES ☐ NO

If Yes, what branch?

Have you taken the Armed Services Vocational Aptitude Battery (ASVAB) test?

If Yes, what were the results?

Do you have any specialized skills, training, licensures, and/or certifications? ☐ YES ☐ NO

If YES, please list them?

Are you participating or have you participated in any programs that assist you with job readiness skills ? ☐ YES ☐ NO

If YES:

Name of Program:

Activity:

How long is the program?

How many hours do you attend a week?

What do you like or not like about the program?

Do you have a resume ? ☐ YES ☐ NO

Have you ever attended an interview? ☐ YES ☐ NO

If YES, for what type of job?

How comfortable are you with locating, applying, and interviewing for a job?

What information do employers look at to conduct a background check (e.g. arrest record, social media, reference, etc)?

What is steady employment? Why is it important?

What are 3 good work habits(e.g. arriving to work on-time, not calling off, etc)?

Do you know what you want to do for a long term career?

What specific education or training does this career plan require?

Have you taken a career aptitude test (*A career aptitude test is designed to assess your interests, values, and preferences surrounding your career*)?

☐ YES ☐ NO

If YES, please answer the following questions:

What were your strengths?

How do your strengths and abilities fit with your career goal?

Financial & Money Management

There is no Resource information recorded for this person.

There is no Expenses information recorded for this person.

The following are changes to the young adult's Resource and Expenses that need to be made in SACWIS:

Are you receiving any financial assistance?

☐ YES ☐ NO

Source:

Eligibility:

Amount:

Duration:

Do you earn enough money to pay your bills?

☐ YES ☐ NO

Do you have a budget?

☐ YES ☐ NO

How comfortable are you with budgeting?

Banking

Do you have any of the following Bank accounts (please check all that apply)?

<input type="checkbox"/> Checking	Balance:	Bank Name:
<input type="checkbox"/> Savings	Balance:	Bank Name:
<input type="checkbox"/> Other	Balance:	Bank Name:

How do you keep track of transactions charged against your account(s)?

Have any of your banking accounts been closed by the banking institution?

Have you ever been involved in the ChexSystem? (*ChexSystem is a national consumer-reporting agency that keeps track of people who have mishandled a checking or savings account, by having a check bounce or failing to pay a fee, for example. Banks and credit unions share information about these individuals and whether the bank closed their accounts.*)

What's the difference between debit cards and credit cards?

Credit/Loans

Do you have a credit card(s)? ☐ YES ☐ NO

If YES, is it pre-paid? ☐ YES ☐ NO

Name(s)?

Limit:

Balance:

How does a credit card work?

What is a loan?

What are the benefits and risks of credit cards and loans?

Have you used a pay day advance or title loan establishment? ☐ YES ☐ NO

If YES, do you currently owe one of these establishments? ☐ YES ☐ NO

Debt owed to:

Total Amount:

Payment plan?:

Do you have a recent credit report for yourself (within the past year)? ☐ YES ☐ NO

Why is it important to establish good credit?

What is the identity theft and how can you prevent it?

Taxes

How do you receive paystubs?

Do you know how to read a paystub?

Have you ever received a W2 Form?

Have you ever prepared and completed a tax return?

HEALTH & SELF-CARE

Mental Health, Substance Abuse, Medical, Development/Intellectual and other Characteristics

No Characteristic Information recorded for this person.

Medications

No Medication Information recorded for this person.

Healthcare Providers

No Health Care Providers Information recorded for this person.

The following are changes to the young adult's Characteristic Medications, and Health Providers that need to be made in SACWIS:

What is the difference between primary care, urgent care, and emergency care?

If you have no primary care physician, would you like help finding one?

☐ YES ☐ NO

Where would you go for urgent or emergency care? Do you have a plan if you need to get to these locations?

Where do you get your prescriptions filled?

What is the difference between physical and mental health?

Mental/Emotional Health and Substance Use

Are you experiencing any emotional or mental health concerns such as depression, anxiety, or obsessive thoughts/behavior? If so, would you like assistance connecting with treatment?

Do you feel like you would benefit from drug or alcohol treatment? If so, would you like assistance connecting with treatment?

Describe what it means to live a healthy lifestyle?

Do you exercise or participate in any physical activity?

Do you have a current health care power of attorney (*A health care power of attorney names someone that you trust to make decisions about your healthcare if you are unable to speak*)? ☐ YES ☐ NO

If NO, would you like to set up a healthcare power of attorney?

Would you like to receive more information on the following areas (please check all that apply)?

<input type="checkbox"/> Substance abuse	<input type="checkbox"/> Stress Management	<input type="checkbox"/> Healthy relationships
<input type="checkbox"/> Fitness	<input type="checkbox"/> Pregnancy Prevention	<input type="checkbox"/> STI/STD Prevention
<input type="checkbox"/> Nutrition	<input type="checkbox"/> Health self-advocacy	<input type="checkbox"/> First Aid

Legal

Have you been convicted of a felony or misdemeanor? ☐ YES ☐ NO

If Yes, what was the Charge and what is the Date of Conviction?

Do you have any open/pending criminal cases? ☐ YES ☐ NO

Charge:

Next Court Date:

Are you on pre-trial release? ☐ YES ☐ NO

What are your pre-trial release conditions?

Do you currently have any restrictions based on your court involvement/criminal record? ☐ YES ☐ NO

What are your restrictions?

Are you on Probation or Parole? ☐ YES ☐ NO

Probation/Parole Officer Name:

Contact:

Are you currently paying restitution? ☐ YES ☐ NO

How much?

Have you been turned down for a job based on your legal record? ☐ YES ☐ NO

Do you have any pending civil actions? ☐ YES ☐ NO

Please list the action:

Do you have an attorney that you know how to contact? Do you know what kinds of situations an attorney can help you with , now or in the future?