



1559 Johnson Road  
 Atlanta, GA 30318  
 Main # 404-792-0070  
 Fax # 404-591-1093 or 404-794-0444  
 www.thebridge-atlanta.org

Application for Admission to The Bridge

PROGRAM APPLYING FOR:  PLACEMENT STABILIZATION  RESIDENTIAL TREATMENT  MALE TRANSITIONAL LIVING

TODAY'S DATE

PLEASE COMPLETE AND FAX, ALONG WITH THE FOLLOWING TO CYNTHIA RYALS @ 404-591-1093

- PSYCHOLOGICAL EVALUATION
- SOCIAL HISTORY
- PSYCHIATRIC EVALUATION
- CURRENT PLACEMENT SUMMARY / TREATMENT PLAN
- LETTER OF AUTHORIZATION FOR THE BRIDGE

Resident Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ APS ID# \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Religion:  Catholic  Protestant  Jewish  Muslim  Other: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Ethnicity:  American Indian/Alaskan Native  Native Hawaiian/Other Pacific Islander  Black/African American  
 White/Caucasian  Asian  Multiracial  Other Single Race: \_\_\_\_\_

Family Income:  
 up to \$9,999  \$10,000 to \$19,999  \$20,000 to \$29,999  \$30,000 to \$39,999  Over

Insurance information

Company Name: \_\_\_\_\_ Group or ID #: \_\_\_\_\_  
 Type of Coverage (ex. PPO, Medicaid, HMO, etc.): \_\_\_\_\_

Funding / referring agency (SELECT ONE)

- DFCS  MAAC  DJJ  MA-MH-SA
- Private Insurer  Self-Pay (parents)  Other:

Custody Information

Custodial Agency / Custodian Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ County: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Case Worker / Court Service Worker: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Case Worker's Supervisor \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Principal family contact ( CHECK IF SAME AS ABOVE)

Number of Individuals in Household: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Application for Admission to The Bridge

Legal Restrictions regarding family contact?  Yes  No  
If yes, please describe:

Principal family contact

Name:  
Address: Phone:  
City: State: ZIP Code:  
Relationship:  
EMAIL ADDRESS:

ARE FAMILY MEMBERS AVAILABLE TO PARTICIPATE IN THE PROGRAM?  No

If Yes, Please List:

Name: Relationship:  
Name: Relationship:  
Name: Relationship:

Legal History:

Is client on probation?  Yes  No  
Are there pending charges?  Yes  No  
If yes, please describe:

Last School Attended: Grade: IEP:  Yes  No

Substance Abuse History: No  Yes  If Yes, describe specific substance usage and dates.

MEDICAL INFO:

MEDICATION:  Yes  No

Name: Dosage: Frequency:  
Name: Dosage: Frequency:  
Name: Dosage: Frequency:

Active Medical Diagnosis:  Yes  No Date of Diagnosis: \_\_\_\_\_

Axis I:  
Axis II:  
Axis III:  
Axis IV:  
Axis V:

Please briefly describe medical history:

Medication / Allergies:

Food Allergies:

BEHAVIORS

Strengths and Skills:

Positive Behaviors the applicant seeks to practice (ex. Anger control, cessation from drug use):

**PRESENTING ISSUES OR HISTROY OF (LABEL PI OR HX)**

Alcohol	Fire Setting	Psychiatric Hospitalization
Animal Abuse	Gang	Runaway
Cult	Juvenile Court	Self Mutilation
Depression	Medical/Illness	Sex Offense
DFCS	Violence towards peers	Sexual Abuse
DJJ	Weapons	Sexual Acting Out
Drugs	Medication	Suicidal
Emotional Abuse	Neglect	Violence towards authority
Family D/A	Physical Abuse	Weapons

**PLACEMENT HISTORY: Attach List of placements. (If Necessary)**

Placement Prior to Admission at The Bridge:

Total Number of Prior Placements:

Total Number of Psychiatric Hospitalizations:

Name of Placement Dates	Reason for Placement	

**DISCHARGE PLANS:**

What is the anticipated discharge plan? (If child was accepted to the program)

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The Bridge, Inc.  
Requirements for Admissions: CHECKLIST

*In order to make a sound decision regarding placement, please complete the attached application and send the following reports with application. Thank you for considering The Bridge.*

- Psychological Evaluation completed within 2 years or less
- Psychiatric Evaluation completed within 1 year or less
- Case/Social History
- Current Placement Summary/ Treatment Plan
- State Letter of Funding (TRIS, DJJ, MAAC)
- Completed Application

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*The following documents will be required prior to admission.*

- List of any previous placements
- Copy of social security card
- Commitment papers and/or Court order \*\*\*\***
- Copy of birth certificate
- Immigration certificate (if applicable)
- Medicaid card/Insurance Information
- Case plan
- Written Transitional Living Plan (WTLP)
- Current Individual Educational Plan (IEP)-(if applicable) must have for all SES (Special Education Students)
- School records
- Transcript from last public school attended
- Vision (within the past 6 months)
- Dental (within the past 6 months)
- Hearing (within the past 6 months)
- Immunization Records (Must be up to date) \*\*\*\*** Immunization form 3032R
- Must have a 30 day written prescription of all medication that the Bridge will fill upon admission.  
. *If being transferred from RYDC/YDC, that clinic should transfer 30-day supply via care manager to The Bridge nurse.*  
. *If coming from other than the RYDC/YDC 1. Current Medicaid card with The Bridge address or a temporary card faxed to The Bridge within 24 hours, and 2. A prescription for 30-day supply of medication (s) along with any medications remaining on hand will be needed.*
- Medical history (information about previous illnesses, surgery, hospitalizations, allergies, medications, family history)
- Physical exam which must include the following: (within 30-days of admission) \*\*

- oRPR
- oUrinalysis
- oCBC blood work (within 30 days of admission)
- oHepatic Profile
- oTSH
- oPPD-TB test (within past 6 months)

**Females must have:**

- oPelvic exam
- oGC test
- oChlamydia test
- oPap smear
- oPregnancy test

Please note: If the individual is coming to The Bridge Inc. from an intensive or intermediate level of care facility, the physical exam must have been done within 6 months from the date of admission to The Bridge. Otherwise the physical exam and all required medical tests must have been completed within 30-days of admission. The information contained in this document is legally privileged and confidential information protected by state confidentiality regulations/statutes. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

## DIRECTIONS

### I-285 West

- Take Exit 16 (South Atlanta Road) toward Smyrna
- Turn left at Atlanta Road - go 2.5 miles
- Atlanta Road becomes Marietta Blvd - go 3 miles
- Turn right on W. Marietta Street
- At the next traffic light, turn left on Johnson Road
- Turn into the first driveway on the immediate right
- At the call box, use the "A" and "Z" buttons to scroll and when "Front Desk" is highlighted, press the "Call" button to open the gate

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### I-20 West

- Take Exit 55A (Joseph E. Lowery Blvd) toward West End
- Turn right on Joseph E. Lowery Blvd
- Follow Joseph E. Lowery Blvd until it dead ends onto W. Marietta Street
- Turn left on W. Marietta Street
- At the 3rd traffic light, turn left onto Johnson Road
- Turn into the first driveway on the immediate right
- At the call box, use the "A" and "Z" buttons to scroll and when "Front Desk" is highlighted, press the "Call" button to open the gate

### I-20 East

- Take Exit 55A (Joseph E. Lowery Blvd) toward West End
- Turn left on Joseph E. Lowery Blvd - go 3 miles
- Joseph E. Lowery Blvd will dead end at W. Marietta Street
- Turn left on W. Marietta Street - At the 3rd traffic light, turn left onto Johnson Road
- Turn into the first driveway on the immediate right
- At the call box, use the "A" and "Z" buttons to scroll and when "Front Desk" is highlighted, press the "Call" button to open the gate

### I-85 North

- Take Exit 250 (10th St/14th St/GA Tech)
- At the first traffic light, turn left onto 10th Street - go 1.3 miles
- Turn left at Brady Avenue
- At the next traffic light, turn right at W. Marietta Street - go 1.6 miles
- At the 4th traffic light, turn left onto Johnson Road
- Turn into the first driveway on the immediate right
- At the call box, use the "A" and "Z" buttons to scroll and when "Front Desk" is highlighted, press the "Call" button to open the gate

### I-85 South

- Take Exit 84 (17th St/14th St/10th St)
- Merge to the right onto 17th Street.
- At the traffic light, turn right onto 17th Street - go 1 mile
- Turn left onto Northside Drive - go 0.7 miles
- Turn right onto 10th Street - go 0.3 miles
- Turn left onto Brady Avenue
- At the next traffic light, turn right at W. Marietta Street - go 1.6 miles
- At the 4th traffic light, turn left onto Johnson Road
- Turn into the first driveway on the immediate right
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### Minimum Clothing and Personal Needs List

Due to limited space, clients may bring a maximum of the following:

1. Ten sets of clothing (pants and shirts, dresses, skirts and tops)
2. Two pairs of pajamas
3. Two pairs of shoes minimum (including one pair of sneakers) (5 Max)
4. Ten sets of undergarments
5. Ten pairs of socks
6. Two jackets or coats

The following clothing is considered inappropriate for residential treatment and shall be returned to the parent or guardian:

1. Clothing that is ripped, torn or has holes in it
2. "Concert shirts"
3. Mini- skirts
4. Halter tops
5. Shorts/Skirts that are more than 3" above the knee

Clothing that is inappropriate or is in excess of client needs shall be returned to the parent or guardian.

The Bridge shall provide all necessary toiletries for residents

Please ensure that your child has clothing that is appropriate for the season, i.e. shorts for summer, coats/jackets for the winter.