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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