



**Bridges Out of Poverty**

**Getting Ahead in a Just-Gettin'-By World**

**Participant Application**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Spouses Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone (cell): \_\_\_\_\_

Home: \_\_\_\_\_

Email: \_\_\_\_\_

**Please list names of ALL adults in household:**

\_\_\_\_\_

\_\_\_\_\_

**Please list the children in household:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Do your children live with you? Y N If not, where do they live? \_\_\_\_\_

Do you have visitation rights? Y N Are other children in household? Y N

**Referral**

I was referred to Bridges Out of Poverty by: \_\_\_\_\_

Phone: \_\_\_\_\_ (This person may be contacted to discuss your situation)

**Brief description of current strengths/barriers:**

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**Employment**

Place of employment: \_\_\_\_\_

Job title: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

**Education**

Highest grade completed (circle)    1-6   7-8   9   10   11   12   Assoc.    BA/BS    Masters

Currently enrolled in (Education Program) \_\_\_\_\_

Date enrolled \_\_\_\_\_ Anticipated Completion date \_\_\_\_\_

**Income**

Please circle all sources of income:

Wages            TANF            SSI                    Unemployment                    Child Support

Total monthly income for all sources    \$ \_\_\_\_\_

**Transportation**

Do you have a working vehicle?    Y    N            OR            Are you on a bus route?            Y    N

Other: \_\_\_\_\_

**Current Service Agencies**

Please check the agencies you are currently working with:

<input type="checkbox"/>	Head Start
<input type="checkbox"/>	Energy Assistance
<input type="checkbox"/>	Food Stamps/ SNAP
<input type="checkbox"/>	Free/Reduced school lunches
<input type="checkbox"/>	Academic Financial Aid
<input type="checkbox"/>	Link Up Phone service

	Salvation Army
	DRS Vocational Rehab
	Adult Education (GED)
	Living Proof Recovery
	Davies Shelters
	Family Resource Center
	Good Neighbor
	Other:

Place a check next to the areas where you are experiencing difficulties:

- |   |   |
|---|---|
| <input type="checkbox"/> Employment         | <input type="checkbox"/> Isolation        |
| <input type="checkbox"/> Transportation     | <input type="checkbox"/> Housing          |
| <input type="checkbox"/> Training/Education | <input type="checkbox"/> Alcohol/Drugs    |
| <input type="checkbox"/> Budget             | <input type="checkbox"/> Childcare Costs  |
| <input type="checkbox"/> Legal              | <input type="checkbox"/> Healthcare Costs |
| <input type="checkbox"/> Parenting          |   |

**I certify that the following are true (Check):**

- I do not receive disability assistance or I want to discontinue disability assistance
- I am not in a major crisis (untreated mental illness or drug/alcohol addiction, domestic violence situation, homeless); I am stabilized
- Participant has given permission for Bridges staff to talk to referring source about participant's life situation, strengths and barriers
- Is willing to work with others to become self-sufficient, i.e. independent of public assistance
- I am willing to participate in an interview with BOP staff. It is my responsibility to arrange child care during the interview.
- I am willing to participate in an 18-20 week training course.  
(Approximately 3 hrs., one evening per week, childcare & dinner provided)

**Please provide the names and contact information of any other professionals you receive ongoing supportive services from:**

SERVICE/PROFESSIONAL	Contact Name & Telephone Number
Alcohol/Drug Treatment	
Counselor/Therapist	
Vocational Rehab	

Other:	
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**Additional Questions:**

If you were selected as one of our Investigators do you authorize Bridges/GA staff to use pictures and videos of yourself and your children?    **Y**    **N**    If no, explain \_\_\_\_\_

Do you have access to the following: Internet    **Y**    **N**    Tablet capable of streaming    **Y**    **N**

When you sign this page you are giving permission for us to exchange information with the above people if necessary. Information will be used to determine eligibility for the Floyd County Bridges Out of Poverty initiative and track progress toward goals.

***I understand that a background check may be taken for informational purposes but will not solely disqualify me for participation. I also understand that by signing below I agree to submit to drug and/or alcohol test if requested by a Bridges Out of Poverty/Getting Ahead facilitator. Failure to submit to a drug and/or alcohol test if requested or positive results for drug and/or alcohol in my system will result in dismissal from the Getting Ahead program.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

This is an application for the *Getting Ahead Program*; it **does not** guarantee you will be accepted. Thank you for your interest and for taking the time to fill out this application. Please mail, email Bridges or drop completed applications off by the FBC church office to Nick Georgian. **Please submit applications by Friday November 11.**

**Please mail or email to:**

First Baptist Church of Rome  
Bridges Out of Poverty  
100 E 4th Ave, Rome, GA 30161

Phone: (706) 291-6850

[BridgesOutofPovertyRome@gmail.com](mailto:BridgesOutofPovertyRome@gmail.com)

# Background Check Authorization

**Print Name:**

**Former Name(s) and Dates Used:**

**Current Address:**

**Previous Address:**

**Social Security Number:**

**Date of Birth:**

**Telephone Number:**

**Drivers License Number/State:**

The information contained in this application is correct to the best of my knowledge. I hereby authorize **First Baptist Church of Rome Georgia** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Neighbors Building Neighborhoods** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. **NBN** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_