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

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

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**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:**

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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

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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:

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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

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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?

<table>
<thead>
<tr>
<th>Year</th>
<th>Document Type</th>
<th>Diagnosis/Findings</th>
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</table>

Additional school information that may help us understand this youth:

Best school contact: ___________________________  Phone: ___________________________

**CURRENT GOVERNMENT OR SOCIAL AGENCY INVOLVEMENT AND SUPPORTS**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Role/Title/Organization</th>
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**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.

Last updated September 2019
HERA APPLICATION

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

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