

Please complete this questionnaire if you are interested in participating in the Bridger Program through Advocacy Unlimited, Inc.

The Bridger program offers flexible, non-clinical, person-centered recovery support to people 18+ living in Connecticut who are affected by psychiatry, trauma, or addiction. Most Bridger participants are people who are involved with, or at risk of involvement with, the mental health system.

The program functions by matching participants with a Peer Bridger, who uses their personal lived experiences, coupled with the principles of Intentional Peer Support and their training as Recovery Support Specialist to build authentic, supportive relationships defined by mutuality, personal agency, and respect. Bridgers are people who have been successful in the recovery process, and who offer support to others experiencing similar situations. Bridgers work toward empowering a participant to build relationships, connect with community, and create a life of self-defined purpose.

Date:	Name:	Pronouns:
Address:		
Phone:		_ Email:
Date of Birth:		Bridger Preference (please circle one): Male Female No Preference
Emergency/Alte	ernate Contact (nai	me and phone number):
	•	e best of your ability. The information you provide will help us to determine if our ne. There are no wrong answers.
If you have questi	ions of your own, ple	ease email info@AdvocacyUnlimited.org or call 860-505-7851]
This form must be	filled out by or with th	ne individual seeking Bridger services
Do not include ser	nsitive or confidential n	naterial (i.e. protected health information, psychiatric diagnosis, etc.)
Tell us about wh	nat is going on in y	our life right now.
How can we sup	pport you in facilita	ating change?
Is there anythin	g else you would li	ke to share?

Do you have a conservator? If yes, please provide contact information.

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Toward this end, the Bridger Program requires that participants:

- 1. Are personally interested in and invested in the building of an authentic, peer-to-peer relationship
- 2. Maintain a relationship that is respectful, including maintaining proper physical and emotional boundaries.
- 3. Willing to navigate challenges through self-determination
- 4. Understand that the Bridger Program is not a clinical service provider, and has no clinical or legal power.
- 5. Understand "advocacy" as is exists within the context of the Bridger Program comes through connection, and in relation to, encouraging a participant to express their needs and required resources to their community of friends, family, service providers and colleagues.

In turn, the Bridger Program will provide:

- 1. Space and opportunity to discuss personal concerns, and offer solutions based on personal experience.
- 2. Access to a Bridger via phone and in person meetings, with a frequency determined through mutual agreement, with consideration given to the stated needs of both parties and with concern to scheduling, other obligations and availability for up to six month (unless a documented extension is provided by the Bridger Program).
- 3. Connection to community resources
- 4. Encouragement during difficult events in participant's lives.

The Bridger Program will not under any circumstance guarantee the following:

- 1. Vehicular transportation for participants.
- 2. Provision of cash, goods or services.
- 3. Intervene on behalf of a participant with outside entities or organizations, including but not limited to service providers, government officials, courts, attorneys and other community members

The Bridger Program reserves the right to terminate and disengage from services with participants who:

- 1. Use abusive or violent language
- 1. Repeatedly place unreasonable and inappropriate demands on Bridgers that violate stated personal and/or professional boundaries.
- 2. Engage in harassment or stalking
- 3. Unsafe or threatening behavior

By signing this document, I am stating that I understand the terms and limitations of Advocacy Unlimited's Bridger Program, as detailed in this Bridger Program Scope of Engagement document.

Participant Signature	Date	