



**REFERRAL DATE:** \_\_\_\_\_

Referring Agency Name: _____
Referring Agency Contact Person: _____
Phone Number: _____

Client Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PLEASE MARK ALL BOXES THAT CLIENT IS REQUIRED TO COMPLETE**

**Services Needed – Covered by Insurance (Centennial and Commercial Plans):**

- Individual Mental Health/Behavioral Health Counseling
- Individual Substance Abuse Counseling

**Services Needed – Not Covered by Insurance (Self-Pay or Third-Party):**

- Mental Health Assessment (\$75 one-time fee)
- Substance Abuse Assessment – (\$75 one-time fee)
- Nine-Week Group Parenting Course (\$20 per class/\$180 total)
- Eight-Week Group Anger Management Course (\$20 per class/\$160 total)
- Fifty-Two Week **Men's** State of NM Certified Domestic Violence Offender Treatment Intervention (DVOTI) – (\$35 one-time intake fee/classes covered by grant funding)
- Fifteen Week Group Life Skills Course – (\$45 one-time materials fee/\$25 per class - sliding scale and/or scholarship if funds available - must qualify financially) – Male and Female Classes Are Divided
- Supervised Visitation (Fees Vary Depending On Income) – **Contact # 575.935.4447**