



BRIDGE PROGRAM AGREEMENT

CLIENT REQUIREMENTS

COMPLETE APPLICATION DOCUMENTS: Individuals seeking shelter in the Bridge Program must complete the following documents to be eligible for admission into the program.

1. Intake Application
2. Bridge Program Agreement (this document)
3. Background Check

PROVIDE REQUIRED DOCUMENTATION: Individuals seeking shelter must provide required documentation at the time of intake or within seven (7) days of intake.

1. **Proof of income for all adults in the household.** You need to provide proof of all income received by individuals living in the household. Sources of income include paystubs, government benefits, child support, food stamps, or settlement payments. If you do not have income you will be required to show proof of a minimum of ten (10) job applications per week.
2. **Proof of homeless status.** You will be required to provide proof of homeless status through an eviction notice, referral letter, or authorized request to vacate premises. The Case Manager will provide more information about required documentation.
3. **Identification Documents.** Documents must be provided for all individuals. These documents will be required for you to obtain housing and employment. If you do not have access to these documents notify the Case Manager and they will assist you in obtaining these documents.
 - a. Georgia Photo ID or Georgia Driver's License or Military ID or Passport for all adults
 - b. Birth Certificates for all individuals in the household
 - c. Social Security Cards for all individuals in the household

SUBMIT TO A DRUG TEST: All adults wishing to be housed in the Bridge Program must submit to a drug test at the time of intake. You will be asked to tell the Case Manager if you have used any illegal substances.

If you disclose use of illegal substances, you will be given seven (7) days stay in the program and given an opportunity to re-test. If you pass the second drug test you can remain in the program. If you fail the second test you will be terminated from the program. If you do not disclose use of illegal substances and fail the drug test you will be given a maximum of seven (7) days in the program. If you refuse to submit to a drug test you will not be placed in the program.

Result of a failed drug test will not be shared with law enforcement, parole, or probation officers. Results of failed drug tests will only be shared with the Department of Family and Children Services by the VAC or on behalf of the VAC by a referring school entity.

ATTEND WEEKLY MEETINGS AND ADHERE TO WEEKLY ACTION PLANS: You will be given a weekly action plan. This plan will give you tasks to complete each week. If you do not complete required tasks before your weekly appointment date your stay in the program may not be extended. Weekly plans may include requirements to look for employment, apply for housing, save money, or other tasks which are required to ensure you have stable housing.

MAINTAIN EMPLOYMENT: This is a work-based program which requires you to obtain and maintain adequate employment. Monthly income is required to ensure you and your family are able to obtain and maintain stable housing.

SEEK HOUSING: You will be required to complete and submit applications for housing. The VAC Case Manager can assist you if necessary.

HOTEL RULES

You are not allowed to bring PETS into the hotel room. You are not allowed to have guests staying with you in the room. You are not allowed to bring any cooking items into the hotel room. A microwave is provided for your use. You cannot remove any items from the hotel room which belong to the hotel. You cannot bring large items or furniture into your room. Your room will only be cleaned weekly. You are responsible for maintaining the cleanliness of your room.

WHO IS ALLOWED IN THE PROGRAM

Legal parent(s) or guardian(s) of minors who were living in the household at the time of becoming homeless will be allowed in the program. Legal partners or spouses of legal parents and guardians living in the household at the time of becoming homeless will be allowed in the program. Adults who are listed on the eviction notice or referral documents will be allowed in the program. Any other adults will not be allowed in the program. If unauthorized adults (such as boyfriends, girlfriends, relatives, or friends) are found to be staying in the room you will be immediately terminated from the program.

DURATION OF SHELTER

The maximum length of stay in the Bridge Program is thirty (30) days. The maximum length of stay can only be extended under extenuating circumstances and requires the approval of the Executive Director. The Case Manager is not authorized to extend your stay beyond the maximum length of stay.

You are not automatically approved for a thirty (30) day stay. Your stay length will be determined by the Case Manager and your completion of weekly tasks. Your stay will be approved on a weekly basis and extended at the discretion of the Case Manager. If you do not meet all program criteria you may not be approved for the maximum length of stay. You will be notified by the Case Manager upon intake if you are not qualified for the maximum length of stay.

TERMINATION

A Participant will be immediately terminated from this program for any of the following behaviors:

- THREATS TO VAC STAFF OR REPRESENTATIVES
- DAMAGING HOTEL PROPERTY
- BREAK ANY OF THE HOTEL RULES OR ARE ASKED TO LEAVE THE HOTEL PROPERTY
- POSSESSION OF ILLEGAL SUBSTANCES OR WEAPONS
- ARREST, OUTSTANDING WARRANTS, OR ACTS OF VIOLENCE TO ANYONE
- CHILDREN BEING REMOVED FROM CUSTODY
- HAVING UNAUTHORIZED INDIVIDUALS STAYING IN YOUR HOTEL ROOM

PROGRAM AGREEMENT AND CONSENT

Individuals seeking shelter in the Bridge Program must comply with the terms and conditions of this Program Agreement. It is the responsibility of the individual seeking shelter to review this agreement at the time of intake. Acceptance into the Bridge Program requires your agreement to accept the terms of this agreement by signing this document below. If you fail to provide consent by signing this document, you will not be accepted into the Bridge Program.

Client Signature

Date

Client Signature

Date

Voluntary Action Center's Bridge Program

Client Application

CLIENT AND FAMILY INFORMATION:

Adult: _____ DOB: _____ Gender: _____ Employer: _____

Adult: _____ DOB: _____ Gender: _____ Employer: _____

Adult: _____ DOB: _____ Gender: _____ Employer: _____

Contact Phone Number: _____ Secondary Contact Phone Number: _____

Email Address: _____

Child: _____ DOB: _____ Gender: _____ School: _____

Child: _____ DOB: _____ Gender: _____ School: _____

Child: _____ DOB: _____ Gender: _____ School: _____

Child: _____ DOB: _____ Gender: _____ School: _____

Child: _____ DOB: _____ Gender: _____ School: _____

Are all parents currently in the household? Y N

If No, list other custodian parents: _____

EMERGENCY CONTACT INFORMATION:

Primary Name: _____ Phone: _____

Address: _____

Secondary Name: _____ Phone: _____

Address: _____

WORK ABILITY:

Are any adults disabled? Y N List Name and Disability: _____

Has anyone applied for Disability? Y N Status: _____

CLIENT QUESTIONNAIRE:

Does the client have an eviction notice? Y N
If yes, Eviction Date: _____ Length of time lived at eviction address: _____

Address: _____ Landlord: _____

If no, do they have a referral? Y N List Referring Agency: _____

Where did the client stay last night? _____

Does the client fear for their safety or the safety of their children? Y N

Has the client ever lived at the Housing Authority? Y N Were they evicted? Y N

Total number of past evictions: _____ Is this their first time being homeless? Y N

Does the client have family in Gordon County who can provide assistance? Y N

If yes, explain situation: _____

CLIENT DOCUMENTATION:

Do all household members have a birth certificate? Y N

If no, include individuals needing birth certificates: _____

Do all household members have a social security card? Y N

If no, include individuals needing social security cards: _____

Do all household adults have a driver's license or picture ID? Y N

If no, include individuals needing driver's license or picture ID: _____

BUDGET:

Income:
_____ \$ _____ Frequency _____
_____ \$ _____ Frequency _____

Expenses (List Monthly):

_____ \$ _____ \$ _____
_____ \$ _____ \$ _____
_____ \$ _____ \$ _____
_____ \$ _____ \$ _____



Voluntary Action Center

The Heart of a Caring Community

P.O. Box 631 □ Calhoun, GA 30703-0631
Phone 706-629-7283 □ Fax 706-629-9605

CRIMINAL RECORD RELEASE-CONSENT AGREEMENT

I, _____ hereby authorize the Sheriff of Gordon County and/or his deputy, agent, or employee to conduct an inquiry into any criminal history records pertaining to myself which may be in any local, state, or federal files or database, including the Sheriff's Office, Superior and/or other Courts, the Georgia Crime Information Center (GCIC) and/or the National Crime Information Center (NCIC).

FULL LEGAL NAME:

LAST FIRST MIDDLE SEX

SS# _____ - _____ - _____ DOB _____ RACE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SIGNATURE _____ DATE _____

Notary Public, State-Of-Georgia-At-Large

My Commission Expires _____

Please note: Any applicable charges assessed for this service will be the responsibility of the Voluntary Action Center.

This inquiry has / has not resulted in the receipt of criminal history records of the applicant above.

Gordon County Sheriff's Office