



Bridge Meadows Waitlist Application

Portland: 8502 N. Wayland Ave. 97203
Beaverton: 5995 SW Menlo Dr. 97005

Dear Applicant,

Thank you for your interest in joining Bridge Meadows, an intentional, intergenerational community. Our mission is to create and inspire intergenerational communities, enriching the well-being of children, families, and elders.

In order to create a culture of belonging and healing for all ages, Bridge Meadows has adopted these Community Agreements that are intended to guide how community members treat one another.

1. Engage with others with the intention of creating a network of mutual support.

To maintain a community that is dynamic in its capacity to flourish, we expect community members to participate to the best of their ability in ways that are meaningful, relevant, and valuable to them. Each person is asked to contribute their gifts and talents toward the good of the community in a self-directed manner and with the support of the Community Support Specialist, as needed.

2. Engage across differences of race, gender, gender identity, religious affiliations, nationality, ability, age, size, sexual orientation, veteran status, income, class backgrounds, political affiliation, and education.

To maintain a community that welcomes all people, community members are expected to treat one another with respect. All people have a voice and a place within the community. Discriminatory language or actions based on any identity are not tolerated.

3. Engage in respectful language and behavior with one another.

In order to maintain a positive sense of self and community culture, we interact, behave and communicate in ways that honor one another's dignity. We also hold this as an extremely important quality to model for the children.

4. Willingly address conflicts that arise to the best of one's ability in order to repair relationships.

To maintain a community united in its purpose, we expect community members to address inevitable conflicts to the best of their ability. We believe that it is critical to address conflicts as they arise in order to work through grievances and to model how to repair relationships for younger generations.

5. Take responsibility for maintaining the physical and emotional safety of one another.

We hold dearly the fact that many of the children whom the community supports have experienced trauma. Parents and elders have also experienced traumatic events over the course of their lives. In practice, maintaining a trauma-informed environment means that everyone in the community, staff and community members, holds an awareness of the impacts of trauma, recognizes its symptoms, and responds in a way that does not re-traumatize. Community members are invited to participate in learning opportunities on trauma-informed care.



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I am filling out this application for:

Last Name of Head of Household

First:

MI:

Address:

City:

State:

Zip:

Telephone #:

Email:

Date of Birth:

Annual Income:

What is your current living situation?

Is there an additional adult household member?

Yes

No

Name:

Date of Birth:

Annual Income:

Please list additional household members, not listed above:

Name	Date of Birth	Relationship



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Are you adopting (or seeking guardianship of) a sibling group? Yes No

Have you completed the adoptive training and certification with the Department of Human Services, Children, Adults and Families Division? Yes No

DHS Worker contact information:

ODHS Worker's Name Phone

How did you become aware of Bridge Meadows?

Share your interest in becoming a member of the Bridge Meadows community.



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Confidentiality Agreement

I agree to maintain in complete confidence any and all information that is made known to me regarding families, children and elders during the course of my relationship with Bridge Meadows Community Members. This information may include community members' records, family matters, personal information, and information from the Oregon Department of Human Services.

Furthermore, I understand that my participation in the Bridge Meadows Community is a role of friendship and support and does not serve any alternate purpose. I agree not to interpret or give information regarding any medical diagnosis, treatment or procedures.

I have read, understand and agree to the above statements.

Signature:

Date:

Printed Name: