

COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL BUREAU
BRIDGE FAMILY SUPPORTIVE SERVICES

BRIDGE PROGRAM ATTESTATION FORM

Agency Name: _____

DMC Contract #: _____

DMC Site Address: _____

City: _____ Zip Code: _____

BRIDGE Contact Name: _____

Contact Title: _____

Contact Email: _____

Contact Phone: _____

We, _____, (*agency name*) commit to
implementing the BRIDGE Family Supportive Services Program to
increase support and services for families and caregivers as outlined in
SAPC Informational Notice 24-06.

Funding for the BRIDGE Program is available for each DMC-Certified Youth SUD treatment site. A separate attestation form is required for each DMC-certified location.

Please return each attestation form on or **before September 30, 2024**, via email to the Youth Services Unit at DPH-SAPC-YSU@ph.lacounty.gov.

Authorized Name

Signature

Title

Date:

COUNTY OF LOS ANGELES -DEPARTMENT OF PUBLIC HEALTH
 SUBSTANCE ABUSE PREVENTION AND CONTROL BUREAU

BRIDGE FAMILY SUPPORT SPECIALIST INVOICE

Provider Name: _____ Monthly Claim Period: _____
 Street Address: _____ Phone Number: _____
 City, State, Zip: _____ Contact Email: _____

Family Support Specialist Activities	Number of Hours for Monthly Claim Period	Amount Requested for Monthly Claim Period (Hours x \$81.07)
Early Family Engagement Services		
Family Education		
Community Outreach and Engagement		
Family & Caregiver Support Groups		
Leadership and Mentoring Program		
Positive Family Development Program		
Programming Resources and Supplies		
Total:		

Claims must be submitted by the **10th of the month** to the Youth Services Unit at DPH-SAPC-YSU@ph.lacounty.gov.
 Payment may be delayed or withheld if this request contains any errors or omissions.

 Signature - Agency Supervisor

 Date

 Contract Number

 Print Name - Agency Supervisor

 Signature - DPH-SAPC

 Date

 Approved Amount by DPH-SAPC



COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH

Substance Abuse Prevention and Control
BRIDGE Family Supportive Services Program



BRIDGE Family and Youth Group Activity

Attachment III - Supplemental B

Agency Name: _____

Report Month: _____

Address: _____

BRIDGE Liaison: _____

DMC Contract #: _____

Contact Phone: _____

Contact Email: _____

Activity Name:	Activity Type:
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Activity Date:	Start Time:	End Time:
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Description of Activity:
Narrative must include BRIDGE goals and program objectives

Materials/Programming Supplies :
Provide a list of supplies and total costs to support the activity (including educational materials, incentives, transportation, etc.)

_____ Facilitator Signature	_____ Name/Title	_____ Date
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