

# DeKalb County Youth Service Bureau

## **General Referral Packet**

330 Grove Street  
DeKalb, IL 60115

Phone: 815-748-2010

Fax: 815-748-2019

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

Clinical Director: [jjwett@dcysb.com](mailto:jjwett@dcysb.com)



**General Referral Packet**

**How to Make A Referral to the Youth Service Bureau**

1. Contact the parent/guardian and inform them of that you are referring their youth to YSB. If possible, give them a pamphlet concerning the services available at the Youth Service Bureau.
2. Let them know you will be sending some information to the YSB concerning their child, but they should contact the agency to set up services.
3. Complete the back of this form and mail/fax it to the Youth Service Bureau (see below)
4. If YSB receives information on a child but is not contacted by that family directly, YSB will contact the referral source in order to discuss the situation and decide the next step of action.
5. If you are a **police officer** and you are making a referral for a runaway or lockout situation, please use the separate form titled **Referral for Runaway/Lockout Crisis Intervention**.

**Mail/Fax pages 1 & 2 to:** DeKalb County Youth Service Bureau, 330 Grove St., DeKalb, IL 60115, or **Fax to:** (815) 748-2019. For Questions/Comments regarding this form, please call Raya Newman, Clinical Director at (815) 748-2010.

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**Authorization for Release of Information**

I, \_\_\_\_\_ (Parent/Legal Guardian) hereby authorize the exchange of information between \_\_\_\_\_ (Referring Agency) and the DeKalb County Youth Service Bureau concerning \_\_\_\_\_ (Name of Child) for the purpose of making a referral for services.

Authorization for release of information will expire one year from the signed date unless written notification to revoke authorization is submitted before that time. YSB is authorized to contact the family regarding this referral.

Minor _____	Date _____
(Age 12 & above)	
Parent/Guardian _____	Date _____
(Relationship)	
Witness _____	Date _____
(Position)	



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

Entered in CarePaths

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

**Client Information:** Who is providing the information for this intake?(ie: caller) \_\_\_\_\_  
 Are they Guardian?  Yes  No If no, they cannot be Primary Contact until a Release of Info is signed

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary Contact Person: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
 Alternate Contact Person/Phone: \_\_\_\_\_ (relationship to client)  
 Email Address: \_\_\_\_\_

Do we have permission to:

Call you

Leave a message

Send mail

Send email

“We utilize email to send initial paperwork, quality surveys, and information about programming.”

Is the youth covered by Medicaid?  Yes  No Does youth go to center for Family Health on Plank Rd?  Yes  No  
 - If yes, inform them of referral to BGC. - If yes, inform them that Youth Counseling is provided at Elgin location.

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

<input type="checkbox"/> JCS _____ <input type="checkbox"/> JCS/Diversion _____ <input type="checkbox"/> School _____ <input type="checkbox"/> Police _____ <input type="checkbox"/> City Court _____	<input type="checkbox"/> DCFS _____ <input type="checkbox"/> Family _____ <input type="checkbox"/> State's Attny _____ <input type="checkbox"/> Other Agency _____ <input type="checkbox"/> Other _____
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**Reason for Referral:** (brief narrative of caller's report)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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"/> Suicide <input type="checkbox"/> Self-Injury <input type="checkbox"/> Homicidal <input type="checkbox"/> Death/Loss <input type="checkbox"/> Sexual Issues <input type="checkbox"/> Mental Health	<input type="checkbox"/> Truancy <input type="checkbox"/> Grades <input type="checkbox"/> Attendance <input type="checkbox"/> Suspension <input type="checkbox"/> Behavioral	<input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Abuse <input type="checkbox"/> Family Conflict/Violence <input type="checkbox"/> Parenting Related Issues <input type="checkbox"/> Behavioral Issues <input type="checkbox"/> Custody Issues <input type="checkbox"/> Poverty/Homeless	<input type="checkbox"/> Runaway/Curfew <input type="checkbox"/> Probation <input type="checkbox"/> Diversion <input type="checkbox"/> Stealing	<input type="checkbox"/> Youth <input type="checkbox"/> Parent/Family Please ID substance: _____ _____ _____	<input type="checkbox"/> Gang <input type="checkbox"/> Peer conflict <input type="checkbox"/> Peer violence

**School Info:**

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**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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<input type="checkbox"/> Availability? (Mon): _____ (Tue): _____ (Wed): _____ (Thur): _____ (Fri): _____
<input type="checkbox"/> Illinois Law dictates that minors in treatment must have both parents' consent. YSB needs consent from <b>both</b> parents for <b>all</b> cases. If there is an exception to this, such as divorce, court documentation must be provided.
<input type="checkbox"/> 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."

**Office Use Only:**

1. <input type="checkbox"/> <b>Program Coordinator:</b> (Assign counselor, inform them immediately and give them this original) Counselor Assigned: _____ Date Assigned: _____
<input type="checkbox"/> <b>Therapist: (you MUST contact family within 2 business days of the intake date/time!)</b> Time/Date of Follow up Contact: _____ Time/Date of 1 <sup>st</sup> Session _____
<input type="checkbox"/> Clients Refused Services (check box if client refused services prior to first session)

**Quick Reference Guide**  
**YSB Programs**

***Youth & Family Counseling (YFC)***

Youth & Family Counseling offers individual and family counseling to youth aged 8-18 and their families. YFC is designed to address the specific needs of those experiencing difficult situations in their lives. In addition, youth can be referred for a comprehensive assessment to determine if additional services are needed.

***Girls Empowerment Group (GEG)***

The Girls Empowerment Group encourages girls to seek and celebrate their "true selves" by giving them a safe space, encouragement, structure and support to embrace their important journey of self-discovery. A strength based approach helps girls identify and apply their power and voice as individuals and as a group focusing on issues that are important in the lives of adolescent girls. Topics include learning about self, connecting with others, exploring healthy living and planning for the future. The aim of the program is to provide education and supportive counseling geared toward the specific needs of adolescent girls.

***DeKalb County Youth Project (DCYP)***

Youth Project is geared toward youth between the ages of 11 and 18. The program was developed for the purpose of equipping youth with the skills to identify, manage, and appropriately express anger and other intense emotions, in order to prevent aggressive and abusive tendencies, promote pro-social skills, improve anger control, and reduce the frequency of acting out behaviors. Youth can be referred for counseling or META (**M**anaging **E**motions, **T**houghts, & **A**ctions), an educational group that focus on three components: Anger Control (the Emotional component), Moral Reasoning (the Thoughts component), and Social Skills (the Actions component).

***Alcohol / Drug Early Intervention Programs (EIP)***

Early Intervention is designed to educate teens about alcohol, drug, and tobacco-related issues. A two-session screening assessment is used to gather drug/alcohol history and make recommendations for services. This program uses group education to provide accurate information regarding alcohol/drug use and exploration of the decision-making process involved in making healthy choices. It also offers process groups in our DeKalb County schools.

***Alternative to Suspension Program (ASP)***

Alternative to Suspension offers services to youth suspended out of school in lieu of spending unsupervised time at home. The curriculum includes academic assistance, service learning, assessments, suspension prevention, anger management, drug/alcohol prevention, peer conflict, career exploration, and physical fitness components. ASP collaborates with schools to help youth maintain academic and attendance status.

***Crisis Intervention Program***

Crisis Intervention assists families when a youth is refusing to return home, has run away from home, or during a lock-out crisis situation by providing immediate intervention 24 hours a day as well as follow-up counseling. Referrals for this program generally come from police stations in DeKalb County when families are unable to reach a solution in which everyone feels safe and understood. Families who qualify for this program will receive four free sessions of counseling. The goal for services through this program is to keep families together and to prevent DCFS and/or court involvement through counseling.

***Juvenile Diversion***

Juvenile diversion is a program for youth who are first time offenders in the Juvenile Court System in lieu of legal ramifications. Youth are referred to this program by the DeKalb County State’s Attorney’s Office. This program assists youth by linking them with comprehensive services, which can include counseling, assessments, and community service amongst others.

***Early Risk Assessment Project***

ERAP is a voluntary program ran through Juvenile Court Services. It is designed for first time offenders, to divert them from entering the court system and/or to improve their attendance in school. As part of this program, the youth will complete an assessment that determines their level of risk. An ‘Agreement’ will be signed based on the scores from the assessment by both parent and youth that will list the certain requirements (i.e. referrals to other services/groups) that the youth must complete in order to finish successfully.

***VolunTEEN***



The VolunTEEN Program will provide DeKalb County youth ages 12-18 with ongoing, organized opportunities to volunteer in their community while enhancing their civic awareness. YSB will provide coordination of volunteer experiences, collaboration with other community organizations, and supervision of the youth that are volunteering.

***Active Parenting of Teens (APT)***

APT is a six-session skills-building workshop for parents of teens. The video-based workshop is designed to help parents learn how to more effectively communicate with their teens in ways which foster responsibility, successful conflict resolution and self-esteem. (group offered on an as-needed basis)

***Therapeutic Art-Making Group***

TAG is an open group, dedicated to creative expression. The purpose of this group is to teach youth the basics of art, provide them with materials, and how to explore those materials and create using their emotions or stories and ability to visually depict those. Projects are shared with the group, as a way of reflecting and processing. The youth involved have the opportunity to plan, create and evaluate (utilizing interpersonal, consequential, problem-solving and goal-setting skills).

<u>Counseling Fees</u>	<u>Special Services:</u>	<u>Fee</u>
<p><b><i>“Our standard rate is \$75 per hour-long session for counseling. However, we can offer a sliding fee scale for families who qualify based on income levels as well as certain life circumstances.</i></b></p> <p><b><i>In order to qualify for a reduced rate, we will need you to bring in last year’s tax returns* to determine your rate. Your first session will be free of charge as long as you bring in the required documentation.</i></b></p> <p><b><i>Your financial information will be given to our finance manager who will determine your rate and call you to discuss prior to the 2<sup>nd</sup> session. Please make sure to arrive 10-15 minutes early for paperwork.”</i></b></p> <p><b><i>* If unable to produce tax returns, ok to bring 3 recent check stubs.</i></b></p>	<input type="checkbox"/> Counseling Assessment* 3 sessions – Payment due before 3rd session <input type="checkbox"/> Drug & Alcohol Assessment* 1 to 2 session assessment & 8 week group <input type="checkbox"/> META* 1 session assessment plus 10 week group <input type="checkbox"/> Girls Empowerment* 1 session assessment plus 10 week group <input type="checkbox"/> Active Parenting of Teens* Orientation, book, & 6 week group	\$75 
	<input type="checkbox"/> Urine Screen *	\$20
	<input type="checkbox"/> Alternative to Suspension <input type="checkbox"/> Juvenile Diversion <input type="checkbox"/> VolunTEEN <input type="checkbox"/> Crisis (runaway/lockout)	No Charge 
	*Payment due at time of service.	