**Bridges for Learning**

Admission application: to be completed by referring social worker.

*Please note: Incomplete applications may delay the admission process.*

Indicate the organization the youth being referred currently resides with by checking the appropriate box:

☐ HomeBridge Youth Society (Please specify which facility):

☐ Other Central Region Residential Facility (Please specify):

☐ Other (i.e. foster home)

* Date of referral:
* Name of Youth:
* Youth’s date of birth:
* Youth’s age:
* Date of admission to current residential placement:
* Home placing agency:
* Indicate the youth’s agency status:
* Name of assigned social worker:
  + Email address:

* + Telephone number: (   )     -

* + Complete mailing address:
* Youth’s current grade level:
  + If youth’s current grade level is unknown, please explain:

* + Last grade completed:
  + Explain any difficulties the youth is experiencing with schoolwork:

**It is mandatory that all youth be registered at a community school to ensure that they can be provided with work packages and receive credit for the work they complete at**

**Bridges for Learning.**

**When faxing in this application, please include the youth’s most up to date copy of the youth’s transcripts.**

* Name of current school youth is registered at:

* Address of current school youth is registered at:

* Date of the last time they attended their registered school:

**Reason youth is not attending community school:** (check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Expelled | ☐ Suspension | ☐ Distance | ☐ Behavioural Issues |
| ☐ Learning Issues | ☐ Mental Health | ☐ Refused to Attend | ☐ Numerous Placements |
| ☐ Other (please explain): | | | |

**Behavioural and/or learning issues the youth displays in school:** (check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Attendance Problems | ☐ Attention Difficulties | ☐ Boundary Issues | ☐ Anger Issues |
| ☐ Disruptive Behaviour | ☐ Verbally Disrespectful | ☐ Noncompliance | ☐ Horseplay |
| ☐ Impulsive Behaviours | ☐ Social Interaction Issues | | ☐ Attention Seeking |
| ☐ Disobeys Rules | ☐ Physically Aggressive | | ☐ Property Damage |
| ☐ Disrespectful Language | | ☐ Verbally Aggressive/Threatening | |
| ☐ Bullying/Targeting Others | | ☐ Difficulty Understanding Material | |
| ☐ Difficulty Following Directives | | ☐ Difficulty Understanding Material | |
| ☐ Does not Complete Assignments or Homework | | ☐ Unwilling to Engage in Work | |
| ☐ Difficulty Coping with Learning Situations | | | |
| ☐ Other: | | | |

* Probation Order:
  + Copy of Probation Order attached:
  + Name of probation officer:
* Undertaking:
  + Copy of Undertaking attached:

***(Bridges for Learning must be supplied with a copy of a youth’s Probation Order and/or Undertaking at the time of admission).***

**Please explain the details of the educational plan for the youth:** (check one)

☐Work Packages ☐ Correspondence Work

☐Other: Explain:

* What is the long-term educational plan for the youth?  What school or alternative program will the youth transition to from Bridges for Learning?

* Has the youth received psycho-educational testing in the past?
  + If Yes, when? Date:
* If *Yes*, please attach a copy of the assessment to the admission application.  If *no*, is there a plan to conduct psycho-educational testing with the youth?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

            Social Worker Signature           Date

**All admission application forms must be submitted to:**

**Bridges for Learning**

**HomeBridge Youth Society**

**270 Pleasant Street**

**Dartmouth, Nova Scotia**

**B2Y 3S3**

**(Fax: 466-0466, Telephone: 466-2666)**

**Internal Use Only**

Date Accepted: Put on Wait List: (   )

Date Started:

Discharge Date:

**HomeBridge Youth Society**

**Bridges for Learning Program**

Consent to Release and Obtain Information

***\*\*\*(The following form must be completed and signed before a student can be considered for acceptance at Bridges for Learning.)***

* Name of Youth:
* Date of Birth:
* Agency and Social Worker:

I/We,       the Parent(s)/Guardian of       (Name of Youth), authorize HomeBridge Youth Society to exchange both verbal and written information with representatives from the following (please initial in block to acknowledge approval of exchange):

☐ Halifax Regional School Board (Including going to the school to review the student’s Cumulative Record File.)

☐ Wood Street Centre

☐ Nova Scotia Youth Facility

☐ Sylvan Learning Centre

☐ IWK Health Centre

☐ Probation Officer:

☐ Provincial Residential Facilities

☐ Identify Other(s):

The purpose of this information sharing is to assist the Bridges for Learning Team to develop and provide       (Name of Youth) with an appropriate educational program.  This release is valid for a period of 12 months from the date of signature.

Parent(s)/Guardian(s):

Social Worker:

Witness:

Date:

Soci