



2025-26 Referral Packet

Part I

(to be completed by referring agency)

Weekend Alternative Program

Danielle Vucetich
Administrative Coordinator

VucetichD@Diakon.org (717) 960-6747

Jason Brode
Executive Director

BrodeJ@Diakon.org (717) 960-6724

Fax: (717) 258-9408
571 Mountain Road
Boiling Springs, PA 17007

Revised 11/2025



The **following** information is required two days **PRIOR** to student's start date.

Probation Officer/Caseworker & Parent 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 (if applicable)**
- _____ **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
- _____ **Family 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)
- _____ **Immunization Record**

*The program is designed to be an 8-10 weekend program to ensure that program service goals are met. 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.

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) # of weekends
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:

Table with 3 columns: Name (Jason Brode), Phone Number (717-960-6724), E-Mail (BrodeJ@Diakon.org). Row 2: Diakon 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

| | | | |
|----------------------------|--|----------------|--|
| Date of Placement | | Program | |
| Reason for Referral | | | |

YOUTH INFORMATION

| | | | |
|------------------------|--|-----------------|--|
| Youth Name | | | |
| Street Address | | | |
| City, State ZIP | | | |
| Home Phone # | | | |
| CASE ID# | | | |
| Date of Birth | | SS# | |
| Race | | Sex | |
| Religion | | Language | |

EMERGENCY CONTACT INFORMATION, if other than parent

| | |
|---------------------|--|
| Name | |
| Phone | |
| Relationship | |

COUNTY INFORMATION

| | |
|-------------------------------|--|
| PO/Caseworker Name | |
| County Agency | |
| County Street Address | |
| City, State, ZIP | |
| E-mail Address | |
| Agency Phone Number | |
| Emergency Phone Number | |

FAMILY INFORMATION (List parent/guardian that youth resides with 1st)

| | | | |
|--|--|------------------------------|--|
| Parent/Guardian Name(s) | | | |
| Street Address | | | |
| City, State ZIP | | | |
| Email Address: | | | |
| Phone Number(s): | | | |
| Relationship | | | |
| Parent/Guardian Name(s) | | | |
| Street Address | | | |
| City, State ZIP | | | |
| Email Address: | | | |
| Phone Number(s): | | | |
| Relationship | | Contact Allowed (Y/N) | |
| Primary language spoken by parent | | | |

STUDENT EDUCATION INFORMATION:

| | | | |
|--|--|--|--|
| Regular ED or Special ED | If Regular Ed is there a: 1. 504 2. Gifted w/GIEP 3. Gifted w/out GIEP <small>(Please circle one if applicable)</small> | | |
| Current Grade: | | | |
| Educational/Employment Skill Development: | IEP: <input type="checkbox"/> Yes No Grades: Good Average Poor Truant: Yes No Employment: Yes No If yes, where? ID (does student have one?): <input type="checkbox"/> Yes <input type="checkbox"/> No | | |



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 are the issues that you would like your client to address while in the program (these are the things that they will be required to make progress on while participating in the program, e.g., decision-making, communication, anger management, D&A)?

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? _____

Is youth eligible to earn weekends off as a program/county incentive? _____

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

Is there a Psychological/Psychiatric Evaluation available? Yes No