

Referral Profile...

The program is designed as an option to avoid residential placement. The program accepts youth under the following guidelines:

- Delinquent and dependent youth, in need of behavioral and educational intervention in a community-based setting
- Male 11 – 19 years of age
- Social misconduct
- School misconduct / Academic problems, including learning issues and truancy
- GED testing and/or obtainment when needed/appropriate. Costs associated with testing will be billed to the county separately.
- Family dysfunction – three Family Development Meetings are offered during a student's full participation with Center Point. Families may be required to attend evening activities through the week or Saturday events focused on building parental skills and reparation of parent/child relationships.
- Accountability for probation violations including for non-compliance related to Weekend Alternative Program discharge.
- Youth on medication accepted.

The program does not accept youth with severe MH/MR issues, a history of repeated violent behavior, or sex offenders.

Referral Process

1. *Contact Tanisha Negron-Bailey, Program Director, at 717-386-4844 or negron-baileyt@diakon.org.*
2. *Turning Point will make every attempt to accept a youth for placement with the first referral call.*
3. *Send all information pertinent to the referrals background including school records, medical history, psychological testing, diagnostic report, family/social history and recommendation (if available) for admissions staff review.*

FAX: 717-509-4925

Diakon Turning Point Program

548 S. Ann Street

Lancaster, PA 17603

4. *If accepted, an intake packet must be completed, and start date determined based on availability of slot.*

TURNING POINT DAY PROGRAM

In order to develop an appropriate plan of service for your client, we request the following information and/or documents be forwarded to us as soon as possible:

- Court Order/VPA/FSP*
- Social/Psych Summary/History*
- Insurance Card (copy)*
- Immunization Records*
- Consent to Treatment*
- Referral Information Form/Competency Goals Form*

- Physician's Medical Examination - We must have this prior to a student starting Turning Point. If not possible, a confirmed physical date that isn't past a week of the student's start date is required. Otherwise, the student will not be able begin Turning Point. (If a student is of African-American decent a sickle cell test must be conducted prior to intake unless a doctor deems it medically unnecessary based on student's and family's medical history).***

- School Records*

- Birth Certificate, Social Security Card

The above documents are required by regulation. If the above information is not available, or you expect a delay in its acquisition, please contact me at (717) 386-4844 as soon as possible.

Thank you in advance for your prompt attention to this matter.

Sincerely,

Tanisha Negron-Bailey

Tanisha Negron-Bailey
Director, Turning Point Day Program
Diakon Youth Services Southeast Region

COUNTY AUTHORIZATION FOR SERVICES & TERMINATION OF SERVICES

Client Name: _____ placed by County: _____ under the supervision of **Diakon Lutheran Social Ministries** .

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

- ___ Level I Foster Care - traditional (\$53.96 per day)
- ___ Level II Foster Care - specialized (\$73.39 per day)
- ___ Level III Foster Care - treatment (\$90.90 per day)
- ___ Level IV Foster Care - medical (\$90.90 per day) - must have prior administrative approval
- ___ Center Point Day Program - (\$164.22 per day)
- ___ Weekend Alternative Program (anticipated # of weekends: _____)
- ___ \$168.36 per day or No Show Rate @ \$40.09 per day
- ___ \$174.65 (Delaware & Chester County only) per day or No Show Rate @ \$43.66 per day
- ___ Wilderness Challenge Program (30 days) (select appropriate program below)
 - ___ \$137.92 per day (Male)
 - ___ \$200.00 per day (Female Empowerment Program)
- ___ Bridge Program - \$45.70 per day (anticipated length of stay--) _____ days
- ___ RAPP Program - \$43.44 per day (anticipated length of stay--) _____ days
- ___ Turning Point Day Program
- ___ Turning Point ERC
- ___ Other: _____
- ___ Other: _____
- ___ Other: _____

B. 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:

<u>Tanisha Negron-Bailey</u>	<u>717-386-4844</u>	<u>negron-baileyt@diakon.org</u>
Diakon Staff	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 & 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 & sign name) Date

Youth Services

PO Box 10
Boiling Springs, PA 17007
Phone 717-960-6700
Fax: 717-258-9408

Adoption & Foster Care Services

Topton: One South Home Avenue Topton, PA 19562 Phone – 610-682-1504 Fax – 610-682-1544 or 610-682-1582	Mechanicsburg: 960 Century Drive PO Box 2001 Mechanicsburg, PA 17055 Phone – 717-795-0320 Fax 717-795-0445
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York:
836 S. George Street
York, PA 17403
Phone – 717-845-9113
Fax – 717-852-8439

TURNING POINT DAY PROGRAM INTAKE MEMO

Date of Placement:		Program:	<i>Turning Point Day Program</i>
Date of Referral:			
Reason for Referral/Placement:			
Other Services student will be receiving while at Turning Point:			

YOUTH INFORMATION:

Youth Name:		Case ID:	
DOB:	Birth City:	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Race: <i>(Choose One)</i>	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian/Pacific Islander		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:	City:	State:	Zip:
Home Phone:	Mobile Phone:		
SS#:	Email:		
Religion:	Language:		

STUDENT EDUCATION INFORMATION:

District of Residence <i>(Where student's bio/guardian resides)</i>	Name: PH#	Personnel Contact: Email:
Current School <i>(Where student is right now prior to Diakon)</i>	Name: PH#	Personnel Contact: Email:
Neighborhood School <i>(Where student would attend if not having problems)</i>	Name: PH#	Personnel Contact: Email:
Regular ED or Special ED <i>(Please circle one)</i>	If Regular Ed is there a: 1. 504 2. Gifted w/GIEP 3. Gifted w/out GIEP <i>(Please circle one if applicable)</i>	
Current Grade:		
Educational/Skill Development:		
IEP: <input type="checkbox"/> Yes <input type="checkbox"/> No	Grades: <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	Truant: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, where?</i>

COUNTY INFORMATION:

PO/Caseworker Name:	Co. Agency:
County Street Address:	
City, State, ZIP:	
E-mail Address:	
Agency Phone #:	Cell Phone#:

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

Parent/Guardian Name(s)	Relationship
Street Address	
City, State ZIP	
Phone Number	
Alt. Phone Number	

ADDITIONAL FAMILY/CONTACT INFORMATION:

Parent/Guardian Name(s)			
Street Address			
City, State ZIP			
Phone Number			
Alt. Phone Number			
Relationship		Contact Allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY CONTACT INFORMATION (if other than parent):

Name		Relationship		Phone	
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STUDENT DETAILS:

County Representation:	<input type="checkbox"/> Probation	<input type="checkbox"/> C & Y	How Long?	
YLS:	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Care Package:	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Track:	<input type="checkbox"/> SB	<input type="checkbox"/> GED		
ID (does student have one?):	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
School Group (office use only):	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	
Drug Test:	<input type="checkbox"/> Once a Month	<input type="checkbox"/> Once a Week	<input type="checkbox"/> Randomly	
Release Date:				
WAP Weekends:	<input type="checkbox"/> Sanctioned Only	<input type="checkbox"/> CP & WAP Combined		
Community Service Hours:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How Many?	
Restitution to Courts:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How Much?	
Curfew:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	What Time?	
Other Agencies/Notes: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", please list:			
Student Competency(s)/Focus Recommendations:	<input type="checkbox"/> Respect for Rules & Authority <input type="checkbox"/> Risks Recognition <input type="checkbox"/> Decision Making <input type="checkbox"/> Conflict Resolution <input type="checkbox"/> D & A <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living <input type="checkbox"/> Drivers Permit <input type="checkbox"/> D & A Counseling – Court Ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Counseling – Court Ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Psych/Social Evaluation – Court Ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of Student:				
Community Involvements:				
Accountability (If unsuccessful discharge from CP and/or WAP)	<input type="checkbox"/> Weekends	<input type="checkbox"/> Court	<input type="checkbox"/> Placement	<input type="checkbox"/> Other:

STUDENT FAMILY/PERSONAL INFORMATION:

Family Factors:	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Reasons/Comments:			
Personal Relationships:	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Reasons/Comments:			
Interests:			
Mental Health Concerns:	<input type="checkbox"/> No <input type="checkbox"/> Yes If "yes", describe:		
Medications: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", please list:		