

THE
Bridge
FOUNDATION

GRANT
APPLICATION

BRIDGE TO RECOVERY HOUSING FUND

BRIDGE TO RECOVERY HOUSING Fund Grants provide funding to “bridge” the initial transition from treatment to recovery housing as part of a plan for long term community-based support in a recovery-oriented system of care. This is one-time transitional funding only.

Intake Grants: Provide transitional funding up to \$350 for housing immediately upon release from inpatient treatment or for housing as part of a Recovery Plan sponsored by an outpatient treatment provider or other licensed mental health practitioner or a certified recovery specialist.

ALL BRIDGE INTAKE GRANT APPLICATIONS MUST INCLUDE:

A LETTER FROM A LICENSED MENTAL HEALTH PROFESSIONAL RECOMMENDING RECOVERY HOUSING PLACEMENT AS THE NEXT STEP FOR THE RECOVERY PLAN AND SPECIFYING REASONS FOR REFERRAL TO SPECIFIED RECOVERY HOUSE AS IT RELATES TO FURTHERING APPLICANT'S RECOVERY PLAN. APPLICANTS MUST ALSO INCLUDE A LETTER FROM THE RECOVERY HOUSE MANAGEMENT STATING FUNDS TO BE APPLIED DIRECTLY TO THE APPLICANT'S HOUSING

1. A LETTER FROM A LICENSED MENTAL HEALTH PROFESSIONAL

- a. RECOMMENDING RECOVERY HOUSING PLACEMENT AS THE NEXT STEP FOR THE RECOVERY PLAN AND
- b. SPECIFYING REASONS FOR REFERRAL TO SPECIFIED RECOVERY HOUSE AS IT RELATES TO FURTHERING APPLICANT'S RECOVERY PLAN;

AND

2. A LETTER FROM THE RECOVERY HOUSE OPERATOR/MANAGER CONFIRMING THE FOLLOWING

- a. APPLICANT HAS BEEN APPROVED AS A RESIDENT AND THERE IS A BED AVAILABLE;
- b. COST FOR ONE WEEK OF HOUSING, WITH MEALS; AND
- c. HOUSE MEETS OPERATIONAL STANDARDS OF BEST PRACTICES INCLUDING SUPPORTING RESIDENTS' JOB SEARCH.

While not required, we also highly recommend that you provide a ***statement from a Certified Recovery Specialist*** stating that a Recovery Plan is or will be in place during the term of the grant.

Completed Applications should be emailed to: thebridgfound@gmail.com or faxed to 855-484-3274. **Please allow a minimum of two weeks for processing.** If the applicant's needs are urgent and they risk homelessness please call for expedited application review. For Questions or further information please contact us:

The Bridge Foundation
(855) 4-THEBRIDGE (Toll Free Information and Resource Line)
855-484-3274
THEBRIDGEFOUND@GMAIL.com

A nonprofit corporation dedicated to Freedom and Positive Choices for our Children



WWW.BRIDGE-FOUNDATION.ORG

There Is a Solution

THE BRIDGE FOUNDATION GRANT APPLICATION INSTRUCTIONS

Instructions:

Bridge Fund Grants provide funding to “bridge” the initial transition from inpatient treatment to recovery housing as part of a plan for long term community-based support in a recovery-oriented system of care. This is one time transitional funding only.

Bridge to Housing/Intake Grants: Provide transitional funding up to \$350 for housing immediately upon release from inpatient treatment.

Program Grants: Provide financial assistance to applicants living in recovery housing for Programs suggested as part of a Recovery Plan overseen by a licensed mental health practitioner or Certified Recovery Specialist.

Academic Grants: Provide financial assistance to applicants living in recovery housing for up to one semester of classes at community college or other work training program.

ALL BRIDGE GRANT APPLICATIONS MUST INCLUDE **A LETTER FROM A LICENSED MENTAL HEALTH PROFESSIONAL** RECOMMENDING RECOVERY HOUSING PLACEMENT AS THE NEXT STEP FOR THE RECOVERY PLAN AND **SPECIFYING REASONS FOR REFERRAL TO SPECIFIED RECOVERY HOUSE** AS IT RELATES TO FURTHERING APPLICANT’S RECOVERY PLAN. APPLICANTS MUST ALSO INCLUDE A **LETTER FROM THE RECOVERY HOUSE MANAGEMENT** STATING THE COST OF HOUSING TO BE COVERED, ADDRESS, AND AGREEMENT TO APPLY FUNDS DIRECTLY TO THE APPLICANT’S HOUSING COSTS.

While not required, we also highly recommend that you provide a ***statement from a Certified Recovery Specialist*** stating that a Recovery Plan is or will be in place during the term of the grant.

Please allow two weeks for processing. If the applicant’s needs are urgent please let us know and we will try to accommodate an expedited application review.

Nancy Marcus Newman, Esq., CRS

The Bridge Foundation

a 501(c)(3) nonprofit corporation
dedicated to Freedom and Positive Choices for our Children

WWW.BRIDGE-FOUNDATION.ORG

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Fax (844) 484-3274
cell 610-213-6303
THEBRIDGEFOUND@GMAIL.COM
(844) 4-THEBRIDGE (Toll Free Information and Resource Line)
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BRIDGE RECOVERY HOUSING GRANT APPLICATION

APPLICANT INFORMATION (REQUIRED)

Name:		
Date of birth:	E-mail:	
Address:		City:
State:	Zip Code:	Phone:
Sobriety date:		Current treatment/recovery program:
Percentage of insurance copay or program fee paid by you? _____%		Response deadline (when you need a response):
<p>I am applying for (choose one):</p> <p style="padding-left: 40px;">_____ Intake Grant at Specified Recovery House*:</p> <p style="padding-left: 40px;">_____ Program Grant at Specified Recovery House*:</p> <p style="padding-left: 40px;">_____ Academic Grant</p>		
<p>How will this grant support your recovery?</p>		

EMPLOYMENT & FINANCIAL INFORMATION (REQUIRED)

Current employer (use "n/a" if none):		
Employer address:		How long?
City:	State:	ZIP Code:
Phone:	E-mail:	Position:
Hourly Salary <i>(Please circle)</i>	Est. monthly income: \$	Est. Total savings: \$
<p>Describe your financial need and other sources of funding?</p>		

Instructions: Please be sure to complete all required sections fully (including references), indicate any required timeframes, and submit to: TheBridgeFound@gmail.com

ACADEMIC INFORMATION (ACADEMIC GRANTS ONLY)		
Current/proposed academic institution:		
Program/Degree Goal:		
City:	State:	Start Date:
Major/Area of Interest:		
Proposed completion date:		
How Long have you been at Specified Recovery House? _____/mo. At _____ House		
Why are you a good candidate for a Bridge Fund academic grant?		
BRIDGE TO RECOVERY HOUSING GRANT		
INTAKE (FIRST MONTH ONLY)	YES	NO
Referring Institution:		
Referring Professional:	Phone:	Email:
Why are you a good candidate for a Bridge Recovery Program Grant?		
REFERENCES (REQUIRED FOR ALL APPLICANTS)		
Personal Reference Name, City, State (All Applicants):		Phone:
Recovery Reference Name, City, State (must be licensed counselor for Intake Grant)		Phone:
Academic Reference Name, City, State (Academic Grants Only):		Phone:
SIGNATURES		
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.		
Printed name of applicant		Date:
Signature of applicant:		Date:

Instructions: Please be sure to complete all required sections fully (including references), indicate any required timeframes, and submit to: TheBridgeFound@gmail.com