

# Welcome to BRIDGES!

## We are here to support your journey

BRIDGES is a program for adolescents ages 16-21 who are seeking a safe and stable living environment and lack family support transitioning to adulthood. If you are “aging out” of foster care, are pregnant or parenting, homeless or facing similar challenges, BRIDGES might be right for you.

- **Phase I** (YRCII) is a residential center that teaches youth the basic skills to succeed in life in a dorm-like setting.
- **Phase II** (TLP) is the transitional living phase of the program, where youth live in an apartment with on-site guidance to put into practice the life skills they are learning.

### **Additional services include:**

- Case Management
- Educational and Employment Assistance
- Mental Health Assessment
- Drug and Alcohol Assessment
- Crisis Counseling
- Referral Services
- Transportation to School, Work, Medical Appointments
- Financial Planning, Literacy and Budgeting

**To learn how to be part of BRIDGES, keep reading**

# Get started on the path to independence!

We are glad you are interested in the Wichita Children's Home BRIDGES Program. There are several steps for you to complete in order to be considered for admission to BRIDGES. The following is a list of items necessary for you to complete to be considered as a candidate:

- **Application Form:** Complete and return the attached form as soon as possible. Remember to complete all sections, including:
- **Goals:** On the application form, write three (3) short-term goals for the next six (6) months and three (3) long-term goals for the next six months-to-two years.
- **Autobiography:** On the application form, write a short history of your life so far. Include how you got to where you are now.

After your application is received and reviewed, you will be contacted by Street Outreach. Street Outreach will work with you to better understand your needs and refer you for:

- **Mental Health Assessment:** You will need to schedule and complete a short mental health assessment to determine if you have any mental health needs or issues of which we should be aware.
- **Substance Abuse Assessment:** You will need to schedule and complete a short substance abuse assessment to determine if you have any alcohol or drug use issues of which we should be aware.

If you are accepted into the program, there are few more steps:

- **Health Checkup:** You will need to schedule and complete a checkup with your own doctor to determine if you have any health issues of which we should be aware. If you do not have a medical doctor, your BRIDGES Case Manager can help you schedule this.
- **Personal Documents:** You will need a copy of the following documents: Original birth certificate, Social Security card, driver's license or Kansas identification card, high school diploma or GED, and medical card or insurance card. We can help you with this, too.

But it all starts with completing the application. You can submit your application online, email as a PDF, or print and mail to:

Soutdaly Sysaveth  
Wichita Children's Home  
7271 E. 37th St. N.  
Wichita, Kansas 67226  
[ssysavath@wch.org](mailto:ssysavath@wch.org)

**BRIDGES Program Youth  
Application**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Referred By: \_\_\_\_\_

With whom are you currently living? \_\_\_\_\_

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

Current Phone: \_\_\_\_\_

Do you have any children or are you expecting a child? Please list the ages or expected due date of your child/children:

\_\_\_\_\_  
\_\_\_\_\_

Reason for applying for the BRIDGES Program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been, or are you currently in custody? If so, please list case manager's name and any information related to custody:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Phone: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Phone: \_\_\_\_\_

Father's Address: \_\_\_\_\_

## School History

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Type of Diploma: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Honors and Awards: \_\_\_\_\_

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What do you like best about school? \_\_\_\_\_

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What do you like least about school? \_\_\_\_\_

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If you are not attending school, what is the highest grade level completed – and what is your plan for completing your education? \_\_\_\_\_

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What are your educational goals? \_\_\_\_\_

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## Work History

Are you currently employed? Yes No If yes, where: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Previous employer: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Previous employer: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Previous employer: \_\_\_\_\_ Length of employment: \_\_\_\_\_

What type of work do you want to do for a living? \_\_\_\_\_

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**Medical/Mental Health**

Do you have a medical or mental health diagnosis? \_\_\_\_\_

If yes, please elaborate: \_\_\_\_\_

\_\_\_\_\_

Have you received treatment? If yes, please elaborate: \_\_\_\_\_

\_\_\_\_\_

Are you currently receiving treatment? \_\_\_\_\_

\_\_\_\_\_

Have you ever been in therapy or counseling? If yes, with who and for how long? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever tried to harm yourself or someone else? If yes, please elaborate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you take any medications? Yes No If yes, what are the medications for? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you take the medication(s) as prescribed? \_\_\_\_\_

Have you ever been hospitalized? If yes, what for and how long? \_\_\_\_\_

\_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your family have a history of medical problems? If yes, please elaborate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Drug/Alcohol Use

What is your drug and alcohol history? \_\_\_\_\_

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What treatment have you received? \_\_\_\_\_

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Did you successfully complete treatment? \_\_\_\_\_

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How long have you been drug/alcohol free? \_\_\_\_\_

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What did you learn from the treatment program? \_\_\_\_\_

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Describe any past or current drug or alcohol problem(s): \_\_\_\_\_

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Are you willing to start or continue treatment if accepted into the program? \_\_\_\_\_

If not, why? \_\_\_\_\_

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**Criminal Record**

Do you have a criminal record? Yes No

If yes, what did you do that resulted in this record? \_\_\_\_\_

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What is the current status of your record? (on parole, probation, etc.) \_\_\_\_\_

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Do you have any outstanding tickets or court cases pending? Yes No

If yes, please elaborate: \_\_\_\_\_

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## Goals

Please write three goals you would like to accomplish in the next six months:

Goal 1: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goal 2: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goal 3: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please write three goals you would like to accomplish in the next two years:

Goal 1: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goal 2: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goal 3: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





Lined area for writing.