



Dear Housing Provider,

Thank you for your interest in leasing housing unit(s) to young adults enrolled in Ohio's "Bridges" program for 18-, 19- and 20-year-olds who have aged out of foster care and are working, attending school or have a disability.

Bridges is a new voluntary program administered by the Ohio Department of Job and Family Services through a contract with the Child and Family Health Collaborative of Ohio. Participants receive intensive supportive services to help them become self-sufficient and reach their career goals. They sign lease agreements on their own, in their own names, and are solely responsible for complying with the terms of those agreements. However, they also receive monthly funding to help pay for housing.

We fully understand that leasing to young adults without rental histories comes with certain risks. However, because Bridges participants have already agreed to stringent program requirements, we believe they have demonstrated a level of commitment and maturity that mitigates this risk. In addition to going to school and/or working at least 80 hours a month, they meet regularly with actively involved case managers who help them with everything from managing their finances to maintaining a clean living environment. The case managers can help communicate your policies and expectations for such things as timely rent payment, utility bill payment and/or general building maintenance.

At the time of the lease signing, if not before, you will be provided with the name and contact information for the case manager of each Bridges participant renting from you. You are more than welcome to contact that case manager directly at any time.

Please consider supporting Ohio's young adults transitioning from foster care to independence. By ensuring they have a safe, affordable place to live, you'll be providing a tremendous service as they embark on their journey to independence. If you'd like more information about Bridges, please don't hesitate to contact me or visit bridgestosuccess.jfs.ohio.gov. Thank you.

Sincerely,

Geoffrey Hollenbach
Bridges Program Manager
Geoff.Hollenbach@cfhcoho.org
513-265-9508



Introduction

In-Home Official Definition: Approved individual(s) that provide safe and stable housing to Bridges Participant(s) in their home which includes a designated bedroom for the Bridges Participant including their own bed. A monthly stipend payment is provided to approved In-Home providers to reimburse for housing costs associated with the Bridges Participant living in their home.

Supportive In-Home Official Definition: Approved individual(s) that provide safe and stable housing to Bridges Participant(s) in their home which includes a designated bedroom for the Bridges Participant including their own bed. Supportive In-Home providers also take an active role in teaching Bridges Participants crucial life skills. Supportive In-Home providers, with support by Bridges staff and their own real-life experiences, are sought to provide solid life skills work to Bridges Participants. An enhanced monthly stipend payment is provided to approved In-Home providers to reimburse for housing costs associated with the Bridges Participant.

In order to provide In-Home or Supportive In-Home housing to Bridges Participants, a Host Home Provider must meet the following requirements:

1. Be at least 21 years of age.
2. Have an income sufficient enough to support the basic needs of the household (rent/mortgage, utilities, and other debts). The Bridges Participant's contribution to the household should not be considered as part of your income to support the basic needs.
3. Have all gas, electric, water, trash utility services activated, and not be in jeopardy of being disconnected from any.
4. Be able to provide a bed dedicated to the Bridges Participant that is clean and in good repair in a bedroom designated for the Bridges Participant that:
 - a. Is not shared by more than two other people of the same gender and who are not under the age of 18, and
 - b. Is a dedicated sleeping space and not in a common area of the home.
5. Completes the Shared Living Agreement and complies with the Bridges Host Home Agreement.
6. Willing to allow a Bridges Liaison to conduct a walk-through housing inspection during reasonable hours.
7. Willing to communicate with the Bridges Liaison to resolve any issues that arise.
8. Provide a 30-day notice to the Bridges Liaison and Bridges Participant if a change in housing status is required.
9. **PLEASE NOTE: Current foster and adoptive homes - Within 24 hours or the next working day of a change in household members that will extend past 14 days, Ohio Administrative Code OAC 5101:2-7-02. requires you notify your recommending agency so they can begin an amended home study to address the addition of an adult to your home.**

***Additional requirements to be a Supportive In-Home provider:**

1. Provide supportive services to the Bridges Participant including life skills teaching and coaching.
2. Is willing to use life skills curriculum and Bridges planning offered by the assigned Bridges Liaison.



Bridges Host Home Agreement

The following is a living arrangement contract for _____ who will act as the Host Home Provider to _____ (Bridges Participant) beginning on _____ (Date).

Host Home Provider Address:

Phone: _____ **Email:** _____

Type of Host Home Provider (check one): ____ In-Home ____ Supportive In-Home

Terms: This agreement begins on the latest date signed by both parties and continues on a month-to-month basis for the duration of the Bridges Participant's participation in the Bridges program unless otherwise terminated. Bridges does not assume legal responsibility for Bridges Participants, including financially responsibility for damages that the Bridges Participant becomes responsible for.

The terms of this agreement are as follows:

The Host Home Provider will provide the following to the Bridges Participant:

1. Use of a bedroom which includes the use of a bed, pillow, two sets of bed sheets, a blanket or comforter, dresser or chest, closet or garment rack, and laundry basket;
2. Shared or private bathroom with working shower or bathtub that has hot water;
3. Use of all common areas of the home such as living room, kitchen, dining room, garage, and porch;
4. Use of household cleaning equipment and supplies;
5. Use of laundry facilities and equipment, if available on-site;
6. A household agreement regarding garbage and proper disposal;
7. A household agreement for acceptable noise level regarding music, television, other areas that may apply;
8. A household agreement on visitors in the home while the provider is or is not home;
9. A household agreement on coming and going from the residence;
10. A household agreement on parking for the Participant and any visitors;
11. A household agreement on smoking on the grounds of the home; and
12. A household agreement on pets.

The Bridges Participant agrees to the following responsibilities:

1. Proactively attempt to maintain eligibility in the Bridges program;
2. Keep the bedroom area clean and orderly;
3. Maintain cleanliness in common areas of the home when using;
4. Follow the mutually agreed upon areas in the Living Arrangement Agreement;
5. Promptly inform Host Home provider of any damages should they occur; and
6. Notify the Host Home provider at least 30 days prior to Housing status change

**Known Serious Food Allergies**

Bridges Participant: _____

Host Home Provider: _____

Known Serious Medical Conditions and Drug Allergies

Bridges Participant: _____

Host Home Provider: _____

Emergency Contact for Host Home Provider:

(Contacts listed will only be contacted in the event of an emergency)

Name:	Name:
Address:	Address:
Phone:	Phone:

Stipend Payment: A monthly stipend payment will be made to the Host Home Provider to reimburse for rent and utility costs. The payment will be mailed by Bridges to the Host Home Provider for as long as the Bridges Participant remains eligible for the Bridges program and resides in the home. Stipend payments are all-inclusive and non-negotiable. The monthly stipend rate is \$_____. Rent will be prorated for the first and last month based on the number of days the Bridges Participant is enrolled in Bridges and resides in the Host Home Provider's household.

Termination: This agreement will terminate should the Bridges Participant lose eligibility in the Bridges program. The agreement may also terminate if either participant (Host Home Provider or Bridges Participant) fails to comply with any term of this agreement. Either the Host Home or Bridges participant may terminate this agreement by a submitting a thirty-day notice in writing to the other party as well as the Bridges Liaison.

Additional information about termination:

Both the Bridges participant and In-home provider have the right to a safe and stable living situation. From time to time a situation may arise that interferes with this right and will necessitate a Bridges Participant needing to leave the home without being able to honor the thirty (30) day notice outlined in the Termination section of the Host Home Agreement. Such emergent situations might include, but are not limited to:

- The creation of an unsafe home environment due to a host or a Participant using or bringing drugs, weapons, or other illegal activities into the home or in close proximity to the home;
- Unwanted physical or sexual advances or threats toward the host, Participant, or another member of the household;
- Destruction of property by any party;



- A physical altercation between the host, Participant, or another member of the household;
- The home becomes uninhabitable (e.g., fire, water, condemned, untreated insect or rodent infestation);
- Other situations that put either the Participant or In-home provider at risk such as fire setting or theft of personal property; or
- Any other situation that the host and the Participant mutually agree requires immediate removal from the home.

If any of these situations occur and either the host or the Participant does not feel they can live safely together or the home becomes uninhabitable, the Participant and his or her Liaison should immediately work find another safe living situation for the Participant. This can include the use of emergency housing until either the situation can be resolved and a reunification can take place or another longer term living situation can be found for the Participant. In no case will the Participant be exited from the home to the streets or to a homeless situation.

Prior to the execution of any unplanned or mutually agreed notice of termination, the Bridges Liaison must be contacted to in an attempt facilitate mediation between the host and the Participant to attempt to prevent a disruption in the living situation. This requirement can be waived if either the Host or the Participant feels the precipitating issue still creates an unsafe living situation.

All parties understand and agree to this Host Home Agreement.

Host Home Provider

Print Name

Signature

Date

Bridges Participant

Print Name

Signature

Date

Bridges Liaison Contact Information

Name

Phone

Email



Pre Move-In Mutual Living Arrangement Form

It is highly encouraged for the Bridges Participant and the Host Home Provider to discuss some or all of the following topics to avoid any issues as relationships develop. It is not an exhaustive list and both Bridges Participants and Host Home providers are encouraged to develop other areas for agreement as needed.

Noise levels (music/television/other)
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Agreement:

Guests/Visitors

Agreement:

Smoking/Tobacco use

Agreement:

Proper garbage disposal

Agreement:

Pets

Agreement:

Use of laundry facilities

Agreement:

Cars and parking

Agreement:

Coming and going from the residence (courtesy notifications, not curfews)
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Agreement:

Modifications to the residence (decorating, painting)
--

Agreement:

Maintenance/upkeep of personal and shared space
--

Agreement:

Shared activities (meals, holidays)
--

Agreement:

**Conflict resolution**

Agreement:

Financial concerns (how is rent to be paid, other household bills)

Agreement:

Household contributions (shared meal cooking/cleaning, shared living space upkeep)

Agreement:

Other areas of discussion and agreement:

If requested, Bridges Liaison will provide guidance to assist In-Home Provider and Bridges Participant to complete this form.

Bridges Participant_____
Print Name_____
Signature_____
Date**Host Home Provider**_____
Print Name_____
Signature_____
Date

BRIDGES HOUSING INSPECTION FORM

GENERAL/COMMON AREA	Clean/ OK	Dirty	Repair/ Replace	COMMENTS/NA
1. Entrance Door/door Lock				
2. Windows/Locks/Screens/Blinds				
3. Walls/ Ceilings				
4. Flooring				
5. Electric Outlets/Switches/Switch Plates				
6. Light Fixture/Bulb				
7. Heating/Cooling Units				
KITCHEN				
1. Stove/Oven				
2. Sink/Faucet (Condition/Hot/Cold Water)				
3. Refrigerator/Freezer				
4. Flooring				
5. Wall/Ceiling				
6. Electric Outlets/Switches/Switch Plates				
7. Cabinets/Knobs/Shelves				
8. Signs of Mold/Mildew (visual/smell)				
BATHROOM				
1. Toilet/Toilet Seat				
2. Tub/Shower/Faucet/Shower Head				
3. Sink/Faucet (Condition/Hot/Cold Water)				
4. Medicine Cabinet/Mirror				
5. Flooring				
6. Walls/Tiles/Ceiling				
7. Electric Outlets/Switches/Switch Plates				
8. Light Fixture				
9. Door/Door Lock				
10. Signs of Mold/Mildew (visual/smell)				
BEDROOM(S)				
1. Windows/Screens/Blinds				
2. Walls/Ceilings				
3. Electric Outlets/Switches/Switch Plates				
4. Closets/Shelves/Clothes Bar				
5. Light Fixture/Bulb				
6. Door/Door Lock				
7. Flooring				
FURNITURE				
1. Dining Table/Chairs				
2. Couch/Chairs				
3. Bed Frames/Mattresses				
4. Dressers				
5. Other:				
OTHER				
1. Laundry Facilities				
2. Working Smoke Detectors				
	Select	Y/N		
Signs of Criminal Activity in or around home	YES	NO		
Signs of Rodent or Insect Infestation	YES	NO		
OVERALL RECOMMENDATION FOR HABITABILITY	YES	NO		



BRIDGES HOUSING INSPECTION FORM INSTRUCTIONS FOR USE

Prior to a Bridges Participant moving into any housing type, the Liaison and the Bridges Participant should complete the Bridges Housing Inspection Form for two main reasons. First, completion of this form is necessary to ensure all Bridges Participants have safe and habitable housing options. Second, it provides the Bridges Participant with experience in independently evaluating their next living situation.

We are not expecting you to be professional home inspectors, but instead are asking you to go through the home with the Bridges Participant and/or property owner and make visual inspections and general impressions of the areas listed on the inspection form and make an overall recommendation for habitability of that living arrangement.

There are some items that could potentially require repair or replacement to ensure a safe, healthy and convenient living arrangement for the Bridges Participant. These items should be discussed with the property owner and resolved as quickly as possible.

When there are major issues with the living arrangement such as a rodent or insect infestation or signs of criminal activity you will want to really consider whether or not the arrangement is habitable. If you do not consider it habitable because of one or more major issues, please continue working with the Bridges Participant to find another living arrangement. If the Bridges Participant decides they want to reside in an arrangement that is not considered habitable, then that is their choice. However, the Bridges Participant will have to understand that they will not receive any portion of the maintenance payment. Agencies, will receive the Administration payment, but the Bridges Participant will not receive maintenance for an uninhabitable living arrangement.

This form, once completed and signed, should be maintained in the Bridges Participant's paper file.

Bridges Participant

Print Name

Signature

Date

Bridges Liaison

Print Name

Signature

Date

Bridges Supervisor

Print Name_____

Signature_____

Date_____