

Bridge Project Application

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Contact Phone number: _____ Date of Birth: _____

DDD Case Manager Name: _____

High School: _____ Teacher: _____

Open case with
DVR: (circle one) Yes NO DVR Worker: _____

Emergency Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

What are your employment goals?

What job experience do you have?

What have you done to find a job? Or What is your plan to finding a job?

What are your likes and dislikes?

What are your skills and abilities?

Signature _____

Date _____

Please return this application to:

Spokane County DD Program
Attn: Denise Magee

312 W. 8th Ave.
Spokane, WA 99207