

Counseling Center of Montgomery County

212 Conroe Drive
Conroe, TX 77301

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(936) 760-1880 Office

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(936) 760-9101 Fax

REFERRAL AND CONSENT TO RELEASE INFORMATION

From: Montgomery County Department of Community Supervision and Corrections

To: Counseling Center of Montgomery County

Name of Offender:		Cause #:	
Address:			
City:		State / Zip:	
Cell Phone:	Home Phone:	Work Phone:	
Email Address:		Date of Birth:	Age:
Social Security #:			
Community Supervision Officer:			
Email Address:		Phone Number:	

Requested Services:

Group Therapy	
*Insurance and Medicaid Accepted	
Cash Rate / Hour	
Substance Recovery	\$25
Alcohol Recovery	\$25
Anger Management	\$25
Productive Parenting	\$25
Conflict Resolution	\$25
Divorce Recovery (Adults / Teens / Kids)	\$25
Coping Skills	\$25
Blending Your Family	\$25
Counseling Services	
*Insurance and Medicaid Accepted	
Individual	\$120
Couples	\$120
Family	\$120

(please circle all that apply)

Assessments	
*Insurance and Medicaid Accepted	
Cash Rate / Hour	
Substance / Alcohol Abuse	\$75
Anger Management	\$75
Diagnostic Review	\$85
Mental Health Evaluation	\$175
Other:	
Seminars	
(4hours – call for upcoming topics & cost)	
Families & Relationships--	
Mental Health --	
Informative --	
Other --	

* There is a sliding scale for reduced fees if client meets required criteria.

I authorize exchange of information between the Montgomery County Department of Community Supervision and Corrections and the Counseling Center of Montgomery County during the term of my Community Supervision.

Client Signature _____

Date _____

Montgomery County Department of Community Supervision and Corrections WILL / WILL NOT assume responsibility of the services indicated above. Indicate Department's payments responsibility: _____% or \$ _____.

Community Supervision Officer _____

Date _____

Supervisor _____

Date _____