



YSB Residential Programs

Boys Group Home

PO Box 68, Spring Mills, PA 16875
 814-422-0540 / 814-422-0542 fax
 zerbygap@ccysb.com

Girls Group Home

143 W. Fairmount Ave., State College, PA 16801
 814-234-7929 / 814-867-7395 fax
 stormbreak@ccysb.com

Transitional Living

334 S. Burrowes St., State College, PA 16801
 814-234-2632 / 814-234-2470 fax
 steppingstone@ccysb.com

Youth Shelter

330 S. Burrowes St., State College, PA 16801
 814-234-0803 / 814-234-0831 fax
 bsyh@ccysb.com

APPLICATION FOR ADMISSION / Stepping Stone Transitional Living Program

334 S. Burrowes St. State College, PA 16801 P: (814) 234-2632 F: (814) 234-2470

Name: _____ Date: _____
 first middle last

Date of Birth: _____ Sex: _____ SS # _____ ~ _____ ~ _____

Are you currently in the care of Children and Youth Services? YES _____ NO _____

Have you ever been involved with Children & Youth Services? YES _____ NO _____

If yes, how long? _____ What County? _____

Name of Case Worker: _____

Phone Number: _____

Why did you enter placement? _____

Are you currently on probation? YES _____ NO _____

Have you ever been involved with Probation? YES _____ NO _____

If yes, how long: _____ What County: _____

Name of Probation Officer: _____

Phone Number: _____

Why were you placed on probation? _____

Do you have any charges pending (if yes, what)? _____

Do you have contact with your parent/guardian? YES _____ NO _____

Parent/Guardian's Address: _____

Phone Number: _____

May we contact them? YES _____ NO _____

*****HOUSING SITUATION*****

Current Address: _____

Phone Number: _____

Do you feel uncomfortable or in danger in your present living situation? YES _____ NO _____

If yes, please explain why: _____

If applicable, please describe why you will be homeless without receiving residential services from Stepping Stone Transitional Living Program (ex: nowhere safe to go, not enough money for housing, lacking the skills to live independently, etc.): _____

Please explain why you would like to move to Stepping Stone: _____

What skills do you think you need to learn in order to live independently? _____

Do you have transportation to come to Stepping Stone for an interview? YES _____ NO _____

*******EDUCATION*******

Have you graduated from high school or obtained your GED? YES _____ NO _____

If yes, date of graduation: _____

Name & Address of School: _____

If still in school, what grade are you in? _____

Name of Guidance Counselor: _____

If not in school, last grade completed? _____

Briefly describe why you left school _____

Do you want to return to High School? _____ Are you interested in GED? _____

Describe your plans after high school: _____

*******EMPLOYMENT*******

Are you currently employed? YES _____ NO _____

Current place of employment: _____

Position Held: _____ Current income: _____

How long have you worked there? _____

Please list other employment opportunities you have held in the past: _____

What would you like to do for a living? _____

What would your "dream job" be? _____

*******DRUGS AND ALCOHOL*******

Have you ever tried drugs or alcohol? YES _____ NO _____

What types of drugs have you tried? _____

Would you classify yourself as a: _____Experimenter _____User _____Abuser _____Addict

When is the last time you used drugs or alcohol? _____

If applicable, what kind of supports do you think you would need to help you refrain from using drugs or alcohol if you move to Stepping Stone? (i.e. AA/NA meetings, obtaining a sponsor, drug and alcohol counseling, etc.) _____

*******SHORT AND LONG TERM GOALS*******

What are you immediate needs? (RIGHT NOW!) _____

How long do you think you would need a program like Stepping Stone? _____

What does independent living mean to you? _____

What qualities do you have that would benefit our program (i.e. staff & residents)?

What are your short term goals? (1 month-1 year, including where you see yourself going after leaving Stepping Stone)

What are your long term goals? (5 years-10 years) _____

I certify that the information contained in this application is true and accurate to the best of my knowledge.

Signature

Date

***When we receive this application, Stepping Stone staff will review it and, if appropriate, call to schedule a time for you to come to Stepping Stone for an interview.**