

## **Alternative to Suspension Program (ASP) Procedures for School Personnel**

1. When a youth is suspended, the school will decide length of suspension. Some schools will cut the suspension time in half for completion of ASP (i.e. 10 day suspension for possession of alcohol cut down to 5 days if youth completes ASP successfully)
2. School is asked to contact YSB to check availability to take a suspended youth. Our limit is 5 in the program at one time. This may be lower if there is conflict between youth in the program.
3. School will contact parents and inform them of the suspension and ASP.
4. A referral form or suspension report must be faxed to YSB from the school. Our fax number is 815-748-2019. **It is important for us to know exactly what days to expect the youth to be in attendance of ASP.**
5. School **MUST** provide homework or supplemental material (i.e. a book to read) that the youth can complete during the assigned homework time.

### **\*\*\*Things the parents need to know:**

- a. Parent/guardian **MUST** come to YSB the morning of the suspension to sign consent forms and paper work. If they can not come that morning they can call YSB to set up a time the day or evening before the suspension to fill out paperwork.
- b. **Youth must arrive at YSB at 8:30 am.** ASP ends at 2:00 pm. Please contact YSB if special arrangements need to be made. If their child arrives earlier than 8:30am, YSB can not guarantee a staff member will have the office open – the student is allowed to wait outside until staff does arrive. Staff does not assume responsibility of the student before or after the scheduled time of the suspension program.
- c. **Youth must bring a sack lunch.** YSB does NOT provide food or transportation for lunch to youth involved in ASP.
- d. Students must have homework, or other structured activities to engage in during homework time. If they do not have homework or such items, they will be provided things to do by YSB staff.

If issues arise during the time the youth is in ASP, a staff member will contact the school as needed.

Following the completion of ASP, YSB will fax to the school a brief completion form.

\*\* Please Note that youth are allowed to attend ASP only once per semester (or at the discretion of YSB supervisors/ASP coordinator).

If there are questions at any time please contact YSB at 815-748-2010.

# DeKalb County Youth Service Bureau

## **Alternative to Suspension Program - Referral Packet**

**Academic School Year – 2011-2012**

330 Grove Street  
DeKalb, IL 60115

Phone: 815-748-2010

Fax: 815-748-2019

Website: [www.dccysb.com](http://www.dccysb.com)

Program Coordinator: Lauren Collins

Support Staff: Anna Nelson

**DeKalb County Youth Service Bureau**  
**Intake/Referral Form**

*Person Taking Intake Information: Your Name:* \_\_\_\_\_ *Date/Time of Intake:* \_\_\_\_\_

**Client Information:**

Who is providing the information for this intake?(ie: caller)

Name: _____ D.O.B. _____ Age: _____ Sex: _____ Race: _____				
Address: _____ City: _____ Zip: _____				
Primary Contact Person: _____		Primary Phone: _____		
Alternate Contact Person/Phone: _____ (relationship to client)				
Email Address: _____				
"We utilize email to send initial paperwork, quality surveys, and information about programming."				

**Referral Source: (Include Agency Contact Info)**

<input type="checkbox"/> JCS _____	<input type="checkbox"/> DCFS _____
<input type="checkbox"/> JCS/Diversion _____	<input type="checkbox"/> Family _____
<input type="checkbox"/> School _____	<input type="checkbox"/> State's Attny _____
<input type="checkbox"/> Police _____	<input type="checkbox"/> Other Agency _____
<input type="checkbox"/> City Court _____	<input type="checkbox"/> Other _____

**Reason for Referral:** (brief narrative of caller's report)

_____ _____ _____ _____
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(Check all that apply)

1. Intrapersonal	2. School	3. Family	4. Legal	5. Substance	6. Peer Relations
<input type="checkbox"/> Self-Esteem	<input type="checkbox"/> Truancy	<input type="checkbox"/> Divorce/Separation	<input type="checkbox"/> Runaway/Curfew	<input type="checkbox"/> Youth	<input type="checkbox"/> Gang
<input type="checkbox"/> Suicide	<input type="checkbox"/> Grades	<input type="checkbox"/> Abuse	<input type="checkbox"/> Probation	<input type="checkbox"/> Parent/Family	<input type="checkbox"/> Peer conflict
<input type="checkbox"/> Self-Injury	<input type="checkbox"/> Attendance	<input type="checkbox"/> Family Conflict/Violence	<input type="checkbox"/> Diversion	Please ID	<input type="checkbox"/> Peer violence
<input type="checkbox"/> Homicidal	<input type="checkbox"/> Suspension	<input type="checkbox"/> Parenting Related Issues	<input type="checkbox"/> Stealing	substance:	
<input type="checkbox"/> Death/Loss	<input type="checkbox"/> Behavioral	<input type="checkbox"/> Behavioral Issues		_____	
<input type="checkbox"/> Sexual Issues		<input type="checkbox"/> Custody Issues		_____	
<input type="checkbox"/> Mental Health		<input type="checkbox"/> Poverty/Homeless		_____	

**School Info:**

School: _____	Grade: _____
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**Previous Counseling Experience:** (Can you tell me about any other services your child has received or is currently receiving?)

Previous counseling: <input type="checkbox"/> YSB: _____	<input type="checkbox"/> Other: _____
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**Annual Income and Fees:**

<p><b>What is your gross annual household income?</b></p> <p>\$ _____</p> <ul style="list-style-type: none"> <li>Our counseling rates start at \$75/session but we are able to slide them down based on household income and the family's financial circumstances.</li> <li>Our financial assistance program is available due to grants that we apply for as a nonprofit agency to help families that may need financial assistance.</li> <li>Reduced rates are then re-evaluated after 10 sessions.</li> </ul> <p>Starting Fee: \$ _____</p>	<p><b>FEE CHART FOR YFC</b></p>		<p><b>Special Services:</b></p>		<p><b>Fee</b></p>
	<p>Less than 15k \$5</p> <p>\$15k - \$20k \$10</p> <p>\$20k - \$23k \$15</p> <p>\$23k - \$26k \$20</p> <p>\$26k - \$28k \$25</p> <p>\$28k - \$31k \$30</p> <p>\$31k - \$35k \$35</p> <p>\$35k - \$40k \$40</p> <p>\$40k - \$45k \$45</p> <p>\$45k - \$50k \$50</p> <p>\$50k - \$55k \$55</p> <p>\$55k - \$60k \$60</p> <p>\$60k - \$65k \$65</p> <p>\$65k - \$70k \$70</p> <p>\$70k &amp; up \$75</p>		<p><input type="checkbox"/> Counseling Assessment 3 sessions – Payment due before 3rd session. \$75</p> <p><input type="checkbox"/> Drug &amp; Alcohol Assessment* \$50 1 to 2 session assessment &amp; 8 week group</p> <p><input type="checkbox"/> Youth Project Assessment* \$50 90 minute assessment for META or GEG</p> <p><input type="checkbox"/> Tobacco Intervention* \$30 1 hr assessment and 6 week group</p> <p><input type="checkbox"/> Active Parenting of Teens* \$50 Orientation, book, &amp; 6 week group</p> <p><input type="checkbox"/> Urine Screen* \$20</p> <p>*Payment due at time of service.</p>		

Availability? (Mon): \_\_\_\_\_ (Tue): \_\_\_\_\_  
(Wed): \_\_\_\_\_ (Thur): \_\_\_\_\_ (Fri): \_\_\_\_\_

Explain next steps: "This is all the information we need at this point. We will identify the appropriate program and you should hear from the counselor within 2 business days. If you need anything in the meantime, please feel free to call."

**Program(s) Referred To:** (indicate date of referral for each program)

<u>Programs:</u>	<u>Program 1</u>	<u>Program 2</u>	<u>Program 3</u>	<u>Program 4</u>
Alternative to Suspension				
Active Parenting				
Crisis				
Diversion				
Early Intervention				
Tobacco Intervention				
UDIS				
VolunTEEN				
Youth & Family Counseling				
Counseling Assessment				
Youth Project/META				
Youth Project/GEG				

**Office Use Only:**

1.

**Program Coordinator:** (Assign counselor, inform them immediately and give them this original)  
Counselor Assigned: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

**Therapist:** (you MUST contact family within 2 business days of the intake date/time!)  
Time/Date of Follow up Contact: \_\_\_\_\_ Time/Date of 1<sup>st</sup> Session: \_\_\_\_\_

Clients Refused Services (check box if client refused services prior to first session)

2. **Intake Input:**

AD adds info to the Master Database, then distributes intake to designated program coordinator, who disseminates intake to assigned counselor

# Informed Consent

## Alternative to Suspension Program

### Part 1: General Information

1. The DeKalb County Youth Service Bureau Inc. (YSB), provides individual and family counseling services to DeKalb County youth ages 8-18 and their families. Our mission at YSB is to assist DeKalb County youth to build healthy lives and responsible relationships with family, friends, and the community. Our goal is to provide caring and professional services for our clients.
2. The DeKalb County Youth Service Bureau Inc. (YSB) Alternative to Suspension Program (ASP) provides students, who are suspended from school, a safe supervised environment, decision making strategies, social/emotional skills development, physical activity, and exposure to community/civic duty (through participation in community service activities).
3. The DeKalb County Youth Service Bureau employs professionally trained counselors with graduate degrees in psychology, counseling, or marriage and family therapy. In addition, Master's level candidates completing their practical experience requirements are also on staff at YSB, and may be involved with, or serving as, your counselor. These interns are highly competent and will be working under the direct supervision of a clinical supervisor as well as a team of experienced youth and family counselors.

### Part 2: Your Rights as a Client

1. **Confidentiality:** Within the limits of the law, information revealed by you during counseling will be kept strictly confidential and will not be revealed to any other person or agency unaffiliated with YSB without your written permission. We routinely staff our cases during clinical supervision and team consultation to assist counselors in improving skills and in planning for future sessions. These meetings will be kept strictly confidential.
2. Illinois law and ethical practice requires us to notify appropriate state agencies **without** your permission if **(a)** we suspect or know of a child or elder abuse/neglect situation, **(b)** you threaten bodily harm or death to another person or yourself, or **(c)** a judge issues a court order requesting relevant information. If you have concerns about any of the above stated conditions regarding confidentiality, please discuss them with your counselor.
3. Verbal and written information regarding the youth's participation, behavior, and attendance in the Alternative to Suspension Program will be exchanged with their school.

### Part 3: Program Rules and Guidelines

1. Participating students are required to attend individual and group activities that will involve school work or homework makeup, decision making strategies, social/emotional skills development, physical activity, and exposure to community/civic duty (through participation in community service activities).
2. Parent/Guardian of participating students is required to sign contract agreeing to comply with program requirements.
3. General Program Guidelines:
  - a. The program runs 8:30am to 2:00 pm, Monday through Friday during the school year. YSB typically follows the DeKalb School District calendar for Holidays, early dismissals, etc. When you arrive in the morning, please sit in the hallway until a YSB staff member gets you. Please remember that while you are at YSB or out in the community, you are expected to behave and dress in an appropriate manner that represents YSB well.
4. Participation:
  - a. Successful completion of program is based on full attendance and participation in all individual as well as group activities that involve school work, social and emotional skill development, involvement in community or civic duties, physical activity, and career exploration and job skill training.
  - b. Breaks will be provided at the discretion of the ASP coordinator or supervisor.
  - c. Students will meet with a therapist on staff within 48 hours of beginning ASP for a general counseling screening. Parents are strongly urged to participate in this screening.
5. Conduct:
  - a. **Students must follow the school's codes for conduct and dress while in the ASP**

**program.** All participants must wear clothing that is appropriate for outdoor work and cleaning.

- b. No inappropriate behavior or language will be tolerated in the ASP program. Consequences will be given for negative behaviors, including potential dismissal from the program. If dismissal is required, the youth's parents and school will be notified immediately.
- c. In the event that the youth chooses to leave the premises of YSB or other locations during community service without permission, YSB will contact the parent/guardian immediately.
- d. **The use of cell phones, MP3 players, hand-held video games, and other electronic devices are prohibited during ASP hours.** These items may be taken from the youth and returned at the end of the day. If phone usage is necessary there are phones that may be used at YSB.

6. Policy:

- a. Attendance Policy – In order to be excused from the ASP program a phone call is required prior to 8 am from a parent or guardian. An appropriate reason must be given for any absences. Failure to comply with this could result in early dismissal from the ASP program.
- b. **All participants are required to bring ALL school assignments.** Failure to bring school assignments or necessary material needed to complete assignments will result in alternative work being provided by the ASP coordinator.
- c. **Participants are required to provide their own sack lunch each day.**

**Part 4: Consent for Activity and Transportation**

- 1. I/we represent that we are the parent(s)/guardian(s) of \_\_\_\_\_, a minor, and have full authority to grant consent and release on behalf of said minor.
- 2. I/we grant our consent for the above named youth, a minor, to participate in the social skill/recreational activities offered through the DeKalb County Youth Service Bureau and to be transported by YSB staff as necessary for participation in programming or in case of emergency.
- 3. I grant this permission with the understanding of the risks involved and knowing that the DeKalb County Youth Services Bureau, Inc. is assuming no liability or responsibility in connection with such transportation or social skill/recreational activities except to the extent required by law. Further, on behalf of myself and the minor child, I/we hereby expressly release (to the extent permitted by law) DeKalb County Youth Services Bureau, Inc. from any and all liability which may otherwise accrue by reason of the provision of transportation assistance for this minor. I/we further warrant that I/we have full authority to grant this permission and execute this release on behalf of the minor child named above.

**Failure to follow any of the Alternative to Suspension Program (ASP) rules or guidelines may result in dismissal from the Alternative to Suspension Program (ASP) and the school will be notified immediately.**

I certify that I have read this form or had it read to me and that I understand its contents. If I have any questions or concerns now or in the future, I understand that I should consult with my counselor or the Executive Director of YSB (815-748-2010). I certify that I have legal authority to give consent for the treatment of all minor children that are included in counseling.

Signed:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child (age 12 and above)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Alternative to Suspension Program Rules

**Conduct:**

- Students must follow the school's codes for conduct and dress while in the ASP program. All participants must wear clothing that is appropriate for outdoor work and cleaning. Participants must follow the same dress code during ASP that they would if they were in their school.
- No inappropriate behavior or language will be tolerated in the ASP program. Consequences will be given for negative behaviors.
- The use of cell phones, MP3 players, hand-held video games, and other electronic devices are prohibited during ASP hours. These items may be taken from the youth and returned at the end of the day. If phone usage is necessary there are phones that may be used at YSB.

**Policy:**

- Attendance Policy – In order to be excused from the ASP program a phone call is required prior to 8 am from a parent or guardian. An appropriate reason must be given for any absences. Failure to comply with this could result in early dismissal from the ASP program.
- All participants are required to bring ALL school assignments. Failure to bring school assignments or necessary material needed to complete assignments will result in alternative work being provided by the ASP coordinator.
- Participants are **required** to provide their own sack lunch each day.

**Participation:**

- When ASP participant enters the Youth Service Bureau they are to sit in the hallway and wait for a staff member to greet them and follow up with further directions.
- All ASP participants are required to attend individual as well as group activities that involve school work, social and emotional skill development, involvement in community or civic duties, physical activity, and career exploration and job skill training.
- Breaks will be provided at the discretion of the ASP coordinator or supervisor.
- Students will meet with a therapist on staff within 48 hours of beginning ASP for a general counseling screening. Parents are strongly urged to participate in this screening.

*I understand that failure to meet the above expectations may result in additional requirements. Failure to meet any additional requirements/expectations may result in unsuccessful completion of ASP. Any youth that chooses not to meet expectations will be subject to their original school suspension requirements. School personnel will be informed immediately.*

**Signature of Youth:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I HEREBY AUTHORIZE the **DeKalb County Youth Service Bureau, Inc.** to exchange information with the following agency for the purpose of comprehensive case planning:

- \_\_\_\_\_ Family Service Agency  
14 Health Services Dr., DeKalb, IL. 60115
- \_\_\_\_\_ Ben Gordon Community Mental Health Center, Inc.  
12 Health Services Dr., DeKalb, IL. 60115
- \_\_\_\_\_ The Illinois Department of Children and Family Services (D.C.F.S.)  
P.O. Box 308 Sycamore, Illinois 60178
- \_\_\_\_\_ DeKalb County Juvenile Court Services (J.C.S.)  
133 W. State Street, Sycamore, IL. 60178
- School District \_\_\_\_\_
- \_\_\_\_\_ DeKalb County Public Defender's Office  
313 E. State St., Sycamore, IL 60178
- \_\_\_\_\_ DeKalb County State's Attorney's Office  
133 W. State St, Sycamore, IL 60178
- \_\_\_\_\_ Other \_\_\_\_\_

I further consent to have the following pertinent professional information disclosed as part of the information to be exchanged:

- Social History
- Medical Evaluations/Records
- Psychological/Psychiatric Evaluations
- Educational Testing
- Academic Information/Attendance
- Urinalysis Results
- Discharge Summary
- \_\_\_\_\_ Other \_\_\_\_\_
- Anecdotal Records
- Disciplinary Information
- Special Education Reports  
(Including staffings)
- Assessment & Recommendations
- Treatment Plan
- Non-educational Agency Case Records

I understand that this authorization to exchange information becomes effective when I sign this release. This authorization expires on the following date of expiration: Date \_\_\_\_\_. I understand that I may revoke this authorization at anytime. In order to do this, I must give written notice to the agency listed below as the "Witnessing Agency", that I wish to revoke this authorization. I further understand that I have the right:

1. To inspect and copy such records and information to be disclosed
2. To challenge the contents of such records.
3. To limit any such consent to designated records or designated portions of information within the records.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship \_\_\_\_\_

Witnessed \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_

Witnessing Agency: DeKalb County Youth Service Bureau