



## Transmittal Letter DCYTL47

**TO:** Children Services Stakeholders

**FROM:** Kara B. Wentz, Director

**DATE:** June 10, 2025

**SUBJECT:** Amendments to Bridges Rules in Chapter 5180:2-50

### **Background**

The Department of Children and Youth (DCY) is revising Ohio Administrative Code (OAC) rules in chapter 5180:2-50 as part of the five-year review process and program updates. All rules in Chapter 5180:2-50 are being rescinded and replaced with three (3) new OAC rules, 5180:5-50-01 "Administration of bridges", 5180:5-50-02 "Eligibility for bridges", and 5180:5-50-03 "Title IV-E FCM program eligibility and reimbursability of bridges".

These rules will be effective on July 01, 2025.

### **Purpose**

On January 2, 2025, DCY Ohio Administrative Code (OAC) rules were renumbered to 5180, as a result of House Bill 33 (HB33) of the 135<sup>th</sup> General Assembly. With this completion of the five-year rule review the DCY name is replacing The Ohio Department of Job and Family Services rules are being adopted under the new rule numbers. This letter identifies the rules that are being rescinded, rules that are being renumbered and the removal regulatory restrictive words as described in Senate Bill 9 of the 134<sup>th</sup> General Assembly.

All rules were also amended to change the reference of all automated systems to Ohio's Comprehensive Child Welfare Information System (Ohio's CCWIS). Ohio's CCWIS consists of several automated functions which are approved by the Children's Bureau and include but are not limited to: Ohio Statewide Automated Child Welfare Information System (SACWIS), Ohio Residential Treatment Information System (RTS), Child and Adult Protective Services (CAPS) Learning Management System (LMS), Taking Early Action Matters (TEAM Ohio), and Ohio Certification for Agencies and Families (OCAF).



## New Rules

**OAC 5180:5-50-01, Administration of bridges:** This rule outlines a definition of who may be a Bridges participant and how they may apply for Ohio's voluntary extended foster care program. This rule identifies the types of housing Bridges will financially support a young adult with as well as the checks that are completed on the living arrangement to ensure the safety of the participant. Activities that are completed while the young adult participates in the program such as assessments, face to face contacts, bridges plan and review, and credit reporting assistance are listed with timeframes for them to be completed. Lastly, this rule addresses the retention of records for the program and the ability for a young adult to obtain a summary of their services when requested. This rule is being adopted.

**OAC 5180:5-50-02, Eligibility for bridges:** This rule outlines the program eligibility criteria for a participant to apply, enroll and maintain services in Bridges with documentation that must be submitted for each step. The circumstances and process for a participant's withdrawal or termination from the program, and appeal rights are clarified through this rule. This rule is being adopted.

**OAC 5180:5-50-03, Title IV-E FCM program eligibility and reimbursability of bridges:** This rule describes under what circumstances a Title IV-E agency may extend foster care maintenance (FCM) payments, for administration, and training payments for Bridges participants. The details of how a young adult must voluntarily participate through a voluntary participation agreement, have a best interest court hearing and reside in an approved independent living setting to remain IV-E eligible are outlined. This rule is being adopted.

## Rescinded Rules

**OAC 5180:2-50-01, Bridges definitions:** This rule provides definitions for key terms used in the Bridges rules. All pertinent definitions were incorporated into the new rules if applicable. This rule is being rescinded.

**OAC 5180:2-50-02, Requirements for bridges eligibility:** This rule outlines the eligibility requirements and application process for Bridges. This rule is being rescinded.



**OAC 5180:2-50-03, Bridges termination and reentry:** This rule outlines the reasons and process for terminating a participant from Bridges. This rule is being rescinded.

**OAC 5180:2-50-04, Bridges Title IV-E eligibility and reimbursability determination:** This rule provides guidance on how Title IV-E eligibility and reimbursability are determined for a Bridges participant. This rule is being rescinded.

**OAC 5180:2-50-05, Bridges appeal process:** This rule provides guidance on the appeals process when Bridges applicants or participants choose to appeal a denial or termination decision from Bridges. This rule is being rescinded.

**OAC 5180:2-50-06, Bridges approved supervised independent living settings and visitation requirements:** This rule provides guidance on approved supervised independent living settings and visitation requirements for a Bridges participant. This rule is being rescinded.

**OAC 5180:2-50-07, Bridges assessment, plan and review:** This rule provides guidance on assessments, plans, and reviews that are to be completed while a participant is enrolled in Bridges. This rule is being rescinded.

**OAC 5180:2-50-08, Case records for bridges:** This rule provides guidance on case information retention for Bridges. This rule is being rescinded.

### **Amended Forms**

In addition to the changes described below, the following forms are amended to change the agency to the Department of Children and Youth.

**DCY 01617, Bridges Voluntary Participation Agreement:** This form is provided to an applicant whose application has been approved. This form is being amended to reflect updates in rule, credit reporting requirements, and add language informing the Bridges participant about eligibility for Medicaid.

**DCY 01618, Bridges Notice of Denial:** This form informs the Bridges participant that their Bridges application is denied. This form is being amended to reflect updates in rule.



**DCY 01620, Bridges Notice of Termination:** This form informs the Bridges participant of a pending termination date. This form is being amended to reflect updates in rule.

**DCY 01621, Bridges Voluntary Withdrawal Request:** This form is used by the Bridges participant to voluntarily withdraw from the program. This form is being amended to update the signature title.

**DCY 01622, Bridges State Hearing Request:** This form is used by the Bridges participant to request a state hearing when terminated from the program. This form is being amended to update agency name where applicable.

**DCY 01626, Bridges Application:** This form is used by a young adult to apply for Bridges services. This form is being amended to streamline the usage of this form by an applicant.

### **Rescinded Forms**

**JFS 01619, Bridges Notice of Ineligibility:** This form was used to provide notice of ineligibility to the Bridges participant but is no longer needed to prevent redundancy as the DCY 01620 Bridges Notice of Termination form provides notice of pending termination. This form is being rescinded.

**JFS Form 01627, Bridges Eligibility Acknowledgement Form:** This form was used to outline the eligibility criteria for Bridges and provide examples of qualifying activities and supporting documentation. This form is being rescinded.

**JFS Form 01628, Bridges Disability Verification Form:** This form was completed by a licensed qualified practitioner to document the health condition that is limiting a Bridges applicant or participant from meeting eligibility criteria. This form is being rescinded.

### **Rules/Forms**

The chart indicates the impacted Ohio Administrative Code (OAC) rules, transmittal letters, and/or required forms.



OAC Rules	Previous Transmittal Letter	DCY Forms
5180:5-50-01 – new		DCY 01617 – new
5180:5-50-02 – new		DCY 01618 – new
5180:5-50-03 – new		DCY 01620 – new
		DCY 01621 – new
5180:2-50-01 – rescind	FCASMTL 511	DCY 01622 – new
5180:2-50-02 – rescind	FCASMTL 511	DCY 01626 – new
5180:2-50-03 – rescind	FCASMTL 511	
5180:2-50-04 – rescind	FCASMTL 429	JFS 01617 – rescind
5180:2-50-05 – rescind	FCASMTL 429	JFS 01618 – rescind
5180:2-50-06 – rescind	FCASMTL 429	JFS 01619 – rescind
5180:2-50-07 – rescind	FCASMTL 429	JFS 01620 – rescind
5180:2-50-08 – rescind	FCASMTL 429	JFS 01621 – rescind
		JFS 01622 – rescind
		JFS 01626 – rescind
		JFS 01627 – rescind
		JFS 01628 – rescind

5180:5-50-01**Administration of bridges.**

- (A) For purposes of this program, in accordance with section 5101.1411 of the Revised Code, a bridges participant is defined as a person that:
- (1) Was emancipated through the legal process of custody termination from a Title IV-E agency on or after a youth attains the age of eighteen;
  - (2) Has attained the age of eighteen but has not attained the age of twenty-one; and
  - (3) Meets one of the eligibility requirements pursuant to paragraph (B)(3) of rule 5180:5-50-02 of the Administrative Code.
- (B) An Ohio department of children and youth (DCY) or bridges representative is to provide emancipated young adults with the DCY 01626 "Bridges Application" upon the young adult's request.
- (C) The emancipated young adult is to submit the DCY 01626 and verification of eligibility to DCY.
- (D) The bridges participant is to sign and enter into a DCY 01617 "Bridges Voluntary Participation Agreement" with DCY to begin receiving case management services.
- (E) A bridges representative is to conduct monthly face-to-face visits with the participant and each minor dependent, if any. These visits are to occur in their approved supervised independent or non-reimbursable living setting. If a participant resides in a college dormitory, they may request the visit occur at another location on campus.
- (1) Visits for bridges participants are to be documented as an activity log in Ohio's comprehensive child welfare information system (CCWIS) and at a minimum address the following:
    - (a) The safety and well-being of the bridges participant, and any minor dependent child;
    - (b) The progress of the bridges participant toward their bridges case plan goals; and
    - (c) Any new or pertinent information that is affecting the bridges participant.
  - (2) A bridges representative may request courtesy monthly face to face visits of an Ohio bridges participant residing in another state by following the directives outlined in Chapter 5180:2-52 of the Administrative Code.

- (3) A bridges representative is to conduct courtesy monthly face to face visits for eligible emancipated young adults placed into approved supervised independent living settings in Ohio through the "Interstate Compact for the Placement of Children" pursuant to the Fostering Connections to Success and Increasing Adoptions Act of 2008.
- (F) A participant may reside in the following supervised independent living settings with DCY retaining discretion to approve or deny any setting:
- (1) Leased housing;
  - (2) Room and board arrangements including in-home, supportive in-home, and host homes;
  - (3) College or university dormitories;
  - (4) Emergency housing;
  - (5) Community and supervised community housing; and
  - (6) Shared roommate settings.
- (G) A bridges representative is to conduct and approve or deny a safety check of a participant living setting within seven business days of the initial or any housing change, including settings outside of Ohio. A safety check is to be completed with the participant present and signed by the participant and bridges representative.
- (H) A bridges representative is to complete a bridges assessment with the participant within thirty calendar days of the effective date of the DCY 01617.
- (I) A bridges representative is to work with the participant to develop a bridges plan within sixty calendar days of the DCY 01617 effective date.
- (1) The plan is to be personalized and as detailed as the participant chooses.
  - (2) A copy of the participant signed plan is to be provided to the participant by hard copy or electronic format within seven calendar days of signature.
  - (3) The bridges plan may be amended at any time.
- (J) A bridges representative is to work with the participant to complete a review of the plan every one hundred and eighty calendar days of the DCY 01617 effective date and is to include:
- (1) Review of the current goals and services.

- (2) Verification of eligibility.
- (3) An updated bridges plan is to be signed by the participant and approved by a bridges representative, with a copy provided to the participant within seven calendar days of the review.
- (K) A copy of the current signed bridges plan and review are to be submitted to the court fourteen calendar days prior to any scheduled bridges court hearing.
- (L) A bridges representative is to request a credit report from each of the three major credit reporting agencies (CRA) at least annually during participant enrollment and ensure:

  - (1) A participant receives a copy and is provided interpretation of their consumer credit report annually, and within 60 calendar days of attaining age 21; and
  - (2) Assistance in resolution of inaccuracies reported on a credit report by working with the participant and Ohio attorney general's office; and
  - (3) Documentation of efforts if a participant objects to having their credit report requested.
- (M) All bridges case records prepared, maintained, and permanently kept by the bridges representative are confidential. Information contained in Ohio's Statewide Child Welfare Information System (SACWIS) is confidential pursuant to section 5101.131 of the Revised Code. A bridges representative is to record case information in CCWIS, or alternately in electronic format if unable to be recorded in CCWIS.
- (N) When requested by a bridges participant, a summary of bridges case services is to be provided.

Effective: 7/1/2025

Five Year Review (FYR) Dates: 07/01/2030

CERTIFIED ELECTRONICALLY

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Certification

06/10/2025

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Date

Promulgated Under: 119.03

Statutory Authority: 5101.1414

Rule Amplifies: 5101.1411, 5101.1412, 5101.1413

5180:5-50-02

**Eligibility for bridges.**

(A) An emancipated young adult is to submit to a bridges representative a DCY 01626 "Bridges Application" to participate in the program.

(B) To be eligible for bridges, an applicant is to meet all of following:

(1) Attained the age of eighteen but not attained the age of twenty-one.

(2) Emancipated from one of the following:

(a) The custody of an Ohio public children services agency (PCSA);

(b) The care and placement responsibility of an Ohio Title IV-E juvenile court;  
or

(c) The care and placement of the Ohio department of youth services (DYS) and was in a placement that qualifies for Title IV-E maintenance reimbursement, excluding juvenile correctional facilities, upon turning the age of eighteen.

(3) Submit documentation to verify at least one of the following eligibility criteria:

(a) Completing secondary education or a program leading to an equivalent credential;

(b) Enrolled in an institution that provides post-secondary or vocational education;

(c) Participating in a program or activity designed to promote, or remove barriers to, employment;

(d) Employed for at least eighty hours per month; or

(e) Incapable of doing any of the activities as described in paragraphs (B)(3)(a) to (B)(3)(d) of this rule due to a diagnosed physical or mental health condition.

(C) A bridges representative is to submit a completed and signed DCY 01626, DCY 01617 "Bridges Voluntary Participation Agreement", and documentation supporting eligibility described in paragraph (B)(3) of this rule to the Ohio department of children and youth (DCY) for approval.

- (1) An approved applicant is to sign a DCY 01617 pursuant to section 5101.1412 of the Revised Code and be provided with the JFS 04059 "Explanation of State Hearing Procedures."
- (2) DCY is to provide a denied applicant a DCY 01618 "Bridges Notice of Denial", a DCY 01622 "Bridges State Hearing Request Form", and a JFS 04059 "Explanation of State Hearing Procedures" by U.S. mail, hand delivery, or electronic format no later than three business days after an application is denied, which is to include the reason for denial and the right to appeal the decision as outlined in paragraph (G) of this rule.
- (D) A bridges participant is to maintain eligibility which is to be reviewed by a bridges representative no later than every one hundred and eighty calendar days from the DCY 01617 effective date but may be reviewed at any time. If a participant fails to maintain eligibility, a bridges representative is to notify the participant in writing of termination as outlined in paragraph (F) of this rule.
- (E) A participant may choose to voluntarily withdraw by submitting a DCY 01621 "Bridges Voluntary Withdrawal Form" to a bridges representative with termination effective on the date indicated on the form.
- (F) The following outlines participant termination from bridges:
- (1) In accordance with OAC rule 5101:6-2-04, a participant is to be provided a DCY 01620 "Bridges Notice of Termination" including the reason and effective date of termination, a DCY 01622 "Bridges State Hearing Request Form", and a JFS 04059 "Explanation of State Hearing Procedures" explaining the right to appeal when a participant:
- (a) No longer meets eligibility requirements as outlined in paragraph (B)(3) of this rule;
  - (b) Fails to be in face-to-face contact with a bridges representative for more than sixty calendar days.
  - (c) Is incarcerated for more than sixty calendar days;
  - (d) Attains the age of twenty-one; or
  - (e) Experiences discretionary termination as described in paragraph (F)(5) of this rule.
- (2) The effective date of termination is to be no less than thirty calendar days from the mailing date of the DCY 01620.

- (3) If DCY determines a participant was or may be terminated from bridges for failing to maintain face to face contact for more than sixty calendar days, and it is determined a bridges representative did not make diligent efforts to complete face to face contact, the participant's eligibility may be reinstated.
- (4) Eligibility can be reestablished prior to the termination date if the participant submits documentation that verifies meeting eligibility criteria in paragraph (B) (3) of this rule.
- (5) DCY has the discretion to terminate a participant without providing prior notice if, including but not limited to, the participant falsifies eligibility documentation, is incarcerated impacting program requirements, refuses to participate in program activities, or for misuse of program funds. A bridges representative is to provide the participant a DCY 01620 stating the reason and termination date for the discretionary termination, a DCY 01622 and a JFS 04059.
- (G) An individual who was denied enrollment or terminated from bridges has the right to appeal the decision and may request a state hearing as follows:
- (1) Submission of a DCY 01622 "Bridges State Hearing Request Form" by mail, email, facsimile, or verbal request to a bridges representative, DCY, or bureau of state hearings. The request is to be submitted within the following timeframes:
- (a) Fifteen calendar days from the mailing date of the termination notice, continuing benefits until a state hearing decision is issued pursuant to division 5101:6 of the Administrative Code; or
- (b) Ninety calendar days from the mailing date of the denial or termination notice.
- (2) If the fifteenth or ninetieth day falls on a weekend or holiday, then the next business day is to be used as the date of submission.
- (3) An individual may withdraw a state hearing request for any reason prior to a state hearing decision being issued, including to re-apply to bridges.
- (H) If a participant is terminated from bridges for providing falsified eligibility documentation, all of the following apply:
- (1) Eligibility is suspended for a sixty calendar day period.
- (2) Reapplication may be submitted sixty calendar days from either:

- (a) The mailing date on the DCY 01620; or
- (b) The date of the state hearing decision upholding the termination, if the participant files an appeal as outlined in paragraph (G) of this rule.

Effective: 7/1/2025

Five Year Review (FYR) Dates: 07/01/2030

CERTIFIED ELECTRONICALLY

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Certification

06/10/2025

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Date

Promulgated Under: 119.03

Statutory Authority: 5101.1414

Rule Amplifies: 5101.1411, 5101.1412, 5101.1413

5180:5-50-03

**Title IV-E foster care maintenance (FCM) program eligibility and reimbursability of bridges.**

- (A) Pursuant to 42 U.S.C. 675(8) and section 5101.1411 of the Revised Code, a Title IV-E agency can extend foster care maintenance (FCM) payments, administration, and training payments for an emancipated young adult age eighteen but less than age twenty-one through funding provided in accordance with the federal "Fostering Connections to Success and Increasing Adoptions Act of 2008" ("the Act").
- (B) Title IV-E FCM program eligibility and reimbursability is to be determined in Ohio's comprehensive child welfare information system (CCWIS) by the Title IV-E agency representative within thirty calendar days of either of the following:
- (1) Voluntary participation agreement (VPA) effective date;
  - (2) Best interest ruling date.
- (C) The criteria for a determination of Title IV-E FCM program eligibility includes all of the following:
- (1) A participant is to be considered Title IV-E FCM program eligible if, at the time eligibility is being determined:
    - (a) An emancipated young adult is program eligible and has signed a VPA pursuant to rule 5180:5-50-02 of the Administrative Code; and
    - (b) An emancipated young adult met the aid to families with dependent children (AFDC) eligibility requirements per section 472(a)(3) of the "Act".
  - (2) When Title IV-E FCM eligibility is established, a participant remains program eligible for the current custody episode. A new FCM eligibility determination in CCWIS is to be completed at any time a participant exits and reenters the program by signing a new VPA.
  - (3) A participant may be redetermined as eligible through the end of the month of their twenty-first birthday.
  - (4) A participant is no longer Title IV-E FCM program eligible when any of the following occur:
    - (a) A participant has been terminated from bridges pursuant to rule 5180:5-50-02 of the Administrative Code; or

(b) The Title IV-E agency failed to acquire a best interest statement from the juvenile court within one hundred and eighty calendar days of a signed VPA in accordance with section 5101.1412 of the Revised Code; or

(c) At the end of the month of a participant's twenty-first birthday.

(D) Title IV-E FCM program reimbursability is to be determined in Ohio's comprehensive child welfare information system (CCWIS) by the Title IV-E agency representative within thirty calendar days of any of the following:

(1) Annual reasonable efforts ruling date; or

(2) The date a participant is no longer residing in an approved supervised independent living setting.

(E) The following outlines the determination of Title IV-E FCM program reimbursability:

(1) Title IV-E program reimbursability is to be determined for a participant who is Title IV-E FCM program eligible at the time all parties signed the VPA. A Title IV-E FCM program eligible participant is to be reimbursable when both of the following apply:

(a) A participant's countable income is less than the cost of care paid by the Title IV-E agency.

(b) A participant is residing in an approved supervised independent living setting, pursuant to rule 5180:5-50-01 of the Administrative Code and in accordance with section 5101.1411 of the Revised Code.

(2) A participant is no longer program reimbursable for Title IV-E when either of the following occur:

(a) Reasonable efforts to finalize the permanency plan are not met in accordance with section 472(a)(2)(A)(ii) of the "Act" and 45 C.F.R. 1356.21(b)(2) (2012).

(b) A bridges participant is not residing in an approved supervised independent living setting, as outlined in paragraph (G) of this rule.

(F) Title IV-E FCM reimbursement may be claimed for payments made toward an approved supervised independent living setting while a participant is in one of the following types of leave, if the leave does not exceed fourteen calendar days and a participant returns to the same living setting they were in prior to the leave:

(1) Whereabouts unknown;

(2) Hospital; or

(3) Vacation.

(G) Participants who are otherwise Title IV-E FCM program eligible are not program reimbursable during their period of residence in the following living settings:

(1) Incarceration facilities;

(2) The home of a participant's removal parent(s) or guardian(s); and

(3) Housing that is deemed uninhabitable through completion of a bridges safety check pursuant to rule 5180:5-50-01(G) of the Administrative Code.

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Rule Amplifies: 5101.1411, 5101.1412, 5101.1413

Ohio Department of Children and Youth  
**BRIDGES VOLUNTARY PARTICIPATION AGREEMENT**

**Purpose:**

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Pending approval by Ohio Department of Children and Youth (herein after referred to as DCY) of the Bridges application submitted, I, \_\_\_\_\_, hereby request to voluntarily participate in Bridges. This agreement outlines specific responsibilities for me and DCY as they relate to Bridges.

**Bridges Participant's Responsibilities:**

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**Enrollment**

- Meet at least one of the following program eligibility requirements:
  - Completing a secondary education or a program leading to an equivalent credential;
  - Enrolled in an institution that provides post-secondary or vocational education;
  - Participating in a program or activity designed to promote, or remove barriers to, employment;
  - Employed for at least eighty hours per month;
  - Is incapable of completing the education or employment requirements due to a diagnosed physical or mental health medical condition.

**Ongoing**

- Provide documentation when requested or at minimum every 180 days showing that I am meeting Bridges eligibility requirements while enrolled in the program.
- Within 5 calendar days, inform my Bridges Representative of any concerns and/or changes with my housing, eligibility requirement, or contact information.
- In partnership with my Bridges Representative, develop goals and create an individualized Bridges Plan within 45 days of entering the program and participate in meetings every 180 days to review this plan.
- Follow through with my responsibilities and participate in identified services as outlined in my Bridges Plan and keep my Bridges Representative informed of my needs.
- If I am receiving any benefits outside of Bridges (i.e., SSI, social security, food stamps, cash assistance, subsidized housing, etc.), I will notify the agency or organization providing the benefit that I am enrolled in Bridges. I understand my enrollment in Bridges may impact my benefit(s).

**Living Arrangement**

- Every month, meet in-person with my Bridges Representative within my living arrangement. If I do not meet with my Bridges Representative within my living arrangement after 60 days, then I will be placed in a non-paid housing status until an in-person home visit occurs within my living arrangement.
- Reside in a safe and stable living arrangement that has been approved by my Bridges Representative and myself. I understand that my preferred living arrangement may not be available but will work with my Bridges Representative to find an agreeable option.
- If my living arrangement is found not to be safe and stable by the Bridges Representative, then I will be placed in a non-paid housing status until the concern(s) is resolved or I move to new safe and stable living arrangement. Examples of unsuitable living arrangements may include but not limited to: housing not up to building code, untreated infestation, criminal activity, etc.
- I will follow the rules and regulations of my living arrangement as outlined in my lease agreement, host home agreement, college/university room and board requirements, etc.
- If I initiate unplanned, multiple moves to my living arrangement, I will be at risk of limiting my living arrangement options and funding.
- Notify my Bridges Representative at least 30 days prior to moving from my current living arrangement, or immediately if an unplanned/emergency move.
- I understand that I may be required to pay a portion of the security deposit and first month's rent.

- Upon becoming aware of a written/verbal lease agreement violation or request to leave the property, I will notify my Bridges Representative immediately.
- I understand that if I choose to reside with any parent or guardian from whom I was removed from and then placed in foster care, this living arrangement will be considered non-paid housing.
- I understand that if I choose to receive an add on cost for my minor dependent(s), then they must be seen every 30 days within my living arrangement.

### **Termination**

- DCY may terminate this agreement if I no longer meet program eligibility requirements.
- If at the time of review, an eligibility requirement is not being met, I have 30 calendar days in which to re-establish program eligibility.
- If any of the following occur, I will no longer be eligible for Bridges:
  - No longer in compliance with an eligibility requirement;
  - Failure to be in face-to-face contact with Bridges Representative for more than 60 calendar days;
  - Incarcerated for more than 60 calendar days;
  - Voluntarily withdraw from Bridges;
  - 21<sup>st</sup> birthday;
  - Death; or
  - DCY discretionary termination
- **If I provide falsified eligibility documentation, I understand that I will be terminated immediately from Bridges and will have to wait 60 days to reapply.**

### **Legal**

- Within 48 hours, inform my Bridges Representative of any new involvement with a Public Children Services Agency.
- Attend court reviews as needed for continued program eligibility. If I am unable to attend these reviews, I will notify my Bridges Representative at least 72 hours prior to the court review. If it is an emergency, I will notify my Bridges Representative as soon as I know that I will not be able to attend.
- Complete the Waiver of Attendance at Bridges Hearing form when requested so the Bridges Representative can submit to court in a timely manner. On the waiver form, you will indicate:
  - If you are unable to attend your scheduled court hearing; and
  - If you are requesting appointed counsel or waiving right to counsel
- If I am aware or become aware of any outstanding warrants or court related issues, I must notify my Bridges Representative as soon as possible.
- As an adult age 18 or above, DCY has no legal or financial responsibility in the event I am charged with a crime, or cause damages to another person's being or property.

### **Bridges Responsibilities:**

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#### **Ongoing**

- Notify the Bridges Participant of the types of documentation that can be used to verify program eligibility.
- Educate the Bridges Participant on activities to support continued eligibility.
- In partnership with the Bridges Participant, create an individualized Bridges Plan, review, and update the Plan as needed, notify the participant of when these reviews will occur, and provide a copy of the Plan and all reviews to the participant.
- Be accessible to the Bridges Participant, maintain consistent contact with the participant, and meet in-person with the participant at least every 30 calendar days, or more frequently if needed.
- Assist the Bridges Participant in developing and achieving goals for independent living and help them learn how to utilize services and supports to help the participant meet their needs.
- Assist the Bridges Participant in remaining connected to or establishing permanent connections and supports.

- Ensure the Bridges Participant has Medicaid or other health insurance, and assist the participant with getting medical, dental, vision, and mental health care as needed.
- Provide credit monitoring support that assists the Bridges Participant in appropriately identifying potential risk of identity theft, understanding the process for addressing issues or inconsistencies, and making informed decisions that may impact their credit worthiness.

**Living Arrangement**

- Assist the Bridges Participant in locating a safe and supportive living arrangement that is free of violence, abuse, and neglect. ODCY does not guarantee that a particular living arrangement will be readily available for the participant.
- Provide continued living arrangement benefits and services if the eligibility requirements are maintained and the Bridges Participant is residing in a living arrangement approved by the Bridges Representative. These benefits and services include, but are not limited to housing payments, food, clothing, other personal incidentals, access to transportation, case management, monthly visit(s), service referrals, life skills instruction, etc.
- Reserve the right to limit living arrangement options if the Bridges Participant is demonstrating repetitive behaviors resulting in premature termination of lease, damage to property, evictions, etc.

**Termination**

- Provide the Bridges Participant with the Notice of Termination (NOT) and State Hearing Request form and educate them on their state hearing rights if eligibility is not reestablished.
- Refer the Bridges Participant to a Public Children Services Agency for Young Adult Services, if applicable.

**Legal**

- Notify the Bridges Participant of all court proceedings required for continued program eligibility and assist at the proceedings.
- Provide the Waiver of Attendance at Bridges Hearing form to the Bridges Participant. This form is to be submitted to court prior to the hearing.

<b>Voluntary Participation Agreement Signature &amp; Attestation</b>	
ATTESTATION: By signing this agreement, I declare under penalty of perjury under the laws of the United States of America that the information is true, correct, and complete to the best of my knowledge. I understand that by receiving federal foster care maintenance, I am categorically eligible for the receipt of Medicaid per <a href="#">42 CFR 435.145</a> .	
<ul style="list-style-type: none"> <li>• I understand and agree to my responsibilities as outlined in this agreement and agree to participate in Bridges in accordance with ODCY policy.</li> <li>• I understand that failure to follow these expectations may jeopardize my program involvement.</li> <li>• I understand that this is a voluntary agreement that I may terminate at any time.</li> <li>• If I am terminated from the program or voluntarily choose to terminate Bridges services, I understand that I can reapply if I am under the age of 21 and meet at least one eligibility requirement.</li> <li>• Unless I object, I understand that my Bridges representative will request my credit report from each of the three major credit reporting agencies (CRA) at least annually while enrolled in the program per Pub. Law 112-34. I further understand that my Bridges representative will assist me in the resolution of any inaccuracies reported on any of the credit reports by working with the Ohio attorney general's office.</li> </ul>	
<b>Signature of Bridges Participant</b>	<b>Date</b>
ODCY, through a Bridges Representative, agrees to provide services to the Bridges Participant as outlined in this agreement and in accordance with ODCY policy.	
<b>Signature of ODCY Representative</b>	<b>Date</b>

Ohio Department of Children and Youth  
**BRIDGES NOTICE OF DENIAL**

Name of Applicant	Mailing Date
Street Address	City, State, and Zip Code

It has been determined that you are not eligible for Bridges based on the application submitted on . Please review this notice as it outlines the reason(s) for this decision.

- Applicant was not in the custody of a Public Children Services Agency (PCSA) in Ohio upon attaining the age of eighteen.
- Applicant is still in the custody of a PCSA.
- Applicant has not attained the age of eighteen or has attained the age of twenty-one.
- Applicant does not meet at least one of the following program eligibility criteria:
  - Completing secondary education (high school) or a program leading to an equivalent credential.
  - Enrolled in an institution that provides post-secondary (college) or vocation education.
  - Participating in a program that is designed to promote, or remove barriers to, employment.
  - Employed at least 80 hours in a month.
  - Incapable of completing education or employment requirements due to a physical or mental health condition.
- Applicant has not provided supporting documentation to verify program eligibility criteria was met.

This denial is issued pursuant to 5180:5-50-02 of the Ohio Administrative Code. You have the right to re-apply if or when you meet all of the eligibility requirements. You have until to request a state hearing to appeal the decision if you disagree. **If you have questions regarding this decision, you may call:**

DCY Representative	Date	Telephone Number
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Ohio Department of Children and Youth  
**BRIDGES NOTICE OF TERMINATION**

Bridges Participant	Date of Birth
Mailing Date	Effective Date of Termination

This is a notice of your termination from Bridges. Please review this notice carefully as it outlines the reason(s) for this decision. You have until \_\_\_\_\_ to request a state hearing to appeal the decision if you disagree. If you submit a state hearing request by \_\_\_\_\_, then Bridges benefits shall continue until a state hearing decision is issued.

**REASONS FOR TERMINATION**

- You will be 21 years old on the date of termination. An emancipated young adult cannot continue to receive Bridges benefits after attaining the age of 21 due to state and federal Title IV-E requirements and eligibility criteria.
- You have not maintained eligibility in any of the following activities pursuant to Chapter 5180:5-50 of the Ohio Administrative Code:
  - Completing secondary education (high school) or a program leading to an equivalent credential.
  - Enrolled in an institution that provides post-secondary (college) or vocation education.
  - Participating in a program that is designed to promote, or remove barriers to, employment.
  - Employed at least 80 hours in a month.
  - Incapable of completing education or employment requirements due to a physical or mental health condition.
- You have not had face to face contact with the Bridges representative for more than 60 calendar days.
- You have been incarcerated for more than 60 calendar days.
- You have been terminated at the discretion of Ohio Department of Children and Youth (DCY) administration due to the following behavior(s) or action(s):

This notice of termination is issued pursuant to Chapter 5180:5-50-2 of the Ohio Administrative Code. You have the right to reapply if or when you meet all of the eligibility requirements.

**If you have questions regarding this decision, you may call, text, or email:**

Name of Bridges Representative	Date	Telephone Number	Email
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Ohio Department of Children and Youth  
**BRIDGES VOLUNTARY WITHDRAWAL REQUEST**

Bridges Participant	Date of Birth
Date of Notice	Effective Date of Withdrawal from Bridges

**Please state your reason(s) below for wanting to stop receiving Bridges benefits and services at this time:**

<b>REASON(S) FOR VOLUNTARY WITHDRAWAL FROM BRIDGES</b>
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**With my signature, I affirm that I am voluntarily withdrawing from Bridges at this time. I understand that all benefits and services from Bridges will terminate effective on the date indicated above. I also understand that, if I so choose, I may re-apply for Bridges any time before I reach the age of 21, as long as I meet Bridges program eligibility criteria.**

Signature of Bridges Participant	Date	Primary Contact
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**I have received this notice:**

Signature of Bridges Representative	Date	Telephone Number
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Ohio Department of Children and Youth  
**STATE HEARING REQUEST**  
**Mailing Date:xx/xx/xxxx**

**IF YOU DISAGREE WITH THIS DECISION, ASK FOR A STATE HEARING**

You can ask for a state hearing if you disagree with our decision. At your hearing, a Bridges representative will explain the reason for this action. You, or someone helping you, can explain the reason(s) why you don't think this decision is right. The state hearing officer will send you a decision after the hearing. If you want a hearing, we must receive your request within 90 days of the notice mailing date. If the 90<sup>th</sup> day falls on a holiday or weekend, the deadline will be the next work day. You can ask for a hearing in one of the following ways:

**Online** - [Bureau of State Hearings | Job and Family Services](#)

**Email** - [bsh@jfs.ohio.gov](mailto:bsh@jfs.ohio.gov). In the subject line, put "State Hearing Request". In the message, include your name, case number, and reason for requesting a hearing, or a copy of this completed form.

**Phone** - Call the ODJFS Consumer Access Line at 866-635-3748. Follow the instructions for State Hearings and mention this notice.

**Fax** - Complete and sign this form, and fax it to (614)728-9574.

**Mail** - Complete and sign this form, and mail it to Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825. Retain a copy for your records.

Please fill in the information below. If you report a new address, you must also notify the Bridges representative of your new information.

Person Requesting the Hearing		Case #
Address		Phone
City, State, Zip	County	

**Check one box:**

Bridges Application Denied

Terminated from Bridges

**Check all boxes that apply:**

I want to do my hearing by telephone. My number is: \_\_\_\_\_

I need an interpreter at my state hearing. My language is: \_\_\_\_\_

In addition to requesting a state hearing, I would like someone from State Hearings to see if my issue can be resolved without a hearing.

This person has agreed to help me with my state hearing (my "authorized representative"):

Authorized Representative Name		Telephone Number
Address		Fax
City, State, Zip	Email	

If you are an authorized representative signing for the person requesting the state hearing, please provide your authorization document along with this hearing request.

Sign Here	Date	Telephone Number
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**You can ask your local Legal Aid program for free help with your case.** Contact your local Legal Aid office by phoning 1-866-LAW-OHIO (1-866-529-6446) or by searching the Legal Aid directory at <https://www.ohiolegalhelp.org/> on the internet.

Ohio Department of Children and Youth  
**BRIDGES APPLICATION**

**Ohio Administrative Code Chapter 5180:5-50 requires that an application be completed by any young adult requesting Bridges assistance, who emancipated from foster care in the State of Ohio and who meets the eligibility criteria below.**

SECTION I: YOUNG ADULT/APPLICANT INFORMATION		
Name <i>(First, Middle, Last)</i>	Date of Birth <i>(mm/dd/yyyy)</i>	
Address		
City, State, Zip		
Phone	Email	
How may we reach you? Please check all methods of preferred communication: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text Message <input type="checkbox"/> US Mail		
Primary Language	Is an interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Languages
Type of Current Living Arrangement: <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Residential <input type="checkbox"/> Supervised Independent/Transitional Living <input type="checkbox"/> Family/Relative <input type="checkbox"/> College Dormitory <input type="checkbox"/> Own Apartment <input type="checkbox"/> Host Home <input type="checkbox"/> Homeless <input type="checkbox"/> Other: _____		
Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	Parenting <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name(s) and Date(s) of Birth of Child(ren) or Due Date		
Left Custody from a PCSA at 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	PCSA Custody Termination Date <i>(mm/dd/yyyy)</i>	
County where you emancipated from foster care:		
EMERGENCY CONTACT		
Name	Relationship	
Address	Phone	
Do we have permission to contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this person a Permanent Connection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II: ELIGIBILITY CRITERIA		
<b>Eligibility Requirements for Bridges:</b> <i>Check all that apply. Documentation is required and some examples are listed below. Please speak with a Bridges representative for other forms of documentation that may be accepted.</i>		
<input type="checkbox"/> Completing secondary education (high school) or a program leading to an equivalent credential <input type="checkbox"/> Enrolled in an institution that provides post-secondary (college) or vocational education <input type="checkbox"/> Participating in a program that is designed to promote, or remove barriers to, employment <input type="checkbox"/> Employed at least 80 hours per month <input type="checkbox"/> Incapable of doing any of the activities described above due to a physical or mental health medical condition, which incapacity is supported by regularly updated information.		
<b><i>Please attach documentation to support the requirements marked above, i.e., school or college enrollment letter, current class schedule, most recent month of employment payment stubs, letter from job training program verifying participation, written verification from a qualified professional documenting that you</i></b>		

**have a physical or mental health medical condition that prevents you from participating in the activities above. Your application will not be processed until all required documentation is submitted.**

**SECTION III: APPLICANT SIGNATURE**

**AFFIRMATION**

With my signature, I affirm my interest in participating in Bridges. I understand that the information and documents that I have provided will be used to determine my eligibility to participate in Bridges.

**Young Adult**

Signature

Date

**Bridges Staff**

I acknowledge that I have received this application and I have provided \_\_\_\_\_ with Bridges information and we have discussed what happens next.

Name (*Print*)

Signature

Date

Phone

Email

## TO BE RESCINDED

5180:2-50-01 **Bridges definitions.**

This rule contains the definitions of terms used in Chapter 5101:2-50 of the Administrative Code.

- (A) "Bridges applicant" is an individual applying for bridges.
- (B) "Bridges liaison" is an individual acting on behalf of a bridges regional grantee to provide case management to, and advocacy for, a bridges participant.
- (C) "Bridges participant" is an emancipated young adult approved for and actively receiving bridges services.
- (D) "Bridges regional grantee" is the agency or consortium selected by ODJFS as a result of the procurement process that will be providing services to emancipated young adults in a region or regions of the state.
- (E) "Bridges representative" is an individual acting on behalf of a bridges regional grantee.
- (F) "Business day" is any day, Monday through Friday, excluding federal holidays.
- (G) "Calendar day" is any day in the month including weekends and holidays.
- (H) "Designee" means a person designated by the governing body of an agency who is responsible for the management and administration of a program on behalf of the agency.
- (I) "Emancipation" is the legal process of custody termination from a Title IV-E agency on or after a youth attains the age of eighteen.
- (J) "Foster care maintenance" is an individual entitlement for financial assistance for board and care of young adults who meet the eligibility requirements as outlined in rule 5101:2-50-04 of the Administrative Code, who are in the care and placement of a Title IV-E agency and are in an approved substitute care placement.
- (K) "Issued," when used in reference to notices, decisions, and other documents, means the date the document is sent by U.S. mail or hand delivered, whichever is earlier.
- (L) "Qualified practitioner," for the purposes of bridges, is a licensed professional qualified to diagnose an individual with a physical, mental, or developmental medical condition.

- (M) "Statewide Automated Child Welfare Information System (Ohio SACWIS)," as established and maintained in accordance with the requirements of 42 U.S.C. 674 (a) (3)(C) (10/2008), is a comprehensive automated case management tool that supports child protective and family preservation services.
- (N) "Supervised setting" means any setting in which a bridges participant resides that is approved and visited by a bridges liaison, at a minimum, once every thirty days.
- (O) "Voluntary Participation Agreement (VPA)" is a written agreement, binding on the parties to the agreement, between ODJFS and a young adult which specifies, at a minimum, the legal status of the young adult and the rights and obligations of the young adult and ODJFS while the young adult is involved in bridges.
- (P) "Young adult" means a person who has attained the age of eighteen.

Effective: 7/1/2025

Five Year Review (FYR) Dates: 3/21/2025

CERTIFIED ELECTRONICALLY

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Certification

06/10/2025

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Date

Promulgated Under: 119.03  
Statutory Authority: 5101.1414  
Rule Amplifies: 5101.1411, 5101.1412, 5101.1413  
Prior Effective Dates: 12/11/2017, 02/07/2020

## TO BE RESCINDED

5180:2-50-02      **Requirements for bridges eligibility.**

Pursuant to section 5101.1414 of the Revised Code, bridges is a voluntary benefits program with the intended outcome of an eligible emancipated young adult gaining skills to self-sufficiency. Bridges provides an eligible emancipated young adult assistance with stable housing, support to complete educational goals, employment resources, and access to community resources.

(A) A bridges representative must be contacted to apply for services.

(B) To be eligible for bridges, an applicant is to meet all of the following :

- (1) Attained the age of eighteen but not attained the age of twenty-one; and
- (2) Emancipated from one of the following:
  - (a) The custody of an Ohio public children services agency (PCSA),
  - (b) The care and placement responsibility of an Ohio Title IV-E juvenile court,  
or
  - (c) The care and placement of the Ohio department of youth services (DYS) and was in a placement that qualifies for Title IV-E maintenance reimbursement, excluding juvenile correctional facilities, upon turning the age of eighteen.
- (3) Satisfies at least one of the following eligibility criteria as outlined in the JFS 01627 "Bridges Eligibility Acknowledgement Form":
  - (a) Completing a secondary education or a program leading to an equivalent credential;
  - (b) Enrolled in an institution that provides post-secondary or vocational education;
  - (c) Participating in a program or activity designed to promote, or remove barriers to, employment;
  - (d) Employed for at least eighty hours per month;
  - (e) Incapable of doing any of the activities as described in paragraphs (B)(3)(a) to (B)(3)(d) of this rule due to a diagnosed physical or mental health condition.

- (C) The applicant, with the assistance of the bridges representative, shall submit the necessary supporting documentation to verify eligibility criteria. Documentation may include but is not limited to any of the following:
- (1) School or college enrollment letter;
  - (2) Current class schedule;
  - (3) Most recent employment paystub;
  - (4) Letter from job training program verifying participation;
  - (5) JFS 01628 "Bridges Disability Verification Form" completed by a qualified practitioner stating how a physical or mental health condition prevents participation in activities described in paragraphs (B)(3)(a) to (B)(3)(d) of this rule.
- (D) The bridges representative shall submit a completed and signed JFS 01626 "Bridges Application", JFS 01617 "Bridges Voluntary Participation Agreement", documentation supporting eligibility described in paragraph (B)(4) of this rule, and a signed JFS 01627 to the Ohio department of job and family services (ODJFS) for approval.
- (E) An applicant approved for bridges participation shall sign a JFS 01617 pursuant to section 5101.1412 of the Revised Code and be provided with the JFS 04059 "Explanation of State Hearing Procedures."
- (F) Under certain circumstances, an applicant may be enrolled in bridges on a provisional basis. Provisional enrollment allows the applicant up to sixty calendar days to provide documentation that supports their eligibility.
- (G) An applicant enrolled in bridges on a provisional basis is to be notified of ineligibility and subsequent termination from bridges as outlined in rule 5101:2-50-03 of the Administrative Code if supporting documentation to verify eligibility has not been submitted within sixty calendar days from the date of enrollment.
- (H) A bridges participant must maintain continued eligibility which is to be reviewed by the bridges representative no later than every thirty calendar days but may be reviewed at any time. If a bridges participant fails to maintain eligibility, the bridges representative shall notify the participant in writing of ineligibility and possible termination from bridges as outlined in rule 5101:2-50-03 of the Administrative Code.
- (I) If a bridges application is denied, ODJFS will send the applicant a JFS 01618 "Bridges Notice of Denial" and JFS 01622 "Bridges State Hearing Request Form" no later than

three business days after the application is denied. The denial notice shall inform the applicant of the reason for denial and the right to appeal the decision as outlined in rule 5101:2-50-05 of the Administrative Code.

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## TO BE RESCINDED

5180:2-50-03 **Bridges termination and reentry.**

- (A) Bridges participants shall be terminated from bridges when any of the following occurs:
- (1) Participant no longer meets bridges eligibility requirements as outlined in rule 5101:2-50-02 of the Administrative Code; or
  - (2) Participant fails to be in face to face contact with bridges representative for more than sixty calendar days; or
  - (3) Participant is incarcerated for more than sixty calendar days; or
  - (4) Participant voluntarily withdraws from bridges; or
  - (5) Participant reaches the age of twenty-one; or
  - (6) Death of the participant; or
  - (7) ODJFS discretionary action to terminate as described in paragraph (I) of this rule.
- (B) A bridges participant deemed ineligible for bridges based on circumstances as outlined in paragraphs (A)(1) to (A)(3) of this rule will be provided the JFS 01619 "Bridges Notice of Ineligibility" that indicates the date of ineligibility and date of termination. The effective date of termination will be sixty calendar days following the date of ineligibility.
- (C) Bridges eligibility can be reestablished during the sixty calendar days described in paragraph (B) of this rule as long as the bridges participant submits documentation that verifies meeting eligibility criteria as outlined in rule 5101:2-50-02 of the Administrative Code, and the termination reasons outlined in paragraph (A) of this rule no longer exist.
- (D) Fifteen calendar days prior to the effective date of termination, the bridges representative shall provide the JFS 01620 "Bridges Notice of Termination" and JFS 01622 "Bridges State Hearing Request Form" to the bridges participant. The termination notice shall state the effective date of termination, the reason for termination and include the right to appeal the decision as outlined in rule 5101:2-50-05 of the Administrative Code.
- (E) The bridges participant is to be provided the JFS 01622 each time the participant is provided the JFS 01620.

- (F) A bridges participant can be provisionally enrolled for thirty calendar days to allow the participant time to submit documentation of eligibility. If the documentation is not received by the thirtieth day, the participant will be provided the JFS 01619. A bridges participant will have an additional thirty days to submit documentation that verifies eligibility.
- (G) A bridges participant enrolled on a provisional basis that does not provide documentation of eligibility within sixty calendar days of the participant's date of enrollment is to be provided the JFS 01620 as outlined in paragraph (D) of this rule.
- (H) A bridges participant choosing to voluntarily withdraw from bridges shall submit a JFS 01621 "Bridges Voluntary Withdrawal Form" to the bridges representative. The bridges participant shall be terminated from the program on the date indicated as such on the form.
- (I) The ODJFS' deputy director or their designee has the discretion to terminate a bridges' participant without providing a sixty day notice, including but not limited to, if the participant falsifies eligibility documentation, is incarcerated for a period impacting program requirements, participant refuses to participate in program activities, or program funds are not utilized for participant basic needs. The bridges representative shall provide the participant the JFS 01620 stating the reason for the discretionary termination and the date services terminate.
- (J) Reapplication for bridges can be made any time after termination if eligibility criteria is established and a new application is submitted as outlined in rule 5101:2-50-02 of the Administrative Code.
- (K) Upon verification that a bridges participant provided falsified eligibility documentation, the following will occur:
- (1) The bridges participant will be terminated immediately from bridges.
  - (2) The bridges representative will provide the participant with the JFS 01620 stating the reason for termination and the date services terminated.
- (L) A bridges participant who was terminated for falsified documentation may reapply for bridges by submitting a new application as outlined in rule 5101:2-50-02 of the Administrative Code sixty calendar days from the following:
- (1) The mailing date on the JFS 01620 provided to the participant; or
  - (2) The date a state hearing decision is overruled or withdrawn, if the participant files an appeal of the termination as outlined in paragraph (B)(2) of rule 5101:2-50-05 of the Administrative Code.

(M) No individual can receive benefits from bridges upon turning the age of twenty-one. No later than sixty calendar days prior to the bridges participant's twenty-first birthday, the bridges representative shall provide the participant the JFS 01620 stating that services will terminate upon the participant's twenty-first birthday.

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## TO BE RESCINDED

5180:2-50-04      **Bridges Title IV-E eligibility and reimbursability determination.**

- (A) Pursuant to 42 U.S.C. 675(8), a Title IV-E agency can extend foster care assistance for an emancipated young adult age eighteen but less than age twenty-one. This funding is provided in accordance with the federal "Fostering Connections to Success and Increasing Adoptions Act of 2008" to cover foster care maintenance (FCM) payments, administration and training payments.
- (B) Title IV-E FCM program eligibility and reimbursability shall be determined in the statewide automated child welfare information system (SACWIS) by the Title IV-E agency representative within thirty calendar days of any of the following:
- (1) Voluntary participation agreement (VPA) effective date;
  - (2) Best interest ruling date;
  - (3) Annual reasonable efforts ruling date;
  - (4) The date a bridges participant is no longer residing in an approved supervised independent living setting; or
  - (5) Case transfer between regional bridges agencies.
- (C) A bridges participant shall be considered Title IV-E FCM program eligible if, at the time eligibility is being determined:
- (1) The emancipated young adult is program eligible for bridges and has signed a VPA pursuant to rule 5101:2-50-02 of the Administrative Code.
  - (2) The bridges participant met the aid to families with dependent children (AFDC) eligibility requirements per section 472(a)(3) of the "Act". AFDC eligibility is based on the bridges participant without regard to the parents/legal guardians or others in the assistance unit in the home from which the bridges participant was removed as a child.
- (D) Once Title IV-E FCM eligibility is established, the bridges participant remains program eligible for the entire care and placement episode through the end of the month of the bridges participant's twenty-first birthday.
- (E) The bridges participant is no longer program eligible for Title IV-E FCM when any of the following occur:

- (1) The bridges participant has been terminated from bridges pursuant to rule 5101:2-50-03 of the Administrative Code; or
  - (2) The Title IV-E agency failed to acquire a best interest statement from the juvenile court in accordance with section 5101.1412 of the Revised Code. Eligibility ends at the end of the one hundred eightieth day of the signed VPA; or
  - (3) At the end of the month of the bridges participant's twenty-first birthday; or
  - (4) The bridges participant dies. Eligibility ends on the date of death.
- (F) A new FCM eligibility determination in SACWIS must be completed if a bridges participant is terminated from bridges or voluntarily leaves the program and reenters the program by signing a new VPA.
- (G) Title IV-E program reimbursability shall be determined for a bridges participant who is Title IV-E FCM program eligible at the time all parties signed the VPA. A Title IV-E FCM program eligible bridges participant shall be reimbursable when both of the following apply:
- (1) The bridges participant's countable income is less than the cost of care paid by the Title IV-E agency.
  - (2) The bridges participant is residing in an approved supervised independent living setting, pursuant to rule 5101:2-50-06 of the Administrative Code and in accordance with section 5101.1411 of the Revised Code.
- (H) The bridges participant is no longer program reimbursable for Title IV-E when any of the following occur:
- (1) Reasonable efforts to finalize the permanency plan are not met in accordance with section 472(a)(2)(A)(ii) of the "Act" and 45 C.F.R. 1356.21(b)(2)(2012).
  - (2) The bridges participant is not residing in an approved supervised independent living setting, as outlined in paragraph (G)(2) of this rule.
- (I) Title IV-E FCM reimbursement may be claimed for payments made toward an approved supervised independent living setting while a bridges participant is in one of the following types of leave, if the leave does not exceed fourteen calendar days and the bridges participant returns to the same living setting he or she was in prior to the leave:
- (1) Whereabouts unknown;
  - (2) Hospital; or

(3) Vacation.

(J) Bridges participants who are otherwise Title IV-E FCM program eligible are not program reimbursable during their period of residence in the following settings or categories:

(1) Incarceration facilities;

(2) The home of a bridges participant's removal parent(s) or guardian(s); and

(3) Housing that is deemed uninhabitable.

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CERTIFIED ELECTRONICALLY

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Certification

06/10/2025

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Prior Effective Dates: 12/11/2017, 02/07/2020

## TO BE RESCINDED

5180:2-50-05 **Bridges appeal process.**

This rule describes the appeals process for an individual who has been denied or terminated from bridges.

- (A) Any individual who was denied enrollment to bridges or who was terminated from bridges may request a state hearing, as described in paragraph (B) of this rule by submitting a JFS 01622 "Bridges State Hearing Request Form."
- (B) In the event an individual receives a denial notice pursuant to rule 5101:2-50-02 of the Administrative Code or a termination notice pursuant to rule 5101:2-50-03 of the Administrative Code, the individual has the right to appeal the decision by requesting a state hearing.
- (1) The individual has ninety calendar days from the mailing date of the denial or termination notice to request a state hearing. If the ninetieth day falls on a weekend or holiday, then the next business day shall be recorded as the ninetieth day.
  - (2) If the individual submits a hearing request to the state or local agency within fifteen calendar days of the mailing date of the termination notice, then bridges benefits shall continue pursuant to division 5101:6 of the Administrative Code until a state hearing decision is issued.
  - (3) The individual may withdraw the state hearing request at any time prior to a state hearing decision being issued.
- (C) The JFS 01622 issued by ODJFS is to be sent by U.S. mail or hand delivered to the individual. While the individual may also choose to receive electronic notices, any electronic notifications will be in addition to, and not in place of, notification by U.S. mail or in-person delivery.
- (D) An individual may submit their JFS 01622 through the following methods:
- (1) U.S. mail;
  - (2) Email;
  - (3) Facsimile; or
  - (4) Verbal request by contacting the bridges notice provider, ODJFS, or bureau of state hearings.

(E) Rules 5101:6-6-01 to 5101:6-6-04 of the Administrative Code detail the process for preparing and conducting state hearings.

Effective: 7/1/2025

Five Year Review (FYR) Dates: 3/21/2025

CERTIFIED ELECTRONICALLY

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Certification

06/10/2025

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Date

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Rule Amplifies: 5101.1411, 5101.1412, 5101.1413  
Prior Effective Dates: 12/11/2017, 02/07/2020

## TO BE RESCINDED

**5180:2-50-06 Bridges approved supervised independent living settings and visitation requirements.**

- (A) Pursuant to rule 5101:2-50-04 of the Administrative Code, a Title IV-E FCM program eligible bridges participant is reimbursable when the bridges participant is residing in an approved supervised independent living setting.
- (B) ODJFS approved supervised independent living settings include:
- (1) Leased housing;
  - (2) Room and board arrangements including in-home, supportive in-home and host homes;
  - (3) College or university dormitories;
  - (4) Emergency housing;
  - (5) Community and supervised community housing; and
  - (6) Shared roommate settings.
- (C) ODJFS is the final decision making authority in the determination if a supervised independent living setting is considered approved or unapproved.
- (D) A bridges participant is to reside in an approved supervised independent living setting to maintain Title IV-E FCM program reimbursable status.
- (E) Reimbursable approved supervised independent living settings located outside of Ohio are limited to the settings described in paragraph (B) of this rule.
- (F) The bridges representative is to conduct face to face visits every thirty calendar days with the bridges participant, even if their living setting is not considered Title IV-E program reimbursable, while enrolled in bridges. These visits are to occur in their approved supervised independent living setting, if applicable, or their non-reimbursable living setting.

If the bridges participant's living setting is a college or university dormitory, the monthly face to face visit may occur on campus by the bridges representative at a location other than the participant's dormitory room, at the request of the participant.

- (G) Face to face visits every thirty calendar days are to be conducted by the bridges representative for each minor dependent, in the approved supervised independent living setting, for which a dependent add-on cost is provided.
- (H) If the circumstances of the case necessitate more than one visit every thirty calendar days, additional face to face visits are to be conducted by the bridges representative.
- (I) The bridges representative is to conduct courtesy monthly face to face visits for Fostering Connections to Success and Increasing Adoptions Act of 2008 eligible emancipated young adults placed into an approved supervised independent living setting in Ohio through the "Interstate Compact for the Placement of Children" process.
- (J) In order to request courtesy monthly face to face visits of an Ohio bridges participant residing in another state, the bridges representative is to follow the directives outlined in Chapter 5101:2-52 of the Administrative Code and the regulations of the interstate compact located at: <http://icpc.aphsa.org/content/AAICPC/en/ICPCRegulations.html>.
- (K) Visits for bridges participants are to be documented in the bridges case record in the statewide automated child welfare information system (SACWIS) and at a minimum, address the following through observation and information obtained during the visit:
  - (1) The safety and well-being of the bridges participant, and any dependent minor child, within the approved supervised independent living setting;
  - (2) The progress of the bridges participant toward their bridges case plan goals; and
  - (3) Any new or pertinent information that is affecting the bridges participant.

Effective: 7/1/2025

Five Year Review (FYR) Dates: 3/21/2025

CERTIFIED ELECTRONICALLY

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Certification

06/10/2025

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Date

Promulgated Under: 119.03  
Statutory Authority: 5101.1414  
Rule Amplifies: 5101.1411, 5101.1412, 5101.1413  
Prior Effective Dates: 12/11/2017, 02/07/2020

## TO BE RESCINDED

5180:2-50-07 **Bridges assessment, plan and review.**

This rule describes the requirements regarding the bridges assessment and plan that is to be completed while a participant is enrolled in bridges.

(A) A bridges representative is to complete a bridges assessment within fifteen calendar days of the effective date of the JFS 01617 "Bridges Voluntary Participation Agreement" and :

- (1) Assist the bridges participant in completing all applicable sections of the assessment; and
- (2) Help the bridges participant begin to identify short and long-term goals that will be utilized for the bridges plan.

(B) A bridges plan is to be completed with participant's signature within forty-five calendar days of the JFS 01617 effective date. A bridges representative works with the bridges participant to develop a bridges plan. The plan is personalized at the direction of the participant and as detailed as the participant chooses, which includes a review of the final transition plan completed by the public children services agency (PCSA) or private child placing agency (PCPA) as outlined in rule 5101:2-42-19 of the Administrative Code.

(1) The plan is to include options regarding:

(a) Health care, including:

- (i) Health insurance;
- (ii) Healthcare power of attorney; and
- (iii) Participants option to execute power of attorney.

(b) Employment services and workforce supports.

(c) Secondary and post-secondary education and training.

(d) Obtaining and paying for housing.

(e) Mentor opportunities and ongoing supportive services.

(2) A copy of the plan with participant's signature is to be provided to the bridges participant within seven calendar days of the participant's signature date.

- (3) The bridges plan may be amended at any time.
- (C) The bridges plan is to be reviewed, approved, and participant's signature obtained ninety calendar days after its approval date with subsequent reviews occurring every ninety calendar days thereafter. The following occurs during the review:
- (1) Review of the bridges participant's current goals. The participant will have the option to continue to work on the selected goals or create new ones;
  - (2) Services identified on the bridges plan are to be reviewed to ensure the services are assisting the participant in completing their goal or if change in service provision is needed; and
  - (3) Verify the bridges participant's current program eligibility.
- (D) After the completion of the review, an updated plan is to be completed within seven calendar days of the review approval date, if the bridges participant would like to modify an existing goal or add a new goal.
- (E) A copy of the current signed bridges plan and review is to be submitted to the court fourteen calendar days prior to any scheduled bridges court hearing.
- (F) All bridges assessments, plans, and reviews are recorded and uploaded into the statewide automated child welfare information system (SACWIS).

Effective: 7/1/2025

Five Year Review (FYR) Dates: 3/21/2025

CERTIFIED ELECTRONICALLY

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Certification

06/10/2025

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Date

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Prior Effective Dates: 12/11/2017, 02/07/2020

## TO BE RESCINDED

5180:2-50-08            **Case records for bridges.**

- (A) Bridges representatives are to record case information in the statewide automated child welfare information system (SACWIS). Case information that cannot be recorded in SACWIS is to be maintained as hard copy files, electronic files or as a combination of both.
- (B) All bridges case records prepared, maintained, and permanently kept by the bridges representative are confidential. Information contained in SACWIS is confidential pursuant to section 5101.131 of the Revised Code. Access to bridges case records and the release of bridges case record information is to be conducted pursuant to and in accordance with the requirements outlined in rule 5101:2-33-21 of the Administrative Code.
- (C) The bridges representative is to prepare, maintain, and permanently keep records for all of the following:
- (1) Bridges assessment reports;
  - (2) Bridges plan reports;
  - (3) Bridges review reports;
  - (4) Bridges eligibility documentation, including, but not limited to and as applicable;
    - (a) Application eligibility documents;
    - (b) Ongoing eligibility documents;
    - (c) Provisional agreement document;
    - (d) Bridges eligibility acknowledgement form;
    - (e) JFS 01621 "Voluntary Withdrawal Request";
    - (f) JFS 01619 "Notice of Ineligibility"; and
    - (g) JFS 01620 "Notice of Termination."
  - (5) Bridges authorization to exchange information; and
  - (6) Tier screening tool.

(D) The bridges representative is to prepare, maintain and permanently keep records on all cases for which the bridges representative provided the following services including but not limited to:

(1) Transition planning services:

- (a) Transition plans;
- (b) Health and education records;
- (c) Bridges participants' budgets; and
- (d) Life skills development records.

(2) Housing services:

- (a) Host home agreement;
- (b) Lease agreement and other housing agreements; and
- (c) Eviction notices.

(E) Each case record prepared, maintained and permanently kept in accordance with this rule is to include the following information, but not limited to and as applicable:

(1) Reports from service providers, including but not limited to:

- (a) Medical reports;
- (b) Educational reports;
- (c) Psychological reports;
- (d) Diagnostic reports; and
- (e) Treatment reports.

(2) Copies of applications and documentation supporting eligibility determinations made for financial or social service support programs including, but not limited to:

- (a) Ohio works first (OWF);
- (b) Prevention, retention, and contingency (PRC) program;

- (c) Medical assistance; and
  - (d) Supplemental social security income (SSI).
- (3) Correspondence pertaining to the bridges participant.
- (4) A copy of any juvenile court:
  - (a) Orders;
  - (b) Findings;
  - (c) Written determinations; and
  - (d) Journalized entries.
- (5) A copy of the bridges participant's social security card.
- (6) A copy of the bridges participant's birth certificate.
- (F) The bridges representative is to maintain case records that cannot be maintained in SACWIS in a consistent and organized manner such that information set forth in this rule can be readily located. If the bridges representative maintains any information set forth in this rule in a location other than the case record, it is to be noted in the case record where the information can be found.
- (G) When requested by the bridges participant, copies of the case records as outlined in paragraphs (C)(1) to (C)(5), (D), and (E)(4) to (E)(6) of this rule are to be provided to the bridges participant.

Effective: 7/1/2025

Five Year Review (FYR) Dates: 3/21/2025

CERTIFIED ELECTRONICALLY

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Certification

06/10/2025

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Date

Promulgated Under: 119.03  
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Rule Amplifies: 5101.1411, 5101.1412, 5101.1413  
Prior Effective Dates: 12/11/2017, 02/07/2020

Ohio Department of Job and Family Services  
**BRIDGES NOTICE OF INELIGIBILITY**

Bridges Participant	Date of Birth
Date of Notice	Effective Date of Ineligibility

It has been determined that you are not eligible for Bridges as of the date listed above. Please review this notice carefully as it outlines the reason(s) for this decision.

You have 60 days from the effective date of ineligibility to re-establish eligibility or you will be terminated from Bridges effective **<DATE OF TERMINATION>**.

Documentation must be submitted to the Bridges representative that verifies eligibility criteria has been re-established. **PLEASE WORK WITH YOUR BRIDGES REPRESENTATIVE ON RE-ESTABLISHING ELIGIBILITY SO THAT YOU MAY CONTINUE TO RECEIVE BENEFITS AND SERVICES FROM BRIDGES.**

**REASONS FOR INELIGIBILITY**

- You have not maintained participation in any of the following activities and therefore are no longer eligible for Bridges:
  - Completing secondary education (high school) or a program leading to an equivalent credential.
  - Enrolled in an institution that provides post-secondary (college) or vocation education.
  - Participating in a program that is designed to promote, or remove barriers to, employment.
  - Employed at least 80 hours in a month.
  - Incapable of completing education or employment requirements due to a physical or mental health condition.
- You have not had face to face contact with the Bridges representative for more than 30 calendar days.
- You have been incarcerated for more than 30 calendar days.

This notice of ineligibility is issued pursuant to 5101:2-50-03 of the Ohio Administrative Code.

**If you have questions regarding this decision, you may call:**

Name of Bridges Representative	Date	Telephone Number
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## BRIDGES ELIGIBILITY ACKNOWLEDGEMENT FORM (BEAF)

### 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.
- Except when enrolling under a disabling mental or physical condition, I understand that I may combine more than one of the other criteria to be eligible for the program. The combined activities must total, at least, 80 hours every 30 days.
- I understand that my eligibility will be verified at least every 30 days or when requested by my Bridges Liaison.
- 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 every 30 days. If combining with another criterion, total hours attended and/or worked must equal 80 hours every 30 days. Online schools without required amount of hours guideline will be required to produce at least 80 hours of activity every 30 days.</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 in a semester or quarter	<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 80 hours every 30 days. 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, at least 80 hours every 30 days 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 every 30 days	<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>PROVISIONAL 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>



### BRIDGES ELIGIBILITY ACKNOWLEDGEMENT FORM (BEAF)

• Suggested average of 20 hours per week, but hours may fluctuate.		
_____	Participating in a program or activity designed to promote, or remove barriers to, employment for at least 80 hours every 30 days	<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>PROVISIONAL 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 the participant is scheduled weekly/monthly, 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 physical or mental 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> <li>• This eligibility criterion cannot be combined with other criteria.</li> </ul>
		<ul style="list-style-type: none"> <li>• The JFS 01628 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.  <sup>2</sup> Amount of benefits should be recorded in SACWIS.</p>

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bridges Representative (Print)

\_\_\_\_\_  
Bridges Representative Signature

\_\_\_\_\_  
Date

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

## **Instructions For Completion of JFS 01628 Bridges Disability Verification Form**

Bridges, administered by the Ohio Department of Job and Family Services, provides financial and case management services to eligible individuals who emancipated from the custody of the public children's services agency. To qualify for these services, at least one of the following eligibility criteria must be met:

1. Completing secondary education or a program leading to an equivalent credential at 70% of required attendance.
2. Enrolled in an institution which provides post-secondary or vocational education for at least 7 educational credit hours or the equivalent of more than a part-time student.
3. Participating in a program or activity designed to promote, or remove barriers to, employment for a least 80 hours every 30 days.
4. Employed for a least 80 hours every 30 days.

For an individual incapable of doing any of the above identified activities due to a diagnosed physical or mental health condition, they may qualify for services through Bridges based on a documented health condition diagnosed by a licensed qualified practitioner.

To meet eligibility due to a health condition, a Bridges Disability Verification Form (JFS 01628) must be completed.

If you believe your patient qualifies for services through Bridges due to a health condition, please note the following:

1. All fields on the form must be completed.
  - Inadequate information, illegible handwriting, or missing fields may delay the eligibility review process by necessitating follow-up contact for clarification and/or additional information.
2. The form must be completed by a licensed practitioner qualified to assess, diagnose, and treat the health conditions identified on the form.
3. The form should clearly document specific impediments that hinder the patient from meeting at least one, or a combination, of the other program criteria.
4. At a minimum, the form must be completed every 90 days, even for ongoing or lifelong conditions.

Ohio Department of Job and Family Services  
**BRIDGES DISABILITY VERIFICATION FORM**

Ohio Administrative Code Chapter 5101:2-50 requires that a Bridges Disability Verification Form be completed for any individual requesting to meet program eligibility due to a health condition. The form must be completed, in its entirety, by a licensed practitioner qualified to assess, diagnose, and treat the health conditions identified on the form.

<b>SECTION I: PATIENT INFORMATION</b>		
Patient Name <i>(first and last)</i>	Date of Birth <i>(mm/dd/yyyy)</i>	
<b>SECTION II: HEALTH CONDITION(S)</b>		
Please list the <b>physical and/or mental</b> health condition(s) that substantially impedes him/her from meeting one of the four Bridges eligibility criteria, on a part-time basis. NOTE: Bridges defines part time as a minimum of 70% of required attendance for a secondary education program or equivalent credential, 7 credit hours for post-secondary, 80 hours every 30 days for employment, employment programs, and when an individual is combining any of the four criteria.		
Diagnosis	Diagnosis Code	<input type="checkbox"/> Physical <input type="checkbox"/> Mental
Diagnosis	Diagnosis Code	<input type="checkbox"/> Physical <input type="checkbox"/> Mental
Diagnosis	Diagnosis Code	<input type="checkbox"/> Physical <input type="checkbox"/> Mental
Diagnosis	Diagnosis Code	<input type="checkbox"/> Physical <input type="checkbox"/> Mental
Diagnosis	Diagnosis Code	<input type="checkbox"/> Physical <input type="checkbox"/> Mental
Diagnosis	Diagnosis Code	<input type="checkbox"/> Physical <input type="checkbox"/> Mental
Diagnosis	Diagnosis Code	<input type="checkbox"/> Physical <input type="checkbox"/> Mental
Diagnosis	Diagnosis Code	<input type="checkbox"/> Physical <input type="checkbox"/> Mental
<b>SECTION III: SUMMARY OF LIMITATIONS</b>		
This section is <b>REQUIRED</b> to be completed or your patient cannot be determined eligible for our program.		
Please describe the functional limitations and specifically how the identified diagnosis(es) currently limits your patient's ability to engage in educational activities, work, or employment program on a part-time basis:		
a) Completing secondary education or a program leading to an equivalent credential at 70% of required attendance?		
b) Enrolled in an institution which provides post-secondary or vocational education for at least 7 educational credit hours or the equivalent of more than a part-time student?		

c) Working a job for at least 80 hours every 30 days?

d) Participating in a program or activity designed to promote, or remove barriers to, employment that totals at least 80 hours every 30 days?

Do you believe the individual will be able to resume routine activity in the next 90 days?  Yes  No

Please list approximate date individual can resume routine activity Date

**SECTION IV: PROVIDER INFORMATION**

I certify that the above information is true, accurate and complete. I certify that I am licensed and qualified to assess, diagnose, and treat the above-named individual for the identified condition(s) on this form.

Provider Name Date

Provider Signature

License # License Type

Agency/Organization Name:

**ODJFS OFFICE USE ONLY**

SACWIS Case ID: