



Bridges Program
Certification and Authorization
For Payment of Deposits and
Rent During Crisis

Participant Name _____

Table with 3 columns: Description, Amount, Name and Address Of Person/Agency to be Paid. Row 1: Rent During Medical or Psychiatric Crisis, \$_____, _____

I certify that the Participant will be absent from the assisted unit due to a medical or psychiatric crisis and that there is a high likelihood that the Participant will return to the unit within the next three months. I will keep the Housing Agency informed of the status of the Participant.

Signature of Case Manager/Housing Support Provider _____ Date _____

Security Deposit \$_____ _____

Utility Deposit \$_____ _____

I certify that the Participant does not have the resources to pay the above deposit and that there are no other sources of funds available to this Participant to cover these costs.

Signature of Case Manager/Housing Support Provider _____ Date _____

Signature of County/Agency Staff giving approval for payment (if necessary) _____ Date _____