## Ohio Department of Job and Family Services Bridges Participant Request for Chafee/TANF IL Funds

Department of Joh and Family Convice	(Participant Name) is ces' Bridges program and is requesting	
	(County PCSA).	This document is meant to
streamline the participant's request to the	neir county PCSA while enrolled in Bridgrecord. I acknowledge that the completion	ges. It is still required that you
Participant Signature	Bridges Supervisor	Date
Bric	dges Participant Information	
Data of Dogwood		
SACWIS Person ID:		
Bridges Participant Phone & Email: _		
	Request Details	
Services Needed:		
Reason this service is not covered by F	Bridges:	
How will this service support the ident	tified goal on the Bridges Plan*:	
Time Sensitive: Yes □ No □ If yes,	please indicate when services are neede	ed and explain:
What resources have already been exp	olored:	
*All requests must includ	e Bridges Plan and applicable supporting	documentation
Bridges Supervisor Name:		
DII A OD I		

## **County PCSA Response**

Approval:		
How did the PCSA meet the identified need and what Chafee/TANF IL funding source was used:		
Chafee: □		
TANF/IL: □		
Other:		
Explanation:		
County Worker:		
Signature:		
Date:		
**If Chafee/TANF/IL funds are denied, the county PCSA should document how they will meet the identified need without funding or document what referrals have been made to other community resources/providers.		
Denial: □		
Denial Reason:		
County Worker:		
Signature:		
Date:		
How was the identified need be met without Chafee and/or TANF IL funding:		
The completed form must be emailed to the Bridges mailbox at: <a href="mailto:Bridges@jfs.ohio.gov">Bridges@jfs.ohio.gov</a>		
**Please follow your Agency's internal process for approving the use of Independent Living funds**		