



### **General Financial Assistance**

Bridge a Life exists to “provide Christ-centered hope for children with relational trauma through awareness and family support.” We understand that some families encounter financial hurdles when caring for children who have relational trauma. In addition to other support programs, Bridge a Life desires to help families meet their financial obligations regarding foster care, adoption, and kinship care.

### **About Financial Assistance**

General Financial Assistance is available to any resident of Sarasota, Manatee, or DeSoto County who is caring for a child who has experienced relational trauma, meaning foster and adoptive families as well as relative and non-relative caregivers. Due to limited funding, we cannot guarantee all qualified applicants will receive assistance.

### **Please consider the following below applying:**

- +You are a resident of the 12<sup>th</sup> Circuit in Florida.
- +You are an adoptive family, or you are the primary caregiver of a child who has an open case plan (foster family, kinship care, non-relative placement).
- +You have made an attempt to utilize comparable free or reduced-rate services, if applicable.
- +Your request is considered necessary for a healthy family structure and/or would benefit the child or family by providing a necessary product or service.

### **Financial Assistance Amounts:**

Bridge a Life is interested in partnering with families and developing strategic partnerships within our community. Therefore, it is not our intention to fully-fund financial requests. Rather, we’d like to discuss what portion of a product or service the family can contribute, and network with businesses and agencies to cost-share and develop strategic partnerships that are sustainable for future similar requests. Financial assistance amounts range from \$50-1,000. Funds will be distributed directly to your service provider on your behalf.

### **How to Apply:**

Complete the following application and submit via email to [info@bridgealife.com](mailto:info@bridgealife.com).  
If you have questions, email [jody@bridgealife.com](mailto:jody@bridgealife.com) or call 941.306.8628.



**Financial Assistance Application**

Applicant #1 Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Applicant #2 Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Please tell us a little bit about your family and the children in your care: \_\_\_\_\_  
\_\_\_\_\_

Brief description of product or service being requested: \_\_\_\_\_  
\_\_\_\_\_

Is this a one-time request? \_\_\_\_\_  
Total amount being requested: \_\_\_\_\_  
What attempts have you made to secure this product or service at a reduced rate?  
\_\_\_\_\_

Please share product information with web link, if applicable: \_\_\_\_\_

How would this product or service benefit your family? \_\_\_\_\_  
\_\_\_\_\_

**Service Provider Information (if applicable)**

Business Name \_\_\_\_\_  
Business Website \_\_\_\_\_  
Business Phone Number \_\_\_\_\_

**Agency Information (if applicable)**

Name of Licensing Agency \_\_\_\_\_  
Case Manager's Name \_\_\_\_\_  
Case Manager's Phone Number \_\_\_\_\_  
Case Manager's Email \_\_\_\_\_

**Your Church Home (if applicable)**

Church Name \_\_\_\_\_  
Church Website \_\_\_\_\_  
Church Phone Number \_\_\_\_\_