



Extension of Subsidy Application

Section 1: Applicant Information-Young Adult			
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:			
Citizen of United States/Lawful Presence: <input type="checkbox"/> Yes <input type="checkbox"/> No		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	
Section 2: Housing Section			
Describe young adult's current living situation:			

Section 1: Applicant Information-Guardian/Adoptive Parent			
First Name:	Last Name		
Mailing Address (include apartment number, if applicable):			
City:	State:	Zip Code:	
Home Phone Number:	Cell Phone Number:	Best Time to Reach You:	
Email Address:			

Section 3: Young Adult's Information (Answer what is applicable)				
Education				
High School Graduating/Graduated From:			Date of Graduation:	
G.E.D.: <input type="checkbox"/> Yes <input type="checkbox"/> No			G.E.D. Date of Completion:	
Applied to: <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> Trade School			Status of Application: <input type="checkbox"/> Accepted <input type="checkbox"/> Acceptance Pending	
I plan on attending: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Total Semester Hours:	Total Quarter Hours:	Degree/Certificate:	Expected Graduation Date:
Section 4: Young Adult's Employment				
I am employed: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time				
Section 5: Programming to Prevent Barriers Toward Employment				
Are you involved in any programs or activities that would enhance your employability? <input type="checkbox"/> Yes <input type="checkbox"/> No			How many hours are you involved in programs or activities per week?	
Describe your programs or activities:				
Section 6: Incapable of Participation				
Are you able to attend school, be employed, or participate in programming to remove barriers to employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you currently have a medical condition that prevents you from being able to attend school, be employed, or participate in programming? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your medical condition (if applicable):				
Section 8: 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