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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 program)**:

[ ]  Other Central Region Child Caring Setting (Please specify):

[ ]  Other (i.e. foster/ kinship/ family home please specify) Click or tap here to enter text.

* Date of referral: Click or tap to enter a date.
* Name of Youth: Click or tap here to enter text.
* Youth’s date of birth: Click or tap to enter a date.
* Youth’s age: Click or tap here to enter text.
* Date of admission to current child caring placement: Click or tap to enter a date.
* Home placing agency: Click or tap here to enter text.
* Indicate the youth’s agency status: Click or tap here to enter text.
* Name of current social worker: Click or tap here to enter text.
* Name of assigned social worker: Click or tap here to enter text.
	+ Email address: Click or tap here to enter text.
	+ Telephone number: Click or tap here to enter text.
	+ Complete mailing address: Click or tap here to enter text.
* Youth’s current grade level: Click or tap here to enter text.
	+ If youth’s current grade level is unknown, please explain:

Click or tap here to enter text.

* + Explain any difficulties the youth is experiencing with school:

Click or tap here to enter text.

**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.**

**If the youth you are referring is in Grades 10 to 12, please attach a copy of their most recent transcripts (if available).**

* Name of current school youth is registered at: Click or tap here to enter text.
* Address of current school youth is registered at: Click or tap here to enter text.
* School Contact Name: Click or tap here to enter text.
	+ Position at School: Click or tap here to enter text.
	+ Email: Click or tap here to enter text.
	+ Phone Number: Click or tap here to enter text.
* Date of the last time they attended their registered school:

Click or tap to enter a date.

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

[ ]  Expelled

[ ]  Suspended

[ ]  Other (please explain):

Click or tap here to enter text.

[ ]  Behavioural Issues

[ ]  Learning Issues

[ ]  Mental Health

[ ]  Refused to Attend

[ ]  Numerous Placements

[ ]  Distance

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

[ ]  Attendance Problems

[ ]  Disruptive Behaviour

[ ]  Impulsive Behaviours

[ ]  Attention Difficulties

[ ]  Verbally Disrespectful

[ ]  Substance Misuse

[ ]  Boundary Issues

[ ]  Noncompliance

[ ]  Property Damage

[ ]  Physically Aggressive

[ ]  Bullying/Targeting Others

[ ]  Verbally Aggressive/Threatening

[ ]  Difficulty Understanding Material

[ ]  Unwilling to Engage in Work

[ ]  Difficulty Coping with Learning Situations

[ ]  Other: Click or tap here to enter text.

* Probation Order:
	+ Copy of Probation Order attached:
	+ Name of probation officer: Click or tap here to enter text.
* 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).***

* What is the long-term educational plan for the youth? Click or tap here to enter text.
* If known, what school or alternative program will the youth transition to from Bridges for Learning? Click or tap here to enter text.
* Has the youth received psycho-educational testing in the past?
	+ If Yes, when? Date: Click or tap to enter a 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?Click or tap here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap to enter a date.

            Social Worker Signature       Date

**All admission application forms must be faxed or a paper copy may be mailed to:**

**Bridges for Learning**

**HomeBridge Youth Society**

**270 Pleasant Street**

**Dartmouth, Nova Scotia**

**B2Y 3S3**

**(Fax: 902-466-0466, Telephone: 902-466-2666)**

**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):

[ ]  All Nova Scotia Regional Centres for Education (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:

[ ]  Nova Scotia Child and Youth Caring Settings:

**Therapist**

[ ]  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