



HERA APPLICATION PROCESS

Thank you for your interest in The Hera Program.

Hera is a unique partnership setting between the Boys and Girls Clubs of Calgary and the Calgary Board of Education helping youth who are vulnerable to commercial sexual exploitation and are experiencing several physical, social, emotional and psychological challenges. Youth must be:

- female;
- between the ages of 13 -17;
- open and willing to accept the placement and acknowledge their at-risk behaviours;
- parents and guardians open and willing to accept supports provided through Hera.

There is no expectation that girls have an identified Alberta Education code to be accepted into the Hera Program or that they have status with Children's Services.

The Hera Program runs all year around for the Experiential Learning portion of the program and for individual support through the Boys and Girls Clubs of Calgary Staff. Academically Hera follows the CBE traditional school calendar with our staffed operating hours from 8:30am – 4:30pm. The program day generally runs:

- 9:15am – 4:30pm on Mondays, Wednesdays and Thursday,
- 9:15am – 3:15pm Tuesdays
- 9:15am – 1:30pm Fridays.

During the spring and summer break, experiential learning activities are offered 2-3 times a week but is not mandatory to attend. The Hera Program has no fees attached.

Please note that Hera is a voluntary program and all applications must be discussed with the youth prior to sending in the application. Sending in an application does not mean that the applicant has been admitted into the program.

On the next few pages you will find the Application Process for admittance into our Program as well as the Application itself. If you have any questions or need further clarification about The Hera Program please feel free to contact the Program Coordinator by email at hera@bgcc.ab.ca or by phone at 403-777-6990 ext. 29.

The Hera program is a confidential location and therefore no tours can be granted.



Application Process

1. Complete the application

- Complete the 6 page application, with signatures and contact information. Be sure to list who the best person to connect with regarding the applicant.
- Email the completed application to hera@bgcc.ab.ca

2. Application Review.

- Once the application is received the Hera Team will review the application and gather more information if necessary. This may include contacting current or last school attended or connecting with guardians and other services providers.
- After all needed information is gathered the Hera Team will decide to move forward with the application or not. If at this point the youth is not a fit for our program, you will receive a call or an email with an explanation for why we are unable to proceed and will be provided with some additional resources.

3. Readiness Assessment

- Next the applicant or applicants' guardian will receive a phone call requesting a Readiness Assessment. This is where the applicant and their support person will meet with the Hera Program Coordinator and the CBE Strategist in person to discuss the program. This helps us gauge the interest and willingness that the applicant has regarding accessing Hera. We also explain the program expectations, rules and answer any questions. This is a very important step, as Hera is a voluntary program and the youth needs to want to come to Hera.

4. Intake

- Once the Readiness Assessment is completed the Coordinator and Strategist will determine whether to proceed with an intake. We also ask the youth to connect with us after reflecting on the readiness assessment and let us know if they would like to come to the Hera program. If it is decided to not move forward, you will receive a call or an email with an explanation for why we are unable to proceed and will be provided with some additional resources.
- Next, you will receive a phone call to set a date to sign the Intake paperwork. Paperwork is needed for both the Boys and Girls Clubs of Calgary and for the Calgary Board of Education.
- Generally, the day after the paperwork is signed the youth will start in The Hera Program.



HERA APPLICATION FORM

Date of Referral: _____ Date received in Office: _____

YOUTH INFORMATION

Name: _____

Date of Birth: _____ Current Age: _____

Current Address: _____

Best Contact # or e-mail: _____

SEXUAL EXPLOITATION RISKS

Please check appropriate box:	YES	Suspected	NO	Unsure
Has an older(5 years or greater age difference) boyfriend /girlfriend/ partner/adult friend ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has had sex /done sexual acts in exchange for food/ clothing/ shelter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has exchanged sex/sexual acts for cigarettes, drugs / alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has had sex/done sexual acts in exchange for money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has received clothing, money, and/or gifts from unknown persons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has had sex/done sexual acts to prevent violence towards self/friends/ family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has sent nude photos via text or social media?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has been asked to send provocative photos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has been involved in sexting over cell phone/social media?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has attended inappropriate parties? (with older people and/or at hotels/unknown residences or out of town)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has been given rides home by unknown persons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had AWOLS to unknown locations? With unknown people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has disclosed sexual exploitation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a lack of awareness/understanding of being safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has physical injuries without plausible explanation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has had a change in appearance: weight gain/loss, hygiene, new clothes, makeup, oversexualized dressing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



As the referee, please make an assessment of the **current level of risk for sexual exploitation**, with an x on the following scale:

Low _____ **High**

Please expand on your assessment above, including sexual exploitation risks and sexualized behaviours :

DRUG & ALCOHOL ABUSE

As the referee, please make an assessment of the **current level of risk for drug and alcohol abuse**, with an x on the following scale:

Low _____ **High**

Drug(s) of choice? _____

Other drug/alcohol use? Please explain:

Frequency of use?
(unknown, daily, per week) _____

Has youth been in a treatment facility for drug use? Yes (please see question below) No

If yes, please indicate:

Number of stays/visits _____

Duration of stay(s) (in days or months) _____

Name/location of facility _____

Approximate date of stay _____

Was the stay voluntary or mandated? Voluntary Mandated



MENTAL HEALTH

As the referee, please make an assessment of the **current level of risk** for mental health/stability/wellness, with an x on the following scale:

Low _____ **High**

Diagnosed Mental Illness or queries by professionals (Doctor, Psychiatrist, Psychologist, etc.):

Undiagnosed Mental Illness? (Unofficially diagnosed but suspected):

Describe any treatment the youth is currently receiving for your mental health (counselling, group therapy, medications, etc.)

JUSTICE/PROBATION INVOLVEMENT

Street/Gang Involvement

YES

UNKNOWN

NO

Details:

Criminal/Justice Involvement

YES

UNKNOWN

NO

Details:

Does the youth every carry weapons?

YES

UNKNOWN

NO

Explain:



Has the youth been charged with or suspended from school for violent behaviours?

Explain: YES UNKNOWN NO

Does the youth have a probation officer or is she part of the Diversions Program?

Explain: YES UNKNOWN NO

FAMILY INFORMATION

Legal Guardian Name: _____ Relationship: _____

Legal Guardian Name: _____ Relationship: _____

Best Contact Numbers: _____

Does the youth reside with their legal guardian?: Yes No

If no, where does the youth reside/with whom? Name: _____

Relationship to youth: _____ Best contact #: _____

Other relevant information regarding current living situation:

(Is the youth living on the streets, couch surfing, with family, guardians, friends etc.)

Positive family/Friend supports? Please list full name(s) (if known) and relationship:

EDUCATION AND LEARNING NEEDS

Last School Attended _____ Last Grade Completed _____

Currently attending school? Yes No

If yes, frequency of attendance (days/week or month) _____

On days in attendance is youth able to remain in the classroom? Yes No

Is youth able to stay for the full school day? Yes No



Does the youth participate in a Specialized Program?

Yes No

If yes, which program? _____

Are there any (psycho)educational assessments, medical reports, or diagnostic letters in school file?

Year	Document Type	Diagnosis/Findings

Additional school information that may help us understand this youth:

Best school contact: _____ Phone: _____

CURRENT GOVERNMENT OR SOCIAL AGENCY INVOLVMENT AND SUPPORTS

Please list any current Social Workers, Youth Support Workers, PSECA Workers, etc.

Name	Role/Title/Organization

SUMMARY

Has this application been discussed with the youth? YES NO

Does the youth want to be a part of the Hera Program? YES NO

Does the parent/guardian want the youth to be a part of the Hera Program YES NO

Please note that as part of the referral process, the details around the referred student may be discussed by several agents, including the Calgary Board of Education, Youth Justice, and Child and Family Services.

The information discussed is confidential and will not be discussed further than required.



Name of Person Completing Referral: _____

Title/Position/Relationship to Youth: _____

Known youth how long (if not parent) _____

Best Contact Number: _____

E-mail _____

CONSENT OF PARENT/GUARDIAN

Parent Name (please print): _____

Parent Signature: _____

Date: _____

Note: If consent is not available, please indicate the reason (e.g. safety concerns, no parental involvement, etc)

NEXT STEPS

We will contact you after review of the referral to either set up a Readiness Assessment for the Hera program, or provide you with information on other programs or resources.

If any of the following is available, please attach:

- PSH Assessment Copy of PSECA Agreement
- Info Con/Case Summary Probation Orders
- Court Summary Health Assessments
- Educational Assessments Service Plans IPP

Please return completed referral form and documentation to:

The Hera Program c/o Boys and Girls Clubs of Calgary

Email: hera@bgcc.ab.ca

Attn: Program Coordinator