

## Counseling Center of Montgomery County

212 Conroe Drive  
Conroe, TX 77301

[www.CounselingCenterMC.com](http://www.CounselingCenterMC.com)

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### REFERRAL AND CONSENT TO RELEASE INFORMATION

**From:** Montgomery County DWI & Drug Court CARE Program

**To:** Counseling Center of Montgomery County

|                                       |                    |                       |             |
|---------------------------------------|--------------------|-----------------------|-------------|
| <b>Name of Offender:</b>              |                    | <b>Cause #:</b>       |             |
| <b>Address:</b>                       |                    |                       |             |
| <b>City:</b>                          |                    | <b>State / Zip:</b>   |             |
| <b>Cell Phone:</b>                    | <b>Home Phone:</b> | <b>Work Phone:</b>    |             |
| <b>Email Address:</b>                 |                    | <b>Date of Birth:</b> | <b>Age:</b> |
| <b>Community Supervision Officer:</b> |                    |                       |             |
| <b>Email Address:</b>                 |                    | <b>Phone Number:</b>  |             |

#### Requested Services:

(please check all that apply)

| PHASE in Program:  |                          |
|--|--------------------------|
| Phase 1 (2 weeks): 5 hours of Groups                           | <input type="checkbox"/> |
| Phase 2 (2 weeks): 3 hours of Groups                           | <input type="checkbox"/> |
| Phase 3 (12 weeks): 2 hours of Groups                          | <input type="checkbox"/> |
| Phase 4 (12 weeks): 2 hours of Groups                          | <input type="checkbox"/> |
| Phase 5 (24 weeks): 2 hours of Groups                          | <input type="checkbox"/> |
| <b>Counseling Services</b><br>*Insurance and Medicaid Accepted |                          |
| Intake   | <input type="checkbox"/> |
| Individual   | <input type="checkbox"/> |
| Couples  | <input type="checkbox"/> |
| Family   | <input type="checkbox"/> |

| Assessments                      |                          |
|----------------------------------|--------------------------|
| *Insurance and Medicaid Accepted |                          |
| Substance / Alcohol Abuse        | <input type="checkbox"/> |
| Anger Management                 | <input type="checkbox"/> |
| Diagnostic Review                | <input type="checkbox"/> |
| Mental Health Evaluation         | <input type="checkbox"/> |
| Other:                           | <input type="checkbox"/> |
|                                  | <input type="checkbox"/> |

I authorize the exchange of information between the Montgomery County DWI & Drug Court CARE Program and the Counseling Center of Montgomery County during the term of my Community Supervision.

Client Signature

Printed Name

Date

DWI & Drug Court Staff

Printed Name

Date