



ATTENTION: INTAKE ASSOCIATE

P.O. Box 930630

Norcross, GA 30003

PHONE: (678) 467-0159

WWW.BRIDGINGTHEGAPLIVING.ORG

INFORMATION@BRIDGINGTHEGAPLIVING.ORG

cbaker@bridgingthegapliving.org

INTAKE APPLICATION

Bridging the Gap Independent Living and Resource Center is a facility designed to provide *50 studio-efficiency suites to “Aged Out” Georgia foster care youths. The facility is located on a 25-acre span of land Georgia. Since its inception Bridging The Gap’s goal is to help a seemingly forgotten generation of young people transition into productive, balanced and successful adults. Bridging The Gap provides a continuum of services to help “Aged Out” Georgia youth transition successful to their own independent living environment. Some of the unique blend of services includes life skills training, certification training, self-esteem building, interview techniques and many more. GED and tutorial classes are a mandatory requirement for approved recipients lacking a high school diploma before they can go on to other educational programs.

Candidates can apply for admissions on their own or by the recommendation of the Department of Family and Children Services. Candidates are not considered for admission until after the completion of the application and a face-to-face interview with an Intake Coordinator. If approved, new recipients will be encouraged to resolve all outside issues before they arrive so they will be able to concentrate on making a new life. Residents will also be encouraged to communicate with outside sources by email or regular mail. In room phones will be for facility communication only. Use of common area facility telephones will be for making interview appointments only. Visitation hours will be from 10 a.m. to 5 p.m. Visitation will be limited to immediate cordial family members only. Other exceptions will require pre-approval from the Facility Manager. Family members are only allowed to visit in the common areas only. No one is allowed into the secured studio-efficiency suite area but residents and designated staff.

**THOSE WHO PROVIDE FALSE AND MISLEADING INFORMATION WILL BE PERMANENTLY DENIED
ADMISSION INTO THE PROGRAM.**

REQUIREMENTS FOR ADMISSION: CANDIDATES FOR ADMISSION MUST:

- Be a *youth who is 17 or 18 and is “Aging Out” of Georgia foster care authority
- Be a youth who has already “Aged Out” of the Georgia foster care system who is not older than 24 years of age and is in need of housing
- Be a youth who is willing to abide by all guidelines, fully participate in all aspects of the program, and refrain from any activity staff deems contrary to the successful completion of the program.

***NOTE: The first facility will only house young women. The male facility will be opened in the Winter of 2010.**

All information contained in this document is privileged and confidential.

- Be willing and able to commit to an uninterrupted minimum one-year program consisting of a minimum six-month residency that may extend to a longer period depending on individual assessed progress and goals.
- Be mentally stable enough and capable of functioning in a therapeutic community environment with classroom and group activities.
- Be willing to refrain from the pursuit of romantic relationships other than with a legally married spouse while in the program.
- Pay a small monthly program fee if recipient is receiving any type of monthly income. (This will help recipient to become responsible for paying something on a consistent basis.)

What Clients May Have As They Enter Program:

Clients may only have items that the designated staff deems conducive, based on list, to the successful completion of the program.

Clients may have cell phones (for use within suites and outside facility use only), miscellaneous personal effects, certain approved recreational items, food items and laundry detergent products are permissible.

Clients are not allowed to have **large** stereo systems in their studio efficiency suites, paging devices, facial jewelry, non-approved medications, alcohol products (which includes hygiene items), pocket knives, guns or any similar and inappropriate literature/items. Excess items cannot be stored at the facility.

**USE OF ANY TOBACCO OR OTHER RECREATIONAL DRUG PRODUCTS
IN OR AROUND THE FACILITY ARE STRICTLY PROHIBITED!**

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INTAKE APPLICATION

THIS FORM MUST BE COMPLETED BY THE CANDIDATE BEFORE SCREENING INTERVIEW

PERSONAL INFORMATION

NAME: _____ BIRTHDAY: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SS#: _____

NUMBER OF CHILDREN: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

ANY CHILDREN GIVEN AWAY IN ADOPTION PROCEEDINGS? _____ YES _____ NO

IF YES, PLEASE GIVE BRIEF EXPLANATION AND DATE INFORMATION:

GENERAL INFORMATION

HOW LONG WERE YOU IN FOSTER CARE? _____

HOW MANY FOSTER CARE HOMES HAVE YOU LIVED IN WITHIN LAST THREE YEARS? _____

HOW MANY TOTAL? _____

HOW DID YOU FIND OUT ABOUT BRIDGING THE GAP? (CHECK ALL THAT APPLY)

REFERRAL _____
INTERNET SEARCH _____
ADVERTISING _____
OTHER _____

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HAVE YOU EVER NEEDED EMERGENCY HOUSING BEFORE? YES _____ NO _____

IF SO, WHEN AND WHY? _____

EDUCATION: HIGHEST GRADE LEVEL COMPLETED (CHECK WHAT APPLIES)

GRAMMER SCHOOL _____ HIGHEST GRADE _____

HIGH SCHOOL: _____ HIGHEST GRADE _____

DIPLOMA YES ___ NO ___ GED YES ___ NO ___

MONTH/YEAR _____ MONTH/YEAR _____

TRADE CERTIFICATION _____

CERTIFICATE YES ___ NO ___ MONTH/YEAR _____

TYPE OF CERTIFICATION _____

INCOME INFORMATION

LIST THE MONTHLY AMOUNT AND SOURCE OF ANY INCOME YOU RECEIVE (DISABILITY, SSI, ETC.)

\$ _____ NAME OF SOURCE _____

\$ _____ NAME OF SOURCE _____

PHYSICAL, MENTAL, EMOTIONAL HEALTH AND HISTORICAL ISSUES

LIST ANY PHYSICAL DISABILITIES AND OR HANDICAPS:

LIST ANY MEDICATIONS YOU ARE SUPPOSED TO BE TAKING AND THEIR PURPOSE:

NAME OF DRUG PURPOSE

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DO YOU HAVE AN ACTIVE MEDICAL DIAGNOSIS? YES _____ NO _____ (If yes please explain)

DO YOU HAVE ANY UNMENTIONED MEDICAL PROBLEMS? YES _____ (IF YES, EXPLAIN) NO _____

LIST ANY MENTAL HEALTH TREATMENT (GIVE DIAGNOSIS IF KNOWN) AND ANY MEDICATIONS PRESCRIBED:

DIAGNOSIS	TREATMENT REC'D	MEDICATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST ANY DATES OF SUICIDAL THOUGHTS OR ACTIONS WITHIN LAST 5 YEARS:

DATE	RESOLUTION
_____	_____
_____	_____
_____	_____

LIST ANY FAMILY OR RELATIONSHIP PROBLEMS YOU ARE CURRENTLY EXPERIENCING: _____

HAVE YOU EVER BEEN TREATED FOR ALCOHOL OR DRUG ADDICTION BEFORE?

YES _____ (IF YES PLEASE LIST INFORMATION ON NEXT PAGE) NO _____

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<u>DATE FROM TO</u>	<u>NAME OF FACILITY</u>	<u>FACILITY#</u>	<u>RESOLUTION/TREATMENT</u>
_____	_____	()	_____
_____	_____	()	_____
_____	_____	()	_____

<u>DATE FROM TO</u>	<u>NAME OF FACILITY</u>	<u>FACILITY#</u>	<u>RESOLUTION/TREATMENT</u>
_____	_____	()	_____
_____	_____	()	_____

ANY HISTORY OF:

- | | | | | | |
|-----------------|-----|------------------|-----|------------|-----|
| PHYSICAL ABUSE | ___ | SEXUAL ABUSE | ___ | SELF ABUSE | ___ |
| DEPRESSION | ___ | VIOLENT OUTBURST | ___ | WEAPON USE | ___ |
| RUNAWAY OPTIONS | ___ | GANG ACTIVITY | ___ | OTHER | ___ |

IF YOU CHECKED ANY OF THE ABOVE, PLEASE EXPLAIN IN DETAIL. (PLEASE USE A SEPARATE SHEET FOR MORE SPACE.)

CRIMINAL RECORD

LIST ANY RECORD OF CRIMINAL OR FELONY CHARGES?

<u>DATE FROM TO</u>	<u>TYPE OF CHARGE</u>	<u>NAME OF FACILITY</u>	<u>FACILITY #</u>
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()

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LIST ANY COURT CASES YOU HAVE PENDING:

POTENTIAL CHARGE

COURT DATE

MONTH/DAY/YEAR

MONTH/DAY/YEAR

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ARE YOU WILLING TO AGREE TO THE FOLLOWING:

(PLEASE ANSWER YES OR NO)

DO YOU AGREE TO COMPLY WITH ALL THE REQUIREMENTS FOR ADMISSION THAT WILL BE GIVEN BY THE COUNSELOR?

YES _____ NO _____

ARE YOU ABLE TO AND DO YOU COMMIT TO ONE YEAR OF UNINTERRUPTED PROGRAM AT BRIDGING THE GAP?

YES _____ NO _____

IF APPLICABLE , HAVE YOU OBTAINED WRITTEN PERMISSION FROM ANY LEGAL SUPERVISION YOU MAY HAVE (CHILD SUPPORT, PROBATION, ETC..) GRANTING YOU PERMISSION FOR AN UNHINDERED ONE-YEAR PROGRAM?

YES _____ NO _____

DO YOU COMMIT TO FULLY PARTICIPATE IN ALL ACTIVITIES OF BRIDGING THE GAP PROGRAM AND REFRAIN FROM ACTIVITIES STAFF DEEMS CONTRARY TO YOUR GROWTH AND INDEPENDENCE?

YES _____ NO _____

DO YOU COMMIT TO REFRAIN FROM THE PURSUIT OF ROMANTIC RELATIONSHIPS OTHER THAN WITH YOUR LEGALLY MARRIED SPOUSE WHILE IN THE PROGRAM?

YES _____ NO _____

ARE YOU PHYSICALLY AND MENTALLY ABLE TO FULLY PARTICIPATE IN ALL ASPECTS OF THIS PROGRAM INCLUDING POSSIBLE WORK ASSIGNMENTS?

YES _____ NO _____

DID YOU PERSONALLY COMPLETE THIS APPLICATION?

YES _____ NO _____

IF NO, WHO COMPLETED THIS APPLICATION FOR YOU?

NAME: (please print)_____

SIGNATURE: _____ DATE: _____

ALL CANDIDATES MUST COMPLETE THIS APPLICATION AND GIVE IT TO OR FAX TO AN ADMISSIONS COORDINATOR AT (404) 759-2709 BEFORE ANY FURTHER CONSULTATION.

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LIST OF ITEMS ALLOWED ON THE PREMISES

CLOTHING
PICTURES
SMALL STEREO
CD'S
DVD'S (NO PORNOGRAPHY)
JEWELRY
BOOKS
MAGAZINES, ETC
CELL PHONES

CLOTHING/STYLES NOT ALLOWED

FEMALE AND MALE YOUTHS MAY NOT GET BODY PIERCING WHILE IN
PROGRAM
MALE YOUTHS MAY NOT WEAR BAGGY PANTS WITHOUT BELTS
MALE YOUTHS MAY NOT WEAR EARRINGS
MALE AND FEMALE YOUTHS MAY NOT GET TATTOOS
