



2024 Referral Packet

Part I

(to be completed by referring agency)

Weekend Alternative Program

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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/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
- _____ **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)
_____ 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
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

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 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? ____

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?

(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