



Providing services and support to age 21 for young people aging out of foster care.

Application

Section 1: Applicant Information			
First Name:	Middle Name:	Last Name:	Date of Birth:
Mailing Address (include apartment number, if applicable):			
City:		State:	Zip Code:
Home Phone Number:		Cell Phone Number:	
			Text Availability: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:		How may we reach you? Please check all authorized methods of communication: <input type="checkbox"/> Telephone <input type="checkbox"/> Facebook <input type="checkbox"/> Email <input type="checkbox"/> Text Message <input type="checkbox"/> US Mail	
Best Time to Reach You:	Citizen of United States/Lawful Presence: <input type="checkbox"/> Yes <input type="checkbox"/> No	Juvenile Court that has/had Jurisdiction over your Juvenile Case:	
Section 2: Housing Section			
Describe your current living situation.			
Section 2: Case Worker Information			
If you are currently in the custody of DHHS, who is your CFS Specialist?		Office:	
Section 3: Applicant Agreement			
I certify by my signature below that I am interested in participating in the Bridge to Independence Program while I transition into adulthood. I understand that information collected in this application will be used to evaluate my eligibility to participate in the Bridge to Independence Program.			
Applicant Signature:			Date:

Form Instructions - Complete this fillable form. Save it to your hard drive and then email it as an attachment to: dhhs.sp.b2i@nebraska.gov