2019 Referral Packet
Part I
(to be completed by referring agency)

Weekend Alternative Program

Danielle Vucetich
Administrative Coordinator
VucetichD@Diakon.org (717) 960-6747

Anthony Stukes
Program Director
StukesA@Diakon.org (717) 960-6717

Fax: (717) 258-9408
571 Mountain Road
Boiling Springs, PA 17007
The **following** information is required two days **PRIOR** to student’s start date.

**Probation Officer/Caseworker Paperwork Required:**

- County Authorization for Services/Termination of Services Form Completed (Page 3)
- Youth Face Sheet Form Completed (Page 4)
- Referral Information Form Completed (Page 5)
- YLS/Case Plan Goals Completed (Page 6)
- Background information *(if applicable)*
  - Social Summaries
  - Psychological/Psychiatrics
  - Summaries from previous placements
- Family Service Plan/Court Order stating youth is committed to the Diakon Wilderness Center Program
- Referral Packet – Part II has been given to and scheduled to be completed by the Family/Guardian.
- Physical Exam – form is included in the Family/Guardian Packet (Part II) and must be returned by Youth’s fourth weekend in the program (physicals completed in the last year or from detention/shelter are accepted)

Please contact the administrative coordinator if you have any questions. We greatly appreciate your help in keeping our files up to date.
COUNTY AUTHORIZATION FOR SERVICES & TERMINATION OF SERVICES

Client Name: ___________________________ Placed by County: ___________________________
under the supervision of Diakon Child Family & Community Ministries.

The rate checked below is approved to begin on ----------- Start Date: ________________

- Level I Foster Care - Traditional (Contract Rate)
- Level II Foster Care - Specialized (Contract Rate)
- Level III Foster Care - Treatment (Contract Rate)
- Center Point Day Treatment Program (Contract Rate)
- Turning Point Evening Program - (Contract Rate)
- Turning Point Day Program - (Contract Rate)
- Weekend Alternative Program (min. 10 weekends) Contract Rate per day
  Contract Rate (with transportation) per day
- Weekend Alternative Program Short Term (Contract Rate)
- Wilderness Challenge Program (30 days) Contract Rate per day Male
- Bridge Program - (Contract Rate) per day (anticipated length of stay--) ____________ days
- GPS Monitoring for Traditional Bridge Sat-Sun (Contract Rate)
- GPS 7 day a week (Contract Rate)
- GPS Intake (Contract Rate)

A. Implementing Services:
Please sign the authorization for services and fax or email to the client's case manager or appropriate
Diakon staff. If you have any questions or concerns, do not hesitate to contact me at:

Jason Brode 717-960-6724 BrodeJ@Diakon.org
Dublin Executive Director Phone Number E-Mail

Thank you for your timely attention to this matter.

I authorize services to begin for this client on the date and level determined above.

County CYS/JPO Authorized Signature (please print and sign name) Date

B. Termination of Services:
Please sign to authorize termination of services for the above client to be effective on:

_____________________________________________ Date

I authorize services to end for this client on the date listed above.

County CYS/JPO Authorized Signature (please print and sign name) Date

Youth Services
PO Box 10
Boiling Springs, PA 17007
Phone: 717-960-6700
Fax: 717-258-6408

Adoption & Foster Care Services
Topton:
One South Home Avenue
Topton, PA 19562
Phone: 610-682-1504
Fax: 610-682-1544 or Fax: 610-682-1582

Mechanicsburg:
960 Century Drive
PO Box 2001
Mechanicsburg, PA 17055
Phone: 717-795-0320
Fax: 717-795-0445

York:
836 S. George Street
York, PA 17403
Phone: 717-845-9113
Fax: 717-852-8439
# DIAKON WILDERNESS CENTER FACE SHEET

<table>
<thead>
<tr>
<th>Date of Placement</th>
<th>Program</th>
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## YOUTH INFORMATION

<table>
<thead>
<tr>
<th>Youth Name</th>
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<tbody>
<tr>
<td>Street Address</td>
<td></td>
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<tr>
<td>City, State ZIP</td>
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<tr>
<td>Home Phone #</td>
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**CASE ID#**

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>SS#</th>
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<tr>
<td>Race</td>
<td>Sex</td>
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<tr>
<td>Religion</td>
<td>Language</td>
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## EMERGENCY CONTACT INFORMATION, if other than parent

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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Phone</td>
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<td>Relationship</td>
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## COUNTY INFORMATION

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<th>PO/Caseworker Name</th>
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<td>County Agency</td>
<td></td>
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<tr>
<td>County Street Address</td>
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<td>City, State, ZIP</td>
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<td>E-mail Address</td>
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<td>Agency Phone Number</td>
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## FAMILY INFORMATION (List parent/guardian that youth resides with 1st)

<table>
<thead>
<tr>
<th>Parent/Guardian Name(s)</th>
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<tbody>
<tr>
<td>Street Address</td>
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<tr>
<td>City, State ZIP</td>
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<tr>
<td>Email Address:</td>
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<td>Phone Number(s):</td>
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<td>Phone Number(s):</td>
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<td>Relationship</td>
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## STUDENT EDUCATION INFORMATION:

<table>
<thead>
<tr>
<th>District of Residence (Where student’s bio/guardian resides)</th>
<th>Name: Personnel Contact:</th>
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<tr>
<td></td>
<td>PH# Email:</td>
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<tr>
<th>Current School (Where student is right now prior to Diakon)</th>
<th>Name: Personnel Contact:</th>
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<td>PH# Email:</td>
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<tr>
<th>Neighborhood School (Where student would attend if not having problems)</th>
<th>Name: Personnel Contact:</th>
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<tr>
<td></td>
<td>PH# Email:</td>
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<tr>
<th>Regular ED or Special ED (Please circle one)</th>
<th>If Regular Ed is there a: 1.504 2. Gifted w/GIEP 3. Gifted w/out GIEP</th>
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</thead>
<tbody>
<tr>
<td>Educational/Employment Skill Development:</td>
<td>IEP: Yes No Graded: Good Average Poor Truant: Yes No Employment: Yes No If yes, where? ID (does student have one?): Yes No</td>
</tr>
<tr>
<td>Current Grade:</td>
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Referral Information

Please provide the following information concerning the youth’s involvement with your agency in order to assist the Weekend Alternative Program in providing the most effective service possible.

Youth Name______________________________

How long has the youth been involved with your agency?
_____________________________________

What is the primary reason for this referral? What charges, if any, have been incurred in the past year?
_____________________________________

Provide a short description of any victim/s that was created by the youth’s actions in the community:
_____________________________________

Does the youth owe community service hours? Yes___ No____ If yes, how many?____

Will the community service hours attained by youth in the program apply to court requirements? Yes ___ No ___

Does the youth owe restitution to the courts? Yes____ No____

How many weekends is the youth being ordered to complete? ______

*Research has shown (SPEP™) that programs formatted as the Weekend Alternative Program are most effective when moderate/high risk level youth receive 60 hours of targeted intervention. It recommended that all youth participate for 8-10 weekends to ensure that program service goals are met.

If youth is being assigned less than 8-10 weekends, specify the number of required weekends here: __________

What will be the consequence for an unsuccessful discharge from Weekend Alternative Program?
(Required)

What specific behaviors are being exhibited in the Goal Plan/Risk Areas?
(Please see the next page for more specific goals and directions on choosing what goals you would like to be addressed)
_____________________________________

Is there a Psychological/Psychiatric Evaluation available? Yes_________No _____
CLIENT CASE PLAN GOALS

Directions: Indicate **TOP 2** risk areas identified in client’s YLS/Case plan assessment, then select **2-4** corresponding goals that should be addressed within those areas. Clients are required to complete **75%** of their goals before they can successfully complete the Weekend Alternative Program.

**Family Circumstances/Parenting**
- Develop and use a plan to manage behavior within the home and community.
- Develop and follow a plan to improve/cope with your relationship with your father/step-father/mother/step-mother.

**Education/Employment**
- Develop and use a plan to improve behavior in school.
- Develop and use a plan to succeed academically.
- Develop and use strategies to manage conflict with peers and teachers in school.
- Develop and use a plan to attend school/class/cyber school daily and on time.
- Develop a plan to address employment.

**Peer Relations**
- Develop and use skills to identify and end anti-social relationships.
- Identify and develop a relationship with a positive mentor/peer.

**Substance Abuse**
- Identify negative people, places, and things.
- Develop and use strategies to avoid future situations involving alcohol.
- Identify how the use of drugs/alcohol has affected your life.

**Leisure/Recreation**
- Identify and participate in pro-social activities.
- Identify multiple potential community resources to engage/volunteer with.

**Personality/Behavior**
- Reflect on your self-image.
- Develop and use skills to avoid physical aggression.
- Develop and use strategies to improve decision making when frustrated and improve problem solving.
- Identify ways to remain on-task.
- Identify and develop an understanding of the feelings, thoughts and/or needs of others.
- Develop and use positive alternatives to being verbally aggressive.

**Attitudes/Orientations**
- Identify the negative aspects of inappropriate/anti-social behavior.
- Identify the positive aspects of receiving help for a problem.
- Develop and use strategies to cooperate with authority figures.
- Identify and use identified treatment options