

Building Bridges STL Program Intake Form

Empowering Young Women, Building Strong Futures



Participant Information

Full Name: _____

Date of Birth: _____

Age: _____

Gender Identity: _____

Pronouns: _____

Email Address: _____

Phone Number: _____

Current Address: _____

City/State/ZIP Code: _____

Demographic Information *(Optional, but helps us better serve you)*

Race/Ethnicity: _____

Are you currently attending school?

- Yes
- No
- Part-time

If yes, what school are you attending?

What is your current employment status?

- Employed
- Unemployed
- Part-time
- Intern/Apprentice

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- Student

Program Interest

Why are you interested in joining Building Bridges STL?

Please describe your reasons for wanting to be a part of this program.

What are your goals for participating in this program?

Please describe what you hope to achieve or learn through your participation.

What challenges or obstacles are you currently facing?

This could include housing, personal, educational, employment, or social challenges.

Have you participated in any other transitional housing, foster care, youth programs, or mentorship initiatives?

- Yes
- No

If yes, please describe your experience(s):

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Personal Development & Support

What are your areas of interest or strengths?

For example: leadership, community service, arts, education, career development, etc.

What skills or areas would you like to develop further?

For example: job search, enrollment in school, communication, financial literacy, goal-setting, public speaking, etc.

Do you currently have a support network (family, friends, mentors, etc.)?

- Yes
- No
- Somewhat

If yes, how would you describe the support you receive?

What kind of support do you feel would help you the most in your current life situation?

Please be as specific as possible.

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Availability & Commitment

Are you able to commit to attending weekly sessions, meetings, or events?

- Yes
- No
- Sometimes

Please describe your availability:

Do you have reliable transportation?

- Yes
- No
- Sometimes

Emergency Contact Information

Full Name of Emergency Contact:

Relationship to Participant:

Phone Number:

Alternate Phone Number:

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Additional Information

Is there anything else you'd like us to know about you or your situation?

Consent & Agreement

By signing below, I give my consent for *Building Bridges STL* to use the information provided in this form to assess my eligibility for program participation. I understand that this form will be kept confidential and used only for the purpose of program assessment and planning.

Signature of Participant:

Date:

Signature of Guardian (if under 18):

Date:

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Office Use Only

Received by:

Date of Review:

Program Eligibility:

- Eligible
- Not Eligible
- Pending

Administrative notes:

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