



2025-26 Referral Packet

Part II

(to be completed by the Parent/Guardian)

# Weekend Alternative Program

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*Revised 11/2025*



Dear Parent/Guardian,

### Welcome

The Weekend Alternative Program is a wilderness based program designed to teach accountability and assist youth in improving pro-social skills and self concept. The program was established in 1997 and is located in Boiling Springs, PA at the Diakon Wilderness Center. The program works with males and females between the ages of 12-18 and provides services to roughly 200 youth per year.

### Overview

During a youth's time in the program, he or she will receive individual and group support designed to improve his/her ability to become a positive and productive member in the home, school, and community. The primary tools used to assist youth in accomplishing these goals are staff mentoring, program competency modules, and adventure based activities. A brief description of the modules is listed below:

1. Competency Groups – During these weekends, the youth participate in classroom and experiential learning designed to develop competencies in a wide variety of behavioral areas. Primary topics covered are Decision-Making Skills, Victim Awareness, Emotional Management Skills, and Communication Skills.
2. Community Service – During these weekends, youth participate in one of many day-long community service projects. Youth are expected to complete at least twenty hours of community service during their participation in the program.
3. Wilderness Appreciation – During these weekends, youth will participate in a variety of wilderness adventure activities, including rock climbing, hiking and canoeing. These activities are designed to push students outside of their comfort zones, give them a chance to try activities they have never experienced, build self-awareness, and to give them the opportunity to address their interpersonal challenges.

**Transportation: All youth are picked up/dropped off at pre-determined locations within their referring counties.**

**\*Please allow for a 15 minute window for Sundays transport for dismissal and traffic complications.**

#### Montgomery County

- Location: 540 Port Indian Rd, Norristown - MCRYC Shelter  
Friday Pick-Up Time: 4:30 pm Sunday Drop-Off Time: 2:15-2:30 pm

#### Cumberland County/Perry County

- Location: Cumberland Court House -1 Courthouse Square Carlisle, PA (in the Alley)  
Friday Pick-Up Time: 5:00 pm Sunday Drop-Off Time: 12:20 pm

#### Franklin County

- Location: 425 Franklin Farm Lane – JPO Office  
Friday Pick-Up Time: 4:40 pm Sunday Drop-Off Time: 12:45 - 1:30 pm (clarify with the program administrator)

#### Adams County

- Location: ADAMS JPO/CYS Office: 525 Boyd's School Rd, Gettysburg, PA  
Friday Pick-Up Time: 4:00 pm Sunday Drop-Off Time: 12:45 - 1:15 pm (clarify with the program administrator)

#### York County

- Location: 45 N. George Street, York PA (Courthouse)  
Friday Pick-Up Time: 4:00 pm Sunday Drop-Off Time: 1:00 pm

#### Dauphin County

- Location: Dauphin Co. JPO Office -100 Chestnut St, Harrisburg, PA/ **North Dauphin:** 295 State Drive, Elizabethville, PA  
Fri. Pick-Up Time: 4:00 pm Sun. Drop-Off Time: 12:30 pm/ North Dauphin: Fri. Pick-Up Time: 3:45 pm, Sun. Drop-Off Time: 1:30 pm

#### Delaware County

- Location: **Friday:** Delaware Valley Christian Church - 535 N. Old Middletown Rd, Media - Back Parking lot/**Sunday:** McDonalds at Granite Run Mall, 1123 W. Baltimore Pk, Lima  
Friday Pick-Up Time: 4:00 pm Sunday Drop-Off Time: 2:00 pm

#### Berks County

- Location: Berks JPO Office - 633 Court St., Reading PA 19601  
Friday Pick-Up Time: 4:15 pm Sunday Drop-Off Time: 1:30 pm

#### Chester County

- Location: 277 Uwchlan Ave., Downingtown, PA -Office Building Complex –Uwchlan Commons Parking Lot  
Friday Pick-Up Time: 4:00 pm Sunday Drop-Off Time: 1:30 pm



## FAQ

**Below you will find frequently asked questions parents/guardians inquire about before their child participates in Diakon Youth Services.**

Q. What is the drop-off/pick-up locations and times?

A. Pick-up/Drop-off times vary from county to county, please refer to the welcome page for details.

Q. Where do the children sleep?

A. During the spring, summer and fall months all youth sleep in an assigned outdoor shelter. All shelters are raised 3-5 ft off the ground, have a roof and four half walls (see website for pictures). All participants sleep indoors during the winter months, or when the temperature consistently drops below 30 degrees. All youth are given a 3-part military grade sleeping bag to utilize during their participation in WAP.

Q. Do children have access to indoor restroom facilities?

A. Yes, youth have access to indoor bathrooms with appropriate toilets, sinks for washing up and teeth. Set hygiene times are scheduled daily for youth to take care of their hygiene needs, teeth brushing, and washing up.

Q. Can I come and see the campus before my child begins the program?

A. Yes, all parents and guardians are welcome to visit the program prior to their child starting. Arrangements can be made by contacting the executive director.

Q. How long is the program?

A. It is recommended that all youth participate in the Weekend Alternative Program for a minimum of 8-10 weekends. There are shorter term recommendations of 3-5 weekends when appropriate. Please contact the referring agency to discover the specific number of weekends your child needs to complete.

Q. Will my child be safe while at the Diakon Wilderness Center? Are the other kids "bad"?

A. The culture of safety is vehemently expressed on a consistent basis at the Weekend Alternative Program. All program staff encourage participants to express their emotions assertively to ensure that a therapeutic environment is maintained. Youth are unsuccessfully discharged if they fail to meet the safe environment policy.

Q. Does the program have off on Holidays?

A. WAP operates every holiday weekend, with the exception of Christmas, and when a holiday falls on a weekend.

Q. How do I discover if my child is doing well in the program?

A. As the parent/guardian you have the ability to talk to your child's counselor every week or request a copy of their progress report. Your child should request feedback from you on a weekly basis for their WAP student workbook.

Q. What do the children eat?

A. Diakon currently employs a full time chef that meets the culinary needs of all clients. Youth are exposed to a wide variety of home-cooked meals made fresh daily. During wilderness weekend, youth cook dinner over a campfire.

Q. Does your facility have a "hands off" policy?

A. Yes, with the exception of immediate imminent danger, staff consistently adhere to the facility's hands off policy.

Q. Are there dangerous animals at your location?

A. Yes! Diakon's 150+ acre property is filled with wildlife; however, due to adolescents' tendency to be excessively loud, "dangerous" animals steer clear of the areas we utilize on the campus.

**If you have a question that is not listed below please contact the administrative coordinator. Thank you!**



## **Parental/Guardian Paperwork Required**

**The following documents should be completed and submitted to the referring agency or sent directly to WAP prior to your child's start date.**

\_\_\_\_\_ Family Insights/Reflection Form

\_\_\_\_\_ Parental Consent to Diakon Policies/ Youth Information

\_\_\_\_\_ Insurance Information/ Copy of Insurance Card

\_\_\_\_\_ Medical History

\_\_\_\_\_ **Physical form completed by licensed medical personnel or scheduled to be completed within 30 days of start date** (physicals completed within 8 months will be accepted)

\_\_\_\_\_ **Record of Immunization**

\_\_\_\_\_ Sickle Cell Test Results/ Agreement, Release, & Waiver of Liability Form

\_\_\_\_\_ Child Rights Acknowledgment Form

\_\_\_\_\_ Acknowledgment of Diakon Policies

\_\_\_\_\_ Clothing/Contraband List Received

**Please contact the administrative coordinator at 717-960-6747 if you have any questions. We greatly appreciate your support in keeping our files up to date.**



**Family Insights/Reflection Areas**

**Dear Parent/Guardian,**

Your child’s PO/Caseworker is responsible for submitting your child’s treatment goals. If you have not previously discussed the purpose of your child’s referral to WAP, please contact the referring agency and offer your recommendations to the case plan goal sheet. Please take the time needed to answer the questions below. Having your insights as parents supports our efforts in assisting your child with understanding different perspectives. Thank you in advance for your consideration.

**Youth’s name:** \_\_\_\_\_

**What are the issues that you would like your youth to address while in the program (these are the things that we will ask them to work on for their treatment goals)?**

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**Has the youth experienced any traumatic events throughout their life span (e.g., death of a person or animal, victim/witness of a crime, assault, abuse)?**

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**Is there any additional information you would like us to know in working with your youth:**

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**Parent /Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Mobile phone number:** \_\_\_\_\_

Would you like to receive your child’s weekly report and be contacted by his/her counselor via the above email address?    Yes    No    If no, indicate best day and time to contact you: \_\_\_\_\_



Diakon Youth Services Information and Policies

**Authorization:**

I, \_\_\_\_\_ give my consent for \_\_\_\_\_  
Parent/Guardian Youth  
To participate in Diakon's Youth Services Programs.

I give permission for the following:

- A. Release of School, Dental and Health records to Diakon's Youth Services programs regarding said child.
- B. I understand that my child may be photographed, video or audiotaped while participating in Diakon programs, activities or events. I understand the use of these materials may be used for internal and external communication or publicity/marketing purposes.

*\*If you **do not** give permission for your child to be photographed, audio or videotaped; please initial here: \_\_\_\_\_.*

- C. Transporting my child to and from programming sites and activities. As well as on trips in and out of the state relating to Diakon Youth Service's Programs.
- D. Assessing any medical needs and giving appropriate care and/or getting the child any emergency medical attention he/she needs.
- E. Diakon Youth Services may take my child for a required physical examination to participate in their programs.

*I understand that if my child requires emergency treatment, Diakon Wilderness Center and whomever they designate will immediately take him to a physician for treatment. It is not necessary to obtain my consent when, in the physician's judgment, an attempt to secure my consent would result in the delay of treatment, increasing the risk to my child's health or life.*

**\*\*\*Please initial if you give Diakon permission for the above: \_\_\_\_\_**

**Information-**

**Child:**

Date of birth \_\_\_\_\_ Present age \_\_\_\_\_ Male \_\_\_\_\_ or Female \_\_\_\_\_

Social Security Number \_\_\_\_\_

Primary spoken language \_\_\_\_\_ (Does youth speak/understand English? - Yes / No)

Youth's Primary Care Physician (Name, Address, & Contact Information) \_\_\_\_\_

Person to be notified in case of illness or injury \_\_\_\_\_

**Insurance Information** (Type/ID #) \_\_\_\_\_

**Parent's information:**

Primary spoken language of parent/guardian \_\_\_\_\_ (Does parent speak/ understands English? Yes No)

Religious preference/affiliation: \_\_\_\_\_

**Personal Belongings/Clothing Policy:**

I thoroughly understand that Diakon is not liable for any lost, stolen, or damaged personal belongings/clothing brought to their programs/sites by my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## MEDICAL HISTORY:

**To be completed by youth and parent/guardian. Fill in every blank completely** (if a section is left blank we will assume it does not apply). Many youths over the years who have had a variety of medical/psychological difficulties have attended and successfully completed programs, but we must be aware of these conditions for the youth's benefit. Failure to disclose such information could result in harm to the youth.

<i>If you answer yes to any of the following, please provide an explanation in section to the right.</i>	Yes	No	Explanation
<b>Allergies: list what allergic to and any reactions in section to the right</b>			
Medications ( e.g. penicillin, aspirin, sulfa, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Insect Bites (e.g. bee stings, mosquitoes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Environmental (e.g. hay, grass,, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Foods (e.g. shellfish, nuts, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Other (e.g. wool, acrylic, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Head/Neurological Problems: list frequency and date of last incident</b>			
Frequent and/or Severe Headaches	<input type="checkbox"/>	<input type="checkbox"/>	
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	
Fainting	<input type="checkbox"/>	<input type="checkbox"/>	
Seizures/Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	
Head Injury/Loss of consciousness	<input type="checkbox"/>	<input type="checkbox"/>	
Numbness/Tingling in arms or legs	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Cardiovascular: list specific disorder/condition</b>			
High or Low Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Heart Disease, Heart Murmur, Irregular Heart Beat, Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>	
Circulatory Problems, Frostbite, Heat Stroke or Exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	
Bleeding Disorder, Anemia, Sickle Cell	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Eyes, Ears, Nose, Throat and Teeth:</b>			
Vision Impairment: (e.g. blurred vision, double vision, drainage etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Glasses or contacts	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>	
Frequent Ear Infections or Difficulty with Balance	<input type="checkbox"/>	<input type="checkbox"/>	
Frequent Nosebleeds or Frequent Sinus Infections	<input type="checkbox"/>	<input type="checkbox"/>	
Frequent Sore Throats or Frequent Tonsil Infections	<input type="checkbox"/>	<input type="checkbox"/>	
Braces	<input type="checkbox"/>	<input type="checkbox"/>	
Bleeding Gums	<input type="checkbox"/>	<input type="checkbox"/>	
Missing or Chipped Teeth	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Respiratory: list date of last test or incident</b>			
Chronic cough, Frequent Bronchitis or Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	
History of Asthma (list any inhalers or meds to the right)	<input type="checkbox"/>	<input type="checkbox"/>	
Bloody Sputum	<input type="checkbox"/>	<input type="checkbox"/>	
Positive TB or INH Therapy (dates to the right)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Gastrointestinal: list date of last incident</b>			
Frequent Nausea or Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	
Frequent Constipation or Diarrhea, Hemorrhoids	<input type="checkbox"/>	<input type="checkbox"/>	
Frequent Heartburn or Stomach Ulcer	<input type="checkbox"/>	<input type="checkbox"/>	
Hernias	<input type="checkbox"/>	<input type="checkbox"/>	
Appendectomy (date)	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis or Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	
Special Diet or Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Urinary: list date of last incident</b>			
Difficulty or Frequent Urinating, Burning or Pain	<input type="checkbox"/>	<input type="checkbox"/>	
Kidney Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Bed Wetting	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Reproductive: list date of last known exam/test</b>			
Sexually Active	<input type="checkbox"/>	<input type="checkbox"/>	
Any past or present STD (e.g. Syphilis, Gonorrhea, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Currently Pregnant	<input type="checkbox"/>	<input type="checkbox"/>	
Menstrual Pains	<input type="checkbox"/>	<input type="checkbox"/>	
Lumps in Breasts	<input type="checkbox"/>	<input type="checkbox"/>	
Pain or Swelling in Testes	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Orthopedic: list date of last incident</b>			
Broken Bones or Dislocations	<input type="checkbox"/>	<input type="checkbox"/>	
Back Pain, Scoliosis or Neck problems	<input type="checkbox"/>	<input type="checkbox"/>	
Osgood Schlatter Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Joint Pain (e.g. shoulder, arm, knee, hip)	<input type="checkbox"/>	<input type="checkbox"/>	
Sprains	<input type="checkbox"/>	<input type="checkbox"/>	



<i>If you answer yes to any of the following, please provide an explanation in section to the right.</i>	Yes	No	Explanation
<b>Other:</b>			
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	
Thyroid or Endocrine Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Motion Sickness	<input type="checkbox"/>	<input type="checkbox"/>	
Fear of Confined Spaces or Heights	<input type="checkbox"/>	<input type="checkbox"/>	
Surgery or Severe Illness Requiring Hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Mental Health:</b>			
Depression	<input type="checkbox"/>	<input type="checkbox"/>	
Hysteria	<input type="checkbox"/>	<input type="checkbox"/>	
Anxiety or Nervousness	<input type="checkbox"/>	<input type="checkbox"/>	
History of Suicidal Ideation or Self Harm	<input type="checkbox"/>	<input type="checkbox"/>	
Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Skin:</b>			
Sun Poisoning	<input type="checkbox"/>	<input type="checkbox"/>	
Eczema or Psoriasis	<input type="checkbox"/>	<input type="checkbox"/>	
Sores or Infections	<input type="checkbox"/>	<input type="checkbox"/>	
Rashes	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Family History (Parents, Grandparents, Siblings):</b>			
Heart Attacks	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	
Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	

Date of Last Physical Exam:	
Date of Last Dental Exam:	
Date of Last Menstrual Cycle:	
Date of Last Pelvic Exam:	

**Immunization records up to date?** Yes No If "no," please explain: \_\_\_\_\_

<b>Current Medications:</b>		
Medication	Dosage	Reason for Taking

Have you been in counseling within the last two years:	
If yes, when was counseling terminated:	
Reason for Counseling: Academic <input type="checkbox"/> Family <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Use <input type="checkbox"/> Other: <input type="checkbox"/>	
Name of Therapist	
Address:	City: State: Zip Code:

Does youth use alcohol:	Yes <input type="checkbox"/> No <input type="checkbox"/>	How Much/Often:
Does youth use tobacco:	Yes <input type="checkbox"/> No <input type="checkbox"/>	How Much/Often:
Does youth have substance abuse concerns:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:
Does youth have a Chemical Dependency:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:

Youths Current Exercise/Activity; (Please list the activity, frequency and approximate time/distance)   
Swimming Ability: Non-Swimmer <input type="checkbox"/> Cannon Swim over 100 yards <input type="checkbox"/> Strong Swimmer <input type="checkbox"/> Current Livesaving Cert <input type="checkbox"/>
Additional Comments:

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Sickle Cell Test Agreement, Release and Waiver of Liability**

**DECLINE SICKLE CELL TEST:**

I \_\_\_\_\_, voluntarily **decline** to take a sickle cell test.

Decline: \_\_\_\_\_ Date: \_\_\_\_\_  
*Student*

\_\_\_\_\_ Date: \_\_\_\_\_  
**Parent/Guardian**

*\*If you have any questions concerning the sickle cell test, please call the administrative coordinator at 717-960-6747*



## Diakon Weekend Alternative Program Medical Screening Form

Date of Screening \_\_\_\_\_

Name of Youth \_\_\_\_\_

Current Medical Problems \_\_\_\_\_

Present Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Current Temp \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ BP \_\_\_\_\_

General Appearance and Nutrition \_\_\_\_\_

HEENT/Lungs/Neck/Extremities/Heart Abdomen \_\_\_\_\_

Mental/Physical Disabilities \_\_\_\_\_

Last OB/GYN Exam/Issues \_\_\_\_\_

Recommended Treatment Or Follow Up \_\_\_\_\_

Youth Able to Participate in Physical Activity (hiking/canoeing/climbing) Y N

Health Education Completed Y N Diet Nutrition \_\_\_\_ STD Ed \_\_\_\_ D&A \_\_\_\_\_

Practitioner Name \_\_\_\_\_

Practitioner Signature \_\_\_\_\_



**Child’s Rights**

1. A child may not be discriminated against because of race, color, religious creed, disability, handicap, ancestry, sexual orientation, national origin, age or sex. (32a)
2. A child may not be abused, mistreated, threatened, harassed or subject to corporal punishment. (32b)
3. A child has the right to be treated with fairness, dignity and respect. (32c)
4. A child has the right to be informed of the rules of the facility. (32d)
5. A child has the right to communicate with others by telephone subject to reasonable facility policy and written instructions from the contracting agency or court, if applicable regarding circumstances, frequency, time, payment and privacy. (32e)
6. A child has the right to visit with family at least once every 2 weeks, at a time and location convenient with the family, the child and the facility, unless visits are restricted by court order. The right does not restrict more frequent family visits. (32f)
  - For mobile programs, face to face visits are not required. However, mobile programs must provide at least telephone contact between family and children at the once every two weeks interval
7. A child has the right to receive and send mail. (32g)
8. Outgoing mail shall not be opened or read by staff persons. (32g1)
9. Incoming mail from federal, state, or county officials, or from the child’s attorney, shall not be opened or read by staff persons. (32g2)
10. Incoming mail from persons other than those specified in 32g2, shall not be opened or read by staff persons unless there is reasonable suspicion of contraband, or other information or material that may jeopardize the child’s health, safety or well being, may be enclosed. If there is reasonable suspicion that contraband, or other information that may jeopardize the child’s safety may be enclosed, mail may be opened by the child in the presence of a staff person. (32g3)
11. A child has the right to communicate and visit privately with his attorney and clergy. (32h)
12. A child has the right to be protected from unreasonable search and seizure. A facility may conduct search and seizure procedures, subject to reasonable facility policy. (32i)
13. A child has the right to practice the religion or faith of choice or not to practice any religion or faith. (32j)
14. A child has the right to appropriate medical, behavioral health and dental treatment. (32k)
15. A child has the right to rehabilitation and treatment. (32l)
16. A child has the right to be free from excessive medication. (32m)
17. A child may not be subjected to unusual or extreme methods of discipline which may cause psychological or physical harm to the child. (32n)
18. A child has the right to clean, seasonal clothing that is age and gender appropriate. (32o)
19. A child cannot be deprived of specific or civil rights. (33a)
20. A child’s rights may not be used as a reward or sanction. (33b)
21. A child’s visits with family may not be used as a reward or a sanction. (33c)
22. A child and the child’s family have the right to lodge a grievance with the facility for an alleged violation of specific or civil rights without fear of retaliation. (Refer to written grievance procedures). (31e)

***\*The following rights are not applicable to Center Point Day Treatment – 32f, 32g, 32g1, 32g2, 32g3, 32k***

This is a copy of the Diakon Youth Services’ Child’s Rights Document for parental records. These rights have been explained to your child during their orientation to the program.

Should you have any questions or concerns regarding these rights please contact Jason Brode at [brodej@diakon.org](mailto:brodej@diakon.org) or 717-960-6724.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



**Nondiscrimination in Services**

Admissions, the provision of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin, age or sex.

Program services shall be made accessible to persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aids, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any residential/client/patient/student (and/or their guardian) who believes they have been discriminated against may file a complaint of discrimination with:

Commonwealth of Pennsylvania Department of  
Human Services  
Bureau of Equal Opportunity  
Room 225, Health & Welfare Building  
PO box 2675  
Harrisburg, PA 17110

U.S. Department of Health and Human Services  
Office for Civil Rights  
Suite 372, Public Ledger Building  
150 South Independence Mall West  
Philadelphia, PA 19106-9111

Pennsylvania Human Relations Commission  
Harrisburg Regional Office  
333 Market Street, 8<sup>th</sup> Floor  
Harrisburg, PA 17101

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



**Court-Mandated Reporter**

All Diakon Wilderness Center employees are Court-Mandated Reporters. Therefore, we are obligated to report any confidential issues you may disclose regarding unsafe or abusive home situations of either a physical or sexual nature to your caseworker or probation officer according to the State Childline policies. We will include you in this process as much as possible and work to help you gain control over your situation.

**Discipline Policy**

As a participant of the Diakon Wilderness Center Programs, you will be expected to abide by rules and to behave appropriately at all times. Inappropriate behavior will be treated with natural and logical consequences, none of which will be intentionally, physically or emotionally abusive.

**Search Policy**

To ensure a safe environment free of contraband that may put students, staff, volunteers and visitors at risk, you and your belongings will be searched upon arrival to the Diakon Wilderness Center Programs. When enrolled in the Weekend Alternative Program, you will be searched every Friday upon arrival on campus. If, after this initial search, there exists reasonable cause to believe you are in possession of contraband, an additional, more extensive search may be performed. Parent/Guardian and Placing County Agency will be informed prior to the performance of a more extensive search and all search guidelines to be followed will be explained at that time. An incident report will be completed and placed in your file. (*Search Policy Provided, signature below acknowledges receipt*)

**Emergency Medical Plan**

The Diakon Wilderness Center will coordinate transportation for medical services in case of an emergency, based on the necessity of the situation and condition of an injured client, staff member, visitor or volunteer. (*Emergency Transport Policy Provided, signature below acknowledges receipt*)

**Reporting of Sexual Abuse and Sexual Harassment**

Diakon Youth Services will make every effort to assist residents to be safe, to be free of sexual abuse, and to report victimization by other residents or staff. Diakon Youth Services staff shall respond appropriately and timely to allegations of sexual abuse and/or sexual harassment. (*Reporting of Sexual Abuse and Sexual Harassment Policy can be found at <https://www.diakon.org/youth-services/services/weekend-alternative-program/> (signature below acknowledges understanding).*)

**Grievance Procedures**

If, as a participant of the Diakon Wilderness Center Programs, you have a complaint or concern regarding your personal safety and welfare, you have the following options, in this order:

1. Talk to one or all of your instructors/personal counselors.
2. Complete a grievance form to be reviewed by Program supervisor.
3. Write a request to the Director of the Program requesting a meeting regarding grievance.
4. The Diakon Compliance Hotline can be utilized to file complaints/Grievances. The phone number for the Diakon Compliance Hotline is 1-855-561-7821.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



## **Diakon Privacy and Confidentiality Policy**

### **Overview:**

At Diakon, we respect our clients and patients and understand that you are concerned about privacy, so we've instituted policies intended to ensure that your personal information is handled safely and responsibly. We are committed to protecting your privacy and the security of the information you entrust with us. While we are not a covered entity or a business associate under the Health Insurance Privacy and Portability Act of 1996 (HIPAA), we strive to provide you with security and privacy protection. This Privacy and Confidentiality Policy ("Policy") discloses our information gathering and sharing practices.

### **It's Your Personal Information:**

You have complete control over who can access the personally identifiable information (name, email, home address, etc.) contained in your record(s). You decide who may have access to your record(s).

### **How the Information in Your Record is obtained:**

The only personally identifiable information that Diakon obtains is information which you voluntarily provide or authorize.

Other healthcare providers may access, contribute to and receive patient care information from records in your account if you grant them permission to do so.

### **Sharing Your Personal Information:**

It's your choice to share the information in your record(s). You can share information with trusted family members and friends, healthcare providers, as required for services you are receiving, and with other individuals to whom you provide access.

You can grant, modify or cancel these privileges at any time.

### **How Information is used by Diakon:**

Diakon will use your personally identifiable information:

- To provide services for you
- To obtain payment from you or your health plan or other third party payor or determine the medical necessity of your treatment;
  - OR
- In connection with our own internal operations in order for us to provide quality services.

### **How Information is Shared and Disclosed by Diakon:**

We do not sell or share personal information about you with other people or nonaffiliated companies, except when we have your permission, or under the following circumstances:

Disclosures to Third Parties Assisting in Our Operations – We may provide your personal information to affiliates, subsidiaries and trusted partners who work on behalf of or with us under confidentiality agreements. These companies may use your personal information to assist us in our operations.

Disclosures Under Special Circumstances – We may provide information about you to respond to subpoenas, court orders or legal process, or to establish or exercise our legal rights or defend against legal claims. We may share information about you when we believe it is necessary to investigate, prevent or take legal action regarding illegal activities, suspected fraud, situations involving potential threats to the physical safety of any person, or as otherwise required by law.

**Information Security:**

Diakon data is stored in a secure data facility, designed to protect against unauthorized access, use, or disclosure of the information contained within it. Our stringent physical and electronic security measures are regularly reviewed to ensure compliance with our policies and to manage and enhance our capabilities.

We restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards to guard your nonpublic personal information.

**Contact Us:**

We regularly review our compliance with this Policy. If you have any concerns about how we treat personal information, please contact us at:

Shari VanderGast, JD, LCSW  
Senior Vice President/Chief Compliance Officer  
Diakon  
798 Hausman Road, Suite 300  
Allentown, PA 18104  
(610) 682-1441

**Notification of Changes to this Privacy Policy:**

This Policy may be revised from time to time as laws change, and as industry privacy and security practices evolve. We will take reasonable steps to notify you of material changes we make to this Policy. We display an effective date and a latest revision date on the Policy above so that it will be easier for you to know when there has been a change. You are responsible for regularly reviewing this Policy. Your continued use of Diakon constitutes your acceptance of the revised terms.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **Diakon Wilderness Center** **Search and Seizure Policy and Procedure**

3800.32i - A child has the right to be protected from unreasonable search and seizure. Any facility may conduct search and seizure procedures subject to reasonable facility policy.

Policy: The Diakon Wilderness Center will provide an environment that is safe and secure for youth and staff.

Purpose: Establish a criteria and procedure for reasonable search and seizure of youth coming to the Wilderness Center campus.

Criteria:

- Reasonable suspicion of contraband, defined as items contrary to the health, safety, or welfare of youth or staff, being brought onto the campus.
- Reasonable suspicion of theft from the facility, other youth, or stemming from community involvement.
- Youth routinely outside Diakon Wilderness Center staff care, custody and control.

A search will be conducted of the personal belongings of any youth arriving onto the campus entering into the Weekend Alternative Program, Center Point Day Program and/or the Wilderness Challenge program. These routine searches are conducted on Friday check in time in the Weekend Alternative Program and M-F check in times in the Center Point Day Treatment Program. Searches will be conducted of all items carried in, to include bags, outerwear, shoes, hats. Students will be scanned with metal wand scans to ensure they are not concealing weapons that may put other students at risk. Students are also required to turn out pockets and are visually scanned for contraband.

A search may be conducted of a youth or youths under reasonable suspicion of the above criteria while youth is engaged in programming in a Diakon Wilderness Center program. This search will follow the above guidelines. A search may be conducted of the sleeping area of youth under reasonable suspicion of the above criteria.

If more intrusive searches are warranted, these searches will be subjected to parental and county notification prior to the search. Approval must also be given by the Administrator of Diakon Youth Services prior to a more intrusive search being conducted. If reasonable suspicion exists that a student is in immediate possession of dangerous or illegal contraband, and this is creating a danger to the health, safety, or welfare of youth or staff, immediate contact will be made to outside authorities (State Police) prior to any search being conducted internally. A report will be made with the state police and all required documentation will be completed following the resolution of the incident.

**DIAKON CHILD, FAMILY & COMMUNITY MINISTRIES-WILDERNESS CENTER**

## PROGRAM OPERATING PROCEDURE

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Subject: **Emergency Transport**

Effective Date: 11/11/2001

Revision Date: 2/6/13

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- I. Standard:** The Diakon Wilderness Center will coordinate transportation for medical services in case of an emergency, based on the necessity of the situation and condition of an injured client, staff member, visitor or volunteer.
- II. Operating Procedure:** When facing a medical emergency requiring the transport of an injured individual, the following procedures will be followed. In the case of incidents in a wilderness environment, time may become a crucial factor in the response needed to treat an injured individual, therefore a direct care staff is required to use their “best judgment” in guaranteeing the well-being of all concerned and in critical situations should contact emergency support (**911**) directly prior to contacting supervisor.
- Contact the program director or supervisory staff and explain the situation. The program director/supervisory staff will either determine an evacuation/emergency transport to be conducted by Diakon staff or coordinate professional assistance from outside agency.
  - If professional emergency assistance is deemed necessary, the supervisory staff will coordinate with direct care staff and responding rescue personnel.
  - Diakon staff are responsible for supervising all students in their care and must maintain relevant staff-to-student ratios.
  - Supervisory staff will create a log of all events, contacts and responses concerning the injured individual and the care and response being provided. Field staff are responsible for maintaining and turning in all SOAP notes to their supervisor for incident reports.
  - Medical Insurance, Medical History, and Consent forms will be accessed from the students file and arrangements will be made to have copies of this information available to outside professionals giving treatment.
  - Insurance information, court orders, and consents to treat will be provided to care providers for payment reasons.
  - All students in the care of the Diakon Wilderness Center will be accompanied by staff during treatment/assessments
  - All emergency contacts will be made by supervisory staff to include county emergency on call workers and youth’s listed emergency contact. Arrangements will be made to maintain open contact with family members and transition care, if necessary, to youth’s primary care giver.
  - Documents/Items which must accompany student in the event of an emergency transport include the following:
    1. Student Emergency Packets
    2. All student specific (prescribed) medication/Medication log.

- If patient receives medical care, return any doctors orders, medication, instructions and paper work to the Program Director / Supervisory staff. All medical paperwork must be copied for students records and originals transferred to patients primary care giver.

### **III. Medical Protocols**

- Emergency treatment of medical conditions and injuries will follow protocols provided in Wilderness Medicine Training Center's First Responder Training, Wilderness First Aid Training (also covered through similar WFA/WFR certification trainings through WMA, SOLO, WMI & RMI) & Basic First Aid and CPR protocols provided by American Heart Association (also covered through similar trainings provided by Red Cross).
- The field staff/direct care staff possessing the highest medical certification will assess the situation and determine what response actions / steps will be taken.
- Situations that require immediate evacuation include (as outlined in Diakon's Emergency Medical Plan policy number DCFM WC 113):
  - ✓ Critical Injuries affecting breathing
  - ✓ Cardiac arrest / distress
  - ✓ Excessive Bleeding (internal and external)
  - ✓ Shock (anaphylactic, volume, toxic, neurogenic)
  - ✓ Heat and Cold injuries (hypo / hyperthermia, heat stroke / heat exhaustion, frostbite)
  - ✓ Loss of consciousness for any period of time
  - ✓ Fall from more than 3 times body height
  - ✓ Whenever epinephrine is given
  - ✓ Fractures / dislocations
  - ✓ Serious burns (hands and face, around limbs, covering 10% of the body)
  - ✓ Head injuries
  - ✓ Near drowning (water in the lungs)

### **IV. Documentation:**

- A Diakon Wilderness Center Incident Report must be completed for all medical emergencies treated internal by Diakon staff or when utilizing outside professional assistance.
- A DPW Reportable Incident must be filed via the HCSIS reporting system in instances requiring police, fire, or emergency rescue involvement or when youth receives inpatient treatment at the hospital or outpatient treatment for serious injury or trauma not to include minor injuries such as sprains or cuts.

### **V. Phone Numbers**

- Carlisle Hospital: 717-249-1212
- Holy Spirit Hospital: 717-763-2100
- State Police – Carlisle 717-249-2121
- Mount Holly Police 717-486-7615

### **VI. References:**

- 3800.149(a)



**KEEP FOR YOUR RECORDS**

## Grievance Form

Complete all sections of this form. Sign it and return to Center for follow-up.

My grievance is: \_\_\_\_\_

Date issue occurred: \_\_\_\_\_ Location issue occurred: \_\_\_\_\_

Steps that I have taken to resolve this matter (use other side of sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reasons why I feel the issue was not resolved: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Complainant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Director's Signature**

\_\_\_\_\_  
**Date**

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### Director Review

Comments:

\_\_\_\_\_  
**Program Director Signature/Date**

*\*Signature indicates the matter has been reviewed and resolved.*



**KEEP FOR YOUR RECORDS**

**Diakon Wilderness Center  
Weekend Alternative Program Packing List**

**What To Bring**

- 2 Pair of underwear
- 2 Pairs of socks
- 2 Changes of clothes (nothing you would worry about getting dirty)
- Closed-toed shoes (croc's only acceptable in Spring and Summer - must be worn in sport mode)
- Seasonal outerwear (jacket, coat, hat & gloves) (optional)
- Toothbrush, toothpaste, deodorant (cannot bring aerosol deodorant spray), comb
- Bar of soap and wash cloth/hand towel or hygiene wipes (optional)

**CONTRABAND LIST**

**What Not To Bring**

- Suitcases
- Handheld Games
- Clothing that represents explicit images and drug paraphernalia
- MP3 Players
- iPod's
- Cell Phones of any kind
- Lotion
- Colognes or Perfumes
- Aerosol Cans
- Blankets
- Baby Powder
- Pillows
- Weapons
- Tobacco Products of Any Kind
- Matches/Lighter
- Drugs/Look alike Drugs
- Alcohol
- Non-Prescription Drugs
- Money
- Candy/Food/Beverages
- Cosmetics
- No New Piercings**
- Jewelry (includes earrings, tongue bars, belly rings, etc.)**

**\* If any of the above contraband (what not to bring) items are brought to the program they will be confiscated immediately and may or may not be returned at the end of programming.**