



## Respite Families Intake Form

Dear Prospective Respite Volunteer,

Welcome to the Bridges family! Thank you so much for your interest in supporting the children of Bridges. Your involvement can literally enable a child in crisis to achieve a more stable, productive, and joyful present and future. We are committed to ensuring that partnership with Bridges is healthy, sustainable, and functional for both our respite families and our client families. We aim to learn as much as we can about you and your lifestyle in order to create as compatible a match as possible. We also commit to providing you with steady support and guidance, including:

- Initial and ongoing training to assist in understanding the needs of your Bridges child(ren)
- A dedicated case manager to assist in smooth integration of a child into your home
- Clinical oversight by licensed professionals to answer any questions that may arise

We also ask you to consider whether you and your home are a good match for the Bridges system.

Aspects of home life that are key to successfully hosting a Bridges child include:

- You and your spouse are both able and excited to nurture a Bridges child
- Your own children and/or teens are present in the home, in order to create an atmosphere of family life
- Your own children are interested and excited to welcome a Bridges child into the home
- You have the time, energy, emotional bandwidth, and help at home to allow you to welcome an additional child to your home
- You have the physical space in your home to allow a Bridges child privacy when needed

Please complete the attached application with as much detail as possible. Following submission of your application, a Bridges staff member will contact you to discuss next steps. Please don't hesitate to contact our office with any questions, comments, or concerns.

Thank you,

Rechy Zolty and the Bridges Team

### Family Information

Husbands Name	Title	Occupation	Cell Number	Email
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Wifes Name	Title	Occupation	Cell Number	Email
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Address	Home Number
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Synagogue affiliation, Rabbi

### Children Information

Childs Name	DOB	School	Grade	Gender
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Living at home	yes	no
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Childs Name	DOB	School	Grade	Gender
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Living at home	yes	no
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Childs Name	DOB	School	Grade	Gender
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Living at home	yes	no
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Childs Name	DOB	School	Grade	Gender
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Living at home	yes	no
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**References - No family please**

Spiritual Reference - Rabbi/Rosh Yeshiva

Name / phone / relationship

Neighborhood Reference

Name / phone / relationship

Other Reference - Friend, Professional etc.

Name / phone / relationship

How did you hear about Bridges?

In what capacity can you open your home to Bridges children? Check all that apply

Weekdays after school (no sleeping)n

Shabbos and Yom Tov (must include sleeping)n

Full time foster

Other

Yes No

Do you have space for a Bridges child to have his /her own bathroom

For what length of time can you commit your home to Bridges Children

Up to 3 months

Up to 6 months

Up to 1 year

No limit



Are there any unique family circumstances that we should be aware of regarding your family ?  
(ex: a special needs child at home, recent divorce/loss/remarriage, etc)

Are there any ages/genders of children that you prefer to host ?  
Are there any ages/genders of children that you cannot accommodate ?

How many children can you host?

One Child                      Two Siblings                      Three+ Siblings

Are there any unique skills/services you would like to offer to the Bridges organization?  
Ex: ability to teach an instrument or skill, products or services from a personal business, willingness to lend out personal swimming pool/basketball court, ability to drive children to their respite homes or to (take children on outings, etc

Anything else we should know about you ?

Social Security Number

I give permission to Bridges to do a security check

I hereby certify that all of the above information is true and accurate

Signature

Date