



Diversion Program Referral Form

This referral form must be filled out in its entirety to be considered. Referrals do not mean automatic entry into the Diversion Program. Each potential participant will go through a screening process before a decision of acceptance is reached. Once accepted there will be a non-refundable fee of **\$199** that has to be paid for the participant to start the program. Angel's Helping Hands reserves the right to drop any participant accepted into the program that does not meet the expectations and rules of the Diversion Program.

Eligibility Criteria:

1. 13-18 years old.
2. Reside in Cook and Will County areas.
3. Youths with low-level/behavioral offenses (physical/verbal altercations, fights, threats, theft, etc.).

Youth Contact Information

Full Name: _____ **Date of Birth:** ____/____/____

Gender: ☐ Male ☐ Female ☐ Other: _____

Ethnicity: ☐ African American/Black ☐ Caucasian/White ☐ Hispanic/Latino ☐ Asian ☐ Native American ☐ Pacific Islander ☐ Middle Eastern/North African ☐ Other: _____

Phone Number: () _____

E-mail Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

School: _____ Grade Level: _____

Parent/Guardian Contact Information

Full Name: _____ Relationship to youth? _____

Phone Number: () _____

E-mail Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Does this person have physical and/or legal custody? ☐ Yes ☐ No ☐ Unsure

Referrer Contact Information

Name: _____ Phone Number: _____

Agency/Department: _____

E-mail Address: _____

Referrer Role: ☐ Court Official ☐ Police Official ☐ School Official ☐ Parent/Guardian

☐ Other: _____

Date of Referral: ____ / ____ / ____

Date of incident: ____ / ____ / ____

Description of incident:

Does the youth have any prior charge/s: ☐ YES ☐ NO

If yes, what are the charges? _____

**Any other information about this youth/case you would like to share with the
Diversion Program Coordinator?**

**Do you wish to be contacted by the Diversion Coordinator for any other follow-up
before then?** ☐ Yes ☐ No

Referrer Signature: _____ **Date:** ____/____/____

The Diversion Program Coordinator will remain in communication with referrers at various points throughout the diversion program.

After a referral is made, the Diversion Program Coordinator will take the following steps:

- **Assessment:** Coordinators assess youth in order to build an individualized case plan. This process includes interviewing youth, and their family, and using evidence-based risk/needs screening tools.
- **Diversion Agreement & Service Referrals:** The Diversion Program Coordinator will alert the referrers when the youth sign their diversion agreement. The Diversion Agreement is the formal agreement to participate in Angel's Helping Hands Diversion Program and includes an individualized plan of services and requirements. The Diversion Program Coordinator will make referrals to any external services youth are required to participate in per their agreement. Referrers will be informed of the general diversion requirements and an anticipated diversion end date for the youth.
- **Case Management:** The Diversion Program Coordinator will check in with the youth at a frequency determined during the diversion agreement phase. Coordinators help youth address any additional challenges that may come up throughout the diversion process.

• **Case Completion:** Upon completion, the Diversion Program Coordinator will notify the referrer of the youth's success and the youth's accomplishments on diversion. If the youth does not successfully complete the diversion program, the Diversion Program Coordinator will let the referrer know, and then the referrer will determine alternative actions. Participation is voluntary, and if the youth does not agree to participate, the referrer will be notified, and their case will be returned to the referrer.

This completed form can be emailed or faxed using the information provided below.

Angel's Helping Hands Diversion Program

Contact Persons:

A'vril Smith, Diversion Program Coordinator & Dr. Angel White, Founder & President

Diversion Program Sites:

Monee Elementary School: 25425 S Will Center Rd, Monee, IL 60449)

Governors State University: 1 University Pkwy, University Park, IL 60484

Website: www.angelshelpinghands.org

Email: contactus@angelshelpinghands.org

Fax: (708) 933-6356